MMWR™
Morbidity and Mortality Weekly Report

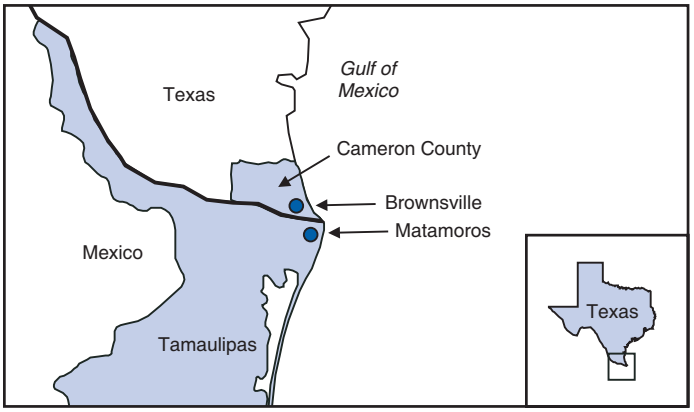
Weekly August 10, 2007 / Vol. 56 / No. 31

Dengue Hemorrhagic Fever — U.S.-Mexico Border, 2005

Dengue fever is a mosquito-transmitted disease caused by any of four closely related virus serotypes (DEN-1, DEN-2, DEN-3, and DEN-4) of the genus *Flavivirus*. Infection with one of these serotypes provides lifelong immunity to the infecting serotype only. Therefore, persons can acquire a second dengue infection from a different serotype, and second infections place them at greater risk for dengue hemorrhagic fever (DHF), the more severe form of the disease (*1*). DHF is characterized by bleeding manifestations, thrombocytopenia,* and increased vascular permeability that can lead to life-threatening shock (*2*). In south Texas, near the border with Mexico, sporadic, locally acquired outbreaks of dengue fever have been reported previously; however, on the Texas side of the border, these outbreaks have not included recognized cases of locally acquired DHF in persons native to the area. In July 2005, a case of DHF was reported in a resident of Brownsville, Texas (Figure 1). In August 2005, health authorities in the neighboring state of Tamaulipas, Mexico, reported an ongoing dengue outbreak with 1,251 cases of dengue fever, including 223 cases (17.8%) of DHF. To characterize this dengue outbreak, the Texas Department of State Health Services (TDSHS), Mexican health authorities, and CDC conducted a clinical and epidemiologic investigation. This report summarizes the results of that investigation, which determined that the percentage of DHF cases associated with dengue fever outbreaks at the Texas-Tamaulipas border has increased. Health-care providers along the U.S. border with Mexico should be vigilant for DHF and familiar with its diagnosis and management to reduce the number of severe illnesses and deaths associated with outbreaks of dengue fever.

*≤100,000 platelets/mm^3.

FIGURE 1. Jurisdictions affected by dengue fever outbreak — Texas–Mexico border, 2005



Autochthonous DHF Case Report

On June 24, 2005, a woman from Brownsville, Texas, had acute onset of fever, chills, headache, nausea, vomiting, abdominal pain, arthralgia, and myalgia. As a youth, the patient had resided across the border in the city of Matamoros in Tamaulipas, Mexico; however, she had been a Brownsville resident for 16 years with the exception of 1 year in Houston, Texas. After she became ill, the woman crossed the border into Matamoros for the first time in approximately 2 months, where she visited a clinician and was given antibiotics. On June 28, the woman was hospitalized in Matamoros with a diagnosis of probable dengue fever and urinary tract infection. During her 3-day hospitalization in Mexico, she had thrombocytopenia (62,000 platelets/mm^3)

INSIDE

789 Update: Influenza Activity — United States and Worldwide, 2006–07 Season, and Composition of the 2007–08 Influenza Vaccine
794 Notices to Readers
796 QuickStats

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

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2007;56:[inclusive page numbers].

but no hemorrhagic manifestations; she was treated with fluids and antibiotics and discharged.

On July 1, the woman reentered the United States and sought treatment for continued fever, chills, vomiting, and abdominal pain. She was admitted to a hospital in Brownsville, Texas, where her blood pressure was 94/70 mm Hg, and laboratory testing indicated proteinuria, hematuria, and a further decrease in platelet count (43,000/mm^3). She was given antibiotics for suspected partially treated urinary tract infection and fluids for dehydration. During her hospital stay, the patient's platelet count dropped to 39,000/mm^3 and albumin to 2.9 g/100 mL; a fecal occult blood test was positive, and pleural effusion was noted on ultrasound. Upon discharge on July 4, her platelet count had increased to 118,000/mm^3. The woman was discharged with a diagnosis of possible murine typhus or viral infection and instructions to take a course of doxycycline.

Although the woman's clinical characteristics (i.e., acute fever, platelet count ≤100,000/mm^3, evidence of bleeding [hematuria and fecal occult blood] and plasma leakage) were consistent with World Health Organization (WHO) criteria for DHF (Box) (*2*), dengue was not diagnosed at the Brownsville hospital. Subsequently, results from a July 3

BOX. World Health Organization case definition for dengue hemorrhagic fever

The following must all be present:

- Fever, or history of acute fever, lasting 2–7 days, occasionally biphasic.
- Hemorrhagic tendencies, evidenced by at least one of the following:
  - — a positive tourniquet test;
  - — petechiae, ecchymoses, or purpura;
  - — bleeding from the mucosa, gastrointestinal tract, injection sites, or other locations;
  - — hematemesis or melena.
- Thrombocytopenia (≤100,000 platelets/mm^3).
- Evidence of plasma leakage because of increased vascular permeability, manifested by at least one of the following:
  - — an increase in the hematocrit ≥20% above average for age, sex, and population;
  - — a decrease in the hematocrit following volume-replacement treatment ≥20% of baseline;
  - — signs of plasma leakage such as pleural effusion, ascites, and hypoproteinemia.

SOURCE: World Health Organization. Dengue haemorrhagic fever: diagnosis, treatment, prevention and control. 2nd ed. Geneva, Switzerland: World Health Organization, 1997. Available at http://www.who.int/csr/resources/publications/dengue/Denguepublication/en.

serum sample from the woman obtained by the regional Texas Border Infectious Disease Surveillance (BIDS) project tested positive for dengue immunoglobulin M (IgM) by enzyme-linked immunosorbent assay (ELISA) and had an elevated titer of immunoglobulin G (IgG) antibodies to dengue fever (1:655,350); this was interpreted as indicative of a secondary dengue infection (*1*).

Outbreak Investigation and Response

Dengue fever case finding. On August 27, 2005, Tamaulipas State Health Services reported to TDSHS that an outbreak of dengue fever in the border state had grown to 1,251 cases that met the Mexico case definition (i.e., fever and at least two of the following symptoms: headache, myalgia, arthralgia, and rash). Using WHO criteria for DHF, Tamaulipas health authorities had classified 223 (17.8%) of the cases as DHF, an increase in the percentage classified as DHF from 2000–2004, when 541 dengue fever cases were reported, including 20 cases (3.7%) classified as DHF.[†]

In October, investigators in Texas and Tamaulipas began conducting expanded outbreak case finding, including active surveillance in local hospitals, with laboratory testing encouraged for patients with undifferentiated fever as part of the BIDS project. In Cameron County, Texas, where Brownsville is the county seat, TDSHS identified 24 additional cases of laboratory-confirmed dengue fever[§], including two additional cases of locally transmitted dengue fever and 22 cases associated with travel to Mexico; the cases had been reported during August–November (Figure 2). The serotype most commonly associated with the outbreak was identified as DEN-2 (i.e., 27 of 28 viral isolates in Tamaulipas). Molecular analysis of isolates at CDC indicated that the circulating strain of DEN-2 was one previously associated with DHF in the Americas region (*4,5*). Plotting reports of cases by week determined that the border outbreak peaked in October and substantially subsided by December (Figure 2).

DHF case finding. In December, investigators reviewed medical records of 129 patients who had been hospitalized and reported to public health authorities with both clinical and laboratory evidence of dengue fever, including 25 persons treated at three Cameron County hospitals and 104 treated at three hospitals in Matamoros. Fifty-nine percent of the patients were female. Ages ranged from 30 to 76 years (median 47.5 years) among the Cameron County cases and from 7 to 70 years (median 36.0 years) among the Matamoros cases. In addition to fever, 82% had myalgia, 78% headache, 41% abdominal pain, 23% rash, and 19% had underlying chronic diseases. No fatalities were recorded. A total of 16 (64.0%) of the 25 dengue cases from Cameron County and 34 (32.7%) of the 104 cases from Matamoros met WHO criteria for DHF (Box). Eleven of the 50 DHF cases, including one from Cameron County, were classified as WHO grade III, or dengue shock syndrome, with early or mild evidence of hypotension or shock. The remaining 39 DHF cases were classified as WHO grade II.[¶]

Serosurveys. Because many dengue infections are asymptomatic, and most ill persons likely do not seek medical attention, investigators conducted serosurveys to assess the incidence of dengue infection in the populations of Matamoros and Brownsville. Serosurveys also enable estimation of the population susceptible to second dengue infections and DHF. For the serosurveys, a two-stage cluster design was used to obtain a representative sample of households from Brownsville and Matamoros (*6*). Thirty census tracts were selected systematically from each city after stratifying by income. Four households were selected from each census tract after mapping and selecting a random start point and random direction for sampling.

At each participating household, all residents present and aged ≥5 years were asked to provide a blood sample and demographic information. Serum samples were tested for IgM and IgG antibodies to dengue virus by ELISA. The seroincidence of recent dengue infection was defined by IgM antibodies ≥0.2 optical density (OD). Seroprevalence was defined as the presence of IgG antibodies ≥1:40. Data were weighted to reflect probability of selection, taking into account the population and numbers of households per census tract and size of household.

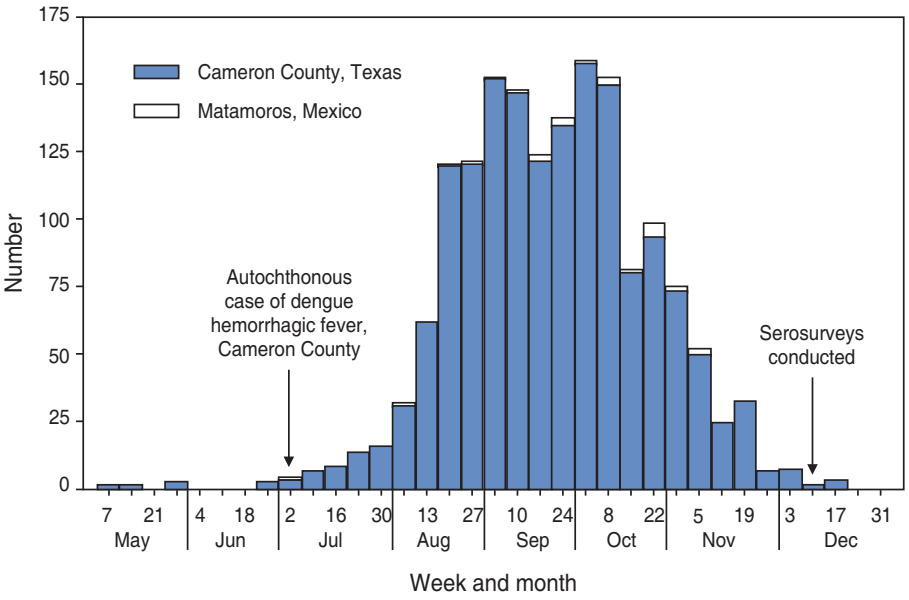
In Matamoros, 240 households were visited during December 5–10, and 143 (59.6%) had residents at home. Blood samples were obtained from 131 persons in 111 homes. Of these samples, 30 were anti-dengue IgM posi-

[†] Boletín Epidemiolgía [Spanish] México, D.F. Dirección General de Epidemiología, 2000–2006. Available at http://www.dgepi.salud.gob.mx/boletin/boletin.htm.

[§] Defined as the presence of anti-dengue IgM antibody, dengue viral identification by polymerase chain reaction, or virus isolation from a blood sample of a patient with clinically compatible symptoms.

[¶] DHF is classified into four grades of severity; grades III and IV are considered to be dengue shock syndrome. Grade I: Fever accompanied by nonspecific constitutional symptoms; the only hemorrhagic manifestation is a positive tourniquet test and/or easy bruising. Grade II: Spontaneous bleeding in addition to the manifestations of Grade I patients, usually in the forms of skin or other hemorrhages. Grade III: Circulatory failure manifested by a rapid, weak pulse and narrowing of pulse pressure or hypotension, with the presence of cold, clammy skin and restlessness. Grade IV: Profound shock with undetectable blood pressure or pulse (*2*).

FIGURE 2. Number of cases of dengue fever, by week of report — City of Matamoros, Mexico,* and Cameron County, Texas,† 2005



*n = 1,596.
†n = 25.

tive (weighted prevalence: 22.8%; 95% confidence interval [CI] = 13.3%–32.3%), and 101 were IgG positive (weighted prevalence: 76.6%; CI = 64.7%–88.5%). In Brownsville, 346 households were visited during December 12–15, and 161 (46.5%) had residents at home. Blood samples were obtained from 141 persons in 118 homes. Of these samples, four were anti-dengue IgM positive (weighted prevalence: 2.5%; CI = 0%–5.4%) and 47 were IgG positive (weighted prevalence: 38.2%; CI = 26.7%–49.8%). Of 24 Brownsville participants with no history of travel outside the United States, six (25%) were seropositive for IgM or IgG antibodies to dengue.

Reported by: *A Abell, PhD, B Smith, MD, M Fournier, MD, Texas Dept of State Health Svcs, Harlingen, Texas; T Betz, MD, L Gaul, PhD, Texas Dept of State Health Svcs, Austin, Texas; JL Robles-Lopez, MD, CA Carrillo, MD, Jurisdicción Sanitaria No. III de Matamoros, Matamoros, Tamaulipas; A Rodríguez-Trujillo, MD, Servicios de Salud de Tamaulipas, Cd. Victoria, Tamaulipas; C Moya-Rabelly, MD, Mexico Section of the US-Mexico Border Health Commission, Tijuana, Baja California; O Velasquez-Monroy, MD, C Alvarez-Lucas, MD, Centro Nacional de Vigilancia Epidemiológica y Control de Enfermedades, Mexico, DF; P Kuri-Morales, MD, L Anaya-Lopez, MD, Dirección General de Epidemiología, México, DF. M Hayden, PhD, National Center for Atmospheric Research, Boulder, Colorado. E Zielinski-Gutierrez, DrPH, J Muñoz, PhD, M Beatty, MD, I Sosa, Div of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases; S Wenzel, MPH, Career Development Div, Office of Workforce and Career Development; M Escobedo, MD, S Waterman, MD, Div of Global Migration and Quarantine, National Center for Preparedness, Detection, and Control of Infectious Diseases; M Ramos, MD, BK Kapella, MD, H Mohammed, PhD, R Taylor, PhD, J Brunkard, PhD, EIS officers.*

Editorial Note: DHF incidence has increased in the Western Hemisphere in Latin America and the Caribbean during the past two decades (*3*). Over this period, the epidemiology of dengue in Mexico and Texas has changed. Since 1995, when all four dengue serotypes were identified as circulating in Mexico, an increasing percentage of reported dengue cases in Mexico have been DHF (*7*). In the Mexican border state of Tamaulipas, all four serotypes were first reported in circulation in 1995, and the proportion of reported DHF cases increased from 2.2% in 2000 to 23.4% in 2006. In south Texas, all dengue serotypes have circulated periodically (*3,8*), but locally acquired DHF has been reported only recently (*9*). The first report of locally acquired DHF in Texas, published in 2004, described a fatal case involving a woman originally from Southeast Asia (*9*). She presumably had acquired her first dengue infection in Asia and her second dengue infection in Val Verde, Texas, near the U.S.-Mexico border. However, the DHF case described in this report is the first in a Texas resident who was native to the U.S.-Mexico border area. Case-finding activities during the dengue outbreak identified 15 additional DHF cases on the Texas side of the border.

Entomologic, serologic and virologic conditions are now such that locally acquired DHF can occur in south Texas. The principal dengue vector, the *Aedes aegypti* mosquito, is well established in south Texas, as is *Aedes albopictus*, which also is capable of transmitting dengue (*7,10*; TDSHS, unpublished data, 2007). The finding that 38% of surveyed Brownsville residents have IgG antibodies to dengue indicates that a substantial proportion of the city population has been infected with the dengue virus and might be more susceptible to DHF if they receive a second infection with a heterologous dengue serotype. The presence in Brownsville of multiple dengue serotypes since 1980 might increase the likelihood for secondary dengue infections from a different serotype and increase the risk for DHF.

The findings in this report are subject to at least two limitations. First, more comprehensive laboratory testing

on the U.S. side of the border during the 2005 outbreak likely accounted for the greater percentage of patients meeting DHF criteria among hospitalized dengue patients in Cameron County compared with Matamoros. As such, the results for these two sites are not directly comparable. Second, because anti-dengue IgM antibodies do not always remain elevated 2–3 months after infection, especially after a second infection, the serosurvey conducted during December 5–15 likely underestimated the number of recent dengue infections in Brownsville and Matamoros.

Health authorities along the Texas-Tamaulipas border should consider strengthening surveillance for dengue fever, given the potential for future outbreaks with increased risk for DHF. Maintaining active virologic surveillance for circulating serotypes also is important to provide early warning of possible epidemics. Clinicians in the south Texas area and members of the public should be aware of the potential for DHF in addition to dengue fever in the region. Furthermore, clinicians should be trained to recognize and manage DHF. Early recognition and diagnosis of DHF and careful fluid management can reduce the case fatality rate in cases with shock to less than 1%. Public health officials should continue outreach activities to advise communities of prevention measures, including effective mosquito surveillance and reduction programs.

Acknowledgments

This report is based, in part, on contributions from DJ Gubler, Asia-Pacific Institute of Tropical Medicine and Infectious Diseases, Honolulu, Hawaii; J Ramirez, City of Brownsville Public Health Dept, Texas; R Burton, Texas Dept of State Health Svcs; and state and local health departments in Texas and Tamaulipas, Mexico.

References

1. Rothman AL. Immunology and immunopathogensis of dengue infection. Adv Virus Res 2003;60:397–419.
2. World Health Organization. Dengue haemorrhagic fever: diagnosis, treatment, prevention and control. 2nd ed. Geneva, Switzerland: World Health Organization, 1997. Available at http://www.who.int/csr/resources/publications/dengue/Denguepublication/en.
3. Gubler DJ. Dengue and dengue hemorrhagic fever. In: Guerrant R, Walker D, Weller P, eds. Tropical infectious diseases. 2nd ed. Philadelphia, PA: Elsevier; 2006:813–22.
4. Leitmeyer KC, Vaughn DW, Watts DM, et al. Dengue virus structural differences that correlate with pathogenesis. J Virol 1999;73:4738–47.
5. Rico-Hesse R. Dengue virus evolution and virulence models. Clin Infect Dis 2007;44:11462–6.
6. Turner AG, Magnani RJ, Shuaib M. A not quite as quick but much cleaner alternative to the expanded programme on immunization (EPI) cluster survey design. Int J Epidemiol 1996;25:198–203.
7. Diaz FJ, Black WC, Farfan-Ale JA, Loroño-Pino MA, Olson KE, Beaty BJ. Dengue virus circulation and evolution in Mexico: a phylogenic perspective. Arch Med Res 2006;37:760–73.
8. CDC. Dengue fever at the US-Mexico border, 1995–1996. MMWR 1996;45:841–4.
9. Setlik RF, Ouellette D, Morgan J, et al. Pulmonary hemorrhage syndrome associated with an autochthonous case of dengue hemorrhagic fever. South Med J 2004;97:688–91.
10. Hayes JM, Rigau-Perez JG, Reiter P, et al. Risk factors for infection during a dengue-1 outbreak in Maui, Hawaii, 2001. Trans R Soc Trop Med Hyg 2006;100:559–66.

Update: Influenza Activity — United States and Worldwide, 2006–07 Season, and Composition of the 2007–08 Influenza Vaccine

During the 2006–07 season, influenza activity peaked in mid-February in the United States and was associated with less mortality and lower rates of pediatric hospitalizations than during the previous three seasons. In the United States, influenza A (H1) viruses predominated overall, but influenza A (H3) viruses were isolated more frequently than influenza A (H1) viruses late in the season. Although influenza A (H1), A (H3), and B viruses cocirculated worldwide, influenza A (H3) viruses were the most commonly reported type in Europe and Asia. Sporadic cases of avian influenza A (H5N1) virus infections associated with severe illness or death were reported among humans in Cambodia, China, Egypt, Indonesia, Laos, Nigeria, and Viet Nam. This report summarizes influenza activity in the United States and worldwide during the 2006–07 influenza season (October 1, 2006–May 19, 2007) and describes the composition of the 2007–08 influenza vaccine.

United States

The national percentage of respiratory specimens testing positive for influenza and the proportion of outpatient visits to sentinel providers for influenza-like illness (ILI)* peaked in mid-February. Although influenza A (H1) viruses were most commonly isolated overall, influenza A (H3) viruses were more frequently identified than influenza A (H1) viruses from early March through May. A small number of influenza B viruses also were identified.

Viral Surveillance

During October 1, 2006–May 19, 2007, World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in the United States tested 179,268 respiratory specimens for influenza viruses; 23,753 (13.2%) were

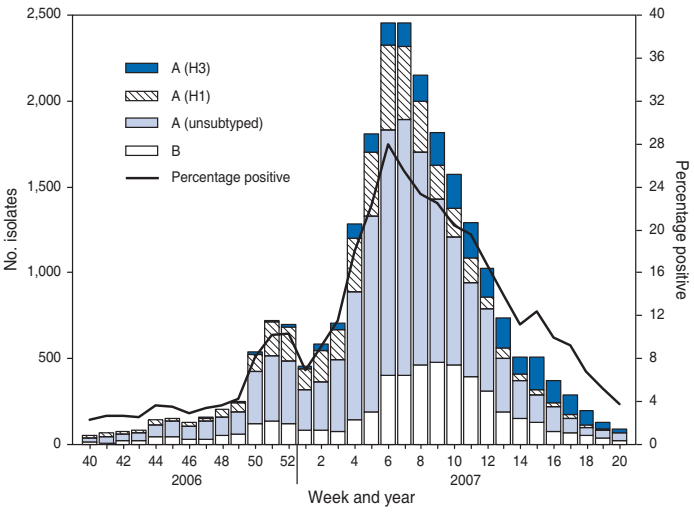
* Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat, in the absence of a known cause other than influenza.

positive (Figure 1). Of these, 18,817 (79.2%) were influenza A viruses and 4,936 (20.8%) were influenza B viruses. Among the influenza A viruses, 6,280 (33.4%) were subtyped; 3,912 (62.3%) were influenza A (H1) viruses and 2,368 (37.7%) were influenza A (H3) viruses. The proportion of specimens testing positive for influenza first exceeded 10% during the week ending December 23, 2006 (week 51), peaked at 28.0% during the week ending February 10, 2007 (week 6), and declined to less than 10% during the week ending April 28, 2007 (week 17). The proportion was above 10% positive for 14 consecutive weeks. The peak percentage of specimens testing positive for influenza during the previous three seasons ranged from 22.6% to 34.7%, and the peak occurred during early December to early March (*1*; CDC, unpublished data, 2007). During the previous three influenza seasons, the number of consecutive weeks during which more than 10% of specimens tested positive for influenza ranged from 13 to 17 weeks (*1*; CDC, unpublished data, 2007).

Composition of the Influenza Vaccine for the 2007–08 Season

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee recommended that the 2007–08 trivalent influenza vaccine for the United States contain A/Solomon Islands/3/2006-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like viruses. This represents a change only in the influenza A (H1N1) component. A/Solomon Islands/3/2006 is a recent antigenic variant of the 2006–07 vaccine strain A/New Caledonia/20/99. The influenza A (H3N2) and influenza B components remain the same. These recommendations were based on antigenic analyses of recently isolated influenza viruses, epidemiologic data, postvaccination serologic studies in humans, and the availability of candidate vaccine strains and reagents.

FIGURE 1. Number* and percentage of respiratory specimens testing positive for influenza reported by World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, by week and year — United States, 2006–07 influenza season†



*N = 179,268.
†As of August 6, 2007.

Antigenic Characterization

Since October 1, 2006, CDC has antigenically characterized 1,107 influenza viruses collected by U.S. laboratories: 486 influenza A (H1) viruses, 289 influenza A (H3) viruses, and 332 influenza B viruses. Of the 486 influenza A (H1) viruses, 439 (90%) were characterized as similar to A/New Caledonia/20/99, the influenza A (H1N1) component recommended for the 2006–07 influenza vaccine. Forty-five (9%) viruses showed reduced titers with antisera produced against A/New Caledonia/20/99 and are similar to A/Solomon Islands/3/2006, which is a recent antigenic variant of A/New Caledonia/20/99 and is the influenza A (H1N1) component recommended for the 2007–08 influenza vaccine. Two influenza A (H1) viruses showed reduced titers with antisera produced against both A/New Caledonia/20/99 and A/Solomon Islands/3/2006. Of the 289 influenza A (H3) viruses, 69 (24%) were characterized as similar to A/Wisconsin/67/2005, the H3N2 component recommended for the 2007–08 vaccine, and 220 (76%) of the 289 viruses showed reduced titers with antisera produced against A/Wisconsin/67/2005. Influenza B viruses currently circulating can be divided into two antigenically distinct lineages represented by B/Yamagata/16/88 and B/Victoria/02/87 viruses. A total of 254 (77%) of the 332 influenza B viruses that have been characterized belong to the B/Victoria lineage: 128 (50%) were similar to B/Ohio/01/2005, and 126 (50%) showed reduced titers with antisera produced against B/Ohio/01/2005. B/Ohio/01/2005 is antigenically equivalent to B/Malaysia/2506/2004, the recommended influenza B component for the 2007–08 influenza vaccine. Seventy-eight (23%) of the 332 influenza B viruses were identified as belonging to the B/Yamagata lineage.

Influenza-Like Illness (ILI) Surveillance

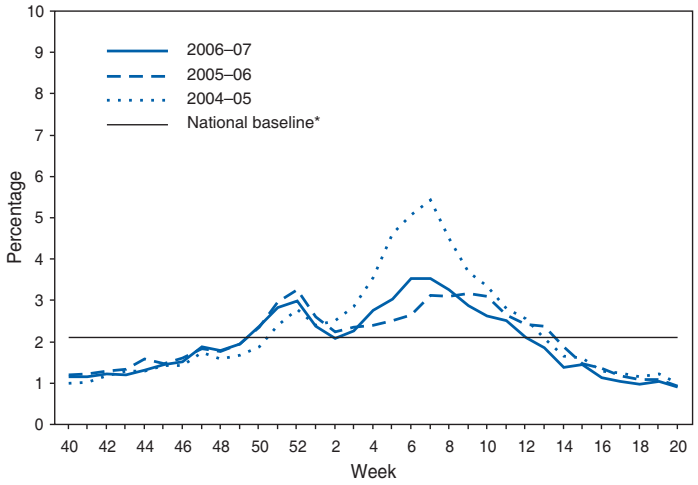
The weekly percentage of patient visits to U.S. sentinel providers for ILI exceeded or was at baseline levels (2.1%)† during the weeks ending December 16, 2006–March 24, 2007 (weeks 50–12) and peaked twice, once at 3.0% for the week ending December 30, 2006 (week 52), and again at 3.5% for the week ending February 17, 2007 (week 7) (Figure 2). The increase in the percentage of patient visits for ILI during the week ending December 30, 2006 (week 52) might have been influenced by a reduction in routine health-care visits during the holiday season, as has occurred in previous seasons. During the previous three influenza seasons, the peak percentage of patient visits for ILI has ranged from 3.3% to 7.6% and the peak occurred during late December to mid-February (*1*; CDC, unpublished data, 2007).

State-Specific Activity Levels

State and territorial epidemiologists report the geographic distribution of influenza in their state through a weekly influenza activity code. The geographic distribution of influenza activity peaked during the week ending February 24, 2007 (week 8), when 25 states reported widespread activity and 19 states reported regional activity.§ Forty-one states reported widespread influenza activity at least once during the 2006–07 season. No states reported widespread influenza activity during the weeks ending April 21–May 19, 2007 (weeks 16–20). The peak number of states reporting widespread or regional activity during the previous three seasons ranged from 41 to 50 states (*1*; CDC, unpublished data, 2007).

† The national baseline is the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. Noninfluenza weeks are those in which less than 10% of laboratory specimens are positive for influenza. National percentages of patient visits for ILI are weighted on the basis of state population.

FIGURE 2. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2004–05, 2005–06, and 2006–07 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons plus two standard deviations. Noninfluenza weeks are those in which less than 10% of laboratory specimens are positive for influenza. National percentages of patient visits for ILI are weighted on the basis of state population.

Influenza-Associated Pediatric Hospitalization

Pediatric hospitalizations associated with laboratory-confirmed influenza infections are monitored in two population-based surveillance networks: the Emerging Infections Program (EIP) and the New Vaccine Surveillance Network (NVSN). During October 1, 2006–April 28, 2007, the preliminary influenza-associated hospitalization rate reported by EIP for children aged 0–17 years was 0.81 per 10,000. For children aged 0–4 years and 5–17 years, the rates were 1.62 per 10,000 and 0.23 per 10,000, respectively. During November 5, 2006–May 26, 2007, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years in NVSN was 3.46 per 10,000. EIP hospitalization data collection ended on April 28, 2007, whereas NVSN hospitalization data collection ended on May 26, 2007. Rate estimates are preliminary and might continue to change as data are finalized.

In years 2000–2006, the end-of-season hospitalization rate for NVSN ranged from 3.7 (2002–03) to 12 (2003–04) per 10,000 children aged 0–4 years. During the 2004–05 influenza season, the end-of-season hospitalization rate for EIP was 3.3 per 10,000 children aged 0–4 years and 0.6 per 10,000 children aged 5–17 years; during the 2005–06 season, the rates were 2.8 and 0.4, respectively. Differences in rate estimates between the NVSN and the EIP

§ Levels of activity are 1) *no activity*; 2) *sporadic*: isolated laboratory-confirmed influenza cases or a laboratory-confirmed outbreak in one institution, with no increase in ILI activity; 3) *local*: increased ILI , or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region with recent laboratory evidence of influenza in that region; virus activity no greater than sporadic in other regions; 4) *regional*: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least two but less than half of the regions in the state with recent laboratory evidence of influenza in those regions; and 5) *widespread*: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state with recent laboratory evidence of influenza in the state.

systems likely result from different case-finding methods, the diagnostic tests used, and the populations monitored.[¶]

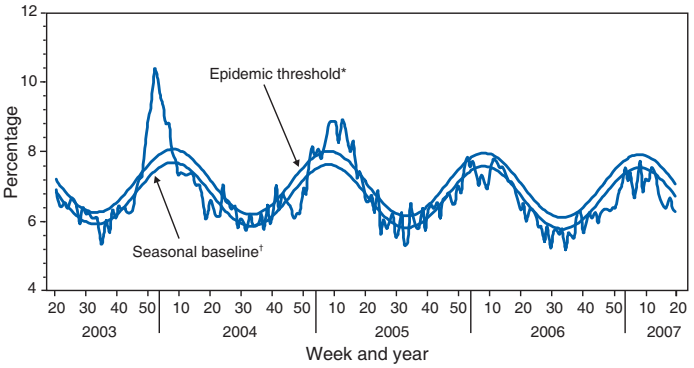
Pneumonia- and Influenza-Related Mortality

During the 2006–07 influenza season, the percentage of deaths attributed to pneumonia and influenza (P&I) did not exceed the epidemic threshold[**] in the 122 Cities Mortality Reporting System (Figure 3). The percentage of P&I deaths peaked three times, once at 7.5% during the week ending January 20, 2007 (week 3), once at 7.7% during the week ending February 24, 2007 (week 8), and again at 7.5% during the week ending March 24, 2007 (week 12). During the previous three influenza seasons, the peak percentage of P&I deaths ranged from 7.8% to 10.4%, and the total number of weeks above the epidemic threshold ranged from one to 16 (*1*; CDC, unpublished data, 2007).

[¶] NVSN provides population-based estimates of laboratory-confirmed influenza hospitalization rates in children aged <5 years admitted to NVSN hospitals with fever or respiratory symptoms. Children are prospectively enrolled, and respiratory samples are collected and tested by viral culture and reverse transcription–polymerase chain reaction (RT-PCR). EIP conducts surveillance for laboratory-confirmed, influenza-related hospitalizations in persons aged <18 years. Hospital laboratory and admission databases and infection-control logs are reviewed to identify children with a positive influenza test (i.e., viral culture, direct fluorescent antibody assays, RT-PCR, or a commercial rapid antigen test) from testing conducted as a part of their routine care.

[**] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

FIGURE 3. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2003–2007



*The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

†The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

Influenza-Associated Pediatric Mortality

As of August 6, 2007, among persons aged <18 years, a total of 68 deaths associated with influenza infection occurring during October 1, 2006–May 19, 2007, were reported to CDC. These deaths were reported from 26 states (Alabama, Alaska, Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Minnesota, North Carolina, Nebraska, Nevada, New Mexico, New York, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Virginia, Washington, and Wisconsin). All patients had laboratory-confirmed influenza virus infection. Age-specific information was available for all 68 persons; 10 were aged <6 months, 10 were aged 6–23 months, nine were aged 2–4 years, and 39 were aged 5–17 years. Of the 63 patients for whom influenza virus type was known, 47 had influenza A and 16 had influenza B viruses. Of the 53 patients aged ≥6 months for whom vaccination status was known, 50 (94%) had not been vaccinated against influenza. These data are provisional.

Worldwide

During the 2006–07 influenza season, influenza A (H1), A (H3), and B viruses cocirculated worldwide. In Africa, small numbers of influenza A and B viruses were reported. In Europe and Asia, influenza A (H3) viruses were identified most frequently, but influenza A (H1) viruses circulated at low levels. Influenza B viruses circulated at lower levels overall in Asia and Europe but predominated in some countries.

Human Infections with Avian Influenza A (H5N1) Viruses

From December 1, 2003, through July 25, 2007, a total of 319 human cases of avian influenza A (H5N1) infection were reported to WHO (*2*). Of these, 192 (60%) were fatal (Table). All cases were reported from Asia (Azerbaijan, Cambodia, China, Indonesia, Iraq, Laos, Thailand, Turkey, and Viet Nam) and Africa (Djibouti, Egypt, and Nigeria). To date, no human case of avian influenza A (H5N1) virus infection has been identified in the United States.

Reported by: *WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza. L Blanton, MPH, L Brammer, MPH, A Budd, MPH, T Wallis, MS, D Shay, MD, J Bresee, MD, A Klimov, PhD, N Cox, PhD, Influenza Div, National Center for Immunization and Respiratory Diseases, CDC.*

Editorial Note: During the 2006–07 influenza season, influenza activity in the United States peaked in mid-February, and the percentage of deaths resulting from pneumonia and influenza remained below baseline levels for the

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization, by country — worldwide, December 1, 2003–July 25, 2007

Country	2003		2004		2005		2006		2007		Total	
	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	**8**	**5**
Cambodia	0	0	0	0	4	4	2	2	1	1	**7**	**7**
China	1	1	0	0	8	5	13	8	3	2	**25**	**16**
Djibouti	0	0	0	0	0	0	1	0	0	0	**1**	**0**
Egypt	0	0	0	0	0	0	18	10	20	5	**38**	**15**
Indonesia	0	0	0	0	20	13	55	45	27	23	**102**	**81**
Iraq	0	0	0	0	0	0	3	2	0	0	**3**	**2**
Laos	0	0	0	0	0	0	0	0	2	2	**2**	**2**
Nigeria	0	0	0	0	0	0	0	0	1	1	**1**	**1**
Thailand	0	0	17	12	5	2	3	3	0	0	**25**	**17**
Turkey	0	0	0	0	0	0	12	4	0	0	**12**	**4**
Vietnam	3	3	29	20	61	19	0	0	2	0	**95**	**42**
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**56**	**34**	**319**	**192**

entire influenza season. In the United States, influenza A (H1) viruses predominated during most of the season, but influenza A (H3) viruses were more frequently identified than influenza A (H1) viruses since early March. Worldwide, influenza A (H3) viruses predominated in many European and Asian countries.

In the United States, the majority of influenza A (H1) viruses were characterized as A/New Caledonia/20/99, the recommended influenza A (H1N1) component of the 2006–07 influenza vaccine. Fifty percent of the influenza B viruses characterized as belonging to the B/Victoria lineage were further characterized as B/Ohio/01/2005, the antigenic equivalent of B/Malaysia/2506/2004, the recommended influenza B component for the 2006–07 influenza vaccine. In the early months of the season, the majority of influenza A (H3) isolates matched the A/Wisconsin/67/2005 strain, the recommended influenza A (H3N2) component for the 2006–07 vaccine. Beginning in late February 2007, the majority of the influenza A (H3) isolates indicated reduced titers with antisera produced against A/Wisconsin/67/2005. States are requested to submit a subset of their summer influenza isolates and any samples that cannot be subtyped by standard methods or are unusual to CDC for further antigenic characterization.

In May 2007, a Health Alert Network advisory was issued by CDC regarding an increase in the number of influenza-associated pediatric deaths and coinfections with *Staphylococcus aureus* during the 2006–07 season (*3*). Only one pediatric death with influenza and *S. aureus* coinfection had been reported during 2004–05, and three had been reported during the 2005–06 season (*3*). Of the 68 reported deaths among children associated with influenza infections during October 1, 2006–May 19, 2007, a total of 21 had coinfections with influenza and either methicillin-resistant or sensitive *S. aureus*. State health departments have been asked to ensure that all influenza-associated pediatric deaths from the 2006–07 influenza season are reported to CDC.

At the June 2007 Annual Meeting of the Council of State and Territorial Epidemiologists (CSTE), members voted to ratify a position statement adopted by the CSTE Executive Committee in January 2007 that adds human infections with novel influenza A viruses to the list of nationally notifiable diseases and conditions reportable to the National Notifiable Disease Surveillance System. Novel influenza A viruses are defined as those isolated from a human but subtyped as nonhuman, or those that cannot be subtyped by standard methods. Human infections with novel influenza A viruses that can be transmitted from person-to-person might signal the beginning of an influenza pandemic. Rapid reporting of human infections with novel influenza A viruses will facilitate prompt detection and characterization of influenza A viruses with pandemic potential and accelerate implementation of effective public health responses. In addition, influenza-associated pediatric deaths were maintained as a nationally notifiable disease reportable to the National Notifiable Disease Surveillance System.

In May 2007, health authorities in the United Kingdom identified four persons, two in Wales and two in northwest England, who were infected with a low pathogenic avian influenza A (H7N2) virus (*4*). All four persons had been exposed to infected poultry at a farm in Wales; limited evidence of human-to-human transmission has been associated with low pathogenic avian influenza viruses such as influenza A (H7N2) virus (*4*). The United Kingdom inci-

dent underscores the importance of submission and identification of unusual influenza isolates.

In collaboration with local and state health departments, CDC continues to recommend enhanced surveillance for possible avian influenza A (H5N1) infection among travelers who have severe unexplained respiratory illness and are returning from influenza A (H5N1)-affected countries. Additional information regarding influenza, including avian influenza, is available at http://www.cdc.gov/flu. Updates on the worldwide avian influenza situation are available from WHO at http://www.who.int/csr/disease/avian_influenza/en.

Acknowledgments

This report is based, in part, on data contributed by participating state and territorial health departments and state public health laboratories, WHO collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Influenza Sentinel Provider Surveillance System, the New Vaccine Surveillance Network, the Emerging Infections Program, and the 122 Cities Mortality Reporting System; WHO National Influenza Centers, WHO Global Influenza Programme, Geneva, Switzerland; I Gust, MD, A Hampson, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia; A Hay, PhD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Medical Research, London, England; M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan.

References

1. CDC. Update: Influenza activity—United States, October 1, 2006–February 3, 2007. MMWR 2007;56:118–21.
2. World Health Organization. Confirmed human cases of avian influenza A (H5N1). Geneva, Switzerland: World Health Organization; 2007 Available at http://www.who.int/csr/disease/avian_influenza/en.
3. CDC. Influenza-associated pediatric mortality and the increase of *Staphylococcus aureus* co-infection. Atlanta, GA: CDC; 2007 Available at http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00259.
4. World Health Organization Regional Office for Europe. Human cases of avian influenza A/H7N2 in the United Kingdom. Geneva, Switzerland: World Health Organization; 2007. Available at http://www.euro.who.int/flu/situation/20070601_1.

Notice to Readers

Revised Recommendations of the Advisory Committee on Immunization Practices to Vaccinate All Persons Aged 11–18 Years with Meningococcal Conjugate Vaccine

In January 2005, a quadrivalent meningococcal polysaccharide-protein conjugate vaccine (MCV4) (Menactra™, Sanofi Pasteur, Inc., Swiftwater, Pennsylvania) was licensed for use among persons aged 11–55 years. In May 2005, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with 1 dose of MCV4 for persons aged 11–12 years, persons entering high school (i.e., at approximately age 15 years) if not previously vaccinated with MCV4, and other persons at increased risk for meningococcal disease, including college freshmen living in dormitories (*1*). Background information regarding meningococcal disease and the vaccine, including a discussion of duration of protection and use of the vaccine for outbreak control, has been published previously (*1*).

In June 2007, ACIP revised its recommendation to include routine vaccination of all persons aged 11–18 years with 1 dose of MCV4 at the earliest opportunity. Persons aged 11–12 years should be routinely vaccinated at the 11–12 years health-care visit as recommended by ACIP (*2*). ACIP continues to recommend routine vaccination for persons aged 19–55 years who are at increased risk for meningococcal disease: college freshmen living in dormitories, microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, travelers to or residents of countries in which *N. meningitidis* meningitis is hyperendemic or epidemic, persons with terminal complement component deficiencies, and persons with anatomic or functional asplenia.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend a health-care visit for children aged 11–12 years to receive recommended vaccinations and indicated preventive services. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11–18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen (*1*).

The ACIP meningococcal vaccine workgroup reviewed updated data on MCV4 use and supply projections and data presented previously on the epidemiology of meningococcal disease, safety, and the cost-effectiveness of MCV vaccination strategies. On the basis of these data, expert opinion of the workgroup members, and feedback from

partner organizations, the workgroup revised the MCV4 recommendations, which were approved by ACIP at the June 2007 meeting.

The 2005 ACIP MCV4 recommendation was influenced by concern that implementation of MCV4 recommendations might be hindered by reduced vaccine supply during the first few years of production. In 2005 and 2006, peaks in demand were observed during the months when children were returning to school after summer vacation, leading to limited vaccine availability (*3,4*). However, as of June 2007, ACIP expects supply of MCV4 to be sufficient to meet increased vaccine demand resulting from the revised recommendations. ACIP anticipates that recommending vaccination of all persons aged 11–18 years will improve MCV4 vaccination coverage in this age group and simplify provider decisions to vaccinate.

ACIP encourages health-care providers to vaccinate with MCV4 throughout the year to minimize seasonal increases in demand during July and August when students prepare to return to school from summer vacation. Vaccine providers should administer MCV4 and Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine to persons aged 11–18 years during the same visit if both vaccines are indicated and available. If simultaneous vaccination is not feasible (e.g., a vaccine is not available), MCV4 and Tdap can be administered using any order of administration (*5*). When making decisions about timing of vaccination, providers should consider that eligibility for the Vaccines for Children Program ends at age 19 years.

Guillain-Barré syndrome (GBS) has been associated with receipt of MCV4 (*6*). Persons with a history of GBS might be at increased risk for postvaccination GBS; therefore, a history of GBS is a relative contraindication to receiving MCV4. Persons recommended to receive meningococcal vaccination who have a history of GBS (or their parents) should discuss the decision to be vaccinated with their health-care provider (*6*). Meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative for short-term protection against meningococcal disease (3–5 years). Providers who have questions about ordering MCV4 or MPSV4 may contact Sanofi Pasteur by telephone at 1-800-VACCINE or online at http://www.vaccineshoppe.com.

References

1. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-7).
2. CDC. Immunization of adolescents: recommendations of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Medical Association. MMWR 1996;45(RR-13):1–16.
3. CDC. Limited supply of meningococcal conjugate vaccine, recommendation to defer vaccination of persons aged 11–12 years. MMWR 2006;55;567–8.
4. CDC. Improved supply of meningococcal conjugate vaccine, recommendation to resume vaccination of children aged 11–12 years. MMWR 2006;55:1177.
5. CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55 (RR-3);1–34
6. CDC. Update: Guillain-Barré syndrome among recipients of Menactra® meningococcal conjugate vaccine—United States, June 2005–September 2006. MMWR 2006;55:1120–4.

Notice to Readers

Satellite Broadcast and Webcast: Current Challenges and Successes in HIV Prevention with Hispanics/Latinos

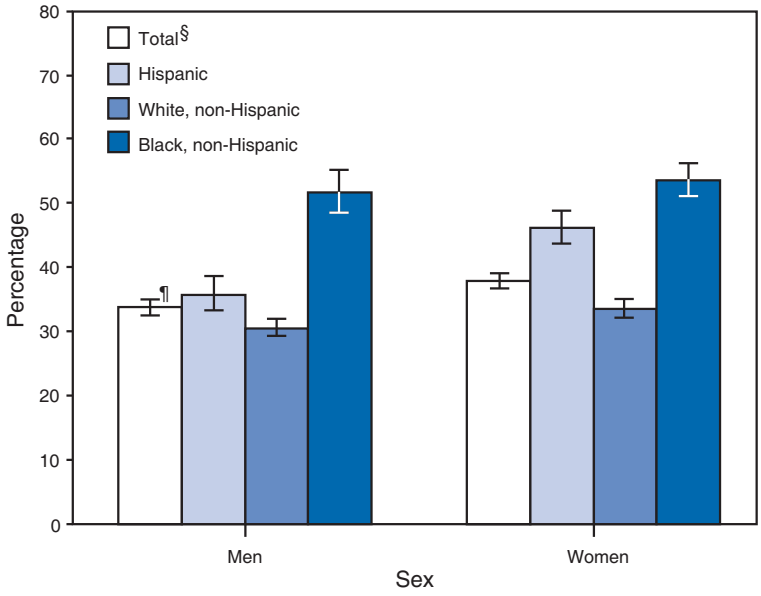
CDC and the Public Health Training Network will present the satellite broadcast and live webcast, Current Challenges and Successes in HIV Prevention with Hispanics/Latinos, on November 15, 2007, at 1:00 p.m. EST. The 2-hour broadcast will highlight relevant research and examples of effective HIV-prevention programs in the United States. A panel will answer viewer questions, which can be sent by fax during the broadcast or by e-mail during and after the broadcast.

Organizations are responsible for setting up their own viewing locations and are encouraged to register their locations as soon as possible so that potential viewers can access information online. Additional information regarding the broadcast and directions for establishing and registering a viewing location are available at http://www.cdcnpin-broadcast.org. The broadcast will be available for 3 years after its initial airing at http://www2a.cdc.gov/phtn. DVDs can be ordered by telephone, 800-458-5231.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥18 Years Who Reported Ever Being Tested for Human Immunodeficiency Virus (HIV),* by Sex and Race/Ethnicity — National Health Interview Survey, United States, 2006†



* Based on responses to the following question: "Except for tests you may have had as part of blood donations, have you ever been tested for HIV?"
† Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
§ Total includes non-Hispanics of other races or multiple races.
¶ 95% confidence interval.

Among both men and women, non-Hispanic blacks (51.6% of men and 53.5% of women) were more likely to report ever being tested for HIV than Hispanics (35.7% of men and 46.1% of women) and non-Hispanic whites (30.5% of men and 33.5% of women). Overall, women (37.8%) were more likely than men (33.7%) to report ever being tested for HIV.

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

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 4, 2007 (31st Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	3	0	20	19	16	20	28	
infant	—	47	1	97	85	87	76	69	
other (wound & unspecified)	—	12	1	48	31	30	33	21	
Brucellosis	5	66	3	121	120	114	104	125	MN (4), CA (1)
Chancroid	—	15	1	33	17	30	54	67	
Cholera	—	—	0	9	8	5	2	2	
Cyclosporiasis§	3	60	6	136	543	171	75	156	PA (1), IN (1), FL (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	4	6	67	80	112	108	164	
eastern equine	—	—	1	8	21	6	14	10	
Powassan	—	—	0	1	1	1	—	1	
St. Louis	—	2	1	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	9	139	21	646	786	537	362	511	NY (3), MN (6)
human monocytic	7	187	15	578	506	338	321	216	NC (2), GA (2), FL (2), AR (1)
human (other & unspecified)	1	62	4	231	112	59	44	23	NC (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	1	8	0	29	9	19	32	34	WA (1)
nonserotype b	1	54	2	175	135	135	117	144	NV (1)
unknown serotype	3	161	3	179	217	177	227	153	NY (1), PA (1), FL (1)
Hansen disease§	—	31	2	66	87	105	95	96	
Hantavirus pulmonary syndrome§	1	16	1	40	26	24	26	19	AZ (1)
Hemolytic uremic syndrome, postdiarrheal§	6	96	6	288	221	200	178	216	MI (1), TN (1), UT (2), CA (2)
Hepatitis C viral, acute	7	376	21	802	652	713	1,102	1,835	MI (1), NC (1), GA (1), OK (3), WA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	3	71	0	41	45	—	N	N	NYC (2), VA (1)
Listeriosis	7	326	21	875	896	753	696	665	NY (2), NYC (1), OH (1), MN (1), TN (1), OR (1)
Measles¶¶	—	21	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	167	4	311	297	—	—	—	TX (1), WA (1)
serogroup B	—	75	2	190	156	—	—	—	
other serogroup	—	13	1	31	27	—	—	—	
unknown serogroup	3	387	9	648	765	—	—	—	MA (1), NYC (1), WV (1)
Mumps	6	518	12	6,584	314	258	231	270	OH (1), SC (1), ID (1), WA (3)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	2	0	21	16	12	12	18	
Q fever§	2	106	2	169	136	70	71	61	MI (1), CA (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	9	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	67	1	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	1	204	7	380	329	353	413	412	NC (1)
Tetanus	—	7	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	2	46	1	101	90	95	133	109	MI (1), CO (1)
Trichinellosis	—	4	0	15	16	5	6	14	
Tularemia	1	60	4	95	154	134	129	90	NE (1)
Typhoid fever	3	158	8	353	324	322	356	321	NY (1), TX (1), CO (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	6	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)§	6	126	6	N	N	N	N	N	GA (1), FL (3), TN (1), CA (1)
Yellow fever	—	—	—	—	—	—	—	1	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 68 cases were reported for the 2006–07 flu season.
¶¶ No measles cases were reported for the current week.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† No rubella cases were reported for the current week.
§§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	10,680	20,604	25,327	593,150	596,503	72	126	658	3,819	5,151	164	73	319	2,053	1,925
New England	609	691	1,357	20,241	18,810	—	0	1	1	—	1	4	27	105	153
Connecticut	214	206	829	5,939	5,579	N	0	0	N	N	—	0	14	14	38
Maine§	—	50	74	1,422	1,299	—	0	0	—	—	1	1	6	17	18
Massachusetts	323	310	600	9,404	8,153	—	0	0	—	—	—	1	19	33	56
New Hampshire	4	38	70	1,145	1,099	—	0	1	1	—	—	1	4	22	18
Rhode Island§	67	63	108	1,863	1,961	—	0	0	—	—	—	0	5	6	3
Vermont§	1	19	45	468	719	N	0	0	N	N	—	1	4	13	20
Mid. Atlantic	1,398	2,690	4,284	83,557	72,904	—	0	0	—	—	30	10	46	303	297
New Jersey	—	412	541	11,347	11,514	N	0	0	N	N	—	0	5	9	20
New York (Upstate)	415	505	2,758	15,087	13,958	N	0	0	N	N	10	3	14	78	66
New York City	540	869	1,687	26,931	24,095	N	0	0	N	N	—	1	10	37	78
Pennsylvania	443	822	1,797	30,192	23,337	N	0	0	N	N	20	4	42	179	133
E.N. Central	1,789	3,142	6,301	98,505	100,034	—	1	3	17	29	19	16	110	419	458
Illinois	692	1,013	1,327	28,128	31,905	—	0	0	—	—	—	2	22	38	71
Indiana	448	385	644	12,180	11,982	—	0	0	—	—	6	1	18	40	34
Michigan	320	732	1,225	21,196	19,343	—	0	3	12	25	—	3	10	83	69
Ohio	77	635	3,653	25,662	24,510	—	0	2	5	4	12	5	33	123	115
Wisconsin	252	374	528	11,339	12,294	N	0	0	N	N	1	5	53	135	169
W.N. Central	793	1,206	1,448	34,878	36,184	—	0	54	3	—	35	11	77	337	304
Iowa	154	162	250	5,110	4,932	N	0	0	N	N	14	2	28	95	51
Kansas	182	149	294	4,886	4,763	N	0	0	N	N	4	1	8	41	33
Minnesota	—	238	314	5,960	7,565	—	0	54	—	—	4	2	25	66	96
Missouri	267	454	628	13,430	13,357	—	0	1	3	—	—	1	21	38	58
Nebraska§	144	105	183	3,122	2,964	N	0	0	N	N	12	1	16	33	25
North Dakota	7	31	69	883	1,044	N	0	0	N	N	—	0	11	3	6
South Dakota	39	49	84	1,487	1,559	N	0	0	N	N	1	2	7	61	35
S. Atlantic	3,229	3,934	6,760	115,679	114,859	—	0	1	2	2	21	21	70	441	386
Delaware	49	69	122	2,045	2,122	N	0	0	N	N	—	0	3	4	4
District of Columbia	146	92	167	3,369	1,799	—	0	0	—	—	—	0	2	3	9
Florida	1,146	1,056	1,651	32,570	28,746	N	0	0	N	N	16	10	32	215	155
Georgia	4	681	3,822	13,641	20,861	N	0	0	N	N	2	4	17	86	113
Maryland§	316	406	697	11,592	12,300	—	0	1	2	2	—	0	2	17	11
North Carolina	307	596	1,233	16,807	20,298	—	0	0	—	—	—	1	11	46	44
South Carolina§	863	453	3,030	19,455	12,958	N	0	0	N	N	3	1	14	36	24
Virginia§	354	497	685	14,480	14,029	N	0	0	N	N	—	1	5	30	22
West Virginia	44	54	86	1,720	1,746	N	0	0	N	N	—	0	3	4	4
E.S. Central	614	1,390	2,044	39,093	45,703	—	0	0	—	—	14	3	15	107	73
Alabama§	37	349	539	6,322	14,074	N	0	0	N	N	—	0	12	26	28
Kentucky	—	120	691	4,252	5,723	N	0	0	N	N	10	1	8	45	20
Mississippi	—	367	959	12,080	11,157	N	0	0	N	N	—	0	8	14	8
Tennessee§	577	521	695	16,439	14,749	N	0	0	N	N	4	1	5	22	17
W.S. Central	287	2,206	3,028	65,484	66,591	—	0	1	1	—	10	5	45	109	112
Arkansas§	—	164	337	4,796	4,561	N	0	0	N	N	—	0	3	5	10
Louisiana	—	318	549	8,951	10,552	—	0	1	1	—	—	1	9	30	29
Oklahoma	287	266	470	7,618	6,665	N	0	0	N	N	10	0	9	31	22
Texas§	—	1,472	1,911	44,119	44,813	N	0	0	N	N	—	2	36	43	51
Mountain	659	1,352	2,026	35,430	39,269	58	79	293	2,184	3,609	29	5	40	179	93
Arizona	51	488	993	12,125	12,166	58	74	293	2,096	3,517	—	0	6	23	15
Colorado	145	264	416	5,403	9,524	N	0	0	N	N	4	2	7	44	22
Idaho§	120	51	253	2,047	1,920	N	0	0	N	N	4	0	5	13	7
Montana§	17	51	82	1,488	1,526	N	0	0	N	N	—	1	26	20	18
Nevada§	218	185	397	5,618	4,431	—	1	5	38	40	—	0	3	5	5
New Mexico§	—	163	396	4,943	5,955	—	0	2	14	11	—	1	6	31	14
Utah	77	102	209	3,070	2,867	—	1	4	35	39	21	0	7	33	6
Wyoming§	31	25	45	736	880	—	0	1	1	2	—	0	11	10	6
Pacific	1,302	3,382	4,362	100,283	102,149	14	53	311	1,611	1,511	5	1	5	53	49
Alaska	104	87	157	2,642	2,565	N	0	0	N	N	2	0	1	3	3
California	845	2,682	3,627	79,395	79,951	14	53	311	1,611	1,511	—	0	0	—	—
Hawaii	—	103	129	2,994	3,444	N	0	0	N	N	—	0	1	—	3
Oregon§	262	172	394	5,451	5,554	N	0	0	N	N	3	1	5	50	43
Washington	91	342	621	9,801	10,635	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	13	72	125	540	—	0	0	—	—	—	0	0	—	—
Puerto Rico	84	120	301	4,318	2,904	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	212	296	1,513	8,133	9,241	3,591	6,916	8,941	190,983	205,967	25	45	184	1,392	1,427
New England	9	23	67	621	709	106	111	259	3,278	3,258	1	3	19	111	102
Connecticut	1	5	25	166	155	34	43	204	1,218	1,311	—	0	6	31	28
Maine§	3	4	12	85	68	—	2	8	68	73	—	0	2	7	11
Massachusetts	5	9	26	259	336	66	50	96	1,620	1,418	1	2	6	57	48
New Hampshire	—	0	3	9	18	2	2	8	90	127	—	0	2	9	6
Rhode Island§	—	0	17	31	50	4	9	19	249	288	—	0	10	6	2
Vermont§	—	3	12	71	82	—	1	5	33	41	—	0	1	1	7
Mid. Atlantic	34	57	127	1,487	1,855	416	713	1,537	21,774	19,217	7	10	27	297	295
New Jersey	—	7	17	142	280	—	115	160	3,267	3,080	—	1	5	36	53
New York (Upstate)	30	24	108	545	619	97	113	1,035	3,594	3,597	3	3	15	85	89
New York City	1	16	32	458	543	160	193	376	5,741	5,945	—	2	6	59	55
Pennsylvania	3	14	34	342	413	159	250	613	9,172	6,595	4	3	10	117	98
E.N. Central	34	44	100	1,140	1,460	644	1,258	2,609	39,075	40,757	2	6	15	157	242
Illinois	—	10	30	238	372	252	361	501	10,161	11,859	—	1	6	34	73
Indiana	N	0	0	N	N	159	158	306	5,073	5,190	—	1	10	32	50
Michigan	6	14	38	333	386	104	296	880	8,781	7,820	—	0	5	15	22
Ohio	28	15	32	409	416	28	266	1,569	11,123	11,817	2	2	5	68	50
Wisconsin	—	8	27	160	286	101	131	181	3,937	4,071	—	0	4	8	47
W.N. Central	11	20	553	472	1,056	249	386	512	11,227	11,207	2	3	24	82	75
Iowa	2	5	16	109	147	32	39	62	1,106	1,045	—	0	1	1	—
Kansas	7	3	11	81	103	70	43	86	1,382	1,334	—	0	2	8	13
Minnesota	—	0	514	12	414	—	61	87	1,577	1,882	2	1	17	35	36
Missouri	—	7	28	179	278	95	202	266	6,075	5,907	—	1	5	26	19
Nebraska§	1	2	9	49	54	46	29	57	885	751	—	0	2	11	4
North Dakota	—	0	16	11	10	1	2	7	54	67	—	0	2	1	3
South Dakota	1	1	6	31	50	5	6	15	148	221	—	0	0	—	—
S. Atlantic	66	56	106	1,479	1,380	1,319	1,653	3,209	45,226	50,843	10	11	34	365	369
Delaware	—	1	3	22	22	28	28	44	827	870	—	0	3	5	1
District of Columbia	—	1	7	34	40	44	42	72	1,362	1,041	—	0	2	3	2
Florida	39	24	44	681	559	452	474	717	13,646	14,177	6	3	8	107	116
Georgia	13	12	31	311	330	2	324	2,068	5,679	9,857	2	2	7	71	78
Maryland§	8	5	12	136	115	116	131	227	3,667	4,252	1	2	6	59	47
North Carolina	—	0	0	—	—	166	303	675	7,886	10,455	—	1	9	43	41
South Carolina§	3	1	8	46	60	425	194	1,361	8,275	6,023	—	1	4	33	26
Virginia§	3	9	28	230	240	71	123	236	3,380	3,692	—	1	6	28	43
West Virginia	—	0	21	19	14	15	18	44	504	476	1	0	6	16	15
E.S. Central	4	9	21	261	240	218	542	879	14,784	18,399	—	2	9	83	78
Alabama§	—	4	16	131	114	15	159	271	2,834	6,543	—	0	3	18	17
Kentucky	N	0	0	N	N	—	47	268	1,607	2,013	—	0	1	2	4
Mississippi	N	0	0	N	N	—	152	434	4,525	4,179	—	0	1	6	10
Tennessee§	4	5	14	130	126	203	194	240	5,818	5,664	—	2	6	57	47
W.S. Central	5	7	55	182	162	116	934	1,490	26,999	29,105	1	2	34	69	58
Arkansas§	2	3	13	66	53	—	79	142	2,284	2,492	—	0	2	5	8
Louisiana	—	1	6	45	50	—	203	312	5,452	6,285	—	0	3	5	12
Oklahoma	3	3	42	71	59	116	95	236	2,848	2,502	1	1	29	56	34
Texas§	N	0	0	N	N	—	571	938	16,415	17,826	—	0	3	3	4
Mountain	20	30	67	810	849	170	274	454	6,901	8,631	1	4	11	150	143
Arizona	—	3	11	95	85	25	107	220	2,564	2,946	—	2	6	51	59
Colorado	8	10	26	264	276	60	60	93	1,367	2,181	—	1	4	39	36
Idaho§	4	3	12	85	97	14	3	20	142	109	—	0	1	4	3
Montana§	—	2	10	53	40	1	2	8	50	122	—	0	0	—	—
Nevada§	4	2	8	69	70	58	49	135	1,388	1,585	1	0	2	9	9
New Mexico§	—	2	6	53	41	—	30	52	882	1,103	—	0	3	22	20
Utah	4	7	27	169	225	10	17	34	461	504	—	0	3	23	13
Wyoming§	—	1	4	22	15	2	2	5	47	81	—	0	1	2	3
Pacific	29	59	558	1,681	1,530	353	738	935	21,719	24,550	1	2	16	78	65
Alaska	1	2	17	37	27	15	10	27	274	331	—	0	2	6	8
California	12	43	93	1,138	1,238	294	615	804	18,554	20,166	—	0	10	20	20
Hawaii	1	1	4	42	34	—	13	25	358	607	—	0	2	6	12
Oregon§	2	8	14	220	231	31	24	46	627	875	—	1	6	44	25
Washington	13	3	449	244	—	13	69	142	1,906	2,571	1	0	5	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	7	20	62	—	0	0	—	1
Puerto Rico	—	6	19	126	88	4	6	16	196	186	—	0	2	2	1
U.S. Virgin Islands	U	0	0	U	U	U	1	3	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	23	54	201	1,490	2,059	26	77	405	2,206	2,535	24	39	109	985	1,248
New England	1	2	6	58	117	—	2	5	37	69	1	2	13	53	79
Connecticut	—	0	3	9	23	—	0	5	20	29	—	0	9	14	17
Maine§	1	0	1	2	7	—	0	2	2	15	1	0	2	2	3
Massachusetts	—	1	4	26	57	—	0	2	3	13	—	1	5	14	40
New Hampshire	—	0	3	10	18	—	0	1	4	7	—	0	2	1	7
Rhode Island§	—	0	2	8	6	—	0	4	7	4	—	0	6	18	9
Vermont§	—	0	1	3	6	—	0	1	1	1	—	0	2	4	3
Mid. Atlantic	2	7	20	208	222	1	9	21	259	321	6	12	55	283	428
New Jersey	—	1	5	42	70	—	2	7	51	100	—	1	10	21	56
New York (Upstate)	2	1	11	43	47	1	1	13	51	42	5	5	30	93	143
New York City	—	2	10	75	66	—	2	6	55	75	—	2	24	41	71
Pennsylvania	—	1	5	48	39	—	3	8	102	104	1	5	19	128	158
E.N. Central	3	6	17	145	178	2	9	23	246	294	5	8	31	184	265
Illinois	—	2	7	48	47	—	2	6	62	88	—	0	13	1	53
Indiana	—	0	7	6	15	1	0	21	27	27	2	1	6	17	22
Michigan	1	2	8	43	56	—	2	8	65	87	2	3	10	75	58
Ohio	2	1	4	41	39	1	2	10	81	68	1	3	14	83	105
Wisconsin	—	0	4	7	21	—	0	3	11	24	—	0	3	8	27
W.N. Central	—	2	18	97	85	—	2	15	70	87	3	1	16	44	34
Iowa	—	0	4	23	7	—	0	3	12	13	—	0	2	6	7
Kansas	—	0	1	2	22	—	0	1	5	8	—	0	3	2	1
Minnesota	—	0	17	46	9	—	0	13	13	10	3	0	11	14	—
Missouri	—	0	2	14	28	—	1	5	31	47	—	0	2	16	15
Nebraska§	—	0	2	7	11	—	0	3	7	6	—	0	1	3	7
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	5	8	—	0	1	2	3	—	0	1	3	4
S. Atlantic	5	11	27	289	295	12	20	56	585	705	4	8	25	193	234
Delaware	—	0	1	3	10	—	0	3	8	30	—	0	2	5	7
District of Columbia	—	0	5	14	2	—	0	2	1	5	—	0	5	1	9
Florida	1	3	11	82	115	5	7	14	218	243	3	2	9	81	88
Georgia	—	1	4	39	36	2	3	10	65	119	—	1	2	14	15
Maryland§	2	1	6	47	33	—	2	7	58	94	—	1	8	35	52
North Carolina	—	0	11	34	53	2	0	16	79	91	1	1	4	25	20
South Carolina§	1	0	3	8	11	2	2	5	42	51	—	0	2	9	3
Virginia§	1	1	5	58	31	1	2	8	85	32	—	1	4	20	33
West Virginia	—	0	1	4	4	—	0	23	29	40	—	0	4	3	7
E.S. Central	1	2	7	58	78	—	6	17	185	196	1	2	7	57	51
Alabama§	—	0	2	10	9	—	2	10	64	62	—	0	1	6	7
Kentucky	1	0	2	11	28	—	1	7	35	43	1	1	6	27	15
Mississippi	—	0	4	6	5	—	0	8	14	8	—	0	2	—	1
Tennessee§	—	1	5	31	36	—	3	8	72	83	—	1	4	24	28
W.S. Central	—	6	43	101	204	5	18	169	427	482	1	1	16	48	42
Arkansas§	—	0	2	6	38	—	1	7	25	40	—	0	2	3	2
Louisiana	—	1	4	18	12	—	1	4	41	40	—	0	2	2	8
Oklahoma	—	0	3	3	4	—	1	24	20	18	—	0	6	2	1
Texas§	—	4	39	74	150	5	14	135	341	384	1	1	13	41	31
Mountain	4	5	15	140	167	3	3	9	112	82	—	2	8	52	62
Arizona	2	3	11	97	94	—	0	3	39	—	—	0	4	12	20
Colorado	1	1	3	19	26	—	0	2	19	27	—	0	2	11	12
Idaho§	—	0	1	2	7	1	0	2	8	7	—	0	3	4	6
Montana§	—	0	3	6	6	—	0	3	—	—	—	0	1	3	3
Nevada§	—	0	2	7	8	1	1	5	26	19	—	0	2	6	4
New Mexico§	—	0	2	4	12	—	0	2	7	12	—	0	2	5	2
Utah	1	0	1	3	12	1	0	4	13	17	—	0	2	8	15
Wyoming§	—	0	1	2	2	—	0	1	—	—	—	0	1	3	—
Pacific	7	13	92	394	713	3	10	106	285	299	3	2	11	71	53
Alaska	—	0	1	2	1	—	0	3	4	3	—	0	1	—	—
California	5	11	40	349	678	—	7	31	209	244	2	1	11	53	53
Hawaii	—	0	1	3	9	—	0	1	1	5	—	0	1	1	—
Oregon§	—	1	3	16	25	—	1	5	40	47	—	0	1	5	—
Washington	2	0	52	24	—	3	0	74	31	—	1	0	2	12	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	1	10	38	30	—	1	9	39	36	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	398	227	981	7,994	11,076	24	23	105	570	800	5	19	87	642	745
New England	92	39	254	1,459	2,625	—	1	5	27	38	1	1	3	32	26
Connecticut	78	12	214	939	950	—	0	3	1	10	—	0	1	6	9
Maine§	6	3	38	107	50	—	0	1	3	3	—	0	3	5	2
Massachusetts	—	1	60	17	1,123	—	0	3	16	17	1	0	2	17	12
New Hampshire	4	7	38	325	463	—	0	4	6	7	—	0	1	—	1
Rhode Island§	—	0	93	3	1	—	0	1	—	—	—	0	1	1	—
Vermont§	4	1	16	68	38	—	0	1	1	1	—	0	1	3	2
Mid. Atlantic	236	116	560	4,140	5,521	2	5	18	128	197	1	2	8	84	123
New Jersey	—	25	112	611	1,800	—	0	5	—	61	—	0	2	1	12
New York (Upstate)	198	50	426	1,497	1,567	—	1	7	34	19	—	1	3	25	28
New York City	1	2	22	35	181	—	3	8	77	93	1	0	4	24	47
Pennsylvania	37	44	213	1,997	1,973	2	1	4	17	24	—	1	5	34	36
E.N. Central	3	5	72	131	1,360	1	2	10	60	88	—	3	9	84	108
Illinois	—	0	4	11	89	—	1	6	25	43	—	0	3	24	29
Indiana	2	0	4	18	12	—	0	2	5	8	—	0	4	15	14
Michigan	1	1	6	24	27	—	0	2	9	13	—	0	3	16	18
Ohio	—	0	5	8	31	1	0	2	14	18	—	1	3	23	31
Wisconsin	—	3	58	70	1,201	—	0	3	7	6	—	0	3	6	16
W.N. Central	17	4	195	221	263	1	0	12	22	29	—	1	5	39	43
Iowa	—	1	9	48	77	—	0	1	2	1	—	0	3	10	10
Kansas	—	0	2	10	3	1	0	1	2	5	—	0	1	1	1
Minnesota	17	1	188	145	173	—	0	12	11	14	—	0	3	11	10
Missouri	—	0	4	14	2	—	0	1	2	5	—	0	3	10	13
Nebraska§	—	0	2	4	7	—	0	1	4	2	—	0	1	2	6
North Dakota	—	0	7	—	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	2
S. Atlantic	43	48	128	1,889	1,224	12	5	14	134	208	1	3	11	103	127
Delaware	6	9	32	423	329	—	0	1	3	5	—	0	1	1	4
District of Columbia	—	0	7	13	20	—	0	2	3	3	—	0	1	—	—
Florida	5	1	4	31	11	9	1	4	33	31	—	1	7	38	50
Georgia	—	0	1	1	7	—	0	5	14	62	—	0	3	9	10
Maryland§	17	26	108	971	720	—	1	4	30	47	—	0	2	18	9
North Carolina	3	0	6	26	16	2	0	4	16	14	—	0	6	14	22
South Carolina§	—	0	2	13	7	—	0	1	5	8	—	0	2	10	14
Virginia§	12	10	55	388	109	1	1	4	29	36	—	0	2	12	14
West Virginia	—	0	14	23	5	—	0	1	1	2	1	0	2	1	4
E.S. Central	—	1	4	30	17	—	0	3	22	17	—	1	4	34	28
Alabama§	—	0	3	8	5	—	0	2	4	8	—	0	2	6	4
Kentucky	—	0	2	3	2	—	0	1	4	3	—	0	2	7	7
Mississippi	—	0	1	—	3	—	0	1	1	3	—	0	4	9	2
Tennessee§	—	0	3	19	7	—	0	2	13	3	—	0	2	12	15
W.S. Central	2	1	5	37	11	—	2	29	56	55	1	2	15	71	71
Arkansas§	—	0	0	—	—	—	0	2	—	2	—	0	2	8	7
Louisiana	—	0	1	2	—	—	0	2	13	4	—	0	4	24	29
Oklahoma	—	0	0	—	—	—	0	3	5	6	—	0	4	14	8
Texas§	2	1	5	35	11	—	1	25	38	43	1	0	11	25	27
Mountain	2	1	3	16	12	2	1	6	33	40	—	1	4	43	46
Arizona	—	0	1	—	4	—	0	3	5	13	—	0	2	8	13
Colorado	—	0	1	1	—	—	0	2	11	12	—	0	2	16	14
Idaho§	2	0	2	7	1	2	0	1	2	—	—	0	1	3	1
Montana§	—	0	1	1	—	—	0	1	3	1	—	0	1	1	3
Nevada§	—	0	2	5	1	—	0	1	2	2	—	0	1	3	4
New Mexico§	—	0	0	—	3	—	0	1	1	4	—	0	1	2	2
Utah	—	0	1	2	2	—	0	3	9	8	—	0	2	8	5
Wyoming§	—	0	0	—	1	—	0	0	—	—	—	0	2	2	4
Pacific	3	2	16	71	43	6	3	45	88	128	1	4	48	152	173
Alaska	1	0	1	3	2	—	0	1	2	20	—	0	1	1	3
California	2	2	10	67	38	4	2	6	58	94	—	3	10	108	136
Hawaii	N	0	0	N	N	—	0	1	2	7	—	0	1	3	5
Oregon§	—	0	1	1	3	—	0	3	12	7	—	0	3	24	29
Washington	—	0	8	—	—	2	0	43	14	—	1	0	43	16	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	6	4
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	71	188	1,479	4,869	7,963	60	93	171	2,620	3,097	68	29	211	866	1,045
New England	5	33	77	711	922	8	12	22	339	232	—	0	10	—	8
Connecticut	—	2	10	26	58	4	5	14	132	100	—	0	0	—	—
Maine†	—	2	15	38	39	1	2	8	46	57	—	0	0	—	—
Massachusetts	4	22	46	583	583	—	0	0	—	—	—	0	1	—	7
New Hampshire	—	2	9	36	135	2	1	4	31	22	—	0	0	—	1
Rhode Island†	—	0	31	4	25	—	0	3	22	16	—	0	9	—	—
Vermont†	1	1	9	24	82	1	2	13	108	37	—	0	0	—	—
Mid. Atlantic	11	30	155	675	992	—	13	44	420	281	1	1	6	31	51
New Jersey	—	3	16	65	182	—	0	0	—	—	—	0	3	1	26
New York (Upstate)	11	16	146	359	391	—	—	—	—	—	1	0	1	2	—
New York City	—	2	6	68	59	—	1	5	28	13	—	0	3	14	13
Pennsylvania	—	8	20	183	360	—	12	44	392	268	—	0	3	14	12
E.N. Central	9	38	80	912	1,183	8	2	18	125	72	1	0	9	14	39
Illinois	—	5	23	81	289	2	1	7	38	19	—	0	4	4	20
Indiana	—	2	45	39	133	—	0	1	6	7	1	0	1	3	3
Michigan	—	8	39	154	267	4	1	5	36	29	—	0	1	3	1
Ohio	9	15	54	439	353	2	0	12	45	17	—	0	4	4	14
Wisconsin	—	5	24	199	141	—	0	0	—	—	—	0	0	—	1
W.N. Central	5	15	151	361	773	4	6	17	165	181	—	3	12	112	112
Iowa	—	4	16	95	199	1	0	7	21	31	—	0	1	6	4
Kansas	4	3	14	91	160	2	2	8	84	50	—	0	1	2	—
Minnesota	—	0	119	59	111	1	0	5	17	26	—	0	2	1	1
Missouri	—	3	10	45	196	—	1	6	21	32	—	3	12	94	89
Nebraska†	1	1	4	27	74	—	0	0	—	—	—	0	2	7	18
North Dakota	—	0	18	4	16	—	0	6	12	14	—	0	0	—	—
South Dakota	—	0	6	40	17	—	0	2	10	28	—	0	1	2	—
S. Atlantic	13	19	163	555	665	35	40	65	1,191	1,407	61	12	67	481	600
Delaware	—	0	2	7	3	—	0	0	—	—	—	0	2	7	16
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	2	4	18	142	127	—	0	28	74	176	—	0	4	13	8
Georgia	—	1	5	17	59	—	4	23	120	158	2	0	5	13	31
Maryland†	—	2	8	68	95	6	6	12	171	256	—	1	7	34	49
North Carolina	9	2	112	200	131	11	9	19	303	293	55	6	61	316	430
South Carolina†	—	2	11	47	95	—	2	11	46	94	1	1	7	34	20
Virginia†	1	2	17	60	129	18	13	31	438	367	3	2	12	61	45
West Virginia	1	0	19	12	23	—	1	8	39	63	—	0	2	2	1
E.S. Central	—	5	24	147	198	1	4	11	98	152	1	5	27	142	168
Alabama†	—	1	18	40	40	—	0	8	—	48	—	1	9	35	41
Kentucky	—	0	3	5	41	1	0	3	13	11	—	0	2	4	1
Mississippi	—	0	10	40	20	—	0	0	—	4	—	0	1	2	2
Tennessee†	—	2	7	62	97	—	2	7	85	89	1	3	22	101	124
W.S. Central	8	20	226	549	463	2	3	35	66	545	3	1	168	65	42
Arkansas†	2	2	17	103	43	2	0	5	21	24	3	0	53	17	29
Louisiana	—	0	2	11	19	—	0	1	—	3	—	0	1	1	—
Oklahoma	—	0	36	3	18	—	0	22	45	48	—	0	108	34	5
Texas†	6	17	174	432	383	—	0	34	—	470	—	0	7	13	8
Mountain	11	26	61	659	1,759	—	3	28	90	98	1	0	4	19	23
Arizona	—	6	13	145	364	—	2	10	63	75	1	0	2	1	7
Colorado	3	6	17	183	565	—	0	0	—	—	—	0	1	1	4
Idaho†	2	1	6	27	49	—	0	24	—	—	—	0	3	3	1
Montana†	—	1	7	31	83	—	0	2	7	9	—	0	1	1	2
Nevada†	—	0	5	3	56	—	0	2	2	2	—	0	0	—	—
New Mexico†	—	2	8	32	60	—	0	2	6	6	—	0	1	4	5
Utah	6	8	47	224	529	—	0	1	6	4	—	0	0	—	—
Wyoming†	—	1	5	14	53	—	0	2	6	2	—	0	2	9	4
Pacific	9	15	547	300	1,008	2	4	13	126	129	—	0	1	2	2
Alaska	1	1	8	32	48	—	0	6	34	14	N	0	0	N	N
California	—	9	225	99	803	1	3	12	86	106	—	0	0	—	—
Hawaii	—	0	3	13	77	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	62	80	1	0	3	6	9	—	0	1	2	2
Washington	8	1	377	94	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	7	—	29	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	1	2	1	5	34	57	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	578	826	2,338	20,955	21,967	69	76	336	1,922	1,830	180	329	1,287	8,201	6,541
New England	14	37	236	1,206	1,427	2	3	29	126	170	—	4	22	130	177
Connecticut	—	0	221	221	503	—	0	24	24	75	—	0	19	19	67
Maine§	2	2	14	62	64	—	1	8	17	10	—	0	5	13	3
Massachusetts	9	23	60	730	666	2	1	9	69	59	—	3	11	88	95
New Hampshire	1	3	15	90	114	—	0	3	8	17	—	0	2	4	4
Rhode Island§	2	2	20	55	46	—	0	2	2	2	—	0	3	4	5
Vermont§	—	2	6	48	34	—	0	4	6	7	—	0	2	2	3
Mid. Atlantic	56	98	187	2,694	2,795	9	8	63	188	235	13	11	47	350	575
New Jersey	—	12	41	218	621	—	1	20	11	67	—	1	5	25	236
New York (Upstate)	40	29	112	769	594	9	3	15	83	82	8	3	42	72	134
New York City	5	24	45	690	694	—	0	4	19	29	—	5	12	137	156
Pennsylvania	11	35	66	1,017	886	—	3	47	75	57	5	1	21	116	49
E.N. Central	80	101	203	2,902	3,108	6	9	63	233	277	41	31	81	1,017	662
Illinois	—	30	65	789	927	—	1	8	27	52	—	11	53	258	253
Indiana	30	15	55	394	400	4	1	8	31	33	2	2	17	40	84
Michigan	7	18	35	476	572	—	1	6	40	47	—	1	4	31	106
Ohio	43	25	67	774	677	1	3	18	71	76	39	6	68	561	93
Wisconsin	—	17	49	469	532	1	2	41	64	69	—	4	14	127	126
W.N. Central	16	49	103	1,449	1,415	8	12	45	324	339	4	44	156	1,179	859
Iowa	—	9	26	248	235	—	2	38	68	76	—	2	14	43	48
Kansas	8	7	20	228	202	—	0	4	29	17	—	1	10	18	70
Minnesota	5	13	44	382	371	5	4	26	116	88	3	5	24	147	60
Missouri	—	15	35	360	398	—	2	12	54	104	—	18	72	877	451
Nebraska§	3	4	11	121	114	3	1	11	39	33	1	1	14	12	50
North Dakota	—	0	23	19	12	—	0	12	1	2	—	0	127	4	12
South Dakota	—	3	11	91	83	—	0	5	17	19	—	4	28	78	168
S. Atlantic	249	211	401	5,324	5,303	13	14	36	355	277	67	84	167	2,778	1,548
Delaware	1	3	10	78	73	—	0	3	10	3	—	0	1	6	6
District of Columbia	—	0	4	16	35	—	0	1	1	1	—	0	5	4	6
Florida	85	88	176	2,159	2,252	2	2	8	87	51	35	46	76	1,507	716
Georgia	44	31	73	911	864	2	1	4	39	47	21	32	89	1,022	550
Maryland§	26	15	31	421	365	1	2	10	52	45	—	2	9	56	67
North Carolina	50	29	130	707	689	5	2	24	75	45	7	1	14	49	97
South Carolina§	20	18	45	459	485	—	0	2	9	7	3	1	5	60	68
Virginia§	7	20	58	473	483	1	3	11	74	74	1	2	9	67	36
West Virginia	16	1	31	100	57	2	0	5	8	4	—	0	6	7	2
E.S. Central	31	56	136	1,406	1,390	6	4	25	136	154	3	19	89	811	375
Alabama§	—	14	78	375	405	—	0	18	42	14	—	7	67	305	108
Kentucky	16	9	23	295	237	2	1	8	42	45	1	3	32	190	155
Mississippi	—	12	101	293	361	—	0	3	2	2	—	3	76	206	42
Tennessee§	15	18	31	443	387	4	2	8	50	93	2	3	14	110	70
W.S. Central	32	84	595	1,854	2,341	1	4	73	104	96	27	39	655	886	952
Arkansas§	5	14	45	320	421	—	1	7	19	17	2	2	10	62	51
Louisiana	—	18	48	353	526	—	0	2	4	11	—	8	25	262	87
Oklahoma	15	8	103	229	232	—	0	17	14	8	5	2	63	63	61
Texas§	12	44	470	952	1,162	1	2	68	67	60	20	22	580	499	753
Mountain	39	46	90	1,253	1,500	17	9	34	257	231	16	18	84	444	568
Arizona	7	13	44	348	431	1	2	9	65	45	9	9	37	236	302
Colorado	11	10	21	324	406	5	1	7	43	58	4	3	15	66	93
Idaho§	6	3	8	78	100	7	2	16	70	42	—	0	2	8	9
Montana§	—	2	6	47	86	—	0	0	—	—	—	1	13	14	5
Nevada§	6	4	10	120	129	1	0	5	16	17	3	1	20	20	57
New Mexico§	—	4	15	120	144	—	1	4	21	23	—	3	15	58	68
Utah	9	4	14	171	169	3	1	14	42	39	—	1	4	16	31
Wyoming§	—	1	4	45	35	—	0	3	—	7	—	1	19	26	3
Pacific	61	109	890	2,867	2,688	7	5	164	199	51	9	27	256	606	825
Alaska	4	1	5	48	45	N	0	0	N	N	—	0	2	7	5
California	42	89	260	2,138	2,275	5	1	15	116	N	6	22	84	481	714
Hawaii	1	5	16	140	128	—	0	3	12	9	—	0	3	16	26
Oregon§	3	7	17	186	238	—	1	9	27	42	—	1	6	39	80
Washington	11	1	625	355	2	2	0	162	44	—	3	0	170	63	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	3	14	66	356	268	—	0	0	—	—	—	0	4	17	25
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	33	93	261	3,351	3,662	14	29	108	970	825
New England	—	6	27	284	235	2	3	11	76	71
Connecticut	—	0	23	91	61	—	0	6	—	23
Maine§	—	0	3	20	14	—	0	1	1	—
Massachusetts	—	3	12	131	122	2	2	6	58	42
New Hampshire	—	1	4	27	25	—	0	2	7	6
Rhode Island§	—	0	12	—	4	—	0	3	8	—
Vermont§	—	0	2	15	9	—	0	1	2	—
Mid. Atlantic	4	16	41	639	687	3	4	20	117	121
New Jersey	—	2	9	80	116	—	1	4	19	45
New York (Upstate)	3	5	27	217	222	3	2	15	75	63
New York City	—	4	12	152	123	—	1	3	23	13
Pennsylvania	1	5	11	190	226	N	0	0	N	N
E.N. Central	7	17	32	586	728	—	5	14	156	217
Illinois	—	4	13	142	222	—	1	6	37	60
Indiana	3	2	17	96	86	—	0	10	14	32
Michigan	1	4	10	148	152	—	1	4	55	51
Ohio	3	4	14	174	185	—	1	7	42	44
Wisconsin	—	1	6	26	83	—	0	2	8	30
W.N. Central	1	5	32	229	238	—	2	8	72	62
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	28	45	—	0	1	1	10
Minnesota	—	0	29	116	111	—	1	6	51	34
Missouri	—	2	6	51	45	—	0	2	13	11
Nebraska§	1	0	3	17	21	—	0	2	6	5
North Dakota	—	0	2	10	8	—	0	2	1	2
South Dakota	—	0	2	7	8	—	0	0	—	—
S. Atlantic	9	21	52	829	805	2	3	14	187	53
Delaware	—	0	2	7	7	—	0	0	—	—
District of Columbia	—	0	3	8	9	—	0	1	—	—
Florida	5	6	16	198	182	1	0	5	41	—
Georgia	2	5	12	156	171	—	0	5	45	—
Maryland§	—	4	10	149	152	—	1	6	44	44
North Carolina	—	0	22	119	121	—	0	0	—	—
South Carolina§	1	1	7	71	53	1	0	3	25	—
Virginia§	1	2	11	101	90	—	0	3	27	—
West Virginia	—	0	3	20	20	—	0	4	5	9
E.S. Central	2	4	13	147	150	—	1	6	60	15
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	31	35	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	15
Tennessee§	2	3	13	116	115	—	0	6	57	—
W.S. Central	6	6	90	214	272	7	4	43	147	138
Arkansas§	—	0	2	16	21	—	0	2	7	17
Louisiana	—	0	4	16	13	—	0	4	23	16
Oklahoma	1	2	23	53	71	2	1	13	37	26
Texas§	5	3	64	129	167	5	1	27	80	79
Mountain	3	10	20	336	483	—	4	12	132	133
Arizona	—	4	11	101	247	—	2	7	76	75
Colorado	2	3	9	115	84	—	1	4	32	33
Idaho§	1	0	2	9	7	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	—	1	5	36	94	—	0	4	17	22
Utah	—	2	7	68	48	—	0	2	4	—
Wyoming§	—	0	1	5	3	—	0	0	—	—
Pacific	1	3	9	87	64	—	1	4	23	15
Alaska	1	0	3	22	N	—	0	2	21	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	65	64	—	0	2	2	15
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	13	47	256	1,516	1,634	1	9	35	270	250	131	198	310	5,763	5,466
New England	—	1	12	34	90	—	0	3	6	2	5	4	13	142	127
Connecticut	—	0	5	—	70	—	0	0	—	—	3	0	10	21	28
Maine§	—	0	2	9	5	—	0	2	1	1	—	0	1	2	7
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	2	8	86	76
New Hampshire	—	0	0	—	—	—	0	0	—	—	2	0	3	19	7
Rhode Island§	—	0	4	14	6	—	0	1	3	—	—	0	5	13	7
Vermont§	—	0	2	11	9	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	1	2	9	87	102	—	0	5	22	14	32	27	45	933	680
New Jersey	—	0	0	—	—	—	0	0	—	—	—	3	8	96	100
New York (Upstate)	1	1	5	29	33	—	0	4	8	7	4	3	14	81	89
New York City	—	0	0	—	—	—	0	0	—	—	26	16	35	604	328
Pennsylvania	—	2	6	58	69	—	0	2	14	7	2	5	12	152	163
E.N. Central	1	9	40	377	357	—	1	7	48	56	13	15	27	450	536
Illinois	—	0	4	12	18	—	0	1	2	5	—	7	13	205	273
Indiana	—	2	31	97	93	—	0	5	12	15	3	1	5	30	48
Michigan	—	0	1	2	15	—	0	1	1	2	6	2	8	71	68
Ohio	1	6	38	266	231	—	1	5	33	34	2	3	9	107	113
Wisconsin	N	0	0	N	N	—	0	0	—	—	2	1	4	37	34
W.N. Central	—	2	124	107	30	—	0	15	7	1	3	6	14	188	165
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	8	11
Kansas	—	0	10	59	—	—	0	2	3	—	1	0	3	10	12
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	40	31
Missouri	—	1	5	40	29	—	0	1	—	1	2	3	12	124	106
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	2	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	4	2
S. Atlantic	10	21	59	680	785	1	4	15	138	119	48	45	180	1,328	1,210
Delaware	—	0	1	5	—	—	0	1	2	—	—	0	3	7	15
District of Columbia	—	0	2	5	19	—	0	0	—	2	2	2	12	103	67
Florida	5	11	29	390	413	1	2	8	78	79	23	15	25	468	439
Georgia	3	7	17	232	265	—	1	10	50	38	—	7	153	185	189
Maryland§	—	0	1	1	—	—	0	0	—	—	9	6	15	181	182
North Carolina	—	0	0	—	—	—	0	0	—	—	7	5	23	201	182
South Carolina§	—	0	0	—	—	—	0	0	—	—	3	1	10	59	42
Virginia§	N	0	0	N	N	—	0	0	—	—	4	4	17	119	91
West Virginia	2	1	17	47	88	—	0	1	8	—	—	0	2	5	3
E.S. Central	1	3	9	102	137	—	0	3	21	23	18	16	29	484	377
Alabama§	N	0	0	N	N	—	0	0	—	—	11	6	15	188	160
Kentucky	—	0	2	17	26	—	0	1	2	6	—	1	7	39	38
Mississippi	—	0	2	—	17	—	0	0	—	—	—	2	9	58	37
Tennessee§	1	2	8	85	94	—	0	3	19	17	7	6	14	199	142
W.S. Central	—	1	10	90	63	—	0	3	14	6	—	31	55	957	869
Arkansas§	—	0	1	1	9	—	0	0	—	2	—	1	7	65	40
Louisiana	—	1	3	45	54	—	0	2	6	4	—	6	29	200	147
Oklahoma	—	0	8	44	—	—	0	2	8	—	—	1	5	42	41
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	37	650	641
Mountain	—	1	5	39	70	—	0	3	14	29	4	7	27	190	280
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	16	73	107
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	19	47
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	2
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	16	15	—	0	2	5	1	4	2	12	60	76
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	31	38
Utah	—	0	5	13	28	—	0	3	8	20	—	0	2	4	9
Wyoming§	—	0	2	10	27	—	0	1	1	8	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	8	38	57	1,091	1,222
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5
California	N	0	0	N	N	—	0	0	—	—	3	36	54	997	1,075
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	5	13
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	9	10
Washington	N	0	0	N	N	—	0	0	—	—	5	2	11	75	119
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	1	3	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	8	2	11	85	86
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes 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 August 4, 2007, and August 5, 2006 (31st Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	120	796	2,813	24,497	31,089	1	1	178	101	496	1	2	417	207	883
New England	2	21	124	469	3,118	—	0	3	—	—	—	0	2	—	1
Connecticut	—	0	76	1	1,091	—	0	3	—	—	—	0	1	—	1
Maine¶	—	0	7	—	169	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	9	—	1,129	—	0	1	—	—	—	0	1	—	—
New Hampshire	2	7	17	203	238	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	9	66	265	491	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	6	109	195	3,005	3,290	—	0	11	1	5	—	0	4	—	5
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	1
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	1
New York City	—	0	0	—	—	—	0	4	—	1	—	0	2	—	2
Pennsylvania	6	109	195	3,005	3,290	—	0	2	1	4	—	0	0	—	1
E.N. Central	44	229	568	7,025	10,281	—	0	42	5	22	—	0	33	2	17
Illinois	—	2	11	93	87	—	0	24	4	15	—	0	22	2	9
Indiana	—	0	0	—	—	—	0	5	—	3	—	0	12	—	3
Michigan	6	97	258	2,845	3,051	—	0	10	—	1	—	0	4	—	1
Ohio	38	107	449	3,302	6,399	—	0	11	1	1	—	0	3	—	2
Wisconsin	—	19	80	785	744	—	0	2	—	2	—	0	2	—	2
W.N. Central	2	32	136	1,207	1,239	—	0	37	28	78	—	0	78	85	167
Iowa	N	0	0	N	N	—	0	3	1	6	—	0	4	1	7
Kansas	2	9	52	429	235	—	0	3	2	9	—	0	3	1	6
Minnesota	—	0	0	—	—	—	0	7	4	14	—	0	5	5	17
Missouri	—	16	78	634	943	—	0	14	—	15	—	0	2	2	—
Nebraska¶	N	0	0	N	N	—	0	9	—	14	—	0	38	12	57
North Dakota	—	0	60	84	27	—	0	5	7	4	—	0	28	32	51
South Dakota	—	2	15	60	34	—	0	8	14	16	—	0	22	32	29
S. Atlantic	6	96	239	3,224	3,031	—	0	2	2	6	—	0	7	1	1
Delaware	—	1	6	23	45	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	23	—	0	0	—	—	—	0	1	—	1
Florida	4	16	81	804	N	—	0	1	—	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	1	2	—	0	4	1	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	—	18	72	694	800	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	26	190	960	1,140	—	0	1	1	—	—	0	2	—	—
West Virginia	2	23	50	729	1,023	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	3	571	329	27	—	0	15	8	44	—	0	17	10	27
Alabama¶	—	3	571	327	26	—	0	1	2	5	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	1	—	0	10	6	38	—	0	16	8	27
Tennessee¶	N	0	0	N	N	—	0	5	—	1	—	0	2	—	—
W.S. Central	55	181	1,640	7,385	8,254	—	0	59	6	191	—	0	27	2	76
Arkansas¶	3	13	105	480	592	—	0	5	2	10	—	0	2	—	2
Louisiana	—	2	11	90	181	—	0	13	—	34	—	0	10	—	26
Oklahoma	—	0	0	—	—	—	0	5	—	13	—	0	4	—	4
Texas¶	52	163	1,534	6,815	7,481	—	0	39	4	134	—	0	16	2	44
Mountain	5	56	131	1,828	1,849	1	0	63	25	117	1	1	245	69	476
Arizona	—	0	0	—	—	—	0	10	10	2	—	0	14	6	4
Colorado	3	22	62	699	969	—	0	11	7	12	—	0	51	34	72
Idaho¶	N	0	0	N	N	1	0	32	1	59	1	0	174	12	325
Montana¶	—	5	40	281	N	—	0	3	—	3	—	0	8	3	7
Nevada¶	—	0	1	1	9	—	0	9	—	20	—	0	17	2	35
New Mexico¶	—	6	37	287	300	—	0	3	4	—	—	0	1	1	1
Utah	2	15	73	542	539	—	0	8	1	19	—	0	17	1	23
Wyoming¶	—	0	11	18	32	—	0	7	2	2	—	0	10	10	9
Pacific	—	0	9	25	—	—	0	15	26	33	—	0	51	38	113
Alaska	—	0	9	25	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	26	32	—	0	37	38	88
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	1	—	0	14	—	23
Washington	N	0	0	N	N	—	0	0	—	—	—	0	1	—	2
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	5	30	114	155	—	0	0	—	—	—	0	0	—	—
Puerto Rico	21	13	31	452	361	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE III. Deaths in 122 U.S. cities,* week ending August 4, 2007 (31st Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	458	319	106	26	4	3	33
Boston, MA	111	77	26	3	4	1	9
Bridgeport, CT	53	37	12	4	—	—	3
Cambridge, MA	13	11	2	—	—	—	2
Fall River, MA	25	19	4	1	—	1	1
Hartford, CT	49	32	13	3	—	1	3
Lowell, MA	18	9	7	2	—	—	2
Lynn, MA	8	6	1	1	—	—	—
New Bedford, MA	18	15	1	2	—	—	2
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	45	30	12	3	—	—	3
Somerville, MA	7	6	—	1	—	—	—
Springfield, MA	44	30	12	2	—	—	4
Waterbury, CT	21	14	7	—	—	—	—
Worcester, MA	46	33	9	4	—	—	4
Mid. Atlantic	1,877	1,300	402	113	29	33	90
Albany, NY	36	28	7	1	—	—	2
Allentown, PA	29	24	3	1	1	—	2
Buffalo, NY	87	58	19	7	2	1	10
Camden, NJ	U	U	U	U	U	U	U
Elizabeth, NJ	11	4	6	—	1	—	—
Erie, PA	53	38	13	2	—	—	5
Jersey City, NJ	26	15	6	5	—	—	2
New York City, NY	944	639	216	62	12	15	26
Newark, NJ	49	24	13	7	1	4	2
Paterson, NJ	7	3	1	—	1	2	2
Philadelphia, PA	160	100	40	13	5	2	7
Pittsburgh, PA§	39	29	8	1	—	1	3
Reading, PA	30	26	3	—	—	1	1
Rochester, NY	149	110	30	3	3	3	11
Schenectady, NY	27	17	7	1	2	—	1
Scranton, PA	32	28	3	1	—	—	2
Syracuse, NY	141	114	21	3	—	3	10
Trenton, NJ	22	17	1	3	—	1	—
Utica, NY	16	10	3	2	1	—	1
Yonkers, NY	19	16	2	1	—	—	3
E.N. Central	2,027	1,260	484	168	63	52	100
Akron, OH	45	27	14	3	—	1	2
Canton, OH	29	20	7	2	—	—	7
Chicago, IL	358	190	107	36	18	7	23
Cincinnati, OH	90	49	25	5	7	4	7
Cleveland, OH	225	154	45	17	5	4	8
Columbus, OH	188	126	46	12	3	1	16
Dayton, OH	112	85	21	4	1	1	6
Detroit, MI	188	90	54	20	13	11	2
Evansville, IN	61	39	13	4	3	2	—
Fort Wayne, IN	60	42	12	3	1	2	1
Gary, IN	26	8	8	6	3	1	—
Grand Rapids, MI	43	26	10	5	1	1	2
Indianapolis, IN	177	102	48	15	4	8	11
Lansing, MI	42	32	6	4	—	—	—
Milwaukee, WI	87	53	26	3	1	4	4
Peoria, IL	56	42	6	3	1	4	4
Rockford, IL	35	28	2	5	—	—	1
South Bend, IN	40	33	4	2	1	—	1
Toledo, OH	93	61	23	8	1	—	1
Youngstown, OH	72	53	7	11	—	1	4
W.N. Central	526	340	120	33	21	12	32
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	24	17	7	—	—	—	1
Kansas City, KS	18	11	6	1	—	—	1
Kansas City, MO	87	59	18	7	1	2	3
Lincoln, NE	37	31	3	—	2	1	3
Minneapolis, MN	76	47	16	7	3	3	4
Omaha, NE	94	57	24	9	4	—	9
St. Louis, MO	87	46	25	6	8	2	6
St. Paul, MN	53	37	12	1	—	3	5
Wichita, KS	50	35	9	2	3	1	—
S. Atlantic	1,176	722	286	95	31	41	58
Atlanta, GA	115	61	34	10	7	3	6
Baltimore, MD	169	98	45	18	2	6	14
Charlotte, NC	99	57	27	8	5	2	4
Jacksonville, FL	133	74	35	13	6	5	7
Miami, FL	80	47	19	12	2	—	3
Norfolk, VA	36	19	8	4	3	2	—
Richmond, VA	36	23	8	2	—	3	4
Savannah, GA	31	15	12	3	—	1	1
St. Petersburg, FL	206	145	42	11	2	6	9
Tampa, FL	157	113	30	4	3	7	10
Washington, D.C.	101	61	22	10	1	6	—
Wilmington, DE	13	9	4	—	—	—	—
E.S. Central	753	453	211	60	17	12	49
Birmingham, AL	133	75	42	8	3	5	13
Chattanooga, TN	58	41	15	2	—	—	5
Knoxville, TN	117	71	33	9	2	2	8
Lexington, KY	75	48	22	5	—	—	2
Memphis, TN	169	97	50	19	3	—	9
Mobile, AL	47	31	11	4	1	—	1
Montgomery, AL	27	19	4	3	—	1	2
Nashville, TN	127	71	34	10	8	4	9
W.S. Central	1,281	760	334	101	37	48	62
Austin, TX	78	50	19	6	1	2	5
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	47	36	8	3	—	—	2
Dallas, TX	189	92	55	22	8	11	8
El Paso, TX	89	56	26	4	1	2	2
Fort Worth, TX	117	72	30	6	2	7	8
Houston, TX	342	200	89	34	12	7	18
Little Rock, AR	72	40	19	4	5	4	3
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	162	97	46	13	3	3	6
Shreveport, LA	64	38	15	5	2	4	5
Tulsa, OK	121	79	27	4	3	8	5
Mountain	958	573	251	83	32	19	53
Albuquerque, NM	127	80	31	8	6	2	6
Boise, ID	59	36	16	4	2	1	5
Colorado Springs, CO	67	37	18	10	2	—	4
Denver, CO	79	55	19	—	2	3	6
Las Vegas, NV	233	130	64	27	9	3	6
Ogden, UT	36	24	8	2	1	1	2
Phoenix, AZ	135	74	39	15	4	3	8
Pueblo, CO	26	16	6	4	—	—	1
Salt Lake City, UT	131	77	33	10	5	6	12
Tucson, AZ	65	44	17	3	1	—	3
Pacific	1,249	833	280	80	26	30	88
Berkeley, CA	12	9	2	—	—	1	1
Fresno, CA	130	88	25	13	2	2	17
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	77	48	18	8	2	1	7
Long Beach, CA	46	28	7	8	1	2	4
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	24	15	7	1	1	—	2
Portland, OR	119	77	32	4	2	4	2
Sacramento, CA	172	114	45	11	1	1	7
San Diego, CA	126	91	23	6	2	4	13
San Francisco, CA	119	71	32	12	—	4	12
San Jose, CA	147	101	36	2	6	2	10
Santa Cruz, CA	30	18	9	1	—	2	1
Seattle, WA	137	91	26	11	6	3	7
Spokane, WA	30	19	7	1	—	3	2
Tacoma, WA	80	63	11	2	3	1	3
Total	10,305**	6,560	2,474	759	260	250	565

U: Unavailable. —:No reported cases.

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

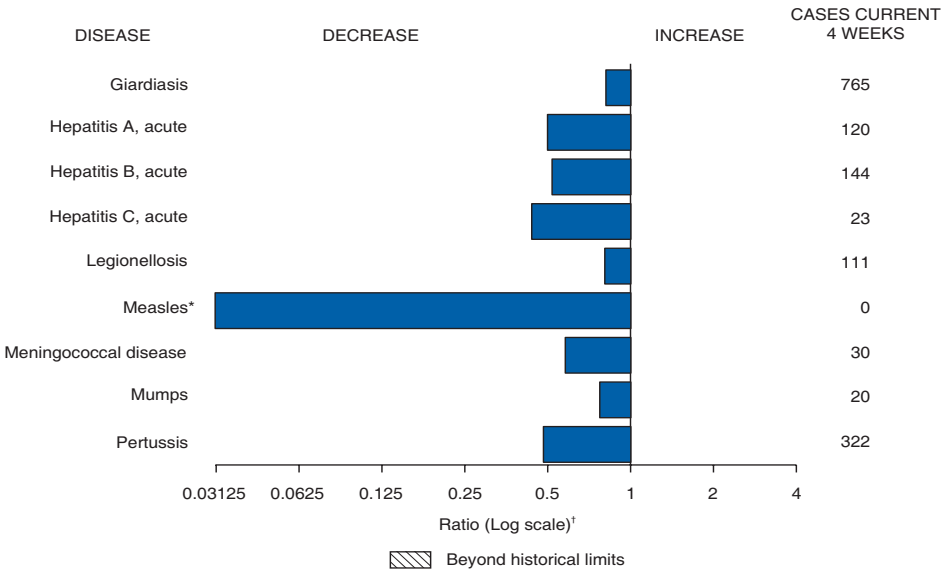
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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



* No measles cases were reported for the current 4-week period yielding a ratio for week 31 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

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

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

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

☆U.S. Government Printing Office: 2007-623-038/41042 Region IV ISSN: 0149-2195