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Outbreak of *Listeria monocytogenes* Infections Associated with Pasteurized Milk from a Local Dairy – Massachusetts, 2007

On November 27, 2007, a local health officer in central Massachusetts contacted the Massachusetts Department of Public Health (MDPH) to report listeriosis in a man aged 87 years. Pulsed-field gel electrophoresis (PFGE) performed on the patient's *Listeria monocytogenes* isolate produced a pattern indistinguishable from that of isolates from three other cases identified in residents of central Massachusetts in June, October, and early November 2007. MDPH, in collaboration with local public health officials, conducted an investigation, which implicated pasteurized, flavored and nonflavored, fluid milk produced by a local dairy (dairy A) as the source of the outbreak. This report summarizes the results of that investigation. In all, five cases were identified, and three deaths occurred. This outbreak illustrates the potential for contamination of fluid milk products after pasteurization and the difficulty in detecting outbreaks of *L. monocytogenes* infections.

Dairy A was a family owned and operated milk product pasteurizing, bottling, and processing facility located in central Massachusetts; the dairy had operated for nearly 50 years. Raw milk was transported by tanker truck to the dairy A processing facility from dairy A's own farm (with nearly 300 cows) and from another, independent farm located 25 miles away. Dairy A produced various milk and nonmilk beverage products in glass and plastic bottles, including several varieties of flavored milk. Retail outlets were located at the dairy and the farm, but the bulk of the dairy's milk products were sold under dairy A's own name and other brand names through home delivery and at various retail establishments in Massachusetts. In addition, bulk cream was distributed to a bakery in Rhode Island, where it was used in cooked products.

Epidemiologic Investigation

On October 24, 2007, MDPH identified a listeriosis isolate (from patient 3) with a PFGE pattern indistinguishable

from an isolate (from patient 1) submitted approximately 120 days earlier (Table). The PFGE patterns associated with these patients had never been observed before in Massachusetts or in PulseNet (the national molecular subtyping network for food-borne disease surveillance). A review of available information on these two patients did not indicate a common exposure. On November 20, MDPH identified a third case (in patient 4) with an indistinguishable PFGE pattern. Attempts were made to interview this patient but were unsuccessful. On November 27, a fourth case (in patient 5) was reported to MDPH and, in the course of investigating that case, samples of coffee-flavored milk produced by dairy A were collected on November 29 from the patient's home for testing. In early December, MDPH determined that the clinical isolate from patient 5 had PFGE patterns indistinguishable from those of patients 1, 3, and 4. An epidemiologic investigation of patient 5 indicated exposure to milk produced by dairy A. On December 21, a *L. monocytogenes* isolate obtained from the milk sample taken from the home of patient 5 was confirmed to have a PFGE pattern indistinguishable from that of the isolates from the four identified listeriosis patients. MDPH then investigated all 11 cases of listeriosis reported during 2007 in Massachusetts residents for whom no clinical isolates had been submitted to the State Laboratory Institute (SLI) of MDPH for PFGE analysis. The purpose of the investigation was to determine if any patients had exposure to milk products produced by

INSIDE

- 1100 Vaccination Coverage Among Adolescents Aged 13–17 Years – United States, 2007
- 1103 Updated Recommendations for Isolation of Persons with Mumps
- 1105 Notice to Readers
- 1106 QuickStats

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dairy A during the 6 weeks preceding their illness. Telephone interviews were conducted with patients or next of kin. During this retrospective investigation, patient 2 was identified.

A case of outbreak-associated listeriosis was defined as illness in a Massachusetts resident with illness onset in 2007 who 1) was culture-positive for *L. monocytogenes* with PFGE patterns that matched the outbreak patterns generated with *AscI* and *ApaI* restriction enzymes (as established by the first case) or 2) had culture-confirmed *L. monocytogenes* and a history of consuming milk products produced by dairy A during the 6 weeks preceding illness and for whom a bacterial isolate was not available for PFGE analysis.

Five patients had illness consistent with the case definition (Table). All but patient 2 met the first case definition criterion; patient 2 met the second criterion. The median age of patients was 75 years (range: 31–87 years); three were male. All five patients were hospitalized. All three of the males (aged 75–87 years) died; they each had sepsis attributed to *Listeria* and died close to the time of their acute illness onset. The first case in a female was in a woman aged 31 years (patient 2) who had chorioamnionitis at 36 weeks' gestation. She delivered a healthy but premature infant. A placental culture was positive for *L. monocytogenes*. The second case in a female was in a woman aged 34 years (patient 4) who had fever and abdominal pain. She experienced a stillbirth at 37 weeks' gestation, and cultures of her blood, fetal blood, and placental tissue all were positive for *L. monocytogenes*.

Interviews were conducted with patients or patients' families using the CDC extended *Listeria* questionnaire. Patient 4 could not be interviewed. Of the remaining four patients, all but patient 3 were documented to have consumed products from dairy A during the 6 weeks preceding their illness. Patient 1 regularly consumed home-delivered, pasteurized skim milk produced by dairy A. Patient 2 reported drinking pasteurized 2% and whole milk produced by dairy A throughout her pregnancy. Patient 5 reported consuming pasteurized, coffee-flavored milk produced by dairy A.

Environmental Investigation

On December 17, evidence of *Listeria* growth was reported from the coffee-flavored milk sample from the home of patient 5. On December 21, this organism was confirmed to be *L. monocytogenes* and matched the four clinical isolates by PFGE using the two restriction enzymes. The Massachusetts Food Protection Program (MFPP) inspected dairy A and collected 11 samples of unopened, flavored and unflavored milk products for testing on December 18, in response to the findings on December 17.

MFPP returned to dairy A on December 26 and collected environmental swab samples from inside the processing facil

TABLE. Characteristics of patients with *Listeria monocytogenes* infections associated with pasteurized milk from a local dairy — Massachusetts, 2007

Patient	Month of illness onset	Age (yrs)	Sex	Case definition*	Known exposure to dairy A	Underlying conditions	Outcome
1	June	78	Male	PFGE match	Yes	Renal failure	Died
2	September	31	Female	Culture-confirmed, exposure to milk from dairy A	Yes	Pregnant	Premature, healthy infant
3	October	75	Male	PFGE match	No	Unspecified	Died
4	November	34	Female	PFGE match	No	Pregnant	Stillbirth
5	November	87	Male	PFGE match	Yes	Multiple	Died

* A case of outbreak-associated listeriosis was defined as illness in a Massachusetts resident with illness onset in 2007 who 1) was culture-positive for *L. monocytogenes* with pulsed-field gel electrophoresis (PFGE) patterns that matched the outbreak patterns generated with *AscI* and *Apal* restriction enzymes or 2) had culture-confirmed *L. monocytogenes* and a history of consuming milk products produced by dairy A during the 6 weeks preceding illness and for whom a bacterial isolate was not available for PFGE analysis.

ity. On December 27, SLI reported a presumptive positive *Listeria* sp. in a sample of unopened, coffee-flavored milk that had been collected from dairy A on December 19. In response to this finding, MFPP asked the dairy to voluntarily cease all operations and recall its dairy products; dairy A complied with this request on December 27. On December 30, SLI confirmed that *L. monocytogenes* with PFGE patterns identical to the outbreak strain was isolated from the sample of unopened, coffee-flavored milk.

After closure of dairy A and recall of its dairy products, approximately 100 additional environmental and product samples were collected by MFPP from the dairy's processing facility and adjacent retail store on January 2, 2008. One environmental swab from a floor drain in the finished product area, one skim milk sample, and seven flavored milk samples tested positive for *L. monocytogenes* and matched the outbreak strain by PFGE using the two restriction enzymes. Two additional environmental swabs and four additional samples of milk, both flavored and nonflavored, tested positive for seven distinct strains of *Listeria*, including three different *Listeria* species and three strains of *L. monocytogenes* with PFGE patterns that differed from those of the outbreak strain.

From December 28, 2007, to January 3, 2008, MFPP conducted a full environmental investigation in conjunction with the Food and Drug Administration and the local board of health. The dairy's records indicated that the plant's equipment met federal standards for time, temperature, and flow for effective pasteurization. The facility did not have an environmental monitoring program for *L. monocytogenes*. This is not required by law, but often is implemented as a best practice by larger food processors of ready-to-eat foods. Contamination, as demonstrated by the positive environmental samples, was documented in close proximity to areas where hoses were used to clean equipment. On February 1, 2008, dairy A decided to permanently close the milk processing facility, citing an inability to assume the financial burden that mitigation would require.

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Editorial Note: Sporadic cases of human listeriosis occur with an annual incidence of approximately 0.27 per 100,000 population in the United States (1). In Massachusetts, 25 to 35 cases are reported each year. Although most listeriosis patients exhibit mild, acute febrile illness not requiring medical care, pregnant women, neonates, elderly persons, and those who are immunocompromised are most at risk for severe disease (2). In pregnant women, infection can lead to miscarriage and stillbirth. Because only those patients with serious manifestations of infection seek medical care, most cases likely go undetected and detection of an outbreak or cluster is difficult.

In this outbreak, results of PFGE analysis indicated a common source for the *L. monocytogenes* found in the clinical isolates of four patients, six samples of flavored and nonflavored milk produced by dairy A, and the environment of the bottling facility of dairy A. The results of the PFGE analysis, in addition to the illness onset dates of the linked patients, support the conclusion that extensive contamination occurred over an extended period.

Physical facility design, product flow, and maintenance procedures likely contributed to contamination of finished product in this outbreak. How the pasteurized milk products became contaminated is unclear, but because records indicate that pasteurization methods at the dairy were adequate, and given the expectation that pasteurization kills *Listeria* organisms, contamination of the product likely occurred after pasteurization.

Outbreaks of listeriosis associated with pasteurized dairy products are rare. This outbreak is only the third reported outbreak of human disease caused by *L. monocytogenes* in the United States in which pasteurized fluid milk was implicated (3,4). Health officials must be prepared to act quickly with public health interventions, such as closing a dairy, if epidemiologic and laboratory evidence indicates that cases have occurred and are associated with milk products.

PFGE and other systems for genotyping *L. monocytogenes* isolates from clinical specimens can discriminate single-source clusters of foodborne infection (5,6) and can contribute to the identification and investigation of outbreaks (7,8). The outbreak described in this report probably would not have been identified without molecular typing.

Although the effectiveness of PulseNet is well-documented (9), it is entirely dependent upon the consistent and timely submission of all isolates from clinical laboratories to public health laboratories. In Massachusetts, before this outbreak, submission of all *L. monocytogenes* isolates from clinical specimens by clinical laboratories was strongly encouraged but not required. On July 25, 2008, amendments to Massachusetts regulations* went into effect that require clinical laboratories to submit all clinical isolates of *L. monocytogenes* to SLI for PFGE analysis.

The findings from this outbreak underscore the importance of physical facility and equipment design and cross-contamination controls, particularly in older facilities that manufacture perishable, ready-to-eat foods that have a long shelf-life and that support the growth of *L. monocytogenes* under refrigeration.

* 105 Code of Massachusetts Regulations 300.172 (Submission of selected isolates and diagnostic specimens to the Hinton State Laboratory Institute).

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Vaccination Coverage Among Adolescents Aged 13–17 Years – United States, 2007

Three new vaccines have been recommended for adolescents by the Advisory Committee for Immunization Practices (ACIP) since 2005: meningococcal conjugate vaccine (MCV4; 1 dose), tetanus, diphtheria, acellular pertussis vaccine (Tdap; 1 dose), and quadrivalent human papillomavirus vaccine (HPV4; 3 doses)* (1). ACIP also recommends that adolescents should receive recommended vaccinations that were missed during childhood (1). Since 2006, CDC has conducted the National Immunization Survey–Teen (NIS–Teen) to estimate vaccination coverage from a national sample of adolescents aged 13–17 years. This report describes the findings from NIS–Teen 2007, which indicated substantial increases in receipt of new adolescent vaccinations compared with 2006, including Tdap (from 10.8% to 30.4%) and MCV4 (from 11.7% to 32.4%), and increases in coverage with childhood vaccinations, including measles, mumps, and rubella (MMR), hepatitis B (HepB), and varicella (VAR) (among those without disease history). An assessment of HPV4 coverage, which is reported for the first time, showed that 25.1% of adolescent females initiated the vaccine series (≥ 1 dose) in 2007. To improve vaccination coverage among adolescents, health-care providers should take advantage of every health-care visit as an opportunity to evaluate vaccination status and administer vaccines when needed.

NIS–Teen collects vaccination information on age-eligible adolescents aged 13–17 years using a random-digit-dialing sample of telephone numbers of households. After parent/guardian respondents grant permission, surveys are mailed to the adolescents' vaccination providers to obtain vaccination histories (2). During the fourth quarter of 2007, among households identified by telephone, 81.5% were screened for an age-eligible adolescent.† Among the 9.5% in which an age-eligible adolescent lived, 83.3% (5,474) completed the household

* Protects against HPV types 6, 11, 16, and 18.

† NIS–Teen 2007 was conducted during the fourth quarter 2007 only; eligible participants were born during October 7, 1988 through February 7, 1994. Similarly, NIS–Teen 2006 was conducted during the fourth quarter 2006.

TABLE. Estimated vaccination coverage among adolescents aged 13–17 years,* by selected vaccines and age — National Immunization Survey—Teen, United States, 2007

Vaccine	Age (yrs)					Overall								
	13 (n = 551)		14 (n = 627)		15 (n = 609)		16 (n = 609)		17 (n = 551)		2007 (n = 2,947)		2006 (n = 2,882)	
	%	(95% CI)†	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
MMR§ ≥2 doses	88.8	(84.8–91.8)	91.0	(87.5–93.6)	87.2	(82.8–90.5)	90.4	(87.3–92.8)	87.2	(83.0–90.5)	88.9	(87.3–90.4)	86.9	(85.2–88.5)
Hepatitis B ≥3 doses	90.6	(86.5–93.5)	91.9	(88.5–94.4)	86.3	(81.9–89.7)	85.4	(81.8–88.3)	84.1	(79.9–87.5)	87.6	(86.0–89.0)¶	81.3	(79.4–83.1)
Varicella														
History of varicella disease**	49.5	(43.8–55.1)	59.8	(55.4–65.0)	68.6	(63.7–73.1)	71.3	(66.7–75.6)	79.0	(74.0–83.3)	65.8	(63.5–68.0)¶	69.9	(67.7–72.0)
Among adolescents without history of disease:														
≥1 dose vaccine	85.4	(78.9–90.2)	82.2	(75.5–87.4)	71.2	(62.4–78.6)	59.9	(50.6–68.6)	71.5	(59.8–80.9)¶¶	75.7	(72.2–79.0)¶	65.5	(61.4–69.4)
≥2 dose vaccine	22.7	(16.8–29.8)	21.5	(15.7–28.8)	16.6	(11.3–23.8)	15.9	(10.3–23.6)	12.2	(6.4–22.1)	18.8	(15.9–22.0)¶¶	—	—
History of disease or received ≥1 dose varicella vaccine	92.6	(89.1–95.1)	92.9	(90.1–95.0)	91.0	(87.6–93.5)	88.5	(84.7–91.4)	94.0	(91.0–96.1)	91.7	(90.3–92.9)¶	89.6	(88.1–90.9)
Td or Tdap since age 10 yrs§§														
≥1 dose Td or Tdap	64.0	(58.5–69.1)	70.4	(65.5–74.7)	73.0	(68.2–77.3)	76.5	(72.1–80.4)	77.3	(72.4–81.6)	72.3	(70.3–74.3)¶	60.1	(57.8–62.4)
≥1 dose Tdap	43.2	(37.7–48.8)	37.3	(32.2–42.7)	28.3	(24.0–33.1)	24.9	(20.8–29.6)	19.0	(14.9–24.0)	30.4	(28.2–32.7)¶	10.8	(9.4–12.3)
≥1 dose of Td	20.8	(16.5–25.8)	33.0	(28.2–38.3)	44.7	(39.6–49.9)	51.6	(46.5–56.6)	58.3	(52.7–63.7)	41.9	(39.6–44.3)¶	49.4	(47.0–51.7)
MCV4¶¶ 1 dose	32.6	(27.5–38.0)	31.6	(26.9–36.6)	33.9	(29.3–38.9)	31.0	(26.6–35.9)	33.0	(27.7–38.7)	32.4	(30.2–34.7)¶	11.7	(10.3–13.2)
HPV4*** ≥1 dose	25.8	(19.1–33.9)	22.8	(17.6–28.9)	27.4	(21.4–34.4)	24.4	(18.9–30.7)	25.0	(18.7–32.7)	25.1	(22.3–28.1)	—	—

* Age and vaccination receipt determined at time of household interview. Vaccination coverage estimates include only adolescents who had adequately complete provider-reported immunization records.

† Weighted percentage and 95% confidence interval.

§ Measles, mumps, and rubella vaccine.

¶ Significant difference compared with NIS–Teen 2006 overall estimates, $p < 0.05$.

** By parent/guardian report or provider records.

¶¶ Estimate might not be reliable if the (CI half width)/estimate > 0.5 or (CI half width) > 10 .

§§ Tetanus and diphtheria toxoids vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap).

¶¶ Includes percentages receiving meningococcal conjugate vaccine (MCV4) and meningococcal-unknown type vaccine.

*** Quadrivalent human papillomavirus vaccine. Percentages reported among females only (n = 1,440); HPV4 vaccine is not recommended for males.

interview. Provider-reported vaccination records were obtained from 2,947 adolescents, representing 53.8% of adolescents with completed household interviews. Statistical analyses were conducted using chi-square and t-tests. Differences were considered statistically significant at $p < 0.05$.

Among adolescents aged 13–17 years, vaccination coverage with ≥1 dose of either tetanus and diphtheria toxoids vaccine (Td) or Tdap after age 10 years was 72.3%, a significant increase from the 60.1% coverage rate measured in 2006 ($p < 0.05$) (Table). Coverage with 1 dose of Tdap increased from 2006 to 2007 (10.8% to 30.4%, $p < 0.05$). Tdap coverage was significantly higher among adolescents aged 13–14 years than among those aged 15–17 years.

Vaccination coverage with MCV4 was 32.4% in 2007, an increase from 11.7% in 2006 ($p < 0.05$) (Table). No significant differences were observed among age groups. For HPV4 coverage, 25.1% of adolescent females had initiated the vaccination series (≥1 dose) in 2007. No significant differences were observed among age groups (Table). Among HPV4 recipients, an estimated 32.3% (95% confidence interval [CI] = 26.5–38.7) had received 1 dose, 44.2% (CI = 37.8–50.8) had received 2 doses, and 23.5% (CI = 18.2–29.9) had received 3 doses by the interview date.

Vaccination coverage with ≥3 doses of HepB was 87.6%, an increase from 81.3% in 2006 ($p < 0.05$). Coverage with ≥2

doses of MMR was 88.9%, an increase of 2.0 percentage points compared with 2006 (Table).

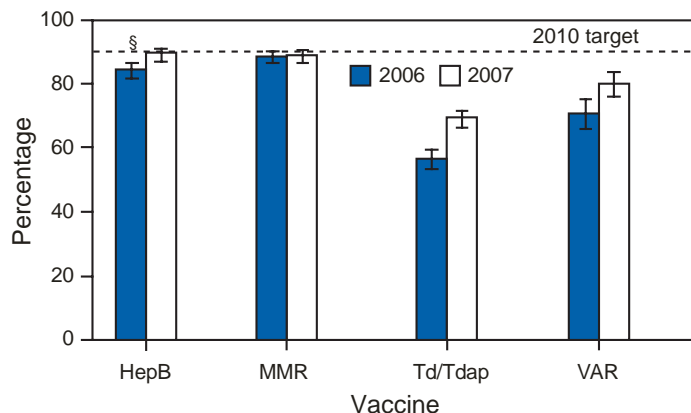
Significantly fewer adolescents aged 13–17 years had a reported history of varicella disease in 2007 compared with 2006 (Table). Among adolescents without a history of varicella disease, 75.7% had received ≥1 dose of VAR (a significant increase from 2006) and 18.8% had received ≥2 doses. Most adolescents (91.7%) were protected by at least 1 dose of VAR or had already had the disease.

Measured against the *Healthy People 2010* targets of 90% coverage (3), vaccination coverage for adolescents aged 13–15 years was 89.5% (CI = 87.3–91.3) for ≥3 doses of HepB, 89.0% (CI = 86.8–90.8) for ≥2 doses of MMR, 69.3% (CI = 66.5–72.0) for ≥1 dose of Td or Tdap booster, and 80.2% (CI = 76.1–83.7) for ≥1 dose of VAR among those without disease history. From 2006 to 2007, coverage increased 5.2 percentage points for ≥3 doses of HepB, 0.5 percentage points for ≥2 doses of MMR, 12.6 percentage points for ≥1 dose of Td or Tdap booster, and 9.5 percentage points for ≥1 dose of VAR among those without disease history (Figure).

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Editorial Note: This is the second report of national adolescent vaccination coverage estimates based on provider-reported

FIGURE. Progress toward *Healthy People 2010* objective* of 90% vaccination coverage† among adolescents aged 13–15 years, by vaccine — National Immunization Survey–Teen, 2006 to 2007



* Objective 14-27, available at <http://www.healthypeople.gov/document/html/objectives/14-27.htm>.

† Hepatitis B (HepB); measles, mumps, and rubella (MMR); tetanus toxoid-diphtheria (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); and varicella (VAR) vaccine.

§ 95% confidence interval.

vaccination histories from the NIS–Teen (4). Comparisons with NIS–Teen 2006 results show higher coverage rates in 2007 for all vaccines, including an increase of approximately 20 percentage points for the newly recommended vaccines Tdap and MCV4. Vaccination coverage for HepB, MMR, and VAR also increased. This is the first year HPV4 coverage is being reported. The survey showed that, within 1 year after ACIP recommendations were made, approximately one in four adolescent females had initiated the vaccination series. MMR and HepB coverage levels approached the *Healthy People 2010* national objective of 90% coverage.

In 2007, more adolescents aged 13–14 years than those aged 15–17 years had received Tdap, rather than Td, a finding that likely reflects provider implementation of the 2006 Tdap recommendation (1). However, some younger adolescents still received Td; further study is needed to assess this finding. Older adolescents likely received Td because they were vaccinated before Tdap became available in 2005. These adolescents should now receive Tdap. Although ACIP recommends a 5-year interval between Td and Tdap, the interval can be shorter in circumstances where pertussis is circulating in the community or the risk for pertussis is high (5).

This report provides the first coverage estimates for HPV4 since the ACIP recommendations were published in March 2007. Routine vaccination with HPV4 is recommended for females at age 11–12 years (1). Approximately 25% of females aged 13–17 years had initiated the HPV4 series, with no observed differences among age groups. This finding is of particular interest because studies conducted before vaccine

licensure suggested that providers preferred to vaccinate older adolescent females (6). Only a quarter of HPV4 vaccination recipients had completed the 3-dose series. However, because at least 6 months is required to complete the series, some respondents who received the first dose might not have had sufficient time to complete the series by the survey interview date. Vaccine series completion will be monitored in future surveys, and the results will be used to refine strategies to promote completion of the series.

As of 2007, HepB and MMR coverage among adolescents aged 13–15 years was at or near the *Healthy People 2010* national targets of 90% (3). Adolescents aged 13–14 years in this survey were most likely vaccinated during early childhood, in compliance with recommendations for routine infant HepB vaccination made in 1991. According to the 1996 NIS, HepB coverage was 82% among children aged 19–35 months, corresponding to those adolescents aged 13–14 years in the NIS–Teen in 2007 (7). Coverage among older adolescents reflects implementation of recommendations made in 1999 for HepB vaccination of older children and adolescents. Although coverage among younger adolescents approached 90%, approximately 15% of older adolescents remain unprotected against hepatitis B virus infection.

In 2005, ACIP recommended 2 doses of VAR for outbreak control. In 2006, ACIP expanded the 2-dose recommendation to cover persons aged ≥ 13 years who previously have not had varicella disease. This recommendation was made to further decrease varicella disease and its complications in the United States. High coverage of 1 dose of VAR has been achieved, especially among adolescents aged 13–14 years. However, coverage with 2 doses of VAR was low (18.8%) among all adolescents.

For the past 10 years, professional organizations have recommended a preteen health-care visit at age 11–12 years for delivery of preventive services, including vaccinations (8). The adolescent vaccination schedule consists of both new vaccinations recommended specifically during adolescence and vaccinations recommended during early childhood that might have been missed. Optimally, adolescent vaccines should be delivered during the age 11–12 year health-care visit. Vaccinations not received at that time should be administered at the earliest opportunity. Because adolescents make few preventive health-care visits and might not visit their primary care provider routinely (8), each health-care encounter becomes an opportunity to review vaccination records and administer recommended vaccinations. Strategies to improve vaccination coverage include simultaneously administering needed vaccinations at the same visit and setting up systems to remind parents when vaccines for their adolescent are due or have been missed (9).

The findings in this report are subject to at least three limitations. First, NIS–Teen is a telephone survey and some bias might remain after adjustments for nonresponse and for noninclusion of households without landline telephones. However, data from the 2006 National Health Interview Survey show that this bias is minimal; only 7.5% of adolescents were reported living in cellular-only households and 2.1% were reported having no telephone service (10). Second, NIS–Teen uses provider-reported vaccination histories, and the generalizability of the survey depends on the assumption that coverage among adolescents for whom adequate provider data were not available is similar to coverage among adolescents for whom adequate provider data were available, after controlling for factors associated with vaccine coverage. If this assumption is not correct, an underestimation or overestimation of vaccination coverage might have resulted. Finally, some provider-reported vaccination histories also might not have included all vaccinations received (e.g., vaccinations given in nontraditional settings such as emergency departments), which also might have resulted in underestimated coverage.

Vaccination coverage among adolescents will continue to be monitored annually. In 2008, NIS–Teen is collecting state and local data that will provide a larger sample size adequate for examining vaccination coverage by race/ethnicity, socioeconomic status, and geographic area.

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Updated Recommendations for Isolation of Persons with Mumps

Mumps, an acute vaccine-preventable viral illness transmitted by respiratory droplets and saliva, has an incubation period most commonly of 16–18 days. The classic clinical presentation of mumps is parotitis, which can be preceded by several days of nonspecific prodromal symptoms; however, mumps also can be asymptomatic, especially in young children. Mumps transmission can occur from persons with subclinical or clinical infections and during the prodromal or symptomatic phases of illness (1,2). In 2006, during a mumps resurgence in the United States, the latest national recommendations from CDC and the American Academy of Pediatrics (AAP) stipulated that persons with mumps be maintained in isolation with standard precautions and droplet precautions for 9 days after onset of parotitis (3).^{*} However, the existence of conflicting guidance (i.e., that the infectious period of mumps extended through the fourth day after parotitis onset[†]) led to confusion regarding the appropriate length of isolation. In addition, during the 2006 resurgence, compliance with recommendations for isolation in university settings was substantially lower for 9 days (65%) compared with 4–5 days (86%) (4). In 2007, after a review of the evidence supporting the 9-day isolation guidance by AAP and CDC, AAP changed its isolation guidance for health-care workers in ambulatory settings from 9 days to 5 days (5). In February 2008, after review of data on mumps in health-care settings, mumps viral load, and mumps virus isolation, the Healthcare Infection Control Practices Advisory Committee (HICPAC) approved changes in its recommendations related to mumps in in-patient settings. As a result, CDC, AAP, and HICPAC all now recommend a 5-day period after onset of parotitis, both for isolation of persons with mumps in either community or health-care settings and for use of standard precautions and droplet precautions. This report summarizes the scientific basis for these changes in mumps isolation guidance.

To review the scientific evidence underlying the 9-day isolation recommendation, researchers from CDC and AAP searched available literature for relevant published articles

^{*} Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>.

[†] Available at <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mumps.pdf>.

on mumps transmission and mumps in health-care settings. Because existing data on mumps transmission are scant, the literature review included reports on factors that are considered to be correlated with mumps transmission risk, including articles on viral isolation and viral load from saliva or respiratory secretions.

Data on viral isolation from saliva or throat swabs were available from eight small studies (median number of subjects: 16; range 1–46). Seven studies were conducted before the availability of mumps vaccine or in countries without a mumps vaccination program; the eighth study was conducted in the postvaccine era in a community with low vaccination coverage, and the vaccination status of the mumps patients was not stated. Among the eight studies, although mumps virus was isolated successfully from 7 days before (6) to 8 days after (7) onset of parotitis, isolation rates were much greater closer to parotitis onset. For seven of the eight studies with available data on isolation of mumps virus by day relative to onset of parotitis, combined data showed that the proportion of samples positive for mumps virus increased from 17% (one of six specimens) 6–7 days before onset of parotitis to 40% (four of 10 specimens) 2–3 days before onset, 86% (six of seven specimens) 1 day before onset, and 78% (seven of nine specimens) on the day of parotitis onset. The data also showed that the proportion of samples positive for mumps virus decreased from 81% (29 of 36 specimens) 1 day after parotitis onset to 49% (18 of 37 specimens) 2–3 days after onset, 40% (six of 15 specimens) 4–5 days after onset, and 17% (one of six specimens) 6–7 days after onset of parotitis. In the eighth study, viral identification using reverse transcription–polymerase chain reaction from buccal specimens from patients with parotitis was conducted during the 2006 mumps outbreak at a U.S. college where most patients had been vaccinated with 2 doses of measles, mumps, and rubella (MMR) vaccine. The study found that, among 20 patients tested ≤ 3 days after onset of parotitis, mumps viral RNA was detected in seven (35%) (8). A total of 26 specimens from 14 patients tested from 4–22 days after onset of parotitis all were negative for mumps viral RNA. A study from Japan, examining viral load during the course of natural infection, found that viral load decreased substantially during the first 4 days after illness onset and was extremely low thereafter (9).

Serious consequences of mumps transmission in health-care settings are rare. This is likely explained by the relatively low infectiousness and transmission rate of mumps and the fact that hospitalization for mumps is uncommon. Although mumps transmission from patients to health-care personnel (HCP) in emergency departments occurred during the 1986–1987 mumps outbreaks in Tennessee, most mumps cases among HCP during that period were believed to be acquired in the

community (10). Mumps transmission also has occurred in hospital settings despite prompt isolation of cases after onset of parotitis, affirming other research indicating that viral shedding occurs before onset of parotitis (1).

The scientific evidence from the CDC and AAP review indicates that, although mumps virus can be isolated from saliva or respiratory secretions 5 or more days after parotitis onset, virus most often is isolated before or around the time of onset, and viral load decreases rapidly during the 4 days after onset of parotitis. Therefore, the risk for transmission after 5 days is considered low; most transmission likely occurs before onset of parotitis and within the subsequent 5 days. Transmission also occurs from persons with subclinical infections who are not isolated. A longer isolation period of 9 days likely would result in less compliance and more cost and not produce any substantial decrease in mumps transmission.

Based on this review, CDC, AAP, and HICPAC now recommend a 5-day period after onset of parotitis for 1) isolation of persons with mumps in either community or health-care settings and 2) use of standard precautions and droplet precautions. Postexposure recommendations remain unchanged. HCP with no evidence of mumps immunity who are exposed to patients with mumps should be excluded from duty from the 12th day after first exposure through the 26th day after last exposure.

The best strategy for preventing mumps in the community and among HCP is promoting high levels of immunity by vaccination. A 2-dose regimen is currently recommended for all children, with the first MMR vaccine dose administered at 12–15 months and the second at 4–6 years. Unless they have other evidence of mumps immunity,[§] all school-aged children, students in post high school institutions (e.g., colleges), international travelers, and HCP also should receive 2 doses of MMR vaccine. Other adults should receive at least 1 dose of MMR vaccine.[¶] Other methods for decreasing transmission in the community and health-care settings include 1) isolation of cases, 2) postexposure exclusion from duty of HCP without evidence of immunity, and 3) use of standard precautions (including respiratory hygiene and cough etiquette) and transmission-based droplet precautions while caring for patients with mumps.

[§] 1) Documentation of physician-diagnosed mumps, 2) laboratory evidence of immunity (i.e., positive mumps immunoglobulin G), or 3) birth before 1957.

[¶] Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm>.

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Notice to Readers

National Latino AIDS Awareness Day – October 15, 2008

October 15 is National Latino AIDS Awareness Day (NLAAD), which seeks to increase awareness of the disproportionate effects of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the Hispanic/Latino population living in the United States. In 2006, Hispanics accounted for approximately 14.8% of the U.S. population but 18.4% of persons who received an HIV/AIDS diagnosis (1). For 2006, estimates of HIV incidence show that blacks had the highest rate of new infections (83.8 per 100,000 population), followed by Hispanics (29.4 per 100,000) and non-Hispanic whites (11.5 per 100,000) (2). Male-to-male sexual contact accounted for approximately half of the new infections among all Hispanics and approximately 72% of new infections among Hispanic males (2).

NLAAD also is a day for encouraging increased HIV testing. Results from the national HIV counseling and testing database show that percentages of positive HIV tests representing new diagnoses were 1.5 times as high among Hispanics as among non-Hispanic whites (CDC, unpublished data, 2005). In addition, modes of HIV infection among Hispanics have been determined to vary by place of birth (3), which calls for appropriate prevention activities in the diverse Hispanic communities in the United States.

Information about NLAAD is available at <http://nlaad.org>. Information about CDC activities and resources supporting NLAAD is available at <http://www.cdc.gov/hiv/hispanics>.

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Errata: Vol. 57, No. SS-5

In the *MMWR Surveillance Summary* (Vol. 57, No. SS-5), “Assisted Reproductive Technology Surveillance—United States, 2005,” an error occurred on page 17 in Table 3. In the row titled, “Extra embryo(s) available and cryopreserved,” the values for “Yes” and “No,” should be transposed.

Errors also occurred on page 18 in Table 4. In the row titled, “Extra embryos available and cryopreserved,” the values for “Yes” and “No,” should be transposed; in the row titled, “Use of gestational carrier,” the values for “Yes” and “No,” should be transposed.

Erratum: Vol. 57, No. SS-9

In the *MMWR Surveillance Summary* (Vol. 57, No. SS-9), “Surveillance for Waterborne Disease and Outbreaks Associated with Drinking Water and Water not Intended for Drinking—United States, 2005–2006,” the following acknowledgments section was omitted from page 61:

The authors thank the following persons for contributions to this report: state and territorial waterborne-disease surveillance coordinators, state epidemiologists, state environmental health personnel, and state drinking water administrators; Tim Wade, PhD, Office of Research and Development, National Health and Environmental Effects Research Laboratory, EPA; Yu-Ting Guilaran, Philip Berger, PhD, Patricia Hall, MS, Tom Grubbs, Susan Shaw, MPH, Office of Ground Water and Drinking Water, EPA; Cheryl Bopp PhD, Division of Foodborne, Bacterial and Mycotic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, CDC; Joe Carpenter, Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, CDC; Christopher Braden, MD, Mark Eberhard, PhD, Monica E. Parise, MD, Bonnie Mull, MPH, Division of Parasitic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, CDC.

Erratum: Vol. 57, No. 39

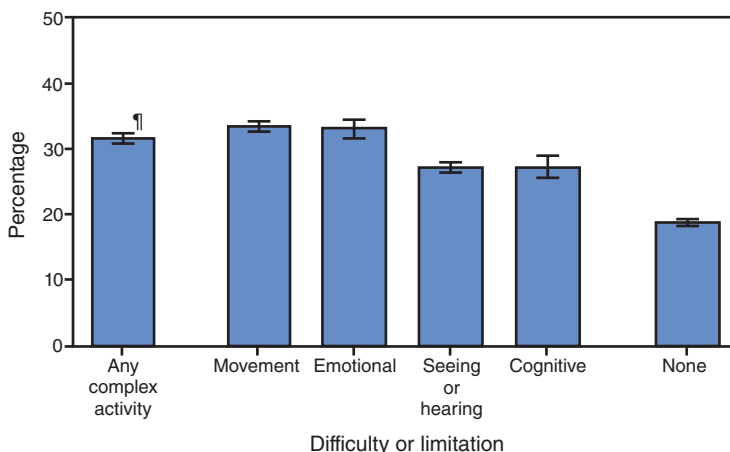
In the report, "Rabies in a Dog Imported from Iraq — New Jersey, June 2008," an error occurred on page 1077. The third sentence of

the second full paragraph in the second column, should read, "Dogs aged ≥ 3 months that have not been vaccinated for rabies also must be confined until vaccinated and for 30 days after vaccination."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults* Who Are Obese,[†] by Type of Difficulty or Limitation[§] — National Health Interview Survey, United States, 2001–2005



* Noninstitutionalized adults aged ≥ 18 years.
[†] Body mass index ≥ 30 , based on self-reported height and weight.
[§] Based on responses to numerous questions, which can be found in the appendix of the source publication. Any complex activity limitation is a combination measure that represents restrictions in any specific tasks or activities, including personal care, attending school, keeping house, or working. Movement difficulty is difficulty with at least one of eight basic areas of physical functioning because of a health problem and without using special equipment. Emotional difficulty represents problems with emotional functioning and is based on a score of 13 or more on the K6 serious psychological distress scale. Seeing or hearing difficulty represents difficulty with sensory functioning such as vision problems, even when wearing eyeglasses, or being unable to see at all, or having trouble hearing without a hearing aid or being deaf. Cognitive difficulty represents cognitive functioning difficulties in the areas of remembering or experiencing periods of confusion.
[¶] 95% confidence interval.

During 2001–2005, the prevalence of obesity was greater among adults with movement (33%), emotional (33%), seeing or hearing (27%), or cognitive (27%) difficulties and among those with any complex activity limitation (32%) than among adults with no disabilities (19%).

SOURCE: Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: National Center for Health Statistics; 2008. Available at <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 4, 2008 (40th week)*

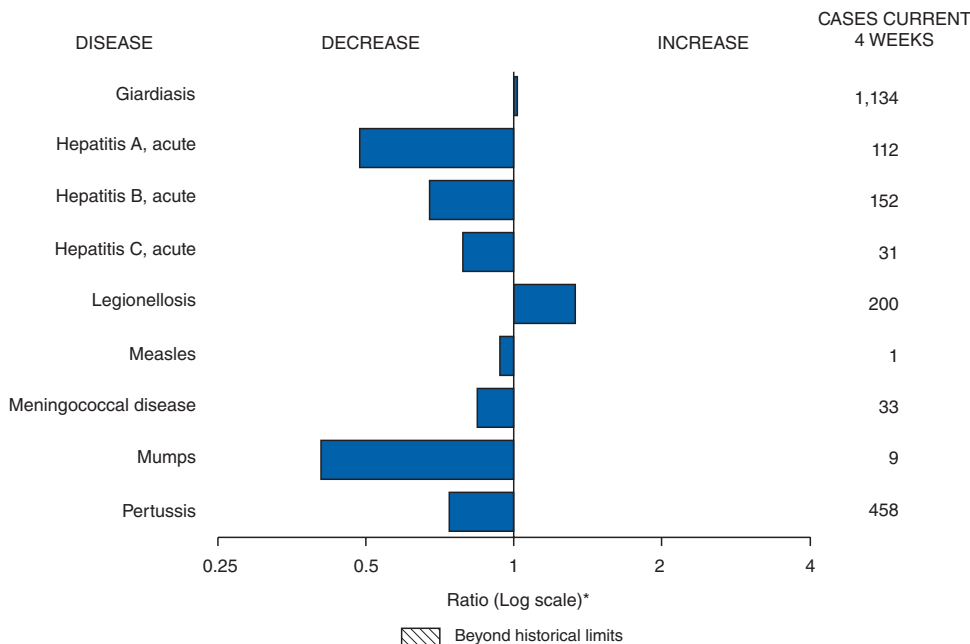
Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2007	2006	2005	2004	2003	
Anthrax	—	—	—	1	1	—	—	—	
Botulism:									
foodborne	—	6	0	32	20	19	16	20	
infant	1	73	2	85	97	85	87	76	CT (1)
other (wound & unspecified)	—	12	1	27	48	31	30	33	
Brucellosis	—	63	2	131	121	120	114	104	
Chancroid	—	31	0	23	33	17	30	54	
Cholera	—	1	0	7	9	8	6	2	
Cyclosporiasis§	—	108	1	93	137	543	160	75	
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§¶:									
California serogroup	—	30	3	55	67	80	112	108	
eastern equine	—	2	0	4	8	21	6	14	
Powassan	—	1	—	7	1	1	1	—	
St. Louis	—	9	0	9	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§**:									
<i>Ehrlichia chaffeensis</i>	3	574	13	828	578	506	338	321	MO (1), NC (1), GA (1)
<i>Ehrlichia ewingii</i>	—	7	—	—	—	—	—	—	
<i>Anaplasma phagocytophilum</i>	4	246	12	834	646	786	537	362	NH (1), MN (3)
undetermined	—	55	3	337	231	112	59	44	
<i>Haemophilus influenzae</i> ,††									
invasive disease (age <5 yrs):									
serotype b	—	20	0	22	29	9	19	32	
nonserotype b	—	125	2	199	175	135	135	117	
unknown serotype	—	143	3	180	179	217	177	227	
Hansen disease§	1	55	2	101	66	87	105	95	FL (1)
Hantavirus pulmonary syndrome§	—	12	0	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	1	151	6	292	288	221	200	178	MN (1)
Hepatitis C viral, acute	7	608	17	849	766	652	720	1,102	GA (1), FL (2), CO (1), WA (1), CA (2)
HIV infection, pediatric (age <13 years)§§	—	—	3	—	—	380	436	504	
Influenza-associated pediatric mortality§¶¶	—	88	0	77	43	45	—	N	
Listeriosis	12	446	21	808	884	896	753	696	NY (3), OH (1), MI (1), MO (1), NC (1), FL (1), AZ (1), CA (3)
Measles***	—	129	0	43	55	66	37	56	
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	2	213	4	325	318	297	—	—	IN (1), WA (1)
serogroup B	2	123	2	167	193	156	—	—	GA (2)
other serogroup	—	26	1	35	32	27	—	—	
unknown serogroup	3	469	10	550	651	765	—	—	NYC (1), OH (1), CA (1)
Mumps	2	314	15	800	6,584	314	258	231	AZ (1), WA (1)
Novel influenza A virus infections	—	—	—	1	N	N	N	N	
Plague	—	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	—	—	0	—	—	1	—	—	
Polio virus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	9	0	12	21	16	12	12	
Qfever§§§ total:	1	90	2	171	169	136	70	71	
acute	1	82	—	—	—	—	—	—	CA (1)
chronic	—	8	—	—	—	—	—	—	
Rabies, human	—	—	0	1	3	2	7	2	
Rubella¶¶¶	—	12	0	12	11	11	10	7	
Rubella, congenital syndrome	—	—	—	—	1	1	—	1	
SARS-CoV§,****	—	—	—	—	—	—	—	8	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	105	1	132	125	129	132	161	
Syphilis, congenital (age <1 yr)	—	150	7	430	349	329	353	413	
Tetanus	—	7	1	28	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	1	46	2	92	101	90	95	133	OH (1)
Trichinellosis	—	5	0	5	15	16	5	6	
Tularemia	—	81	3	137	95	154	134	129	
Typhoid fever	1	308	9	434	353	324	322	356	WA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	6	0	37	6	2	—	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	2	1	3	1	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	5	325	7	447	N	N	N	N	OH (1), AZ (1), CA (3)
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE 1. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 4, 2008 (40th week)*

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
 * Incidence data for reporting year 2008 are provisional, whereas data for 2003, 2004, 2005, 2006, and 2007 are finalized.
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.
 § Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).
 †† Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 §§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 ¶¶ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Eighty-six cases occurring during the 2007–08 influenza season have been reported.
 *** No measles case were reported for the current week.
 ††† Data for meningococcal disease (all serogroups) are available in Table II.
 §§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
 ¶¶¶ No rubella cases were reported for the current week.
 **** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

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



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team
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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	9,961	21,224	28,892	816,910	839,829	111	121	341	4,866	5,672	128	105	478	5,070	8,967
New England	462	706	1,516	28,096	26,886	—	0	1	1	2	—	5	33	266	269
Connecticut	194	210	1,093	8,530	7,963	N	0	0	N	N	—	0	31	31	42
Maine§	56	49	72	1,962	1,977	N	0	0	N	N	—	1	6	38	41
Massachusetts	130	331	660	13,406	12,155	N	0	0	N	N	—	2	9	91	104
New Hampshire	46	40	73	1,626	1,589	—	0	1	1	2	—	1	4	48	43
Rhode Island§	27	54	90	2,036	2,396	—	0	0	—	—	—	0	3	7	6
Vermont§	9	15	52	536	806	N	0	0	N	N	—	1	7	51	33
Mid. Atlantic	2,557	2,852	5,001	113,410	109,024	—	0	0	—	—	11	13	49	563	1,181
New Jersey	—	423	520	15,469	16,490	N	0	0	N	N	—	1	6	25	58
New York (Upstate)	484	564	2,177	21,193	20,464	N	0	0	N	N	8	5	18	216	190
New York City	1,455	1,025	3,079	44,546	39,172	N	0	0	N	N	—	2	5	76	85
Pennsylvania	618	820	1,021	32,202	32,898	N	0	0	N	N	3	5	30	246	848
E.N. Central	1,120	3,528	4,373	130,769	137,381	—	1	3	37	26	44	26	117	1,490	1,481
Illinois	—	1,057	1,711	34,651	40,239	N	0	0	N	N	—	2	11	62	165
Indiana	280	374	656	15,487	16,378	N	0	0	N	N	9	3	41	155	70
Michigan	569	826	1,226	34,265	28,745	—	0	3	28	18	4	5	10	192	148
Ohio	19	881	1,261	33,476	36,835	—	0	1	9	8	25	6	59	566	447
Wisconsin	252	343	612	12,890	15,184	N	0	0	N	N	6	8	44	515	651
W.N. Central	235	1,243	1,701	48,754	48,368	—	0	77	1	6	18	18	78	762	1,277
Iowa	—	159	240	6,323	6,702	N	0	0	N	N	—	4	31	229	539
Kansas	235	170	529	7,154	6,275	N	0	0	N	N	2	1	14	67	120
Minnesota	—	265	373	10,116	10,357	—	0	77	—	—	13	5	34	185	168
Missouri	—	470	567	18,179	17,831	—	0	1	1	6	3	3	13	124	140
Nebraska§	—	92	252	3,544	3,954	N	0	0	N	N	—	2	9	88	142
North Dakota	—	33	65	1,272	1,288	N	0	0	N	N	—	0	51	5	20
South Dakota	—	54	86	2,166	1,961	N	0	0	N	N	—	1	9	64	148
S. Atlantic	1,867	3,812	7,609	141,877	165,880	—	0	1	3	4	39	18	54	694	932
Delaware	48	66	150	2,772	2,620	—	0	1	1	—	—	0	2	12	16
District of Columbia	—	131	217	5,278	4,605	—	0	1	—	1	—	0	2	7	3
Florida	1,071	1,328	1,554	52,909	43,628	N	0	0	N	N	17	8	35	358	478
Georgia	7	415	1,338	12,408	32,732	N	0	0	N	N	6	4	14	160	200
Maryland§	230	456	667	17,082	16,953	—	0	1	2	3	—	0	4	16	29
North Carolina	—	64	4,783	5,901	22,652	N	0	0	N	N	16	0	18	43	72
South Carolina§	511	463	3,049	20,107	20,892	N	0	0	N	N	—	1	15	33	60
Virginia§	—	548	1,060	23,177	19,350	N	0	0	N	N	—	1	4	52	64
West Virginia	—	58	96	2,243	2,448	N	0	0	N	N	—	0	3	13	10
E.S. Central	1,039	1,565	2,394	63,109	63,975	—	0	0	—	—	—	3	36	127	509
Alabama§	44	473	589	17,172	19,523	N	0	0	N	N	—	1	9	53	88
Kentucky	311	233	370	9,285	6,235	N	0	0	N	N	—	0	12	27	222
Mississippi	269	364	1,048	15,183	16,890	N	0	0	N	N	—	0	3	15	87
Tennessee§	415	532	791	21,469	21,327	N	0	0	N	N	—	1	15	32	112
W.S. Central	587	2,729	4,426	107,178	95,109	—	0	1	3	2	3	6	130	421	324
Arkansas§	319	272	455	10,991	7,272	N	0	0	N	N	—	1	6	34	48
Louisiana	268	378	774	15,174	15,370	—	0	1	3	2	—	1	6	41	49
Oklahoma	—	208	392	7,668	10,145	N	0	0	N	N	3	1	16	109	88
Texas§	—	1,868	3,923	73,345	62,322	N	0	0	N	N	—	2	117	237	139
Mountain	357	1,237	1,811	44,299	56,740	78	88	170	3,294	3,572	4	10	128	429	2,578
Arizona	216	448	650	15,529	19,204	78	86	168	3,224	3,457	3	1	9	72	42
Colorado	—	196	488	6,776	13,419	N	0	0	N	N	1	2	12	87	178
Idaho§	20	65	314	2,835	2,817	N	0	0	N	N	—	1	51	47	319
Montana§	—	55	363	2,253	2,038	N	0	0	N	N	—	1	6	35	53
Nevada§	—	180	416	6,668	7,412	—	1	7	41	49	—	0	6	12	30
New Mexico§	—	141	561	4,804	6,850	—	0	3	23	19	—	2	23	137	103
Utah	104	118	209	4,336	4,079	—	0	7	4	44	—	1	65	28	1,807
Wyoming§	17	27	58	1,098	921	—	0	1	2	3	—	0	4	11	46
Pacific	1,737	3,677	4,676	139,418	136,466	33	31	217	1,527	2,060	9	9	29	318	416
Alaska	—	93	129	3,365	3,744	N	0	0	N	N	—	0	1	3	3
California	1,548	2,856	4,115	109,165	106,431	33	31	217	1,527	2,060	5	5	19	190	223
Hawaii	—	109	151	3,990	4,366	N	0	0	N	N	—	0	1	2	6
Oregon§	—	191	402	7,473	7,399	N	0	0	N	N	—	1	4	46	112
Washington	189	383	634	15,425	14,526	N	0	0	N	N	4	2	16	77	72
American Samoa	—	0	22	73	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	6	24	107	665	—	0	0	—	—	—	0	0	—	—
Puerto Rico	77	121	612	5,302	5,886	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	11	21	427	141	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2008 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes [†]				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	225	307	1,158	12,550	13,707	2,697	6,025	8,913	227,634	271,265	18	47	173	1,925	1,884
New England	1	24	48	1,011	1,140	71	103	227	4,070	4,273	4	3	12	123	141
Connecticut	—	6	12	236	287	52	50	199	1,987	1,628	4	0	9	34	37
Maine [§]	—	3	12	131	155	2	2	6	77	98	—	0	3	9	9
Massachusetts	—	10	18	343	489	11	40	127	1,651	2,060	—	2	5	57	70
New Hampshire	—	2	11	109	26	—	2	6	80	119	—	0	1	9	15
Rhode Island [§]	—	1	15	64	51	6	6	13	251	319	—	0	1	6	8
Vermont [§]	1	3	13	128	132	—	1	5	24	49	—	0	3	8	2
Mid. Atlantic	77	61	131	2,418	2,370	570	638	1,028	25,549	28,294	4	10	31	387	363
New Jersey	—	8	14	300	308	—	110	168	3,971	4,646	—	1	7	61	55
New York (Upstate)	37	23	111	884	856	144	125	545	4,782	5,259	2	3	22	114	103
New York City	10	16	27	624	658	293	181	518	8,153	8,357	—	1	6	67	81
Pennsylvania	30	15	34	610	548	133	225	394	8,643	10,032	2	4	9	145	124
E.N. Central	28	46	79	1,803	2,215	522	1,251	1,644	46,780	56,029	4	7	28	286	293
Illinois	—	10	30	385	715	—	365	589	12,092	15,046	—	2	7	78	95
Indiana	N	0	0	N	N	111	150	296	6,306	7,051	2	1	20	59	45
Michigan	5	11	19	417	474	314	322	657	12,940	11,927	—	0	3	15	22
Ohio	23	16	31	678	613	5	308	531	11,984	16,746	2	2	6	110	82
Wisconsin	—	9	23	323	413	92	100	214	3,458	5,259	—	1	2	24	49
W.N. Central	13	29	621	1,490	989	43	325	426	12,377	15,167	3	3	24	147	111
Iowa	2	6	16	244	237	—	28	50	1,079	1,530	—	0	1	2	1
Kansas	2	3	10	123	140	43	40	130	1,738	1,790	—	0	3	11	11
Minnesota	—	0	575	509	6	—	59	92	2,247	2,635	2	0	21	48	47
Missouri	9	8	22	355	397	—	154	210	5,994	7,788	1	1	6	57	35
Nebraska [§]	—	4	10	152	114	—	26	47	995	1,133	—	0	3	21	14
North Dakota	—	0	36	17	14	—	2	7	75	90	—	0	2	8	3
South Dakota	—	1	10	90	81	—	5	15	249	201	—	0	0	—	—
S. Atlantic	40	53	96	1,918	2,292	570	1,300	3,072	48,114	63,094	3	11	29	465	478
Delaware	—	1	4	29	34	13	20	44	818	1,009	—	0	2	6	7
District of Columbia	—	1	5	41	57	—	48	104	1,972	1,841	—	0	1	8	3
Florida	34	22	52	940	976	367	454	549	17,790	17,830	1	3	10	145	126
Georgia	4	11	25	432	509	3	206	560	4,749	13,512	2	2	9	117	94
Maryland [§]	1	1	12	81	209	46	118	188	4,536	5,033	—	1	3	29	70
North Carolina	N	0	0	N	N	—	64	1,949	2,638	10,412	—	1	9	60	46
South Carolina [§]	1	3	7	85	81	141	187	833	7,285	8,035	—	1	7	40	40
Virginia [§]	—	9	39	281	389	—	160	486	7,780	4,672	—	1	6	43	68
West Virginia	—	0	5	29	37	—	15	26	546	750	—	0	3	17	24
E.S. Central	—	9	23	335	434	353	569	945	22,764	24,964	—	3	8	100	105
Alabama [§]	—	5	12	186	201	22	186	287	6,804	8,403	—	0	2	16	23
Kentucky	N	0	0	N	N	105	90	153	3,595	2,468	—	0	1	2	6
Mississippi	N	0	0	N	N	92	131	401	5,494	6,423	—	0	2	13	7
Tennessee [§]	—	4	13	149	233	134	165	296	6,871	7,670	—	2	6	69	69
W.S. Central	8	8	41	316	332	224	979	1,355	36,824	39,594	—	2	29	87	80
Arkansas [§]	—	3	8	105	119	101	87	167	3,617	3,227	—	0	3	8	9
Louisiana	—	2	9	94	111	123	174	317	6,600	8,874	—	0	2	7	7
Oklahoma	8	3	35	117	102	—	82	124	2,903	3,910	—	1	21	66	57
Texas [§]	N	0	0	N	N	—	635	1,102	23,704	23,583	—	0	3	6	7
Mountain	14	31	68	1,105	1,316	48	217	337	7,737	10,679	—	5	14	228	201
Arizona	3	3	11	99	157	32	68	111	2,239	3,957	—	2	11	95	73
Colorado	11	11	27	410	422	—	58	102	2,329	2,641	—	1	4	44	49
Idaho [§]	—	3	19	143	135	1	4	18	123	210	—	0	4	12	5
Montana [§]	—	1	9	67	83	—	2	48	82	53	—	0	1	2	2
Nevada [§]	—	2	6	76	110	—	42	130	1,585	1,800	—	0	1	12	10
New Mexico [§]	—	2	7	73	94	—	24	104	896	1,354	—	1	4	29	33
Utah	—	6	32	220	281	9	11	36	386	604	—	1	6	31	25
Wyoming [§]	—	0	3	17	34	6	2	9	97	60	—	0	2	3	4
Pacific	44	55	185	2,154	2,619	296	622	757	23,419	29,171	—	2	7	102	112
Alaska	—	2	5	71	58	—	10	24	374	430	—	0	4	14	10
California	21	35	91	1,401	1,796	274	515	657	19,296	24,400	—	0	3	25	43
Hawaii	—	1	6	35	63	—	12	22	441	507	—	0	2	15	9
Oregon [§]	6	9	19	349	346	—	23	63	939	906	—	1	4	45	48
Washington	17	9	87	298	356	22	61	97	2,369	2,928	—	0	3	3	2
American Samoa	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	2	—	1	12	45	110	—	0	1	—	—
Puerto Rico	2	2	13	103	319	2	5	25	215	256	—	0	0	—	2
U.S. Virgin Islands	—	0	0	—	—	—	2	6	86	36	N	0	0	N	N

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B					Legionellosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
	Med	Max				Med	Max				Med	Max			
United States	29	47	171	1,886	2,248	25	69	259	2,549	3,298	53	55	132	2,030	1,953
New England	1	2	7	94	107	—	1	7	50	97	2	3	14	101	115
Connecticut	1	0	4	25	16	—	0	7	19	31	2	0	5	32	30
Maine§	—	0	2	6	3	—	0	2	10	10	—	0	2	7	4
Massachusetts	—	1	5	38	56	—	0	3	9	36	—	0	3	13	32
New Hampshire	—	0	2	12	12	—	0	1	6	4	—	0	5	24	7
Rhode Island§	—	0	2	11	12	—	0	2	4	13	—	0	5	20	33
Vermont§	—	0	1	2	8	—	0	1	2	3	—	0	1	5	9
Mid. Atlantic	6	6	16	227	365	2	10	17	333	429	21	15	56	703	620
New Jersey	—	1	4	42	106	—	3	7	102	121	—	1	8	62	86
New York (Upstate)	4	1	6	52	58	1	1	7	53	69	13	5	19	253	162
New York City	1	2	6	84	132	—	2	6	66	95	1	2	10	79	136
Pennsylvania	1	1	6	49	69	1	3	7	112	144	7	6	32	309	236
E.N. Central	5	6	16	229	262	2	7	18	278	355	12	10	34	430	466
Illinois	—	1	10	65	95	—	1	6	59	108	—	0	5	24	98
Indiana	3	0	4	19	19	2	0	6	30	41	1	1	7	39	45
Michigan	—	2	7	89	68	—	2	6	96	92	1	3	16	127	130
Ohio	2	1	4	35	52	—	2	7	87	97	10	5	18	229	163
Wisconsin	—	0	2	21	28	—	0	1	6	17	—	0	3	11	30
W.N. Central	—	4	29	214	138	—	2	9	75	90	3	2	9	95	85
Iowa	—	1	7	95	41	—	0	2	13	20	—	0	2	12	10
Kansas	—	0	3	12	6	—	0	3	6	8	—	0	1	2	9
Minnesota	—	0	23	28	56	—	0	5	7	16	1	0	4	12	17
Missouri	—	0	3	35	17	—	1	4	43	30	2	1	5	49	35
Nebraska§	—	0	5	40	13	—	0	1	5	10	—	0	4	18	10
North Dakota	—	0	2	—	—	—	0	1	1	—	—	0	2	—	—
South Dakota	—	0	1	4	5	—	0	1	—	6	—	0	1	2	4
S. Atlantic	9	7	15	282	385	13	15	60	603	795	9	8	28	320	315
Delaware	—	0	1	6	7	—	0	3	7	14	—	0	2	10	9
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	1	11	12
Florida	4	3	8	119	119	9	6	12	259	261	5	3	7	118	115
Georgia	1	1	4	36	55	4	3	7	102	122	—	0	3	21	28
Maryland§	1	0	3	13	62	—	0	4	17	93	—	1	10	69	58
North Carolina	3	0	9	55	48	—	0	17	62	107	4	0	7	28	35
South Carolina§	—	0	2	11	15	—	1	6	44	52	—	0	2	10	14
Virginia§	—	1	5	38	71	—	2	16	77	108	—	1	6	39	36
West Virginia	—	0	2	4	8	—	1	30	35	38	—	0	3	14	8
E.S. Central	—	1	9	64	89	—	7	13	274	296	—	2	10	91	76
Alabama§	—	0	4	9	17	—	2	5	84	102	—	0	2	12	9
Kentucky	—	0	3	24	18	—	2	5	70	56	—	1	4	45	39
Mississippi	—	0	2	4	8	—	0	3	31	31	—	0	1	1	—
Tennessee§	—	0	6	27	46	—	2	8	89	107	—	1	5	33	28
W.S. Central	—	5	55	186	192	—	15	131	494	676	—	1	23	57	99
Arkansas§	—	0	1	5	11	—	1	4	30	60	—	0	2	9	12
Louisiana	—	0	1	10	26	—	2	4	61	79	—	0	2	8	4
Oklahoma	—	0	3	7	10	—	2	37	84	48	—	0	3	3	5
Texas§	—	5	53	164	145	—	9	107	319	489	—	1	18	37	78
Mountain	1	4	9	150	189	1	4	10	149	163	1	2	5	56	84
Arizona	1	2	8	66	128	—	1	5	49	69	—	0	5	14	31
Colorado	—	1	3	32	21	1	0	3	23	25	1	0	1	6	19
Idaho§	—	0	3	17	4	—	0	2	6	11	—	0	1	3	5
Montana§	—	0	1	1	9	—	0	1	2	—	—	0	1	3	3
Nevada§	—	0	2	5	10	—	1	3	30	36	—	0	1	8	8
New Mexico§	—	0	3	15	9	—	0	2	9	11	—	0	1	4	9
Utah	—	0	2	11	6	—	0	5	27	7	—	0	3	18	6
Wyoming§	—	0	1	3	2	—	0	1	3	4	—	0	0	—	3
Pacific	7	10	51	440	521	7	8	30	293	397	5	4	18	177	93
Alaska	—	0	1	2	3	—	0	2	9	4	—	0	1	1	—
California	6	8	42	359	453	5	5	19	207	295	5	3	14	140	69
Hawaii	—	0	2	14	5	—	0	2	6	11	—	0	1	5	1
Oregon§	—	0	3	23	22	—	1	3	34	46	—	0	2	15	8
Washington	1	1	7	42	38	2	1	9	37	41	—	0	3	16	15
American Samoa	—	0	0	—	—	—	0	0	—	14	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Puerto Rico	—	0	4	15	56	—	1	5	36	66	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2008 are provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Lyme Disease					Malaria					Meningococcal disease, invasive† All serotypes				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	268	384	1,375	18,854	22,080	15	22	136	762	983	7	19	53	831	851
New England	—	51	241	2,838	6,936	—	1	35	32	46	—	0	3	20	36
Connecticut	—	0	45	—	2,787	—	0	27	11	1	—	0	1	1	6
Maine§	—	2	73	468	313	—	0	1	—	6	—	0	1	4	5
Massachusetts	—	15	114	1,039	2,755	—	0	2	14	27	—	0	3	15	18
New Hampshire	—	10	125	1,057	804	—	0	1	3	9	—	0	0	—	3
Rhode Island§	—	0	12	—	161	—	0	8	—	—	—	0	1	—	1
Vermont§	—	2	38	274	116	—	0	1	4	3	—	0	1	—	3
Mid. Atlantic	164	170	977	11,869	9,085	1	5	14	187	308	1	2	6	98	109
New Jersey	—	35	188	2,301	2,672	—	0	2	—	59	—	0	2	10	15
New York (Upstate)	124	56	453	3,931	2,625	—	1	8	28	54	—	0	3	25	30
New York City	—	1	13	24	353	1	3	8	127	159	1	0	2	24	19
Pennsylvania	40	56	505	5,613	3,435	—	1	3	32	36	—	1	5	39	45
E.N. Central	1	10	81	737	1,944	2	2	7	94	104	2	3	9	132	128
Illinois	—	0	9	61	144	—	1	6	37	47	—	1	4	39	50
Indiana	—	0	8	31	42	—	0	2	5	9	1	0	4	23	21
Michigan	1	0	12	72	50	—	0	2	12	14	—	0	3	25	20
Ohio	—	0	4	33	27	2	0	3	26	19	1	1	4	33	29
Wisconsin	—	7	68	540	1,681	—	0	3	14	15	—	0	2	12	8
W.N. Central	79	7	740	852	340	1	1	9	50	30	—	2	8	77	52
Iowa	—	1	8	81	109	—	0	1	5	3	—	0	3	16	11
Kansas	—	0	1	3	8	—	0	1	6	3	—	0	1	3	4
Minnesota	77	1	731	722	206	—	0	8	21	11	—	0	7	21	15
Missouri	2	0	3	32	9	1	0	4	10	6	—	0	3	23	13
Nebraska§	—	0	2	10	5	—	0	2	8	6	—	0	2	11	4
North Dakota	—	0	9	1	3	—	0	2	—	—	—	0	1	1	2
South Dakota	—	0	1	3	—	—	0	0	—	1	—	0	1	2	3
S. Atlantic	17	54	172	2,216	3,562	8	4	13	182	206	2	3	10	128	140
Delaware	1	11	37	620	605	—	0	1	2	4	—	0	1	2	1
District of Columbia	2	3	11	133	105	—	0	2	3	2	—	0	0	—	—
Florida	2	1	8	72	22	7	1	4	48	46	—	1	3	46	55
Georgia	2	0	3	20	8	—	1	5	45	35	2	0	2	16	20
Maryland§	6	18	136	719	2,004	—	0	3	16	53	—	0	4	12	19
North Carolina	4	0	7	31	40	1	0	7	24	18	—	0	4	12	15
South Carolina§	—	0	3	18	24	—	0	2	9	6	—	0	3	19	14
Virginia§	—	12	68	569	697	—	1	7	35	41	—	0	2	18	14
West Virginia	—	0	9	34	57	—	0	0	—	1	—	0	1	3	2
E.S. Central	—	0	5	38	45	1	0	3	14	28	—	1	6	39	43
Alabama§	—	0	3	10	10	—	0	1	3	5	—	0	2	5	8
Kentucky	—	0	1	2	5	—	0	1	4	7	—	0	2	7	9
Mississippi	—	0	1	1	1	—	0	1	1	2	—	0	2	9	10
Tennessee§	—	0	3	25	29	1	0	2	6	14	—	0	3	18	16
W.S. Central	—	2	11	69	61	—	1	64	57	74	—	2	13	87	86
Arkansas§	—	0	1	2	1	—	0	1	—	—	—	0	2	7	9
Louisiana	—	0	1	2	2	—	0	1	2	14	—	0	3	19	24
Oklahoma	—	0	1	—	—	—	0	4	2	5	—	0	5	12	15
Texas§	—	2	10	65	58	—	1	60	53	55	—	1	7	49	38
Mountain	—	0	5	38	38	—	1	3	25	54	—	1	4	43	57
Arizona	—	0	2	6	2	—	0	2	11	11	—	0	2	7	12
Colorado	—	0	1	5	—	—	0	2	4	21	—	0	1	10	20
Idaho§	—	0	2	8	7	—	0	1	1	2	—	0	2	3	4
Montana§	—	0	1	4	4	—	0	0	—	3	—	0	1	4	2
Nevada§	—	0	2	9	10	—	0	3	4	2	—	0	2	6	4
New Mexico§	—	0	2	4	5	—	0	1	2	4	—	0	1	7	2
Utah	—	0	1	—	7	—	0	1	3	11	—	0	1	4	11
Wyoming§	—	0	1	2	3	—	0	0	—	—	—	0	1	2	2
Pacific	7	4	10	197	69	2	3	9	121	133	2	4	17	207	200
Alaska	—	0	2	5	6	—	0	2	4	2	—	0	2	3	1
California	6	3	8	144	58	1	2	8	89	94	1	3	17	147	147
Hawaii	N	0	0	N	N	—	0	1	2	2	—	0	2	4	8
Oregon§	1	0	5	39	4	—	0	2	4	13	—	1	3	29	26
Washington	—	0	7	9	1	1	0	3	22	22	1	0	5	24	18
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	1	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	3	—	0	1	3	6
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2008 are provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	99	147	849	6,065	7,488	44	90	153	3,461	4,910	18	30	195	1,650	1,694
New England	—	15	49	505	1,164	11	7	20	289	436	—	0	1	2	7
Connecticut	—	0	3	—	73	7	4	17	159	184	—	0	0	—	—
Maine†	—	0	5	26	66	—	1	5	38	68	N	0	0	N	N
Massachusetts	—	13	33	420	912	N	0	0	N	N	—	0	1	1	7
New Hampshire	—	0	4	29	66	3	1	3	34	44	—	0	1	1	—
Rhode Island†	—	0	25	19	17	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	11	30	1	2	6	58	140	—	0	0	—	—
Mid. Atlantic	18	20	43	716	978	13	22	43	1,003	814	—	1	5	53	69
New Jersey	—	0	9	4	175	—	0	0	—	—	—	0	2	2	25
New York (Upstate)	11	6	24	337	461	13	9	20	407	415	—	0	3	15	6
New York City	—	1	7	46	105	—	0	2	13	36	—	0	2	18	23
Pennsylvania	7	9	23	329	237	—	13	28	583	363	—	0	2	18	15
E.N. Central	26	19	189	972	1,303	6	5	28	217	372	—	1	11	98	50
Illinois	—	3	9	123	144	—	1	21	88	107	—	1	8	63	31
Indiana	15	0	12	62	48	1	0	2	8	10	—	0	3	8	5
Michigan	1	4	11	177	249	2	1	8	66	189	—	0	1	3	3
Ohio	10	6	176	556	574	3	1	7	55	66	—	0	4	24	10
Wisconsin	—	2	8	54	288	N	0	0	N	N	—	0	0	—	1
W.N. Central	35	12	142	555	508	1	4	13	143	231	3	4	33	388	334
Iowa	—	1	9	64	124	—	0	3	17	27	—	0	2	6	15
Kansas	4	1	5	36	86	—	0	7	—	97	—	0	0	—	12
Minnesota	25	1	131	181	111	—	0	10	45	27	—	0	4	—	1
Missouri	6	3	18	184	71	1	0	9	45	38	3	3	33	360	288
Nebraska†	—	1	12	74	53	—	0	0	—	—	—	0	4	19	13
North Dakota	—	0	5	1	7	—	0	8	24	21	—	0	0	—	—
South Dakota	—	0	3	15	56	—	0	2	12	21	—	0	1	3	5
S. Atlantic	8	14	50	616	769	7	34	94	1,429	1,778	14	9	66	614	807
Delaware	—	0	3	11	10	—	0	0	—	—	—	0	3	25	16
District of Columbia	—	0	1	5	8	—	0	0	—	—	—	0	2	7	3
Florida	8	3	20	223	186	—	0	77	111	128	2	0	3	14	12
Georgia	—	1	6	55	32	—	7	42	288	230	6	1	8	58	56
Maryland†	—	1	8	51	92	—	0	13	108	344	—	1	5	40	51
North Carolina	—	0	38	79	250	6	9	16	368	395	6	0	55	315	509
South Carolina†	—	2	22	87	63	—	0	0	—	46	—	0	5	32	60
Virginia†	—	2	8	101	101	—	12	24	483	581	—	2	15	120	95
West Virginia	—	0	2	4	27	1	1	11	71	54	—	0	1	3	5
E.S. Central	1	6	13	220	382	—	1	7	85	132	1	4	22	245	231
Alabama†	—	0	5	30	81	—	0	0	—	—	—	1	8	71	71
Kentucky	—	1	8	55	22	—	0	4	35	18	—	0	1	1	5
Mississippi	—	2	9	75	209	—	0	1	2	2	—	0	3	6	16
Tennessee†	1	1	6	60	70	—	1	6	48	112	1	2	18	167	139
W.S. Central	—	20	198	997	848	—	2	40	79	877	—	1	153	219	162
Arkansas†	—	1	11	46	145	—	1	6	45	25	—	0	14	44	80
Louisiana	—	1	5	54	16	—	0	0	—	6	—	0	1	3	4
Oklahoma	—	0	26	32	6	—	0	32	32	45	—	0	132	142	45
Texas†	—	17	179	865	681	—	0	27	2	801	—	1	8	30	33
Mountain	4	17	37	625	842	—	1	5	61	76	—	0	3	27	31
Arizona	2	3	10	156	184	N	0	0	N	N	—	0	2	10	7
Colorado	2	3	13	118	236	—	0	0	—	—	—	0	1	1	3
Idaho†	—	0	4	22	37	—	0	1	—	9	—	0	1	1	4
Montana†	—	1	11	74	36	—	0	2	8	16	—	0	1	3	1
Nevada†	—	0	7	24	34	—	0	2	7	10	—	0	1	1	—
New Mexico†	—	0	5	30	64	—	0	3	24	10	—	0	1	2	4
Utah	—	6	27	188	231	—	0	3	7	13	—	0	0	—	—
Wyoming†	—	0	2	13	20	—	0	3	15	18	—	0	2	9	12
Pacific	7	20	303	859	694	6	4	12	155	194	—	0	1	4	3
Alaska	—	2	29	140	45	—	0	4	12	38	N	0	0	N	N
California	—	7	129	257	363	5	3	12	135	146	—	0	1	1	1
Hawaii	—	0	2	10	18	—	0	0	—	—	N	0	0	N	N
Oregon†	1	3	8	140	98	1	0	1	8	10	—	0	1	3	2
Washington	6	6	169	312	170	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	—	1	5	50	44	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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

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

* Incidence data for reporting year 2008 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	579	862	2,110	32,740	35,163	67	81	248	3,648	3,731	176	399	1,227	14,018	13,110
New England	—	22	414	1,500	1,957	—	3	39	180	264	—	3	28	140	212
Connecticut	—	0	384	384	431	—	0	36	36	71	—	0	27	27	44
Maine§	—	2	14	115	97	—	0	3	16	33	—	0	6	19	14
Massachusetts	—	15	52	741	1,144	—	2	11	80	115	—	2	5	78	139
New Hampshire	—	3	10	113	140	—	0	5	23	29	—	0	1	3	5
Rhode Island§	—	2	13	77	78	—	0	3	8	7	—	0	9	10	7
Vermont§	—	1	7	70	67	—	0	3	17	9	—	0	1	3	3
Mid. Atlantic	59	98	164	3,919	4,822	5	7	192	523	419	6	37	94	1,757	611
New Jersey	—	14	30	488	1,026	—	1	4	25	100	—	8	37	568	140
New York (Upstate)	33	25	73	1,065	1,145	5	3	188	368	156	5	8	35	485	114
New York City	4	23	50	1,000	1,058	—	0	5	41	43	—	11	35	566	211
Pennsylvania	22	32	77	1,366	1,593	—	2	9	89	120	1	2	65	138	146
E.N. Central	51	85	174	3,580	4,787	9	10	39	559	561	55	70	145	2,659	2,156
Illinois	—	19	63	760	1,650	—	1	6	57	107	—	18	32	579	507
Indiana	9	9	53	473	519	—	1	13	48	61	1	12	83	529	82
Michigan	4	17	36	686	764	3	2	18	145	85	2	2	7	85	58
Ohio	35	25	65	1,024	1,050	4	2	17	159	132	45	21	76	1,207	981
Wisconsin	3	16	49	637	804	2	3	17	150	176	7	8	39	259	528
W.N. Central	26	49	126	2,144	2,206	16	13	57	633	607	16	18	39	696	1,525
Iowa	—	8	16	331	377	—	2	20	164	141	—	3	11	121	73
Kansas	—	7	25	349	323	—	0	4	34	44	3	0	5	39	23
Minnesota	15	13	70	578	525	11	3	21	153	180	7	4	25	244	188
Missouri	11	14	33	550	593	5	2	9	122	119	6	5	29	176	1,101
Nebraska§	—	5	13	188	211	—	2	28	122	73	—	0	2	5	21
North Dakota	—	0	35	35	35	—	0	20	2	7	—	0	15	35	3
South Dakota	—	2	11	113	142	—	1	4	36	43	—	1	9	76	116
S. Atlantic	267	263	446	8,581	8,794	7	13	50	599	537	25	65	149	2,333	3,501
Delaware	—	3	9	128	124	—	0	1	11	13	—	0	1	7	10
District of Columbia	—	1	4	42	47	—	0	1	9	—	—	0	3	13	15
Florida	175	102	181	3,739	3,338	4	2	18	130	104	8	18	75	657	1,844
Georgia	67	39	86	1,672	1,497	—	1	7	72	78	15	25	48	865	1,204
Maryland§	—	11	29	472	722	2	1	9	79	69	—	1	5	49	88
North Carolina	23	20	228	928	1,176	1	1	12	72	115	2	2	27	149	71
South Carolina§	2	20	55	749	825	—	0	4	32	9	—	9	32	439	108
Virginia§	—	20	49	738	916	—	3	25	173	133	—	4	13	143	147
West Virginia	—	3	25	113	149	—	0	3	21	16	—	0	61	11	14
E.S. Central	14	63	132	2,483	2,586	1	5	21	210	257	5	40	178	1,434	1,664
Alabama§	—	15	46	679	716	—	1	17	51	59	—	9	43	325	507
Kentucky	—	9	21	344	446	—	1	12	67	93	—	6	35	224	360
Mississippi	6	18	53	851	786	—	0	2	5	6	—	8	112	279	644
Tennessee§	8	16	36	609	638	1	2	7	87	99	5	15	32	606	153
W.S. Central	28	102	894	4,003	3,593	1	5	25	168	200	8	73	748	3,036	1,561
Arkansas§	—	13	47	590	593	—	1	4	37	32	—	7	27	429	66
Louisiana	—	18	46	752	715	—	0	1	2	9	—	10	25	487	416
Oklahoma	28	16	72	633	456	1	0	14	24	15	8	3	32	126	95
Texas§	—	49	794	2,028	1,829	—	3	11	105	144	—	51	702	1,994	984
Mountain	30	59	113	2,467	2,076	8	9	23	416	477	22	18	43	727	730
Arizona	16	20	45	832	730	1	1	8	62	88	19	9	31	390	418
Colorado	14	11	43	560	468	7	2	10	123	131	3	2	9	89	97
Idaho§	—	3	14	132	102	—	2	12	91	110	—	0	1	11	9
Montana§	—	2	10	82	74	—	0	3	27	—	—	0	1	6	20
Nevada§	—	3	14	155	203	—	0	4	19	22	—	3	13	134	44
New Mexico§	—	6	32	419	227	—	1	6	42	35	—	1	7	67	84
Utah	—	6	17	254	213	—	1	6	48	76	—	1	5	27	27
Wyoming§	—	1	5	33	59	—	0	2	4	15	—	0	1	3	31
Pacific	104	111	399	4,063	4,342	20	8	35	360	409	39	30	80	1,236	1,150
Alaska	—	1	4	42	73	—	0	1	6	4	—	0	0	—	8
California	86	78	286	2,958	3,297	7	5	22	175	208	30	27	73	1,060	930
Hawaii	1	6	15	210	214	—	0	5	11	29	—	1	3	35	64
Oregon§	—	6	20	337	254	—	1	8	57	65	—	1	7	62	64
Washington	17	12	103	516	504	13	2	17	111	103	9	2	20	79	84
American Samoa	—	0	1	2	—	—	0	0	—	—	—	0	1	1	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	11	14	—	0	0	—	—	—	0	3	14	14
Puerto Rico	4	11	41	371	707	—	0	1	2	1	—	0	4	16	21
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	Streptococcal diseases, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant†				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max		
United States	37	94	259	4,087	4,236	21	36	166	1,168	1,310
New England	4	6	31	303	325	—	2	14	55	99
Connecticut	4	0	26	94	95	—	0	11	—	12
Maine§	—	0	3	22	22	—	0	1	1	2
Massachusetts	—	3	8	138	162	—	1	5	39	66
New Hampshire	—	0	2	20	24	—	0	1	7	9
Rhode Island§	—	0	9	17	6	—	0	2	7	8
Vermont§	—	0	2	12	16	—	0	1	1	2
Mid. Atlantic	4	18	43	840	786	4	4	19	148	230
New Jersey	—	3	11	133	141	—	1	6	30	43
New York (Upstate)	2	6	17	278	242	4	2	14	77	79
New York City	—	3	10	154	187	—	1	12	41	108
Pennsylvania	2	6	16	275	216	N	0	0	N	N
E.N. Central	4	19	42	787	814	3	6	23	211	228
Illinois	—	5	16	206	246	—	1	6	46	57
Indiana	1	2	11	113	98	1	0	14	30	14
Michigan	1	3	10	140	169	—	1	5	55	60
Ohio	2	5	14	226	192	1	1	5	47	48
Wisconsin	—	2	10	102	109	1	1	3	33	49
W.N. Central	4	5	39	319	285	4	2	16	110	69
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	5	34	28	—	0	3	14	—
Minnesota	4	0	35	154	137	4	0	13	48	39
Missouri	—	1	10	71	74	—	1	2	29	19
Nebraska§	—	0	3	31	23	—	0	3	7	10
North Dakota	—	0	5	10	14	—	0	2	5	1
South Dakota	—	0	2	19	9	—	0	1	7	—
S. Atlantic	13	19	34	770	1,021	6	6	13	178	237
Delaware	—	0	2	6	9	—	0	0	—	—
District of Columbia	—	0	4	23	17	—	0	1	1	2
Florida	6	5	11	208	247	3	1	4	50	50
Georgia	6	4	14	197	195	3	1	5	53	55
Maryland§	—	1	6	27	174	—	0	4	5	50
North Carolina	1	2	10	118	140	N	0	0	N	N
South Carolina§	—	1	5	54	87	—	1	4	39	38
Virginia§	—	3	12	110	130	—	0	6	25	35
West Virginia	—	0	3	27	22	—	0	1	5	7
E.S. Central	—	4	9	142	173	—	2	11	71	76
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	33	33	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	16	5
Tennessee§	—	3	7	109	140	—	1	9	55	71
W.S. Central	1	8	85	364	253	4	5	66	202	182
Arkansas§	—	0	2	5	17	—	0	2	5	11
Louisiana	—	0	2	12	14	—	0	2	10	30
Oklahoma	1	2	19	93	58	3	1	7	55	39
Texas§	—	6	65	254	164	1	3	58	132	102
Mountain	7	11	22	443	465	—	5	12	180	176
Arizona	2	3	9	160	181	—	2	8	91	87
Colorado	5	2	8	127	114	—	1	4	51	37
Idaho§	—	0	2	11	15	—	0	1	3	2
Montana§	N	0	0	N	N	—	0	1	4	1
Nevada§	—	0	2	8	2	N	0	0	N	N
New Mexico§	—	2	8	84	79	—	0	3	15	28
Utah	—	1	5	47	69	—	0	3	15	21
Wyoming§	—	0	2	6	5	—	0	1	1	—
Pacific	—	3	10	119	114	—	0	2	13	13
Alaska	—	0	4	31	22	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	—	2	10	88	92	—	0	2	13	13
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	12	30	4	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	14	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

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

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

* Incidence data for reporting year 2008 are provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	29	57	307	2,181	2,303	6	9	43	321	383	115	233	351	8,845	8,438
New England	—	1	49	50	101	—	0	8	8	13	9	6	14	234	204
Connecticut	—	0	44	7	55	—	0	7	—	4	1	0	6	24	25
Maine§	—	0	2	15	11	—	0	1	2	2	—	0	2	10	8
Massachusetts	—	0	0	—	2	—	0	0	—	2	7	4	11	167	121
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	2	15	23
Rhode Island§	—	0	3	16	18	—	0	1	4	3	—	0	5	13	24
Vermont§	—	0	2	12	15	—	0	1	2	2	—	0	5	5	3
Mid. Atlantic	2	4	13	197	131	—	0	2	19	23	33	32	51	1,319	1,201
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	10	162	163
New York (Upstate)	1	1	6	52	47	—	0	2	6	9	4	3	13	107	108
New York City	—	1	5	61	—	—	0	0	—	—	25	20	37	853	715
Pennsylvania	1	2	9	84	84	—	0	2	13	14	4	5	12	197	215
E.N. Central	8	14	64	560	595	2	2	14	80	86	22	18	33	734	686
Illinois	—	1	17	71	131	—	0	6	14	28	—	5	19	164	357
Indiana	2	3	39	166	130	1	0	11	20	20	3	2	10	110	41
Michigan	1	0	3	14	2	—	0	1	2	1	5	2	17	159	89
Ohio	5	8	17	309	332	1	1	4	44	37	13	5	14	261	151
Wisconsin	—	0	0	—	—	—	0	0	—	—	1	1	4	40	48
W.N. Central	—	3	115	132	157	—	0	9	8	31	—	8	15	290	274
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	12	14
Kansas	—	1	5	57	75	—	0	1	3	7	—	0	5	24	15
Minnesota	—	0	114	—	21	—	0	9	—	20	—	1	5	73	48
Missouri	—	1	8	70	47	—	0	1	2	—	—	5	10	173	186
Nebraska§	—	0	0	—	2	—	0	0	—	—	—	0	2	8	4
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	5	12	—	0	1	3	4	—	0	0	—	7
S. Atlantic	18	22	53	931	1,010	4	3	10	149	181	12	50	215	1,911	1,895
Delaware	—	0	1	3	9	—	0	0	—	2	—	0	4	10	12
District of Columbia	—	0	3	13	16	—	0	0	—	1	—	2	9	90	146
Florida	14	13	30	548	560	3	2	6	100	99	11	20	34	753	637
Georgia	4	7	22	293	367	1	1	5	42	71	—	10	175	356	345
Maryland§	—	0	0	—	1	—	0	0	—	—	—	6	14	246	249
North Carolina	N	0	0	N	N	N	0	0	N	N	1	5	18	201	247
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	5	66	79
Virginia§	N	0	0	N	N	N	0	0	N	N	—	5	17	188	174
West Virginia	—	1	9	74	57	—	0	2	7	8	—	0	1	1	6
E.S. Central	1	6	15	220	194	—	1	4	39	27	12	21	35	855	687
Alabama§	N	0	0	N	N	N	0	0	N	N	5	8	17	350	290
Kentucky	—	1	6	62	21	—	0	2	10	2	1	1	7	65	44
Mississippi	—	0	5	4	41	—	0	1	1	—	2	3	15	123	94
Tennessee§	1	3	13	154	132	—	0	3	28	25	4	8	18	317	259
W.S. Central	—	2	7	63	65	—	0	2	12	7	19	39	60	1,532	1,410
Arkansas§	—	0	2	12	5	—	0	1	3	2	5	2	19	121	94
Louisiana	—	1	7	51	60	—	0	2	9	5	14	10	22	372	388
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	5	54	52
Texas§	—	0	0	—	—	—	0	0	—	—	—	23	47	985	876
Mountain	—	1	7	26	47	—	0	2	4	12	—	9	29	319	364
Arizona	—	0	0	—	—	—	0	0	—	—	—	5	21	145	194
Colorado	—	0	0	—	—	—	0	0	—	—	—	2	7	78	38
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	1	3	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	N	0	0	N	N	N	0	0	N	N	—	2	6	58	84
New Mexico§	—	0	1	2	—	—	0	0	—	—	—	1	4	32	31
Utah	—	0	7	22	31	—	0	2	4	10	—	0	2	—	12
Wyoming§	—	0	1	2	16	—	0	1	—	2	—	0	1	3	3
Pacific	—	0	1	2	3	—	0	1	2	3	8	43	65	1,651	1,717
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	1	6
California	N	0	0	N	N	N	0	0	N	N	6	38	59	1,486	1,583
Hawaii	—	0	1	2	3	—	0	1	2	3	—	0	2	12	7
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	3	17	14
Washington	N	0	0	N	N	N	0	0	N	N	2	3	9	135	107
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	3	3	11	122	119
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 4, 2008, and October 6, 2007 (40th week)*

Reporting area	West Nile virus disease†														
	Varicella (chickenpox)					Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
	Med	Max				Med	Max				Med	Max			
United States	233	658	1,660	20,316	30,299	3	1	75	468	1,158	1	2	78	568	2,332
New England	3	13	68	418	1,917	—	0	2	5	5	—	0	1	3	6
Connecticut	—	0	38	—	1,112	—	0	2	4	2	—	0	1	3	2
Maine¶	—	0	26	—	240	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	1	—	—	0	0	—	3	—	0	0	—	3
New Hampshire	3	6	18	203	272	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	1	1	—	—	0	0	—	1
Vermont¶	—	6	17	214	293	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	57	56	117	1,770	3,809	—	0	6	29	19	—	0	4	10	8
New Jersey	N	0	0	N	N	—	0	1	2	1	—	0	1	2	—
New York (Upstate)	N	0	0	N	N	—	0	4	14	3	—	0	2	4	1
New York City	N	0	0	N	N	—	0	2	8	11	—	0	3	4	2
Pennsylvania	57	56	117	1,770	3,809	—	0	2	5	4	—	0	0	—	5
E.N. Central	93	159	378	4,912	8,663	—	0	7	30	106	—	0	5	16	61
Illinois	—	13	63	716	872	—	0	3	6	57	—	0	4	7	36
Indiana	—	0	222	—	222	—	0	1	2	14	—	0	1	1	10
Michigan	44	64	154	2,079	3,124	—	0	3	7	16	—	0	1	2	—
Ohio	49	54	128	1,768	3,598	—	0	3	13	12	—	0	2	2	9
Wisconsin	—	6	38	349	847	—	0	2	2	7	—	0	1	4	6
W.N. Central	22	25	145	904	1,229	—	0	6	38	243	—	0	23	145	727
Iowa	N	0	0	N	N	—	0	3	5	11	—	0	1	4	16
Kansas	—	6	36	300	459	—	0	2	5	13	—	0	3	17	26
Minnesota	—	0	0	—	—	—	0	2	3	44	—	0	6	18	56
Missouri	22	12	51	536	702	—	0	3	8	58	—	0	1	7	14
Nebraska¶	N	0	0	N	N	—	0	1	4	20	—	0	8	33	139
North Dakota	—	0	140	48	—	—	0	2	2	49	—	0	11	40	317
South Dakota	—	0	5	20	68	—	0	5	11	48	—	0	6	26	159
S. Atlantic	24	90	167	3,426	4,063	—	0	3	11	41	—	0	2	8	38
Delaware	—	1	6	42	37	—	0	0	—	1	—	0	1	1	—
District of Columbia	—	0	3	21	26	—	0	0	—	—	—	0	0	—	—
Florida	19	28	87	1,288	968	—	0	2	2	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	3	23	—	0	1	1	26
Maryland¶	N	0	0	N	N	—	0	2	5	5	—	0	2	5	4
North Carolina	N	0	0	N	N	—	0	0	—	4	—	0	0	—	4
South Carolina¶	—	17	66	670	817	—	0	1	—	2	—	0	0	—	2
Virginia¶	—	20	81	847	1,323	—	0	0	—	3	—	0	1	1	2
West Virginia	5	14	66	558	892	—	0	1	1	—	—	0	0	—	—
E.S. Central	—	18	101	911	412	—	0	10	48	69	—	0	10	74	85
Alabama¶	—	18	101	901	410	—	0	5	12	15	—	0	2	4	5
Kentucky	N	0	0	N	N	—	0	1	1	3	—	0	0	—	—
Mississippi	—	0	2	10	2	—	0	6	30	47	—	0	10	64	76
Tennessee¶	N	0	0	N	N	—	0	1	5	4	—	0	2	6	4
W.S. Central	27	182	886	6,447	8,123	—	0	14	53	242	—	1	10	51	138
Arkansas¶	—	11	38	469	607	—	0	2	8	12	—	0	1	—	6
Louisiana	—	1	10	61	99	—	0	3	9	24	—	0	6	27	11
Oklahoma	N	0	0	N	N	—	0	2	3	57	—	0	3	6	45
Texas¶	27	166	852	5,917	7,417	—	0	10	33	149	—	0	6	18	76
Mountain	7	40	105	1,464	2,028	—	0	11	64	276	—	0	22	150	1,029
Arizona	—	0	0	—	—	—	0	9	37	42	—	0	4	20	40
Colorado	7	14	43	658	845	—	0	4	13	98	—	0	12	64	476
Idaho¶	N	0	0	N	N	—	0	1	2	11	—	0	7	30	118
Montana¶	—	5	27	223	301	—	0	1	—	36	—	0	2	5	165
Nevada¶	N	0	0	N	N	—	0	2	8	1	—	0	3	7	10
New Mexico¶	—	4	22	165	310	—	0	1	3	38	—	0	1	1	21
Utah	—	10	55	408	548	—	0	1	1	27	—	0	3	15	41
Wyoming¶	—	0	9	10	24	—	0	0	—	23	—	0	2	8	158
Pacific	—	1	7	64	55	3	0	33	190	157	1	0	17	111	240
Alaska	—	1	5	50	29	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	3	0	33	189	150	1	0	16	106	221
Hawaii	—	0	6	14	26	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	0	—	7	—	0	2	4	19
Washington	N	0	0	N	N	—	0	1	1	—	—	0	1	1	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	17	55	218	—	0	0	—	—	—	0	0	—	—
Puerto Rico	4	8	20	340	605	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2008 are provisional.

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

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

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

TABLE III. Deaths in 122 U.S. cities,* week ending October 4, 2008 (40th 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	464	306	119	25	8	6	32		S. Atlantic	1,190	728	317	97	29	19	78			
Boston, MA	141	87	42	7	2	3	11		Atlanta, GA	116	71	31	11	2	1	5			
Bridgeport, CT	18	9	7	1	—	1	2		Baltimore, MD	145	79	42	21	2	1	18			
Cambridge, MA	18	11	5	2	—	—	2		Charlotte, NC	126	93	26	2	3	2	10			
Fall River, MA	18	14	3	1	—	—	1		Jacksonville, FL	170	104	44	16	5	1	5			
Hartford, CT	52	38	9	3	2	—	4		Miami, FL	110	58	29	19	3	1	10			
Lowell, MA	22	15	5	—	1	1	2		Norfolk, VA	47	22	19	2	2	2	1			
Lynn, MA	10	8	2	—	—	—	1		Richmond, VA	45	24	18	1	2	—	1			
New Bedford, MA	23	16	6	1	—	—	3		Savannah, GA	74	50	15	5	3	1	7			
New Haven, CT	U	U	U	U	U	U	U		St. Petersburg, FL	64	41	16	4	—	3	1			
Providence, RI	53	33	17	1	2	—	4		Tampa, FL	181	124	42	8	3	4	13			
Somerville, MA	4	4	—	—	—	—	—		Washington, D.C.	99	53	32	7	4	3	5			
Springfield, MA	35	22	7	5	—	1	1		Wilmington, DE	13	9	3	1	—	—	2			
Waterbury, CT	17	12	4	1	—	—	—		E.S. Central	780	498	195	39	25	23	57			
Worcester, MA	53	37	12	3	1	—	1		Birmingham, AL	189	117	41	7	8	16	11			
Mid. Atlantic	1,993	1,353	457	115	34	34	94		Chattanooga, TN	75	49	21	2	3	—	6			
Albany, NY	37	32	3	1	—	1	—		Knoxville, TN	72	40	20	7	3	2	7			
Allentown, PA	20	14	6	—	—	—	2		Lexington, KY	59	40	17	2	—	—	1			
Buffalo, NY	70	47	15	3	1	4	11		Memphis, TN	135	99	28	5	3	—	16			
Camden, NJ	34	21	9	3	—	1	3		Mobile, AL	86	54	22	7	2	1	5			
Elizabeth, NJ	14	9	4	1	—	—	2		Montgomery, AL	37	22	11	1	3	—	1			
Erie, PA	56	49	5	2	—	—	2		Nashville, TN	127	77	35	8	3	4	10			
Jersey City, NJ	31	22	6	3	—	—	3		W.S. Central	1,468	909	377	105	36	41	69			
New York City, NY	984	665	239	55	15	10	31		Austin, TX	82	42	23	10	1	6	—			
Newark, NJ	32	15	9	3	2	3	1		Baton Rouge, LA	76	45	21	3	5	2	—			
Paterson, NJ	18	10	2	1	1	4	2		Corpus Christi, TX	37	27	10	—	—	—	3			
Philadelphia, PA	286	171	79	22	11	3	17		Dallas, TX	190	105	53	19	4	9	9			
Pittsburgh, PA§	36	22	10	3	1	—	3		El Paso, TX	88	62	17	6	—	3	4			
Reading, PA	32	24	8	—	—	—	2		Fort Worth, TX	138	83	38	9	6	2	3			
Rochester, NY	142	100	29	6	2	5	9		Houston, TX	349	202	102	26	6	13	13			
Schenectady, NY	18	16	1	1	—	—	2		Little Rock, AR	85	56	19	6	3	1	5			
Scranton, PA	29	21	6	2	—	—	1		New Orleans, LA¶	U	U	U	U	U	U	U			
Syracuse, NY	96	74	16	4	—	2	3		San Antonio, TX	244	171	47	15	8	3	20			
Trenton, NJ	31	21	5	3	1	1	—		Shreveport, LA	56	35	18	1	2	—	4			
Utica, NY	14	10	4	—	—	—	—		Tulsa, OK	123	81	29	10	1	2	8			
Yonkers, NY	13	10	1	2	—	—	—		Mountain	1,034	655	249	62	27	41	63			
E.N. Central	2,067	1,321	511	127	45	63	143		Albuquerque, NM	91	59	24	4	1	3	7			
Akron, OH	51	31	13	4	3	—	—		Boise, ID	60	40	12	6	—	2	—			
Canton, OH	39	31	4	3	—	1	4		Colorado Springs, CO	51	38	7	3	2	1	3			
Chicago, IL	327	174	100	28	10	15	32		Denver, CO	71	34	23	10	2	2	5			
Cincinnati, OH	94	53	28	6	2	5	13		Las Vegas, NV	234	143	67	14	4	6	16			
Cleveland, OH	222	145	57	11	5	4	16		Ogden, UT	38	26	9	1	1	1	1			
Columbus, OH	224	150	45	17	5	7	10		Phoenix, AZ	212	122	56	15	6	13	10			
Dayton, OH	140	94	34	7	1	4	15		Pueblo, CO	24	19	5	—	—	—	1			
Detroit, MI	177	93	58	15	5	6	6		Salt Lake City, UT	128	90	22	3	6	7	8			
Evansville, IN	46	35	9	—	2	—	2		Tucson, AZ	125	84	24	6	5	6	12			
Fort Wayne, IN	76	59	11	3	1	2	2		Pacific	1,567	1,094	333	82	25	32	123			
Gary, IN	7	3	—	4	—	—	—		Berkeley, CA	13	9	1	2	—	1	1			
Grand Rapids, MI	59	42	11	2	1	3	8		Fresno, CA	119	80	27	7	4	1	2			
Indianapolis, IN	185	110	55	10	6	4	22		Glendale, CA	33	25	6	2	—	—	2			
Lansing, MI	42	34	4	1	—	3	—		Honolulu, HI	59	46	8	2	—	3	4			
Milwaukee, WI	84	57	18	8	—	1	—		Long Beach, CA	61	39	16	5	—	1	3			
Peoria, IL	45	28	13	—	2	2	2		Los Angeles, CA	221	139	50	18	7	7	23			
Rockford, IL	50	36	13	1	—	—	2		Pasadena, CA	28	27	1	—	—	—	2			
South Bend, IN	52	41	7	1	1	2	3		Portland, OR	115	77	30	5	—	2	3			
Toledo, OH	91	66	16	5	1	3	6		Sacramento, CA	203	142	45	8	5	3	24			
Youngstown, OH	56	39	15	1	—	1	—		San Diego, CA	154	107	33	6	3	5	16			
W.N. Central	590	375	146	41	13	15	41		San Francisco, CA	111	80	20	9	—	2	16			
Des Moines, IA	81	63	11	4	1	2	9		San Jose, CA	170	123	38	6	1	2	15			
Duluth, MN	24	18	5	1	—	—	2		Santa Cruz, CA	27	18	8	1	—	—	2			
Kansas City, KS	19	7	9	2	1	—	3		Seattle, WA	100	65	24	7	2	2	5			
Kansas City, MO	74	44	22	6	1	1	5		Spokane, WA	51	37	9	2	1	2	2			
Lincoln, NE	40	32	5	1	—	2	1		Tacoma, WA	102	80	17	2	2	1	3			
Minneapolis, MN	55	32	14	2	4	3	2		Total**	11,153	7,239	2,704	693	242	274	700			
Omaha, NE	68	50	10	6	2	—	5												
St. Louis, MO	123	54	44	17	3	5	5												
St. Paul, MN	35	25	9	—	—	1	2												
Wichita, KS	71	50	17	2	1	1	7												

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 disease,* United States, quarter ending September 27, 2008 (39th week)

Reporting area	Tuberculosis				
	Current quarter	Previous 4 quarters		Cum 2008	Cum 2007
		Min	Max		
United States	1,832	1,832	3,948	6,522	8,911
New England	20	20	42	101	145
Connecticut	9	9	27	62	84
Maine	3	1	4	6	15
Massachusetts	—	0	0	—	—
New Hampshire	3	1	5	9	9
Rhode Island	5	5	10	20	35
Vermont	—	0	2	4	2
Mid. Atlantic	501	417	538	1,420	1,380
New Jersey	105	69	152	274	315
New York (Upstate)	77	54	98	192	163
New York City	253	201	253	697	704
Pennsylvania	66	66	98	257	198
E.N. Central	215	159	370	574	826
Illinois	106	50	172	227	349
Indiana	37	27	37	92	97
Michigan	3	3	78	51	148
Ohio	51	51	70	160	181
Wisconsin	18	8	19	44	51
W.N. Central	85	85	146	271	352
Iowa	7	7	15	32	28
Kansas	—	0	4	—	49
Minnesota	36	34	73	122	165
Missouri	34	20	37	83	82
Nebraska	3	3	15	24	18
North Dakota	—	0	7	—	—
South Dakota	5	2	5	10	10
S. Atlantic	216	216	787	977	1,834
Delaware	2	2	7	13	14
District of Columbia	11	11	18	39	42
Florida	75	75	288	511	701
Georgia	12	12	112	182	326
Maryland	49	0	73	52	198
North Carolina	—	0	127	—	218
South Carolina	—	0	83	—	135
Virginia	63	33	125	163	184
West Virginia	4	4	8	17	16
E.S. Central	163	99	229	450	437
Alabama	46	33	50	124	125
Kentucky	30	4	42	62	78
Mississippi	19	17	49	66	88
Tennessee	68	45	88	198	146
W.S. Central	193	193	581	933	1,401
Arkansas	20	8	31	50	75
Louisiana	—	0	114	—	104
Oklahoma	20	18	25	62	123
Texas	153	153	411	821	1,099
Mountain	88	77	239	260	364
Arizona	61	43	155	159	146
Colorado	1	0	36	2	73
Idaho	—	0	0	—	—
Montana	—	0	0	—	—
Nevada	12	9	29	50	83
New Mexico	12	10	17	39	34
Utah	2	2	13	10	28
Wyoming	—	0	0	—	—
Pacific	351	351	1,017	1,536	2,172
Alaska	10	10	14	34	37
California	250	250	890	1,349	1,835
Hawaii	33	22	33	85	94
Oregon	—	0	0	—	—
Washington	58	1	85	68	206
American Samoa	—	0	0	—	3
C.N.M.I.	—	—	—	—	—
Guam	—	0	0	—	—
Puerto Rico	—	0	35	24	63
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. Med: Median.

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.

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