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Infant Deaths Associated with Cough and Cold Medications — Two States, 2005

Cough and cold medications that contain nasal decongestants, antihistamines, cough suppressants, and expectorants commonly are used alone or in combination in attempts to temporarily relieve symptoms of upper respiratory tract infection in children aged <2 years. However, during 2004–2005, an estimated 1,519 children aged <2 years were treated in U.S. emergency departments for adverse events, including overdoses, associated with cough and cold medications.* In response to reports of infant deaths after such events, CDC and the National Association of Medical Examiners (NAME) investigated deaths in U.S. infants aged ≤12 months associated with cough and cold medications. This report describes the results of that investigation, which identified deaths of three infants aged ≤6 months in 2005, for which cough and cold medications were determined by medical examiners or coroners to be the underlying cause. The dosages at which cough and cold medications can cause illness or death in children aged <2 years are not known. Food and Drug Administration (FDA)-approved dosing recommendations for clinicians prescribing cough and cold medications do not exist for this age group. Because of the risks for toxicity, absence of dosing recommendations, and limited published evidence of effectiveness of these medications in children aged <2 years, parents and other caregivers should not administer cough and cold medications to children in this age group without first consulting health-care provider and should follow the provider's instructions precisely (*1*). Clinicians should use caution when prescribing cough and cold medications to children aged <2 years. Moreover, clinicians should always ask caregivers about their use of over-the-counter combination medications to avoid overdose in children from multiple medications that contain the same ingredient.

*Estimated from the National Electronic Injury Surveillance System—Cooperative Adverse Drug Events Surveillance project, which is jointly operated by CDC, the Food and Drug Administration, and the Consumer Product Safety Commission.

In January 2006, NAME, in collaboration with CDC, initiated an e-mail inquiry, requesting reports of deaths in infants aged ≤12 months for which cough and cold medications were determined as the underlying cause. To identify additional cases, CDC examined media and medical-journal reports of infant deaths suspected to be linked to cough and cold medications during 2005. A total of 15 local medical examiners in 12 U.S. states and Canada responded to the NAME survey. However, no cases other than those from media and published reports were identified. From these reports, CDC identified three cases of infant deaths in two states during 2005 that were determined by a medical examiner or coroner to have been caused by cough and cold medications (Table 1).

The three infants ranged in age from 1 to 6 months; two were male. All three infants had what appeared to be high levels of pseudoephedrine (a nasal decongestant) in postmortem blood samples. The blood levels of pseudoephedrine ranged from 4,743 ng/mL to 7,100 ng/mL.[†] One infant (patient 2) had received both a prescription and an over-the-counter cough and cold combination medication at the same time; both medications contained pseudoephedrine (Table 1).

[†] In pharmacokinetic studies of children aged 2–12 years, the mean maximum plasma concentrations of pseudoephedrine after therapeutic doses ranged from 180 ng/mL to 500 ng/mL and were comparable to adults with current dosing regimens (FDA, unpublished data, 2006).

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The other two infants also had received pseudoephedrine-containing medications (one prescription and one over the counter). Two of the infants (patients 1 and 2) had been administered prescription medications containing carbinoxamine (an antihistamine), although neither had detectable postmortem blood levels of carbinoxamine. Two of the infants (patients 2 and 3) had detectable blood levels of dextromethorphan (a cough suppressant) and acetaminophen (an antipyretic and analgesic).

All three infants were found dead in their homes. Autopsy and medical investigation records were obtained. A medical examiner or coroner determined that cough and cold medication was the underlying cause of death for each of the three. None of the deaths were determined to be intentional. On autopsy, two of the infants (patients 1 and 2) had evidence of respiratory infection; no abnormalities in cardiac pathology were revealed in any of the infants.

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Editorial Note: Cough and cold medications (Table 2) are in widespread use to treat children, and the overall incidence of reported adverse events has been low. An estimated 1,519 children aged <2 years were treated for adverse events from such medications during 2004–2005; infant deaths, although rare, also have been reported (2–4). The cases described in this report suggest that such deaths continue to be reported and underscore the need for clinicians to use caution when prescribing and caregivers to use caution when administering cough and cold medications to children aged <2 years.

In children aged ≥2 years, FDA approval of the use of over-the-counter cough and cold medications is based on review of safety and efficacy data by an external advisory review panel. However, in children aged <2 years, systematic reviews of controlled trials of over-the-counter cough and cold medications have concluded they are not more effective than placebo in reducing acute cough (5) and other symptoms of upper respiratory tract infection (6). Because of the unproven efficacy of the cough suppressants codeine and dextromethorphan in young children and the potential for adverse events, in 1997 the American Academy of Pediatrics issued a policy statement advising that parents should be educated regarding the lack of antitussive effects, risk for adverse events, and potential for overdose in children from these medications (7). In 2006, the American College of Chest Physicians released clinical practice guidelines for management of cough, advising health-care providers to refrain from recommending cough suppressants

TABLE 1. Reported infant deaths for which cough and cold medications were determined the underlying cause of death* — United States, 2005

Patient	Age (mos)	Sex	Underlying cause of death [†]	Significant medical conditions, contributing factors, and findings on autopsy	Nasal decongestant postmortem blood levels	Antihistamine postmortem blood levels	Other medication (e.g., cough suppressant or antipyretic) postmortem blood levels
1	1	Male	Pseudoephedrine intoxication	Interstitial pneumonia, recent hospitalization for fever	Pseudoephedrine 4,743 ng/mL	None detected	None detected
2	6	Female	Pseudoephedrine and dextromethorphan intoxication	Bronchopneumonia and empyema on autopsy	Pseudoephedrine 6,832 ng/mL	None detected	Dextromethorphan 1,909 ng/mL, acetaminophen 35 µg/ml
3	3	Male	Drug poisoning	Infant found lying in crib in prone position, reported history of colic, born preterm (33 weeks), small fracture of left distal tibia, acute anoxic encephalopathy on autopsy	Pseudoephedrine 7,100 ng/mL	Doxylamine 1,000 ng/mL	Dextromethorphan 390 ng/mL, acetaminophen 1.9 µg/mL

* As determined by medical examiner or coroner.

[†] The three infants were known to have received the following medications: patient 1 received a prescription medication containing pseudoephedrine, carbinoxamine, and dextromethorphan; patient 2 received a prescription medication containing pseudoephedrine, carbinoxamine, and dextromethorphan and also received a nonprescription medication containing pseudoephedrine and acetaminophen; patient 3 received a nonprescription medication containing pseudoephedrine and acetaminophen. The nonprescription medications might also have contained other ingredients; exact formulations are unknown.

TABLE 2. Examples of common ingredients in cough and cold medications, by class of medication

Class	Examples
Antihistamine (first generation)	Acrivastine, brompheniramine, carbinoxamine, chlorpheniramine, cyproheptadine, diphenhydramine, doxylamine, triprolidine
Antipyretic and analgesic	Acetaminophen, ibuprofen
Cough suppressant (antitussive)	Benzonatate, codeine, dextromethorphan, hydrocodone
Expectorant	Guaifenesin
Nasal decongestant	Ephedrine, phenylephrine, phenylpropanolamine, pseudoephedrine

and other over-the-counter cough medications for young children because of associated morbidity and mortality (8).

In addition to advising caregivers and health-care providers regarding the risks of administering cough and cold medications to children aged <2 years, public health officials have taken steps to improve the safety of these medications. On June 8, 2006, FDA took enforcement action to stop the manufacture of carbinoxamine-containing medications that had not been approved by the agency; FDA noted that many of the medications were inappropriately labeled for use in infants and young children despite safety concerns regarding use of carbinoxamine in children aged <2 years (9). Although manufacturers were required to cease production by September 6, 2006, some products might still be in distribution. In another action, the availability of pseudoephedrine-containing medications has been affected by the federal Combat Methamphetamine Epidemic Act, which was signed into law March 9, 2006. This act bans over-the-counter sales (but permits behind-the-counter sales in limited amounts) of cold

medications that contain pseudoephedrine, which can be used to make methamphetamine. Because of this act, pseudoephedrine has been removed as an ingredient in many cough and cold medications and replaced with other nasal decongestants. However, some pediatric cough and cold medications containing pseudoephedrine still might be sold behind the counter. As an alternative to pseudoephedrine and other nasal decongestants, caregivers might consider clearing nasal congestion in infants with a rubber suction bulb; secretions can be softened with saline nose drops or a cool-mist humidifier.

Few data exist regarding the therapeutic or toxic levels of cough and cold medications in children aged <2 years (2,3,10). Blood levels of cough and cold medications revealed in post-mortem studies might not reflect levels in the bloodstream at the time of administration (1). However, in this report, the blood levels of pseudoephedrine found in the three patients aged 1–6 months were approximately nine to 14 times the levels resulting from administration of recommended doses to children aged 2–12 years.

The findings in this report are subject to at least two limitations. First, because no universally accepted criteria exist for attributing deaths to cough and cold medications, the cause of death in these cases was based on the report of the medical examiner or coroner. However, the actual cause of death might have been overdose of one drug, interaction of different drugs, an underlying medical condition, or a combination of drugs and underlying medical conditions. Second, the findings are limited by the low response rate and absence of identified cases from the NAME survey, which might underestimate the number of deaths in infants attributed to cough and cold medications.

No FDA-approved dosing recommendations exist for administering over-the-counter cough and cold medications

to children aged <2 years, and proper dosing for children in this age group has not been studied. Instructions on over-the-counter medications advise consumers to “consult a doctor” for children in this age group (1). Suggested dosing for some cough and cold medications can be found in parenting and prescribing guides, and clinicians commonly extrapolate a dose based on the weight or age of children aged <2 years from dosing guidelines for adults and older children (7). Such extrapolation is based on the assumption that the pathophysiology of the disease and the effects of the drug are similar in adult and pediatric patients.

Caregivers and clinicians should be aware of the risk for serious illness or fatal overdose from administration of cough and cold medications to children aged <2 years. Caregivers should only administer cough and cold medications to children in this age group when following the exact advice of a clinician. Clinicians should be certain that caregivers understand 1) the importance of administering cough and cold medications only as directed and 2) the risk for overdose if they administer additional medications that might contain the same ingredient. Caregivers should always inform their health-care providers of all medications they are administering to a child.

Acknowledgment

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National and State Medical Expenditures and Lost Earnings Attributable to Arthritis and Other Rheumatic Conditions — United States, 2003

Arthritis is the leading cause of disability in the United States (1), potentially limiting affected persons from walking a few blocks or climbing a flight of stairs. Using Medical Expenditure Panel Survey (MEPS) data, CDC analyzed national and state-specific direct costs (i.e., medical expenditures) and indirect costs (i.e., lost earnings) attributable to arthritis and other rheumatic conditions (AORC) in the United States during 2003. This report describes the results of that analysis, which indicated that, in 2003, the total cost of AORC in the United States was approximately \$128 billion (\$80.8 billion in direct and \$47.0 billion in indirect costs), equivalent to 1.2% of the 2003 U.S. gross domestic product. Total costs attributable to AORC, by state/area, ranged from \$225.5 million in the District of Columbia to \$12.1 billion in California. Total costs attributable to AORC have increased substantially since 1997 (2), and that increase is expected to continue because of the aging of the population and increases in obesity and physical inactivity. These findings signal the need for broader implementation of effective public health interventions, such as arthritis and chronic disease self-management programs, which can reduce medical expenditures (3) among persons with AORC.

National direct and indirect costs were derived from the household component of the 2003 MEPS (MEPS-HC), an annual household interview survey of medical conditions, medical system expenditures and utilization, and earnings and employment history (4). MEPS is designed to be representative of the U.S. civilian, noninstitutionalized population; each year's MEPS panel is a subsample of the previous year's National Health Interview Survey. The 2003 MEPS did not include a nursing home component; thus, costs among nursing home residents were excluded from the analysis. During the household interview, MEPS respondents described all medical conditions for which they had sought care from a health-care provider. Each of these medical conditions was later assigned an *International Classification of Disease, Ninth Revision, Clinical Modification* (ICD-9-CM) code by medical coders. The 2003 MEPS-HC response rate was 71.9%. AORC cases in MEPS were identified using three-digit ICD-9-CM codes selected by the National Arthritis Data Workgroup* (5). The 2003 MEPS sample consisted of 23,352 participants aged ≥18 years, and 4,801 participants met the case definition for AORC.

*ICD-9-CM codes 274, 354, 390, 391, 443, 446, 710–716, 719–721, and 725–729.

Direct per-person costs attributable to AORC were estimated using a series of four-stage regression analyses (6) that modeled the probability and magnitude of medical care expenditures among adults aged ≥ 18 years. This modeling included adjustment for the following variables: age (18–44, 45–64, or ≥ 65 years), sex, race (white or nonwhite), ethnicity (Hispanic or non-Hispanic), marital status (single, currently married, widowed, separated, or divorced), highest educational attainment (less than high school, high school graduate, some college, college graduate, or graduate school), health-insurance status (no insurance, public insurance only, or any private insurance), and the presence of nine other high-cost chronic conditions (hypertension, other forms of heart disease, pulmonary disease, stroke, other neurologic conditions, diabetes, cancer, mental illness, or non-AORC musculoskeletal conditions). The average per-person direct cost attributable to AORC was the difference between the observed and corresponding expected medical costs. Expected costs simulated costs among persons with AORC as if they did not have AORC (2). Average per-person direct costs were generated for overall expenditures and for each of the following four cost categories: 1) ambulatory care, 2) emergency department and inpatient services, 3) prescriptions, and 4) other costs (i.e., home health care, vision aids, dental visits, and medical devices). Finally, total national direct costs were calculated as the product of the number of persons aged ≥ 18 years reporting AORC and the average per-person direct costs.

Indirect per-person costs attributable to AORC were derived from a similar four-stage analysis that modeled the probability of employment and the magnitude of lost earnings among persons aged 18–64 years. However, age was categorized differently (18–34, 35–44, 45–54, and 55–64 years), and no adjustment was made for health-insurance status. Total indirect costs were the product of the number of persons aged 18–64 years with AORC who had ever worked and the average lost earnings per person attributable to AORC. All analyses were conducted using statistical software that adjusted for the clustered sampling design of MEPS. The statistical methods used to derive the national direct and indirect cost estimates are described elsewhere (2).

Direct and indirect costs for each state were estimated by applying the state's proportion of overall doctor-diagnosed arthritis (from the 2003 Behavioral Risk Factor Surveillance System [BRFSS]) to the MEPS-derived national cost estimates. State-specific direct costs were estimated for those aged ≥ 18 years and lost earnings for the working-age population aged 18–64 years. The 2003 BRFSS response rates ranged from 34.4% to 80.4% among states.

In 2003, total direct costs attributable to AORC were \$80.8 billion, with an estimated 46.1 million persons aged ≥ 18 years

reporting AORC, and average per-person direct costs of \$1,752 (Table 1). Ambulatory care accounted for the highest per-person direct costs (\$914), followed by emergency department and inpatient services (\$352), prescriptions (\$338), and other costs (\$146) (Table 1). Total indirect costs attributable to AORC were \$47.0 billion; average per-person lost earnings were \$1,590 among 29.5 million working-age adults. National direct and indirect costs totaled \$128 billion. Among states/areas, total costs attributable to AORC ranged from \$225.5 million in the District of Columbia to \$12.1 billion in California; New York and Texas had the next highest total costs at \$8.7 billion (Table 2).

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Editorial Note: The analysis described in this report estimates total AORC-attributable costs for 2003 at \$128 billion. Per-person direct and indirect estimates were derived from a regression-based econometric approach, which enabled adjustment for various confounders (e.g., comorbidities) and thus allowed estimation of the costs attributable to AORC.

National direct costs attributable to AORC increased 24% during 1997–2003, from \$64.8 billion (adjusted to 2003 dollars using the medical care component of the Consumer Price Index) to \$80.8 billion (2). Despite changes in the treatment of persons with AORC during 1997–2003, including introduction of expensive medications in two drug classes, the coxibs[†] (e.g., Celebrex[™] [Pfizer Pharmaceutical Company; New York, New York]) and biologics (e.g., TNF[§] inhibitors),

[†] Cyclooxygenase (COX)-2-selective inhibitors.

[§] Tumor necrosis factor.

TABLE 1. National direct and indirect costs attributable to arthritis and other rheumatic conditions (AORC), by cost category — Medical Expenditure Panel Survey, United States, 2003

Cost category	No. of adults affected (in millions)	Average cost per person (\$)	Total costs (in billions) (\$)
Direct (medical expenditures)	46.1*	1,752	80.8 [†]
Ambulatory care	—	914	42.1
Emergency department and inpatient care	—	352	16.2
Prescription	—	338	15.6
Other [§]	—	146	6.7
Indirect (lost earnings)	29.5 [¶]	1,590	47.0

* Persons aged ≥ 18 years.

[†] Medical costs for each of the four categories do not total to \$80.8 billion because estimates for each category were derived from separate regression models; the discrepancy results from consolidation of variance across regression models.

[§] Includes home health care, vision aids, dental visits, and medical devices.

[¶] Persons aged 18–64 years with AORC who had ever worked.

TABLE 2. Direct and indirect costs attributable to arthritis and other rheumatic conditions, by state/area — Medical Expenditure Panel Survey and Behavioral Risk Factor Surveillance System (BRFSS), United States, 2003

State/Area	Direct costs (medical expenditures)		Indirect costs (lost earnings)		Total costs (in millions) (\$)
	No. of adults affected (in thousands)*	Costs (in millions) (\$) [†]	No. of adults affected (in thousands) [§]	Costs (in millions) (\$)	
Alabama	1,132	1,617.9	763	978.9	2,596.8
Alaska	112	160.0	89	114.6	274.7
Arizona	1,062	1,517.9	643	824.6	2,342.5
Arkansas	636	908.5	415	532.8	1,441.3
California	5,503	7,863.3	3,331	4,273.3	12,136.6
Colorado	830	1,186.2	572	733.3	1,919.5
Connecticut	660	943.1	389	499.4	1,442.5
Delaware	163	232.7	102	130.7	363.4
District of Columbia	103	146.7	61	78.7	225.5
Florida	3,595	5,137.5	1,938	2,486.0	7,623.5
Georgia	1,681	2,401.8	1,176	1,508.8	3,910.7
Hawaii	171	243.9	102	131.4	375.3
Idaho	248	354.2	163	209.5	563.6
Illinois	1,154	1,649.0	796	1,021.1	2,670.0
Indiana	1,383	1,976.6	939	1,204.4	3,180.9
Iowa	583	832.7	325	417.0	1,249.7
Kansas	490	700.1	316	405.8	1,106.0
Kentucky	1,042	1,488.4	731	938.0	2,426.4
Louisiana	892	1,275.0	593	761.3	2,036.3
Maine	290	413.9	184	236.1	650.0
Maryland	1,058	1,512.6	753	966.8	2,479.3
Massachusetts	1,234	1,764.1	756	970.1	2,734.2
Michigan	2,406	3,437.8	1,652	2,119.4	5,557.2
Minnesota	955	1,364.2	630	807.8	2,171.9
Mississippi	656	938.1	434	556.3	1,494.5
Missouri	1,275	1,821.8	820	1,051.9	2,873.7
Montana	179	256.0	109	139.6	395.6
Nebraska	344	492.3	206	264.8	757.0
Nevada	441	630.9	304	390.7	1,021.6
New Hampshire	252	360.3	166	213.1	573.5
New Jersey	1,593	2,276.8	987	1,267.0	3,543.7
New Mexico	340	485.6	222	284.4	770.0
New York	3,898	5,569.9	2,460	3,155.7	8,725.5
North Carolina	1,790	2,558.2	1,211	1,553.4	4,111.6
North Dakota	130	185.2	78	99.5	284.7
Ohio	2,511	3,588.3	1,681	2,156.8	5,745.0
Oklahoma	727	1,039.5	458	588.1	1,627.7
Oregon	716	1,023.3	457	585.7	1,609.1
Pennsylvania	2,957	4,225.6	1,833	2,352.1	6,577.7
Rhode Island	229	327.3	143	183.5	510.8
South Carolina	927	1,324.9	630	808.0	2,132.9
South Dakota	161	229.7	95	121.7	351.4
Tennessee	1,375	1,964.7	1,018	1,306.6	3,271.3
Texas	3,765	5,380.1	2,592	3,326.1	8,706.2
Utah	353	504.9	246	315.0	819.9
Vermont	129	183.9	83	105.9	289.8
Virginia	1,484	2,121.2	1,048	1,344.7	3,465.9
Washington	1,215	1,735.8	819	1,051.1	2,786.9
West Virginia	523	746.8	344	441.4	1,188.2
Wisconsin	1,084	1,549.0	698	895.8	2,444.9
Wyoming	106	151.9	71	91.3	243.1
United States	—[¶]	80,800.0	—[¶]	47,000.0	127, 800.0

* Aged ≥18 years.

[†] State estimates might not sum to total because of rounding.[§] Persons aged 18–64 years.[¶] National cost estimates were apportioned using each state's proportion of the overall number of arthritis cases in BRFSS. The CDC arthritis program recommends using BRFSS data for estimating state-level measures of arthritis and National Health Interview Survey data for national measures of arthritis.

and an increase in the number of knee and hip joint replacements performed, the average per-person direct costs were similar (\$1,762 in 1997 [in 2003 dollars] and \$1,752 in 2003). The increase in total direct costs resulted from the increase in the number of persons (9 million) with AORC in 2003, attributable to the increase in population (predominantly in the ages 45–64 years cohort) and the increased prevalence of self-reported AORC among adults aged ≥ 50 years (2).

The findings in this report are subject to at least two limitations. First, direct costs likely were underestimated because MEPS does not capture costs associated with complementary and alternative medicines (persons with arthritis are among the major consumers of these medicines [7]), long-term mental health services, and nondurable medical goods. Similarly, indirect costs did not capture loss of unpaid work such as homemaking, child care, and volunteer work. Other expenses associated with treatment of illness, such as transportation, accommodation, and lost wages among family members were not measured by MEPS and therefore were not included in this analysis. Second, state-specific direct and indirect cost estimates were simply derived using state-level prevalences and were not adjusted for differences among states in provider charges, treatment resources, or wage differentials. Thus, costs among states with medical expenditures or wages higher than the national mean likely are underestimated, and costs among those below the mean overestimated. Deriving cost estimates from state-level MEPS data was not possible because these data were available for only 30 of the largest states.

The substantially increased costs of AORC in 2003 were driven by an increase in number of persons with AORC. Costs likely will continue rising because the number of persons with arthritis is projected to continue to increase, with another 8 million arthritis cases anticipated during 2005–2015 (8). Without cost-reduction strategies, the economic burden of AORC will continue to increase. This trend underscores the need for wide-scale implementation of interventions that reduce medical expenditures and lost earnings among persons with AORC. Self-management programs such as the Arthritis Self-Help Program are cost-effective strategies to reduce direct costs associated with arthritis (3). Self-management programs foster skills in coordinating work accommodations and pain management (through physical activity and weight management) and are essential for reducing the economic and societal burden of AORC.

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Suicide Trends and Characteristics Among Persons in the Guaraní Kaiowá and Nandeva Communities — Mato Grosso do Sul, Brazil, 2000–2005

Suicide rates among indigenous communities around the world vary substantially; in many nations these groups have the highest suicide risk of any identifiable cultural or ethnic group (1). Mato Grosso do Sul is a state in the southwest corner of Brazil that borders Bolivia and Paraguay. In 2004, the Guaraní, an indigenous ethnic group in the region (Figure 1), accounted for 2.6% of Mato Grosso do Sul's population (approximately 2,230,702).* During 1975–2000, the infant mortality rate decreased, and overall life expectancy increased in Mato Grosso do Sul; however, suicide increased as a proportion of overall mortality among the Kaiowá and Nandeva communities of the Guaraní population (2). In 2000, the National Health Foundation (FUNASA) of the Brazilian Ministry of Health (BMH) initiated a study of suicide trends and characteristics in these two Guaraní communities; data were collected during 2000–2005, and epidemiologic assistance was provided by CDC. This report summarizes the results of that study, which suggested that the suicide rate among Guaraní was 19 times higher than the national rate in Brazil and 10 times higher than the rate in Mato Grosso do Sul and that suicides disproportionately affected Guaraní adolescents and young adults. To decrease suicide rates, BMH initiated research and prevention programs among the Guaraní, and the Guaraní initiated measures to increase their economic self-sufficiency.

* Instituto Brasileiro de Geografia e Estatística. Population estimates for Brazilian municipalities; 2004. Available at <http://www.ibge.gov.br/english/estatistica/populacao/estimativa2004/default.shtm>.

FIGURE 1. Geographic distribution of Guaraní population — Mato Grosso do Sul, Brazil, Argentina, and Paraguay



Participants in the study were from the Kaiowá and Nandeva communities of the Guaraní population, collectively referred to as Guaraní in this report. FUNASA medical teams determined cause of death using categories from the *International Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-10) (3). Suicide was defined as a death resulting from purposely self-inflicted poisoning or injury corresponding to ICD-10 codes X60–X84 and Y87. Demographic data on Guaraní were drawn from routinely updated census information such as name, sex, date of birth, ethnicity, address, village, Special Indigenous Sanitary District (DSEI), and municipality. As part of an ongoing ethnographic study, an anthropologist obtained qualitative information on each death through interviews with persons who included political and spiritual leaders of the communities. Participants were asked questions about the decedent (e.g., observations of decedent's behavior) and the community (e.g., social or environmental conditions that might have been associated with the suicide). Among the Guaraní in 2000, information on age was available for all but seven cases of suicide, and information on sex was available for all but one case. Demographic data for deaths in other years were complete. Crude rates and age- and sex-specific rates were calculated per 100,000 population.

During 2000–2005, a total of 3,004 deaths were recorded in the Guaraní population in Mato Grosso do Sul, including 286 (9.5%) suicides; 190 (66.7%) of the suicide victims were male. All but three suicides were caused by suffocation

(hanging); three were caused by pesticide ingestion. Annual suicide rates in the Guaraní ranged from 121.5 per 100,000 population for males in 2000 to 113.2 in 2005 and from 63.7 per 100,000 population for females in 2000 to 59.1 in 2005 (Figure 2). The ratio of male to female suicide rates was approximately 2 to 1. In 2005, the overall Guaraní suicide rate was 86.3 per 100,000 population.

By comparison, in 2004, the most recent year for which national and state data were available, suicides represented 1.5% of deaths in Mato Grosso do Sul and 0.8% of deaths in Brazil (4). Therefore, the proportion of deaths caused by suicide in the Guaraní population during 2000–2005 was approximately six times the proportion in Mato Grosso do Sul and 12 times the proportion overall in Brazil in 2004. The suicide rate overall in Mato Grosso do Sul was 8.6 per 100,000 population, and the national rate was 4.5. The Guaraní suicide rate in 2005 was approximately 10 times the rate in Mato Grosso do Sul and 19 times the national rate in 2004.

Persons aged <30 years accounted for 70% of the Guaraní population and 85% of the suicides. Among persons aged 20–29 years in 2005, the suicide rate was 159.9 per 100,000 population; among persons aged <20 years, suicide accounted for 28.0% of the deaths, and the suicide rate was 90.3 per 100,000 population.

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FIGURE 2. Suicide rates in Guaraní population, by sex and year — Mato Grosso do Sul, Brazil, 2000–2005



* Per 100,000 population.

SOURCE: National Health Foundation, Brazilian Ministry of Health.

Editorial Note: The findings in this report indicate that youths and young adults in Guaraní communities had higher suicide rates than older members of their population and that the Guaraní suicide rate overall was higher than the rates in Mato Grosso do Sul and Brazil overall. In the United States, suicide rates among some American Indian and Alaska Native (AI/AN) indigenous populations have been similar to those of the overall U.S. population, whereas in certain other AI/AN populations, rates have been seven times higher than the U.S. rate overall (5).

Historically, the highest suicide rate nationally in Brazil has been among those aged ≥ 65 years (6). However, among the Guaraní, the highest rates were among adolescents and young adults. Among Guaraní aged 20–29 years, the 2005 suicide rate was 159.9 per 100,000 population, compared with 6.1 for the same age group nationwide in 2004 (4).

Previous studies have identified multiple factors that might be associated with suicidal behaviors among the Guaraní. These factors, some resulting from colonization, include rapid sociocultural change, disturbances in traditional social life, progressive dismantling of extended family structure, and forced relocation to reservations (7). Exposure to different and conflicting cultures, perspectives, and belief systems exacerbates challenges faced by these communities and contributes to intergenerational conflict. Studies conducted among other indigenous communities indicate that youths often perceive themselves as marginalized from mainstream society and their own communities (7), resulting in a sense of social isolation that might contribute to an increased rate of suicide.

The findings in this report are subject to at least four limitations. First, counting the number of suicides based on death certificates might underestimate the true number because of misclassification of cause of death (8). Many decedents were buried privately by their families; in 2000, 16.5% of deaths among the Guaraní occurred without medical attention or certification by a coroner or medical examiner, so the cause of death could not be established. In 2001, DSEI began providing financial support for burials, thereby increasing death registrations, and by 2003, cause of death could not be established for only 5.7% of deaths. Second, because data were not specifically collected at the municipal or national level, suicide rates of indigenous and nonindigenous populations could not be compared. Third, temporal data were limited and insufficient for comprehensive analysis. Finally, the small absolute number of suicides in the Guaraní limited the detail of this analysis.

Suicide is a complex, multifaceted problem influenced by risk factors among persons, families, communities, and societies. Studies on indigenous populations in other nations have found that community-based, comprehensive suicide-prevention programs are the most promising (9). Such programs vary, but strategies typically include counseling, support

groups, crisis response, recreational activities, volunteer support systems, and cultural-heritage education. For example, a suicide-prevention program for an American Indian community in the United States included a comprehensive strategy involving schools, community outreach to persons at risk for suicide and their families, improved infrastructure of local mental health services, and interventions addressing common suicide risk factors in the community (e.g., alcohol abuse, family violence, and unemployment) (10).

To better address health disparities among indigenous communities, BMH established DSEI and placed multidisciplinary indigenous health-care teams in municipal governments. These teams periodically visit area villages and, with the support of trained local residents, provide health care. In 2000, FUNASA began a mental health initiative to address alcohol abuse and suicidal behaviors in indigenous ethnic communities. This initiative involved developing the Monitoring Center for Indigenous Mental Health, which includes physicians, behavioral scientists, social workers, and linguists. The center supports research and encourages a multidisciplinary approach to assessing and preventing suicidal behavior. Its projects are developed with community participation and designed so that they can be sustained by the local community. In addition, the Guaraní have been organizing to recover, through court challenges and legislation, most of their former territories; this is expected to increase their economic self-sufficiency and reduce poverty and unemployment, improvements associated with decreased risk for suicide and suicidal behaviors (9).

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Notice to Readers

Changes to National Notifiable Infectious Disease List and Data Presentation, as of January 2007

This issue of *MMWR* incorporates modifications to Table I (Provisional cases of infrequently reported notifiable diseases, United States), Table II (Provisional cases of selected notifiable diseases, United States), and Figure I (Selected notifiable disease reports, United States, comparison of provisional 4-week totals with historical data). This year, the modifications add conditions designated as nationally notifiable by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with CDC (1,2).

Modifications to Table I and Table II

Two new conditions have been added to the list of nationally notifiable infectious diseases: nonparalytic poliovirus infection and vibriosis (non-cholera *Vibrio* species infections). Incidence data for both of these conditions will appear in Table I. The surveillance case definitions adopted for these conditions are listed within their respective CSTE position statements (1,2) and are posted to the case definitions section of the National Notifiable Diseases Surveillance System (NNDSS) website (3).

The CSTE position statement, "Enhancing local, state, and territorial-based surveillance for invasive pneumococcal disease in children less than five years of age" (4), includes reporting guidelines for the surveillance case definitions for drug-resistant *Streptococcus pneumoniae* invasive disease (DRSP) (event code 11720) and *Streptococcus pneumoniae* invasive disease in children aged <5 years (event code 11717). In the weekly NNDSS provisional data tables published in *MMWR*, DRSP data will be displayed in Table II in two columns: one column for DRSP of any age and a second column for DRSP in children aged <5 years.

Modifications to Figure I

Rubella has been deleted from Figure I and replaced with giardiasis. Rubella has been deleted because of low incidence and its designation as no longer endemic in the United States (5,6). Giardiasis, a gastrointestinal illness, is caused by the protozoan parasite *Giardia intestinalis*. This pathogen has a low infectious dose, protracted communicability, and moderate resistance to chlorine, which makes it ideally suited for transmission through drinking and recreational water, food, and both person-to-person and animal-to-person contact. Transmission of giardiasis occurs throughout the United States with a marked seasonality peaking in summer through early fall (7).

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Notice to Readers

Satellite Broadcast: Epidemiology and Prevention of Vaccine-Preventable Diseases 2007

CDC and the Public Health Training Network will present the satellite broadcast/webcast series, *Epidemiology and Prevention of Vaccine-Preventable Diseases*. This series is scheduled for four consecutive Thursdays from 12 noon to 4 p.m., on January 25 and February 1, 8, and 15, 2007.

Session 1 includes an overview of general immunization concepts and principles and vaccine safety, storage and handling, and administration. Session 2 topics include pertussis, pneumococcal disease (childhood), polio, rotavirus, and *Haemophilus influenzae* type b. Session 3 topics include measles, rubella, varicella, zoster, and meningococcal disease. Session 4 topics include hepatitis B, hepatitis A, influenza, human papillomavirus, and pneumococcal disease (adult). A live question-and-answer session will be conducted via toll-free telephone lines. Continuing Education (CE) credits will be provided.

Additional information regarding the series is available at <http://www2.cdc.gov/phtn/epv07/default.asp>. Information for site administrators regarding establishing and registering a viewing location is available at <http://www.cdc.gov/phtnonline>. This website also is appropriate for individual participants who wish to register to view the broadcast from a specific location, or who seek CE credit. No registration is necessary to access the webcasts via an Internet connection. The link to the live webcasts is available at <http://www2.cdc.gov/phtn/webcast/epv07/default.asp>. The webcasts will be accessible through an Internet connection until March 15, 2007. The program will become available as a self-study DVD and Internet-based program in March 2007.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 6, 2007 (1st Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	—	0	16	19	16	20	28	
infant	—	—	2	84	85	87	76	69	
other (wound & unspecified)	—	—	1	47	31	30	33	21	
Brucellosis	1	1	2	107	120	114	104	125	CA (1)
Chancroid	—	—	1	28	17	30	54	67	
Cholera	—	—	0	6	8	5	2	2	
Cyclosporiasis§	—	—	2	118	543	171	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	63	80	112	108	164	
eastern equine	—	—	—	7	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	0	9	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	—	17	467	786	537	362	511	
human monocytic	3	3	8	426	506	338	321	216	NY (2), FL (1)
human (other & unspecified)	—	—	1	189	112	59	44	23	
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	—	1	8	9	19	32	34	
nonserotype b	—	—	3	82	135	135	117	144	
unknown serotype	1	1	5	210	217	177	227	153	GA (1)
Hansen disease§	1	1	2	71	87	105	95	96	FL (1)
Hantavirus pulmonary syndrome§	—	—	0	33	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	1	1	4	248	221	200	178	216	FL (1)
Hepatitis C viral, acute	2	2	22	776	652	713	1,102	1,835	MI (1), CO (1)
HIV infection, pediatric (age <13 yrs)††	—	—	3	52	380	436	504	420	
Influenza-associated pediatric mortality§§	1	1	0	41	45	—	N	N	VA (1)
Listeriosis	5	5	14	734	896	753	696	665	FL (2), CO (1), CA (2)
Measles¶¶	—	—	1	45	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	—	—	6	222	297	—	—	—	
serogroup B	—	—	4	132	156	—	—	—	
other serogroup	—	—	1	24	27	—	—	—	
unknown serogroup	6	6	23	698	765	—	—	—	OH (2), GA (1), FL (1), CA (2)
Mumps	2	2	7	6,358	314	258	231	270	KS (1), CO (1)
Plague	—	—	0	16	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	—	1	20	16	12	12	18	
Q fever§	1	1	2	165	136	70	71	61	GA (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	1	1	0	8	11	10	7	18	CO (1)
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	—	3	90	129	132	161	118	
Syphilis, congenital (age <1 yr)	—	—	8	272	329	353	413	412	
Tetanus	—	—	1	30	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	—	3	99	90	95	133	109	
Trichinellosis	—	—	0	11	16	5	6	14	
Tularemia	—	—	2	85	154	134	129	90	
Typhoid fever	—	—	6	265	324	322	356	321	
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	—	—	3	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	—	3	1	N	N	
Vibriosis (non-cholera <i>Vibrio</i> species infections)§	1	1	—	N	N	N	N	N	FL (1)
Yellow fever	—	—	0	—	—	—	—	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 2004 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (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 (proposed). 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 (proposed). A total of two 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 (proposed).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 6, 2007, and January 7, 2006 (1st 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	6,694	19,219	21,248	6,694	12,805	43	150	367	43	28	15	65	305	15	77
New England	327	588	973	327	365	—	0	0	—	—	—	3	39	—	39
Connecticut	6	96	578	6	8	N	0	0	N	N	—	0	36	—	36
Maine§	29	43	65	29	32	N	0	0	N	N	—	0	6	—	2
Massachusetts	256	292	604	256	203	—	0	0	—	—	—	1	14	—	1
New Hampshire	36	39	71	36	25	—	0	0	—	—	—	1	5	—	—
Rhode Island§	—	61	107	—	70	—	0	0	—	—	—	0	5	—	—
Vermont§	—	20	41	—	27	N	0	0	N	N	—	0	5	—	—
Mid. Atlantic	974	2,410	3,357	974	1,151	—	0	0	—	—	—	9	30	—	11
New Jersey	93	390	566	93	272	—	0	0	—	—	—	0	3	—	1
New York (Upstate)	152	504	791	152	22	N	0	0	N	N	—	3	13	—	—
New York City	719	698	1,566	719	363	N	0	0	N	N	—	2	7	—	4
Pennsylvania	10	786	1,106	10	494	N	0	0	N	N	—	4	17	—	6
E.N. Central	868	3,091	3,891	868	2,475	—	1	3	—	1	2	16	109	2	10
Illinois	—	980	1,408	—	859	—	0	0	—	—	—	2	21	—	2
Indiana	312	390	484	312	273	N	0	0	N	N	—	1	18	—	—
Michigan	441	662	1,223	441	336	—	1	3	—	1	—	2	9	—	2
Ohio	115	620	1,424	115	629	—	0	2	—	—	2	5	33	2	4
Wisconsin	—	382	518	—	378	—	0	0	—	—	—	5	53	—	2
W.N. Central	170	1,171	1,455	170	655	—	0	1	—	—	—	12	77	—	2
Iowa	—	157	225	—	145	N	0	0	N	N	—	1	28	—	—
Kansas	25	146	256	25	1	N	0	0	N	N	—	1	8	—	2
Minnesota	—	237	348	—	90	—	0	0	—	—	—	3	21	—	—
Missouri	103	451	619	103	308	—	0	1	—	—	—	2	21	—	—
Nebraska§	—	97	176	—	45	N	0	0	N	N	—	1	16	—	—
North Dakota	5	33	64	5	18	N	0	0	N	N	—	0	1	—	—
South Dakota	37	51	116	37	48	N	0	0	N	N	—	1	7	—	—
S. Atlantic	1,694	3,753	4,977	1,694	2,331	—	0	1	—	—	8	16	68	8	13
Delaware	38	68	107	38	78	N	0	0	N	N	—	0	3	—	—
District of Columbia	—	55	139	—	60	—	0	0	—	—	—	0	2	—	—
Florida	521	976	1,182	521	652	N	0	0	N	N	5	7	32	5	3
Georgia	9	700	1,165	9	7	—	0	0	—	—	3	5	13	3	3
Maryland§	331	340	500	331	500	—	0	1	—	—	—	0	3	—	1
North Carolina	39	633	1,772	39	191	N	0	0	N	N	—	1	11	—	6
South Carolina§	399	338	1,452	399	455	N	0	0	N	N	—	1	13	—	—
Virginia§	348	463	712	348	348	N	0	0	N	N	—	1	5	—	—
West Virginia	9	58	227	9	40	N	0	0	N	N	—	0	3	—	—
E.S. Central	222	1,428	1,969	222	879	—	0	0	—	—	2	3	15	2	1
Alabama§	23	412	760	23	198	N	0	0	N	N	—	1	12	—	1
Kentucky	40	162	691	40	162	N	0	0	N	N	1	1	3	1	—
Mississippi	—	359	807	—	148	—	0	0	—	—	—	0	3	—	—
Tennessee§	159	508	604	159	371	N	0	0	N	N	1	1	5	1	—
W.S. Central	1,244	2,166	2,678	1,244	1,628	—	0	1	—	—	—	4	44	—	—
Arkansas	124	153	336	124	94	—	0	0	—	—	—	0	2	—	—
Louisiana	33	214	607	33	185	—	0	1	—	N	—	0	9	—	—
Oklahoma	325	243	423	325	115	N	0	0	N	N	—	1	4	—	—
Texas§	762	1,461	1,897	762	1,234	N	0	0	N	N	—	1	35	—	—
Mountain	347	981	1,632	347	954	26	104	202	26	—	1	3	38	1	1
Arizona	340	359	881	340	334	26	102	200	26	—	—	0	3	—	1
Colorado	—	110	254	—	162	N	0	0	N	N	1	1	7	1	—
Idaho§	—	51	253	—	50	N	0	0	N	N	—	0	0	—	—
Montana§	—	46	143	—	9	N	0	0	N	N	—	0	26	—	—
Nevada§	—	87	397	—	62	—	1	4	—	—	—	0	1	—	—
New Mexico§	—	191	339	—	281	—	0	3	—	—	—	0	5	—	—
Utah	—	94	180	—	28	—	1	3	—	—	—	0	3	—	—
Wyoming§	7	27	54	7	28	—	0	1	—	—	—	0	11	—	—
Pacific	848	3,347	3,929	848	2,367	17	44	186	17	27	2	1	7	2	—
Alaska	23	81	131	23	21	—	0	0	—	—	—	0	1	—	—
California	609	2,661	3,191	609	1,961	17	44	186	17	27	—	0	0	—	—
Hawaii	—	101	136	—	92	N	0	0	N	N	—	0	1	—	—
Oregon§	—	178	309	—	86	N	0	0	N	N	2	1	7	2	—
Washington	216	348	604	216	207	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	95	95	198	95	16	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	5	16	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 January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Giardiasis					Gonorrhea					<i>Haemophilus influenzae</i> , 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	67	301	516	67	212	2,308	6,539	8,039	2,308	5,286	15	39	58	15	45
New England	1	19	44	1	12	64	95	166	64	81	—	2	12	—	1
Connecticut	—	0	25	—	—	4	22	118	4	5	—	0	8	—	—
Maine [§]	1	3	14	1	—	1	2	8	1	1	—	0	4	—	—
Massachusetts	—	8	18	—	10	58	46	86	58	51	—	1	7	—	1
New Hampshire	—	0	9	—	1	1	3	9	1	4	—	0	2	—	—
Rhode Island [§]	—	1	17	—	—	—	9	19	—	19	—	0	2	—	—
Vermont [§]	—	3	12	—	1	—	1	4	—	1	—	0	2	—	—
Mid. Atlantic	8	62	101	8	46	322	648	858	322	407	1	8	14	1	13
New Jersey	—	7	13	—	9	44	104	160	44	79	—	0	0	—	—
New York (Upstate)	8	25	47	8	2	58	119	215	58	19	—	3	8	—	1
New York City	—	15	29	—	17	215	175	377	215	85	1	2	6	1	6
Pennsylvania	—	15	32	—	18	5	225	401	5	224	—	3	8	—	6
E.N. Central	6	49	93	6	49	385	1,235	1,928	385	1,057	3	5	13	3	10
Illinois	—	9	24	—	10	—	356	520	—	347	—	0	6	—	2
Indiana	—	0	0	—	—	146	161	249	146	141	—	1	10	—	—
Michigan	1	14	38	1	17	198	262	880	198	136	—	0	5	—	1
Ohio	5	15	32	5	5	41	287	703	41	286	3	2	6	3	5
Wisconsin	—	9	40	—	17	—	132	172	—	147	—	0	3	—	2
W.N. Central	2	25	118	2	12	91	366	449	91	225	—	2	10	—	2
Iowa	—	6	15	—	3	—	36	62	—	41	—	0	1	—	—
Kansas	—	3	11	—	2	8	39	81	8	—	—	0	2	—	1
Minnesota	—	1	87	—	—	—	59	105	—	16	—	0	9	—	—
Missouri	—	9	28	—	4	81	192	254	81	155	—	0	6	—	1
Nebraska [§]	—	2	9	—	1	—	27	56	—	4	—	0	2	—	—
North Dakota	—	0	2	—	—	1	2	6	1	—	—	0	2	—	—
South Dakota	2	2	6	2	2	1	6	15	1	9	—	0	0	—	—
S. Atlantic	24	51	93	24	26	598	1,606	2,145	598	1,494	7	10	21	7	11
Delaware	—	0	4	—	1	26	28	44	26	37	—	0	1	—	—
District of Columbia	—	1	4	—	2	—	36	59	—	37	—	0	2	—	—
Florida	13	21	44	13	12	247	456	551	247	338	2	3	9	2	3
Georgia	11	11	26	11	5	1	349	576	1	3	5	2	5	5	5
Maryland [§]	—	4	11	—	5	112	125	190	112	190	—	1	5	—	2
North Carolina	N	0	0	N	N	—	314	766	—	707	—	0	9	—	—
South Carolina [§]	—	2	7	—	—	179	150	704	179	154	—	1	3	—	1
Virginia [§]	—	8	28	—	1	30	127	249	30	20	—	1	7	—	—
West Virginia	—	0	6	—	—	3	18	41	3	8	—	0	4	—	—
E.S. Central	1	10	42	1	6	70	576	867	70	365	—	2	7	—	1
Alabama [§]	—	6	30	—	6	8	190	313	8	96	—	0	5	—	1
Kentucky	N	0	0	N	N	12	59	268	12	69	—	0	1	—	—
Mississippi	—	0	0	—	—	—	139	435	—	65	—	0	1	—	—
Tennessee [§]	1	4	12	1	—	50	190	238	50	135	—	1	4	—	—
W. S. Central	—	6	15	—	—	513	899	1,265	513	701	1	1	5	1	—
Arkansas	—	2	8	—	—	64	81	142	64	76	—	0	2	—	—
Louisiana	—	0	6	—	—	26	130	354	26	106	—	0	3	—	—
Oklahoma	—	2	11	—	—	128	88	185	128	32	1	1	4	1	—
Texas [§]	N	0	0	N	N	295	579	918	295	487	—	0	0	—	—
Mountain	10	30	68	10	18	66	217	428	66	235	2	4	9	2	5
Arizona	1	3	9	1	2	66	91	198	66	64	—	1	6	—	1
Colorado	6	9	33	6	3	—	41	85	—	83	2	1	4	2	4
Idaho [§]	—	3	12	—	3	—	3	20	—	5	—	0	1	—	—
Montana [§]	—	2	11	—	1	—	3	20	—	1	—	0	0	—	—
Nevada [§]	—	1	9	—	1	—	23	135	—	19	—	0	1	—	—
New Mexico [§]	—	1	6	—	1	—	32	65	—	53	—	0	2	—	—
Utah	3	7	25	3	6	—	17	26	—	4	—	0	4	—	—
Wyoming [§]	—	1	4	—	1	—	2	6	—	6	—	0	1	—	—
Pacific	15	57	99	15	43	199	786	968	199	721	1	2	8	1	2
Alaska	—	1	17	—	1	4	10	24	4	1	1	0	2	1	—
California	8	40	68	8	28	145	651	834	145	625	—	0	5	—	—
Hawaii	—	1	4	—	1	2	17	26	2	18	—	0	1	—	—
Oregon [§]	7	8	14	7	13	—	28	49	—	17	—	1	6	—	2
Washington	—	7	20	—	—	48	76	142	48	60	—	0	1	—	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	12	—	—	5	5	16	5	2	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	1	5	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 January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Hepatitis (viral, acute), by type [†]										Legionellosis				
	A					B									
	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	6	63	117	6	54	10	84	113	10	37	6	44	108	6	24
New England	—	2	20	—	6	—	2	8	—	2	—	2	12	—	1
Connecticut	—	1	2	—	—	—	0	3	—	2	—	0	9	—	—
Maine [§]	—	0	2	—	—	—	0	2	—	—	—	0	2	—	—
Massachusetts	—	0	6	—	6	—	0	5	—	—	—	0	4	—	1
New Hampshire	—	0	16	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island [§]	—	0	2	—	—	—	0	4	—	—	—	0	6	—	—
Vermont [§]	—	0	2	—	—	—	0	1	—	—	—	0	2	—	—
Mid. Atlantic	—	6	18	—	6	—	8	20	—	15	1	13	51	1	9
New Jersey	—	2	5	—	3	—	2	8	—	5	—	1	11	—	1
New York (Upstate)	—	1	8	—	—	—	1	5	—	—	1	6	30	1	—
New York City	—	2	10	—	2	—	2	5	—	3	—	2	16	—	2
Pennsylvania	—	1	5	—	1	—	3	9	—	7	—	5	19	—	6
E.N. Central	—	6	13	—	7	3	7	16	3	7	—	8	26	—	4
Illinois	—	1	4	—	2	—	1	7	—	1	—	0	3	—	3
Indiana	—	0	5	—	—	—	0	7	—	—	—	0	4	—	—
Michigan	—	2	7	—	3	—	3	6	—	5	—	3	11	—	1
Ohio	—	1	4	—	1	3	2	10	3	1	—	3	19	—	—
Wisconsin	—	1	4	—	1	—	0	2	—	—	—	0	5	—	—
W.N. Central	—	2	8	—	3	—	3	9	—	1	—	1	15	—	3
Iowa	—	0	1	—	—	—	0	3	—	—	—	0	3	—	—
Kansas	—	0	5	—	2	—	0	2	—	—	—	0	2	—	—
Minnesota	—	0	7	—	—	—	0	5	—	—	—	0	11	—	—
Missouri	—	1	3	—	1	—	1	6	—	1	—	0	3	—	3
Nebraska [§]	—	0	2	—	—	—	0	3	—	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
S. Atlantic	3	9	29	3	9	3	23	42	3	6	4	9	19	4	7
Delaware	—	0	2	—	—	—	1	4	—	—	—	0	2	—	1
District of Columbia	—	0	1	—	—	—	0	2	—	—	—	0	5	—	—
Florida	3	4	13	3	7	3	8	16	3	4	3	3	10	3	2
Georgia	—	1	6	—	—	—	3	8	—	1	1	0	3	1	1
Maryland [§]	—	1	6	—	2	—	2	9	—	—	—	2	7	—	1
North Carolina	—	0	20	—	—	—	0	23	—	—	—	0	5	—	2
South Carolina [§]	—	0	3	—	—	—	2	4	—	1	—	0	1	—	—
Virginia [§]	—	1	7	—	—	—	1	4	—	—	—	1	5	—	—
West Virginia	—	0	3	—	—	—	0	7	—	—	—	0	3	—	—
E.S. Central	1	2	8	1	1	1	7	21	1	3	1	2	9	1	—
Alabama [§]	—	0	3	—	—	—	2	13	—	1	—	0	2	—	—
Kentucky	1	0	5	1	—	—	1	5	—	1	1	0	5	1	—
Mississippi	—	0	1	—	—	—	1	4	—	—	—	0	2	—	—
Tennessee [§]	—	1	5	—	1	1	2	7	1	1	—	1	7	—	—
W.S. Central	—	6	20	—	—	—	16	35	—	1	—	0	12	—	—
Arkansas	—	0	9	—	—	—	1	3	—	—	—	0	1	—	—
Louisiana	—	0	4	—	—	—	0	5	—	1	—	0	2	—	—
Oklahoma	—	0	3	—	—	—	0	14	—	—	—	0	6	—	—
Texas [§]	—	5	15	—	—	—	12	26	—	—	—	0	12	—	—
Mountain	—	5	17	—	2	—	2	9	—	1	—	2	8	—	—
Arizona	—	3	16	—	—	—	0	4	—	—	—	1	4	—	—
Colorado	—	1	3	—	1	—	0	4	—	—	—	0	2	—	—
Idaho [§]	—	0	2	—	—	—	0	2	—	1	—	0	3	—	—
Montana [§]	—	0	3	—	—	—	0	0	—	—	—	0	1	—	—
Nevada [§]	—	0	2	—	—	—	0	5	—	—	—	0	2	—	—
New Mexico [§]	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
Utah	—	0	2	—	1	—	0	5	—	—	—	0	6	—	—
Wyoming [§]	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	2	16	53	2	20	3	11	25	3	1	—	1	9	—	—
Alaska	—	0	0	—	—	1	0	3	1	—	—	0	0	—	—
California	1	14	48	1	20	1	8	20	1	1	—	1	9	—	—
Hawaii	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Oregon [§]	1	1	4	1	—	1	1	5	1	—	N	0	0	N	N
Washington	—	1	4	—	—	—	1	6	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	6	—	—	—	0	4	—	—	—	0	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.

* 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).

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	19	219	996	19	71	6	25	39	6	17	6	20	45	6	27
New England	—	18	260	—	4	—	0	6	—	—	—	1	3	—	1
Connecticut	—	8	227	—	—	—	0	3	—	—	—	0	2	—	—
Maine§	—	2	34	—	2	—	0	1	—	—	—	0	2	—	1
Massachusetts	—	0	3	—	2	—	0	3	—	—	—	0	2	—	—
New Hampshire	—	3	95	—	—	—	0	3	—	—	—	0	2	—	—
Rhode Island§	—	0	93	—	—	—	0	1	—	—	—	0	1	—	—
Vermont§	—	1	15	—	—	—	0	1	—	—	—	0	1	—	—
Mid. Atlantic	16	131	556	16	43	1	5	13	1	4	—	3	11	—	5
New Jersey	—	27	184	—	16	—	0	3	—	2	—	0	2	—	—
New York (Upstate)	16	59	250	16	1	1	1	7	1	—	—	0	4	—	—
New York City	—	0	18	—	—	—	3	9	—	1	—	1	4	—	2
Pennsylvania	—	36	231	—	26	—	1	4	—	1	—	0	4	—	3
E.N. Central	—	10	151	—	4	1	2	7	1	4	2	2	12	2	7
Illinois	—	0	0	—	—	—	1	5	—	2	—	0	4	—	4
Indiana	—	0	3	—	—	—	0	3	—	—	—	0	5	—	—
Michigan	—	1	5	—	—	—	0	2	—	—	—	0	3	—	1
Ohio	—	1	5	—	1	1	0	3	1	—	2	1	4	2	1
Wisconsin	—	10	147	—	3	—	0	2	—	2	—	0	2	—	1
W.N. Central	1	5	169	1	—	—	0	14	—	2	—	1	4	—	1
Iowa	—	1	8	—	—	—	0	1	—	—	—	0	2	—	—
Kansas	1	0	2	1	—	—	0	2	—	—	—	0	1	—	—
Minnesota	—	2	167	—	—	—	0	12	—	—	—	0	3	—	—
Missouri	—	0	2	—	—	—	0	1	—	1	—	0	2	—	—
Nebraska§	—	0	2	—	—	—	0	1	—	—	—	0	2	—	1
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
S. Atlantic	—	29	117	—	20	2	6	14	2	4	2	4	14	2	1
Delaware	—	7	28	—	5	—	0	1	—	—	—	0	1	—	—
District of Columbia	—	0	7	—	1	—	0	2	—	—	—	0	1	—	—
Florida	—	1	5	—	—	2	1	4	2	1	1	2	7	1	1
Georgia	—	0	1	—	—	—	2	6	—	3	1	0	3	1	—
Maryland§	—	13	74	—	12	—	1	5	—	—	—	0	2	—	—
North Carolina	—	0	4	—	2	—	0	4	—	—	—	0	11	—	—
South Carolina§	—	0	2	—	—	—	0	2	—	—	—	0	2	—	—
Virginia§	—	4	29	—	—	—	1	4	—	—	—	0	4	—	—
West Virginia	—	0	3	—	—	—	0	1	—	—	—	0	2	—	—
E.S. Central	—	0	3	—	—	—	0	3	—	—	—	1	3	—	—
Alabama§	—	0	3	—	—	—	0	2	—	—	—	0	2	—	—
Kentucky	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Tennessee§	—	0	2	—	—	—	0	2	—	—	—	0	2	—	—
W.S. Central	—	0	3	—	—	—	1	7	—	—	—	1	4	—	1
Arkansas	—	0	0	—	—	—	0	2	—	—	—	0	1	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Oklahoma	—	0	0	—	—	—	0	2	—	—	—	0	3	—	—
Texas§	—	0	3	—	—	—	1	6	—	—	—	0	3	—	—
Mountain	—	0	3	—	—	—	1	6	—	—	—	1	5	—	3
Arizona	—	0	2	—	—	—	0	3	—	—	—	0	3	—	1
Colorado	—	0	1	—	—	—	0	2	—	—	—	0	2	—	1
Idaho§	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Montana§	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Nevada§	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
New Mexico§	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Utah	—	0	1	—	—	—	0	2	—	—	—	0	1	—	1
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	2	3	10	2	—	2	4	13	2	3	2	5	16	2	8
Alaska	—	0	1	—	—	—	0	4	—	1	—	0	1	—	—
California	2	3	8	2	—	—	3	8	—	2	2	3	10	2	1
Hawaii	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Oregon§	—	0	2	—	—	2	0	2	2	—	—	0	7	—	7
Washington	—	0	1	—	—	—	0	3	—	—	—	0	5	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
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 January 6, 2007, and January 7, 2006 (1st 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	49	250	489	49	244	22	123	239	22	38	1	34	118	1	30
New England	—	22	53	—	38	4	12	26	4	2	—	0	1	—	—
Connecticut	—	1	9	—	3	4	3	14	4	—	—	0	0	—	—
Maine†	—	1	12	—	3	—	2	8	—	—	—	0	0	—	—
Massachusetts	—	12	30	—	30	—	3	17	—	2	—	0	1	—	—
New Hampshire	—	2	27	—	—	—	1	5	—	—	—	0	1	—	—
Rhode Island†	—	0	11	—	—	—	0	3	—	—	—	0	1	—	—
Vermont†	—	2	14	—	2	—	1	5	—	—	—	0	0	—	—
Mid. Atlantic	10	36	85	10	24	6	27	71	6	13	—	1	6	—	—
New Jersey	—	4	13	—	10	—	0	0	—	—	—	0	1	—	—
New York (Upstate)	10	16	75	10	—	3	10	24	3	8	—	0	2	—	—
New York City	—	1	8	—	2	3	1	5	3	—	—	0	3	—	—
Pennsylvania	—	13	26	—	12	—	16	56	—	5	—	1	3	—	—
E.N. Central	23	41	76	23	47	—	2	18	—	—	—	1	6	—	—
Illinois	—	9	22	—	22	—	0	7	—	—	—	0	2	—	—
Indiana	—	3	19	—	—	—	0	2	—	—	—	0	1	—	—
Michigan	—	12	39	—	1	—	0	5	—	—	—	0	1	—	—
Ohio	23	12	25	23	14	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	3	10	—	10	—	0	0	—	—	—	0	1	—	—
W.N. Central	3	23	71	3	48	—	6	20	—	2	—	2	14	—	—
Iowa	—	6	15	—	14	—	1	7	—	—	—	0	1	—	—
Kansas	3	5	19	3	19	—	1	5	—	1	—	0	1	—	—
Minnesota	—	0	56	—	—	—	0	6	—	—	—	0	2	—	—
Missouri	—	5	14	—	12	—	1	6	—	—	—	2	12	—	—
Nebraska†	—	2	9	—	3	—	0	0	—	—	—	0	5	—	—
North Dakota	—	0	9	—	—	—	0	7	—	—	—	0	0	—	—
South Dakota	—	0	4	—	—	—	0	4	—	1	—	0	0	—	—
S. Atlantic	4	18	43	4	24	11	41	183	11	14	—	17	68	—	29
Delaware	—	0	1	—	1	—	0	0	—	—	—	0	3	—	—
District of Columbia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Florida	4	4	20	4	4	2	0	167	2	—	—	0	5	—	—
Georgia	—	0	3	—	2	—	5	10	—	3	—	1	5	—	—
Maryland†	—	2	9	—	6	—	6	13	—	2	—	1	6	—	—
North Carolina	—	0	33	—	8	9	9	22	9	6	—	14	61	—	29
South Carolina†	—	3	11	—	3	—	3	11	—	3	—	0	5	—	—
Virginia†	—	2	19	—	—	—	11	27	—	—	—	2	13	—	—
West Virginia	—	0	9	—	—	—	2	7	—	—	—	0	2	—	—
E.S. Central	—	6	28	—	6	—	4	16	—	—	—	6	31	—	1
Alabama†	—	2	19	—	2	—	1	8	—	—	—	2	11	—	—
Kentucky	—	0	5	—	—	—	0	4	—	—	—	0	1	—	—
Mississippi	—	0	4	—	2	—	0	2	—	—	—	0	1	—	—
Tennessee†	—	3	11	—	2	—	2	9	—	—	—	4	22	—	1
W.S. Central	—	17	35	—	—	1	9	34	1	7	—	1	27	—	—
Arkansas	—	1	7	—	—	—	0	5	—	1	—	0	10	—	—
Louisiana	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	9	—	—	1	0	9	1	—	—	0	18	—	—
Texas†	—	15	32	—	—	—	9	29	—	6	—	0	4	—	—
Mountain	8	45	88	8	46	—	3	27	—	—	1	0	5	1	—
Arizona	—	7	29	—	1	—	2	10	—	—	—	0	2	—	—
Colorado	8	10	40	8	26	—	0	0	—	—	1	0	1	1	—
Idaho†	—	1	8	—	2	—	0	25	—	—	—	0	3	—	—
Montana†	—	2	9	—	2	—	0	2	—	—	—	0	2	—	—
Nevada†	—	0	9	—	9	—	0	1	—	—	—	0	1	—	—
New Mexico†	—	2	8	—	2	—	0	2	—	—	—	0	2	—	—
Utah	—	13	39	—	4	—	0	1	—	—	—	0	2	—	—
Wyoming†	—	1	8	—	—	—	0	2	—	—	—	0	1	—	—
Pacific	1	27	228	1	11	—	3	12	—	—	—	0	1	—	—
Alaska	1	1	7	1	—	—	0	4	7	—	—	0	0	—	—
California	—	21	225	—	—	—	3	11	—	—	—	0	1	—	—
Hawaii	—	1	6	—	6	—	0	0	—	—	—	0	0	—	—
Oregon†	—	2	8	—	5	—	0	4	—	—	—	0	1	—	—
Washington	—	5	46	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	1	6	—	—	N	0	0	N	N
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.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC)†					Shigellosis				
	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	157	735	1,355	157	897	3	55	141	3	84	89	254	477	89	185
New England	—	20	487	—	487	—	2	73	—	73	—	3	70	—	70
Connecticut	—	0	479	—	479	—	0	72	—	72	—	0	64	—	64
Maine§	—	2	10	—	1	—	0	8	—	—	—	0	2	—	—
Massachusetts	—	15	53	—	7	—	1	9	—	1	—	2	11	—	6
New Hampshire	—	4	25	—	—	—	0	3	—	—	—	0	2	—	—
Rhode Island§	—	1	10	—	—	—	0	2	—	—	—	0	3	—	—
Vermont§	—	1	6	—	—	—	0	1	—	—	—	0	2	—	—
Mid. Atlantic	9	83	189	9	64	—	6	61	—	1	1	15	43	1	9
New Jersey	—	14	48	—	14	—	0	4	—	—	—	3	35	—	3
New York (Upstate)	6	26	64	6	1	—	0	4	—	—	1	4	10	1	—
New York City	3	23	50	3	20	—	0	4	—	—	—	4	13	—	5
Pennsylvania	—	28	67	—	29	—	2	46	—	1	—	1	6	—	1
E.N. Central	13	94	192	13	76	—	9	56	—	3	3	19	38	3	11
Illinois	—	23	56	—	28	—	1	7	—	—	—	7	21	—	7
Indiana	—	15	55	—	—	—	1	8	—	—	—	2	17	—	—
Michigan	—	18	35	—	11	—	1	6	—	—	—	3	8	—	1
Ohio	13	23	56	13	21	—	3	18	—	—	3	3	14	3	—
Wisconsin	—	17	27	—	16	—	2	39	—	3	—	3	9	—	3
W.N. Central	5	47	109	5	27	—	11	35	—	2	2	36	77	2	27
Iowa	—	9	26	—	10	—	2	22	—	1	—	2	13	—	1
Kansas	—	7	16	—	2	—	0	4	—	—	—	2	11	—	1
Minnesota	—	11	60	—	—	—	4	27	—	—	—	3	24	—	—
Missouri	—	14	35	—	9	—	0	0	—	—	—	9	69	—	18
Nebraska§	4	3	9	4	3	—	0	8	—	—	—	1	14	—	4
North Dakota	—	0	5	—	—	—	0	0	—	—	—	0	18	—	—
South Dakota	1	3	7	1	3	—	0	5	—	—	2	6	24	2	3
S. Atlantic	68	209	397	68	124	3	9	27	3	—	64	59	152	64	27
Delaware	—	2	10	—	1	—	0	3	—	—	—	0	2	—	—
District of Columbia	—	1	4	—	2	—	0	1	—	—	—	0	2	—	1
Florida	27	92	176	27	40	—	2	9	—	—	32	27	76	32	14
Georgia	23	31	77	23	32	2	1	7	2	—	31	22	64	31	8
Maryland§	1	13	31	1	4	1	2	8	1	—	1	2	10	1	3
North Carolina	17	32	130	17	37	—	2	11	—	2	—	1	21	—	—
South Carolina§	—	17	51	—	8	—	0	2	—	—	—	1	9	—	1
Virginia§	—	20	57	—	—	—	0	0	—	—	—	2	9	—	—
West Virginia	—	1	16	—	—	—	0	5	—	—	—	0	2	—	—
E.S. Central	15	60	153	15	29	—	1	12	—	1	5	15	83	5	17
Alabama§	1	24	93	1	9	—	0	5	—	—	1	4	74	1	1
Kentucky	8	8	23	8	1	—	1	12	—	1	2	3	15	2	11
Mississippi	—	12	42	—	9	—	0	0	—	—	—	2	9	—	5
Tennessee§	6	15	32	6	10	—	0	4	—	—	2	2	12	2	—
W.S. Central	1	66	179	1	12	—	1	21	—	—	3	35	71	3	3
Arkansas	—	15	47	—	1	—	0	7	—	—	—	2	9	—	—
Louisiana	—	13	42	—	7	—	0	0	—	—	—	1	25	—	—
Oklahoma	1	8	40	1	—	—	0	17	—	—	—	2	9	—	—
Texas§	—	31	102	—	4	—	2	13	—	—	3	29	53	3	3
Mountain	21	50	88	21	23	—	4	17	—	1	4	25	87	4	6
Arizona	4	17	41	4	2	—	2	13	—	—	3	12	35	3	—
Colorado	16	12	30	16	12	—	1	8	—	1	1	3	15	1	1
Idaho§	—	3	9	—	—	—	1	7	—	—	—	0	3	—	—
Montana§	—	2	10	—	1	—	0	0	—	—	—	0	13	—	—
Nevada§	—	3	20	—	1	—	0	5	—	—	—	1	20	—	—
New Mexico§	—	4	15	—	5	—	0	1	—	—	—	2	15	—	4
Utah	1	5	15	1	2	—	1	14	—	—	—	1	6	—	1
Wyoming§	—	1	4	—	—	—	0	3	—	—	—	0	19	—	—
Pacific	25	114	181	25	55	—	4	17	—	3	7	37	87	7	15
Alaska	1	1	7	1	1	—	0	0	—	—	—	0	2	—	—
California	22	88	158	22	47	—	0	0	—	—	5	30	76	5	13
Hawaii	—	5	16	—	1	—	0	2	—	—	—	1	4	—	2
Oregon§	2	8	16	2	6	—	0	1	—	—	2	1	32	2	—
Washington	—	10	39	—	—	—	2	12	—	—	—	2	13	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	4	18	—	—	—	0	0	—	—	—	0	2	—	—
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 January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease [†] 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	35	84	213	35	75	8	21	41	8	9
New England	—	3	15	—	3	—	1	4	—	—
Connecticut	U	0	0	U	—	U	0	0	U	U
Maine [§]	—	0	2	—	1	—	0	2	—	—
Massachusetts	—	2	6	—	2	—	0	4	—	—
New Hampshire	—	0	9	—	—	—	0	4	—	—
Rhode Island [§]	—	0	2	—	—	—	0	3	—	—
Vermont [§]	—	0	2	—	—	—	0	0	—	—
Mid. Atlantic	2	18	40	2	19	—	3	8	—	—
New Jersey	—	2	8	—	6	—	1	4	—	—
New York (Upstate)	2	5	19	2	1	—	2	7	—	—
New York City	—	2	8	—	5	—	0	2	—	—
Pennsylvania	—	6	13	—	7	—	0	0	—	—
E.N. Central	11	12	44	11	18	3	6	14	3	4
Illinois	—	2	11	—	8	—	1	6	—	2
Indiana	—	2	11	—	—	—	0	10	—	—
Michigan	1	3	12	1	5	1	1	5	1	1
Ohio	10	4	19	10	4	2	2	7	2	1
Wisconsin	—	1	4	—	1	—	0	2	—	—
W.N. Central	1	4	57	1	3	—	2	10	—	—
Iowa	N	0	0	N	N	—	0	0	—	—
Kansas	1	1	5	1	2	—	0	3	—	—
Minnesota	—	0	52	—	—	—	0	7	—	—
Missouri	—	1	5	—	—	—	0	2	—	—
Nebraska [§]	—	0	4	—	1	—	0	2	—	—
North Dakota	—	0	2	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	0	—	—
S. Atlantic	6	23	45	6	20	4	1	6	4	—
Delaware	—	0	2	—	1	—	0	0	—	—
District of Columbia	—	0	2	—	1	—	0	1	—	—
Florida	—	5	16	—	5	—	0	0	—	—
Georgia	3	5	12	3	6	2	0	0	2	—
Maryland [§]	3	4	12	3	5	2	1	5	2	—
North Carolina	—	0	26	—	—	U	0	0	U	U
South Carolina [§]	—	1	6	—	2	—	0	0	—	—
Virginia [§]	—	2	9	—	—	—	0	0	—	—
West Virginia	—	0	6	—	—	—	0	2	—	—
E.S. Central	3	3	11	3	6	—	0	2	—	2
Alabama [§]	N	0	0	N	N	—	0	0	—	—
Kentucky	—	0	5	—	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	—	2
Tennessee [§]	3	3	9	3	5	—	0	0	—	—
W.S. Central	2	7	18	2	—	1	3	8	1	—
Arkansas	—	0	5	—	—	—	0	2	—	—
Louisiana	—	0	2	—	—	—	0	1	—	—
Oklahoma	2	2	8	2	—	1	1	5	1	—
Texas [§]	—	4	14	—	—	—	2	6	—	—
Mountain	9	11	41	9	5	—	3	12	—	3
Arizona	1	5	34	1	1	—	2	9	—	—
Colorado	7	2	7	7	4	—	1	4	—	3
Idaho [§]	—	0	1	—	—	—	0	1	—	—
Montana [§]	—	0	0	—	—	—	0	0	—	—
Nevada [§]	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	1	5	—	—	—	0	3	—	—
Utah	1	1	7	1	—	—	0	0	—	—
Wyoming [§]	—	0	1	—	—	—	0	0	—	—
Pacific	1	2	9	1	1	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	0	—	—
Hawaii	1	2	9	1	1	—	0	1	—	—
Oregon [§]	N	0	0	N	N	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—
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 (NNDS 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 January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†														
	All ages				Age <5 years				Syphilis, primary and secondary						
	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	51	44	95	51	52	7	6	18	7	4	42	176	231	42	123
New England	—	0	3	—	—	—	0	1	—	—	1	4	10	1	1
Connecticut	U	0	0	U	—	—	0	0	—	—	—	0	6	—	—
Maine§	—	0	2	—	N	—	0	1	—	—	—	0	2	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	1	2	7	1	1
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Rhode Island§	—	0	2	—	—	—	0	1	—	—	—	0	2	—	—
Vermont§	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Mid. Atlantic	—	3	8	—	2	—	0	2	—	—	6	21	34	6	12
New Jersey	N	0	0	N	N	—	0	0	—	—	1	3	8	1	1
New York (Upstate)	—	1	5	—	—	—	0	2	—	—	1	3	8	1	—
New York City	U	0	0	U	U	—	0	0	—	—	—	11	23	—	6
Pennsylvania	—	2	8	—	2	—	0	1	—	—	4	5	12	4	5
E.N. Central	22	9	38	22	11	1	1	7	1	—	4	15	32	4	10
Illinois	—	0	2	—	—	—	0	1	—	—	—	7	23	—	6
Indiana	—	2	11	—	—	—	0	2	—	—	—	1	5	—	1
Michigan	—	0	3	—	2	—	0	1	—	—	—	2	10	—	—
Ohio	22	5	37	22	9	1	1	5	1	—	4	4	8	4	2
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	—	1
W.N. Central	—	1	51	—	—	1	0	10	1	—	—	5	13	—	1
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	3	—	—
Kansas	N	0	0	N	N	—	0	0	—	—	—	0	3	—	—
Minnesota	—	0	50	—	—	—	0	10	—	—	—	0	2	—	1
Missouri	—	1	3	—	—	—	0	1	—	—	—	3	8	—	—
Nebraska§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	3	—	—	1	0	0	1	—	—	0	3	—	—
S. Atlantic	26	22	40	26	35	5	2	8	5	3	20	40	73	20	27
Delaware	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
District of Columbia	—	0	3	—	—	—	0	2	—	—	—	2	8	—	1
Florida	16	12	29	16	12	5	2	8	5	3	13	14	23	13	13
Georgia	10	7	28	10	23	—	0	1	—	—	—	7	28	—	—
Maryland§	—	0	0	—	—	—	0	0	—	—	5	5	14	5	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	5	17	—	9
South Carolina§	—	0	0	—	—	—	0	0	—	—	2	1	5	2	—
Virginia§	N	0	0	N	N	—	0	0	—	—	—	3	17	—	2
West Virginia	—	1	14	—	—	—	0	1	—	—	—	0	1	—	—
E.S. Central	1	2	10	1	1	—	0	2	—	1	6	14	27	6	2
Alabama§	N	0	0	N	N	—	0	0	—	—	4	6	19	4	1
Kentucky	—	0	0	—	—	—	0	0	—	—	—	1	9	—	1
Mississippi	—	0	0	—	—	—	0	0	—	—	—	1	8	—	—
Tennessee§	1	2	10	1	1	—	0	2	—	1	2	5	13	2	—
W.S. Central	2	0	5	2	—	—	0	2	—	—	4	29	55	4	24
Arkansas	—	0	3	—	—	—	0	2	—	—	—	1	6	—	—
Louisiana	—	0	2	—	—	—	0	1	—	—	—	4	27	—	—
Oklahoma	N	0	0	N	N	—	0	0	—	—	—	1	4	—	1
Texas§	N	0	0	N	N	—	0	0	—	—	4	22	34	4	23
Mountain	—	1	7	—	3	—	0	4	—	—	—	8	25	—	8
Arizona	N	0	0	N	N	—	0	0	—	—	—	3	16	—	2
Colorado	N	0	0	N	N	—	0	0	—	—	—	1	3	—	—
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	2	12	—	5
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	5	—	—
Utah	—	0	7	—	3	—	0	4	—	—	—	0	2	—	—
Wyoming§	—	1	3	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	0	—	—	1	35	52	1	38
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	4	—	—
California	N	0	0	N	N	—	0	0	—	—	—	29	43	—	29
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	—	1
Washington	N	0	0	N	N	—	0	0	—	—	1	2	10	1	8
American Samoa	U	0	0	U	U	—	0	0	—	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	—	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	3	10	—	—
U.S. Virgin Islands	U	0	0	U	U	—	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDS 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 January 6, 2007, and January 7, 2006 (1st Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive			Non-neuroinvasive [§]						
		Med	Max			Current week	Previous 52 weeks	Cum 2007	Cum 2006	Current week	Previous 52 weeks	Cum 2007	Cum 2006		
United States	203	811	1,432	203	444	—	1	177	—	2	—	1	399	—	—
New England	3	28	59	3	43	—	0	3	—	—	—	0	2	—	—
Connecticut	U	0	0	U	—	—	0	3	—	—	—	0	1	—	—
Maine [¶]	—	0	16	—	15	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	17	—	12	—	0	1	—	—	—	0	1	—	—
New Hampshire	3	6	47	3	3	—	0	0	—	—	—	0	0	—	—
Rhode Island [¶]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont [¶]	—	12	50	—	13	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	105	184	—	102	—	0	11	—	—	—	0	4	—	—
New Jersey	—	0	0	—	—	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	—	0	0	—	—	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	—	105	184	—	102	—	0	2	—	—	—	0	1	—	—
E.N. Central	114	327	587	114	100	—	0	43	—	—	—	0	33	—	—
Illinois	—	1	7	—	2	—	0	23	—	—	—	0	23	—	—
Indiana	—	0	475	—	—	—	0	7	—	—	—	0	12	—	—
Michigan	15	111	250	15	73	—	0	11	—	—	—	0	2	—	—
Ohio	99	160	420	99	—	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	13	52	—	25	—	0	2	—	—	—	0	2	—	—
W.N. Central	4	30	98	4	91	—	0	36	—	—	—	0	79	—	—
Iowa	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Kansas	2	5	24	2	21	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	6	—	—	—	0	7	—	—
Missouri	—	24	82	—	69	—	0	14	—	—	—	0	2	—	—
Nebraska [¶]	—	0	0	—	—	—	0	9	—	—	—	0	38	—	—
North Dakota	—	0	8	—	—	—	0	5	—	—	—	0	28	—	—
South Dakota	2	1	15	2	1	—	0	7	—	—	—	0	22	—	—
S. Atlantic	54	86	223	54	41	—	0	2	—	—	—	0	7	—	—
Delaware	1	1	6	1	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	5	—	—	—	0	0	—	—	—	0	1	—	—
Florida	16	0	0	16	—	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	0	—	—	—	0	1	—	—	—	0	4	—	—
Maryland [¶]	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina [¶]	—	16	53	—	14	—	0	1	—	—	—	0	0	—	—
Virginia [¶]	—	27	133	—	—	—	0	0	—	—	—	0	2	—	—
West Virginia	37	27	70	37	25	—	0	1	—	—	—	0	0	—	—
E.S. Central	5	3	41	5	—	—	0	15	—	2	—	0	16	—	—
Alabama [¶]	5	2	41	5	—	—	0	2	—	—	—	0	0	—	—
Kentucky	—	0	0	—	—	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	1	—	—	—	0	10	—	2	—	0	16	—	—
Tennessee [¶]	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
W.S. Central	15	188	556	15	22	—	0	58	—	—	—	0	26	—	—
Arkansas	—	12	88	—	9	—	0	4	—	—	—	0	2	—	—
Louisiana	1	1	8	1	1	—	0	13	—	—	—	0	9	—	—
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas [¶]	14	167	549	14	12	—	0	38	—	—	—	0	16	—	—
Mountain	8	61	137	8	45	—	0	57	—	—	—	1	228	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	15	—	—
Colorado	5	30	76	5	36	—	0	10	—	—	—	0	51	—	—
Idaho [¶]	—	0	0	—	—	—	0	30	—	—	—	0	157	—	—
Montana [¶]	—	0	13	—	—	—	0	3	—	—	—	0	8	—	—
Nevada [¶]	—	0	0	—	—	—	0	9	—	—	—	0	16	—	—
New Mexico [¶]	—	4	34	—	2	—	0	1	—	—	—	0	1	—	—
Utah	3	16	65	3	5	—	0	8	—	—	—	0	17	—	—
Wyoming [¶]	—	1	11	—	2	—	0	7	—	—	—	0	10	—	—
Pacific	—	0	0	—	—	—	0	15	—	—	—	0	51	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	15	—	—	—	0	37	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon [¶]	—	0	0	—	—	—	0	2	—	—	—	0	14	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	5	26	—	—	—	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 (proposed) (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 2004 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 January 6, 2007 (1st Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
New England	530	382	110	24	4	10	52	S. Atlantic	1,203	758	287	95	37	26	76		
Boston, MA	146	105	29	5	2	5	13	Atlanta, GA	95	48	31	12	3	1	2		
Bridgeport, CT	33	25	4	2	1	1	4	Baltimore, MD	151	82	39	20	6	4	18		
Cambridge, MA	13	6	7	—	—	—	1	Charlotte, NC	105	70	28	2	4	1	12		
Fall River, MA	17	16	1	—	—	—	—	Jacksonville, FL	134	90	25	13	2	4	16		
Hartford, CT	46	30	13	2	—	1	5	Miami, FL	128	77	33	9	7	2	2		
Lowell, MA	27	22	1	4	—	—	1	Norfolk, VA	64	44	11	4	1	4	—		
Lynn, MA	11	6	3	1	1	—	—	Richmond, VA	68	46	11	6	2	3	3		
New Bedford, MA	28	21	7	—	—	—	1	Savannah, GA	92	64	19	7	1	1	9		
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	57	39	11	4	—	3	4		
Providence, RI	72	50	16	5	—	1	11	Tampa, FL	200	136	46	10	5	3	8		
Somerville, MA	3	2	1	—	—	—	—	Washington, D.C.	101	57	30	8	6	—	1		
Springfield, MA	51	35	11	3	—	2	6	Wilmington, DE	8	5	3	—	—	—	1		
Waterbury, CT	26	20	6	—	—	—	7	E.S. Central	807	538	186	47	26	10	72		
Worcester, MA	57	44	11	2	—	—	3	Birmingham, AL	158	100	41	8	6	3	20		
Mid. Atlantic	2,272	1,572	498	123	43	36	123	Chattanooga, TN	59	39	12	4	2	2	7		
Albany, NY	62	43	9	2	5	3	6	Knoxville, TN	76	50	22	2	2	—	2		
Allentown, PA	29	23	4	1	1	—	1	Lexington, KY	49	34	10	5	—	—	6		
Buffalo, NY	110	68	32	5	5	—	6	Memphis, TN	104	70	23	7	3	1	9		
Camden, NJ	48	29	13	2	1	3	3	Mobile, AL	181	133	32	8	7	1	10		
Elizabeth, NJ	21	15	5	1	—	—	1	Montgomery, AL	27	22	4	1	—	—	2		
Erie, PA	45	35	7	2	—	1	4	Nashville, TN	153	90	42	12	6	3	16		
Jersey City, NJ	30	20	9	1	—	—	1	W.S. Central	1,199	786	284	86	22	21	79		
New York City, NY	1,080	731	260	66	13	10	55	Austin, TX	80	58	13	7	2	—	12		
Newark, NJ	22	11	5	4	1	1	1	Baton Rouge, LA	23	16	6	—	1	—	—		
Paterson, NJ	21	14	4	1	2	—	—	Corpus Christi, TX	39	31	6	1	1	—	4		
Philadelphia, PA	358	227	87	22	11	11	17	Dallas, TX	133	78	35	11	4	5	7		
Pittsburgh, PA [‡]	24	20	4	—	—	—	2	El Paso, TX	55	39	14	1	—	1	2		
Reading, PA	26	20	5	—	—	1	—	Fort Worth, TX	113	80	20	7	—	6	7		
Rochester, NY	146	119	17	7	1	2	10	Houston, TX	345	208	92	30	9	6	20		
Schenectady, NY	21	17	4	—	—	—	1	Little Rock, AR	65	37	21	5	1	1	—		
Scranton, PA	31	29	1	—	—	1	—	New Orleans, LA [¶]	U	U	U	U	U	U	U		
Syracuse, NY	140	105	24	6	3	2	12	San Antonio, TX	186	130	36	14	4	2	15		
Trenton, NJ	20	16	3	—	—	1	—	Shreveport, LA	36	24	9	3	—	—	3		
Utica, NY	17	13	2	2	—	—	1	Tulsa, OK	124	85	32	7	—	—	9		
Yonkers, NY	21	17	3	1	—	—	2	Mountain	1,058	706	220	68	27	34	72		
E.N. Central	1,872	1,257	423	112	35	45	129	Albuquerque, NM	71	53	13	2	2	1	5		
Akron, OH	U	U	U	U	U	U	U	Boise, ID	56	41	9	1	2	3	4		
Canton, OH	35	26	8	1	—	—	2	Colorado Springs, CO	107	78	22	4	1	2	4		
Chicago, IL	338	202	87	34	7	8	28	Denver, CO	86	53	21	5	1	6	7		
Cincinnati, OH	42	33	7	2	—	—	8	Las Vegas, NV	214	144	48	13	3	6	8		
Cleveland, OH	225	149	54	15	2	5	—	Ogden, UT	33	27	4	1	1	—	2		
Columbus, OH	162	117	32	7	5	1	17	Phoenix, AZ	198	107	44	24	11	9	14		
Dayton, OH	98	73	18	1	2	4	8	Pueblo, CO	29	22	3	3	1	—	4		
Detroit, MI	219	107	73	25	8	6	16	Salt Lake City, UT	123	82	27	7	2	5	9		
Evansville, IN	52	37	15	—	—	—	—	Tucson, AZ	141	99	29	8	3	2	15		
Fort Wayne, IN	59	44	13	2	—	—	4	Pacific	1,218	882	255	49	18	14	106		
Gary, IN	15	6	3	4	1	1	—	Berkeley, CA	27	12	13	2	—	—	1		
Grand Rapids, MI	42	33	5	1	1	2	5	Fresno, CA	U	U	U	U	U	U	U		
Indianapolis, IN	189	132	39	5	5	8	11	Glendale, CA	U	U	U	U	U	U	U		
Lansing, MI	54	43	6	1	4	—	—	Honolulu, HI	60	43	12	2	2	1	2		
Milwaukee, WI	97	64	25	3	—	5	14	Long Beach, CA	42	31	6	4	1	—	10		
Peoria, IL	44	30	9	4	—	1	2	Los Angeles, CA	U	U	U	U	U	U	U		
Rockford, IL	48	34	11	2	—	1	4	Pasadena, CA	33	29	4	—	—	—	8		
South Bend, IN	52	45	5	2	—	—	2	Portland, OR	122	83	33	5	—	1	3		
Toledo, OH	67	52	10	3	—	2	5	Sacramento, CA	181	134	33	6	5	3	16		
Youngstown, OH	34	30	3	—	—	1	3	San Diego, CA	151	109	30	6	3	3	11		
W.N. Central	513	341	110	40	13	9	29	San Francisco, CA	134	88	33	6	4	3	12		
Des Moines, IA	—	—	—	—	—	—	—	San Jose, CA	203	153	38	7	2	3	18		
Duluth, MN	44	33	11	—	—	—	3	Santa Cruz, CA	24	19	3	2	—	—	5		
Kansas City, KS	22	15	4	3	—	—	2	Seattle, WA	70	50	17	3	—	—	9		
Kansas City, MO	97	63	17	9	3	5	1	Spokane, WA	64	56	6	1	1	—	8		
Lincoln, NE	36	27	5	4	—	—	1	Tacoma, WA	107	75	27	5	—	—	3		
Minneapolis, MN	67	45	15	6	1	—	3	Total	10,672**	7,222	2,373	644	225	205	738		
Omaha, NE	65	50	9	4	1	1	9										
St. Louis, MO	106	56	35	7	6	2	5										
St. Paul, MN	38	25	7	4	1	1	3										
Wichita, KS	38	27	7	3	1	—	2										

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.

TABLE IV. Provisional cases of selected notifiable diseases,* United States, quarter ending December 30, 2006 (52nd Week)

Reporting area	Tuberculosis				
	Current quarter	Previous 4 quarters		Cum 2007	Cum 2006
		Min	Max		
United States	2,008	2,008	3,186	10,878	13,250
New England	33	33	91	275	445
Connecticut	16	16	24	81	95
Maine	5	2	5	13	17
Massachusetts	—	0	58	142	274
New Hampshire	5	2	5	14	4
Rhode Island	2	2	7	16	47
Vermont	5	0	5	9	8
Mid. Atlantic	508	470	537	2,016	2,096
New Jersey	67	67	137	437	485
New York (Upstate)	64	50	64	239	302
New York City	278	235	278	1,002	984
Pennsylvania	99	57	99	338	325
E.N. Central	254	220	319	1,078	1,319
Illinois	124	91	158	493	589
Indiana	18	18	39	111	146
Michigan	50	30	55	179	246
Ohio	45	45	68	226	260
Wisconsin	17	14	21	69	78
W.N. Central	108	94	134	465	490
Iowa	7	5	10	31	55
Kansas	12	12	30	97	61
Minnesota	51	34	63	206	199
Missouri	31	15	31	101	108
Nebraska	4	1	7	18	45
North Dakota	—	0	0	—	6
South Dakota	3	0	5	12	16
S. Atlantic	454	454	667	2,294	2,880
Delaware	2	2	16	30	26
District of Columbia	9	9	18	61	52
Florida	153	153	257	876	1,094
Georgia	56	56	156	442	504
Maryland	23	23	79	183	283
North Carolina	105	57	105	336	329
South Carolina	29	7	33	77	211
Virginia	72	50	81	268	355
West Virginia	5	5	6	21	26
E.S. Central	142	142	173	615	742
Alabama	51	44	52	196	216
Kentucky	22	12	26	81	124
Mississippi	35	23	35	117	103
Tennessee	34	34	67	221	299
W.S. Central	47	47	466	1,283	1,793
Arkansas	21	19	37	103	114
Louisiana	—	0	0	—	—
Oklahoma	26	26	55	134	144
Texas	—	0	392	1,046	1,535
Mountain	82	65	139	389	595
Arizona	64	25	90	240	281
Colorado	8	3	14	36	101
Idaho	—	0	0	—	23
Montana	—	0	0	—	10
Nevada	—	0	21	45	112
New Mexico	—	0	13	31	39
Utah	9	6	11	34	29
Wyoming	1	0	1	3	—
Pacific	380	380	792	2,463	2,890
Alaska	14	12	19	58	59
California	288	288	668	2,044	2,360
Hawaii	18	18	43	110	112
Oregon	—	0	0	—	103
Washington	60	45	77	251	256
American Samoa	U	0	2	U	U
C.N.M.I.	—	0	0	—	U
Guam	—	0	0	—	63
Puerto Rico	—	0	62	79	113
U.S. Virgin Islands	—	0	0	—	—

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

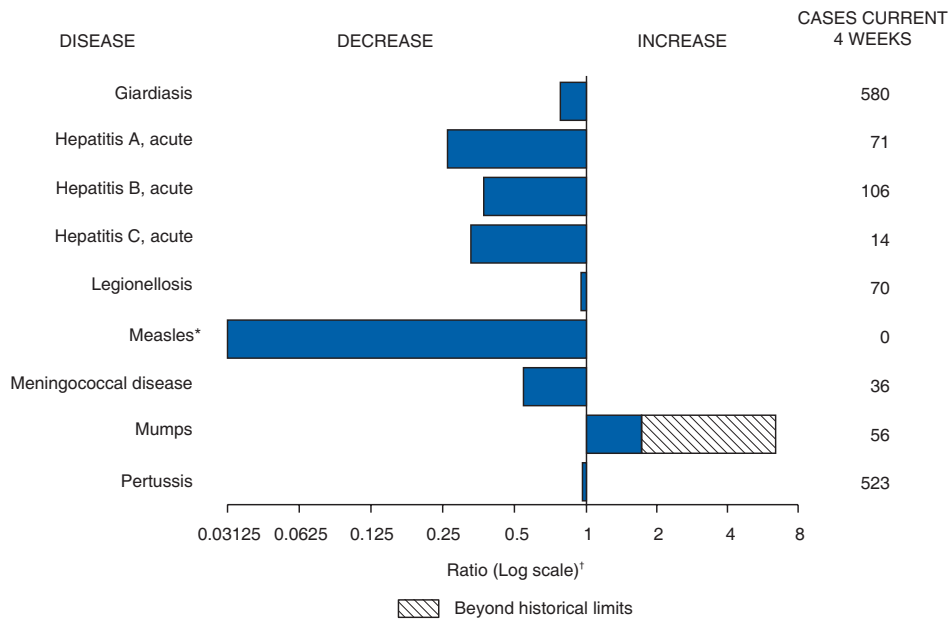
U: Unavailable. —: No reported cases.

N: Not notifiable.

Cum: Cumulative year-to-date counts. Min: Minimum. Max: Maximum.

* AIDS and HIV/AIDS data are not updated for this quarter because of upgrading of the national HIV/AIDS surveillance data management system.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 6, 2007, with historical data



* No measles cases were reported for the current 4-week period, yielding a ratio for week 1 of zero (0).

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

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