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Late Versus Early Testing of HIV — 16 Sites, United States, 2000–2003

Knowledge of human immunodeficiency virus (HIV) serostatus has been an important element of HIV-prevention and -treatment efforts (*1*). In 2000, among the estimated 850,000–950,000 persons living with HIV in the United States, approximately one fourth (180,000–280,000) were unaware that they were HIV infected (*2*). In addition, many persons with HIV are tested late in the course of infection, usually as a result of illness (*3*). During 1994–1999, among persons who had HIV diagnosed, 43% were tested late in the infection (i.e., had acquired immunodeficiency syndrome [AIDS] diagnosed within one year of HIV diagnosis) (*4*). Late testing results in missed opportunities for prevention and treatment of HIV. To characterize HIV-testing patterns among HIV-infected persons, CDC analyzed data from a multisite interview project. During May 2000–February 2003, persons at 16 U.S. sites who were tested early in the course of HIV disease (early testers) were compared with persons who were tested late in the course of HIV disease (late testers). This report summarizes the results of the analysis, which indicate that late testers were more likely than early testers to be black or Hispanic, less educated, and exposed to HIV through heterosexual contact. Reducing the incidence of both new infections and HIV-associated morbidity and mortality will require earlier testing and improved access to prevention and care services for persons infected with HIV. A new CDC initiative, "Advancing HIV Prevention: New Strategies for a Changing Epidemic," is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services (*5*).

CDC's Supplement to HIV/AIDS Surveillance (SHAS) project is an ongoing, cross-sectional, multisite interview study that began in 1990 (*6*). SHAS data collected by 16

National HIV Testing Day, June 27, 2003

The ninth annual National HIV Testing Day, sponsored by the National Association of People with AIDS, is June 27, 2003. The theme for this year's campaign is "Take the Test, Take Control."

National HIV Testing Day promotes the importance of early human immunodeficiency virus (HIV) detection, counseling, referral, treatment, and prevention services. Persons at high risk for HIV should be tested and learn the results so they can know their status, practice preventive behaviors, and seek appropriate services.

In 2000, an estimated 850,000–950,000 persons in the United States were living with HIV, and approximately one fourth of these persons did not know they were infected (*1*). Many persons who learn they are HIV infected adopt behaviors that might reduce the risk for transmitting HIV. When infected persons know their status, they are more likely to practice HIV risk-reduction behaviors (*2*).

Additional information about HIV Testing Day is available at http://www.hivtest.org.

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INSIDE

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state or local health departments* were analyzed. Trained personnel conducted face-to-face interviews with persons aged ≥18 years with HIV/AIDS who were reported recently to local or state HIV/AIDS reporting systems. Facility- (eight sites) and population-based (eight sites) methods were used to recruit participants (*6*). The date of AIDS diagnosis was obtained from the HIV/AIDS reporting system. Early testers were defined as persons who reported that they had their first positive HIV test ≥5 years before the diagnosis of AIDS or had ≥5 years without a diagnosis of AIDS after their first positive HIV test. Late testers were defined as persons who had their first positive HIV test ≤1 year before the diagnosis of AIDS. The following groups were excluded from the analysis: persons who tested >1 year but <5 years before AIDS diagnosis, persons who were not followed for an adequate follow-up time (i.e., <5 years after a positive HIV test without a diagnosis of AIDS being made), and persons for whom the relation between the HIV testing and AIDS diagnosis dates could not be determined.

Among persons interviewed during May 2000–February 2003, characteristics of early and late testers were compared. Chi-square testing was used to examine the association between late testing and sex, age, race/ethnicity, mode of HIV exposure, level of education, history of having an HIV-negative test before the first positive HIV test, reasons for getting tested, and type of testing site where diagnosed initially. Data were not validated by chart review.

Of 7,584 persons invited to participate, 5,980 (79%) completed the interview (range by state: 57–1,071), of which 4,290 (72%) were men, 3,324 (56%) were black, 1,285 (22%) were white, and 1,160 (19%) were Hispanic. Overall, 2,281 (38%) HIV exposures were attributed to men having sex with men (MSM), 2,166 (36%) to heterosexual transmission, 1,010 (17%) to current or former injection-drug use (IDU), and 477 (8%) to MSM/IDU.

Of the 5,980 persons interviewed, 4,127 (69%) had received an AIDS diagnosis, and 1,853 (31%) had HIV that had not progressed to AIDS (HIV [non-AIDS]). Of the 1,853 persons with HIV (non-AIDS), 519 (28%) had HIV diagnosed for >5 years and were classified as early testers; the remaining 1,334 (72%) persons with HIV (non-AIDS) were excluded from the analysis because of inadequate follow-up time. Among the 4,127 persons in whom AIDS had been diagnosed, 1,054 (24%) early testers and 1,877 (45%) late testers were included in the analysis; 860 (21%) persons with AIDS who tested positive for HIV >1 year but <5 years before AIDS diagnosis and 336 (8%) persons for whom it was not possible

* Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Kansas, Maryland, Michigan, Minnesota, New Jersey, New Mexico, South Carolina, Texas, and Washington.

to determine the relation between HIV testing and AIDS diagnosis dates were excluded from the analysis.

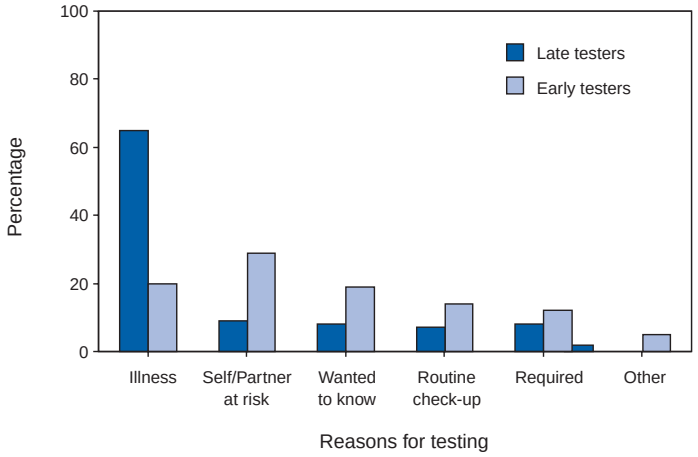
Compared with the 1,573 early testers, the 1,877 late testers were significantly more likely to be younger (aged 18–29 years), to be black or Hispanic, to have been exposed to HIV through heterosexual contact, to have a high school or less education, or to have tested negative for HIV previously before their first positive HIV test (Table). When the analysis was restricted to persons from SHAS sites that conduct integrated HIV/AIDS surveillance, the demographic characteristics of participants by sex, race/ethnicity, and mode of exposure were similar to the overall population. The majority of late testers received HIV testing because of illness (65%), and the majority of early testers were tested because of self-perceived risk (29%) or because they wanted to know their HIV status (19%) (Figure); 87% of late testers and 69% of early testers had their first positive HIV test at an acute or referral medical care setting,

TABLE. Characteristics of persons with HIV/AIDS who were classified as late and early testers* — 16 sites†, United States, May 2000–February 2003

Characteristics	HIV testing: Late (n = 1,877) No.	(%)	HIV testing: Early (n = 1,573) No.	(%)	Crude odds ratio	(95% CI§)
Sex						
Female	465	(25)	390	(25)	1.0	(0.9–1.2)
Male	1,412	(75)	1,183	(75)	Referent	
Age group (yrs) (at HIV diagnosis)						
18–29	202	(11)	93	(6)	1.7	(1.3–2.4)
30–39	693	(37)	606	(39)	0.9	(0.7–1.1)
40–49	702	(37)	653	(42)	0.9	(0.7–1.1)
≥50	280	(15)	221	(14)	Referent	
Race/Ethnicity¶						
White	338	(18)	458	(29)	Referent	
Black	1,045	(56)	791	(50)	1.8	(1.5–2.1)
Hispanic	426	(23)	258	(16)	2.2	(1.8–2.8)
Mode of exposure						
MSM**	720	(39)	674	(43)	Referent	
IDU††	234	(13)	354	(23)	0.6	(0.5–0.8)
MSM/IDU	91	(5)	210	(13)	0.4	(0.3–0.5)
Heterosexual§§	818	(44)	323	(21)	2.4	(2.0–2.8)
Level of education						
<High school	643	(34)	454	(29)	1.4	(1.2–1.7)
High school	615	(33)	491	(31)	1.3	(1.1–1.5)
≥High school	615	(33)	627	(40)	Referent	
Ever tested before the first positive HIV test?						
Yes	704	(38)	368	(23)	2.0	(1.7–2.3)
No	1,173	(62)	1,205	(77)	Referent	
Type of testing¶¶						
Anonymous	139	(8)	334	(22)	Referent	
Confidential	1,594	(92)	1,153	(78)	3.3	(2.7–4.1)
Place of HIV testing at first positive test						
Acute and referral care setting	1,634	(87)	1,082	(69)	4.2	(3.2–5.5)
HIV testing sites	136	(7)	220	(14)	1.7	(1.2–2.4)
HIV test requiring sites***	84	(4)	233	(15)	Referent	

* Late testers were defined as persons who had their first positive HIV test ≤1 year of diagnosis of AIDS; early testers were defined as persons who either had their first positive HIV test ≥5 years before the diagnosis of AIDS or had ≥5 years without a diagnosis of AIDS after their first positive HIV test.
† Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Kansas, Maryland, Michigan, Minnesota, New Jersey, New Mexico, South Carolina, Texas, and Washington.
§ Confidence interval.
¶ Numbers for racial/ethnic groups other than white, black, and Hispanic were too small for meaningful analysis.
** Men who have sex with men.
†† Injection-drug user.
§§ Heterosexual mode of exposure includes persons who had heterosexual contact with persons with identified risk, including heterosexual contact with known HIV-infected person, woman having sex with a bisexual man, or heterosexual contact with an IDU (n = 190 [12%] of early testers and 381 [20%] of late testers), and persons who had heterosexual contact with persons with no known or identified risk (presumed transmission from heterosexual contact) (n = 132 [8%] of early testers and 436 [23%] of late testers).
¶¶ Sum does not add to total because of missing data.
*** Includes blood bank, drug-treatment clinic, military facility, and insurance clinic.

FIGURE. Percentage of late and early testers*, by reason for testing — 16 sites,† United States, 2000–2003



* Late testers were defined as persons who had their first positive HIV test ≤1 year of diagnosis of AIDS; early testers were defined as persons who either had their first positive HIV test ≥5 years before the diagnosis of AIDS or had ≥5 years without a diagnosis of AIDS after their first positive HIV test.
† Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Kansas, Maryland, Michigan, Minnesota, New Jersey, New Mexico, South Carolina, Texas, and Washington.

and 8% of the late testers and 22% of early testers were tested anonymously.

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Editorial Note: The findings in this report indicate that racial/ethnic minority populations, heterosexuals, or persons who have low education are more likely to test late for HIV. The majority of late testers sought testing because of illness; early testers were tested for several reasons, including perceived risk, desire to know their HIV status, and routine check-up in addition to illness. Late testers were more likely to have been tested previously; persons who tested negative might have assumed they were safe and therefore did not retest for a long time. Early testers were more likely to have been diagnosed initially through anonymous testing, illustrating the importance of this option to promote early HIV testing. Many persons with HIV (non-AIDS) were excluded from the analysis because follow-up time was insufficient for them to be classified as early testers; these persons probably will be classified eventually as early testers. Therefore, the association between young age and late testing might be a reflection of the study design.

Approximately half of the persons with AIDS had their first positive HIV test ≤1 year of AIDS diagnosis, reflecting the need for greater emphasis on earlier diagnosis of HIV infection. These data are consistent with previous population-based estimates of late testing and diagnosis among persons with AIDS (*4*). Persons who test late in the course of HIV infection are not able to benefit fully from antiretroviral therapy and prophylaxis to prevent opportunistic infections and, thus, are more likely to progress to AIDS (*2,7*).

The findings in this report are subject to at least five limitations. First, the overall prevalence of late testing among all HIV-infected persons could not be estimated because the testing status of persons who were not interviewed in SHAS could not be assessed. Second, some sites participating in SHAS reported only AIDS cases and could not assess testing of HIV (non-AIDS) cases. Third, because treatment might delay progression to AIDS, some persons who would have been classified as late testers without treatment might have been misclassified as early testers or excluded. Fourth, SHAS interviews a convenience sample of persons reported to state/local health departments, and the results might not be generalizable to the entire infected population; however, a previous comparison of persons interviewed in SHAS with those reported through surveillance documented that the two groups were similar demographically (*8*). Finally, SHAS data are subject to recall and interviewer/interviewee biases inherent in interview studies.

Late testing results in missed opportunities for preventing HIV infections. During the time between HIV infection and diagnosis, infected persons can transmit HIV to others when they engage in practices that put their partners at risk. HIV transmission could be reduced by increasing awareness of HIV status through early testing. Knowledge of HIV serostatus promotes adoption of safer sexual practices (*9*). For persons in whom HIV is diagnosed, condom use might increase and the number of sex partners decrease (*9*). In addition, HIV-positive persons and HIV-discordant couples (i.e., one person is HIV-infected and the other is uninfected) might reduce unprotected intercourse and increase condom use more than HIV-negative persons (*9*). Finally, earlier diagnosis and entry to care are associated with better prognosis and survival. Among HIV-infected persons with $CD4^+$ cell counts of 201–350 cells/μL, initiating antiretroviral therapy was associated with reduced mortality, compared with delaying such therapy until <200 cells/μL (*7*).

One of the goals of CDC's national HIV Prevention Strategic Plan (goal no. 2) is to increase the proportion of HIV-infected persons in the United States who know they are infected (*10*). In April 2003, CDC announced a new initiative, "Advancing HIV Prevention: New Strategies for a Changing Epidemic," with strategies to reduce barriers to early diagnosis of HIV infection (*5*). These strategies include

trust•wor•thy: *adj*

('trəst-"wər-thē) 1 : worthy of belief

2 : capable of being depended upon;

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making voluntary HIV testing a part of routine medical care in many settings, identifying and implementing new models for testing in nonmedical settings, and preventing new infections by working with HIV-infected persons and their partners to reduce transmission. In November 2002, the Food and Drug Administration approved a rapid test for HIV detection; in January 2003, this test was categorized as a waived test under the Clinical Laboratory Improvement Amendments. Rapid tests create new opportunities to expand HIV testing to nontraditional and high-prevalence settings (e.g., emergency rooms, correctional facilities, community outreach settings, mobile testing sites, street outreach programs, social venues, and public service sites). The new rapid testing technologies will allow screening test results to be given during initial patient encounters so clients do not have to return for test results unless test results are positive, when confirmatory testing is required. To reduce transmission of HIV infection, public health agencies should understand the factors associated with late testing and design programs that target specific populations at risk for late testing for HIV (e.g., heterosexuals and members of racial/ethnic minority groups).

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Public Health and Aging

Hospitalizations for Stroke Among Adults Aged ≥65 Years — United States, 2000

Stroke is the third leading cause of death in the United States and a major cause of serious, long-term disability among adults; the projected cost of stroke during 2003 is $51 billion, including $12 billion in nursing home costs (*1*). During 1988–1997, the rate of hospital admissions for stroke increased 18.6%, from approximately 560 per 100,000 population in 1988 to 664 in 1997 (*2*). To assess the burden of stroke hospitalizations and discharge status after hospitalization among U.S. residents aged ≥65 years, CDC analyzed Medicare hospital claims for persons with stroke during 2000 for the 50 states and the District of Columbia (DC). This report summarizes the results of that analysis, which indicate that geographic variation exists in both rates of hospitalization for stroke and patient discharge status. Reducing the burden of stroke in the United States will require primary prevention and control of risk factors, public education, early evaluation and treatment of persons with acute stroke, and effective secondary prevention among persons living with stroke.

Medicare hospital claims and enrollment record data for 2000 were obtained from the Centers for Medicare and Medicaid Services. A hospitalization for stroke was defined as one for which the principal diagnosis on the hospital claims record during 2000 was classified according to the *International Classification of Diseases, Ninth Revision* (ICD-9) codes 430–434 or 436–438. The number of persons at risk (i.e., U.S. residents in the 50 states and DC aged ≥65 years who were entitled to Medicare Part A benefits on July 1, 2000, excluding members of health maintenance organizations) was obtained from Medicare enrollment records. Age-adjusted hospitalization rates per 1,000 Medicare enrollees were calculated by using the 2000 U.S. standard population. Outcomes included discharge to home, a skilled nursing facility, or another care facility (i.e., intermediate care, short-term care, or other type of facility); death during the hospital stay; or other outcome (i.e., left against medical advice or experienced an unknown discharge outcome).

During 2000, a total of 445,452 hospitalizations among Medicare enrollees were attributed to stroke, resulting in an age-adjusted rate of 16.3 per 1,000 enrollees. Stroke hospitalization rates increased with age and were higher among men than women and among blacks than whites (Table 1).

The majority of hospitalizations for stroke resulted in discharge to home (50.3%), followed by discharge to a skilled nursing facility (21.0%), discharge to another facility (19.6%), and death (8.7%). A total of 0.5% either left against medical advice or experienced an unknown discharge outcome.

TABLE 1. Number and age-adjusted rate* of stroke† hospitalizations and the percentage of persons aged ≥65 years who were discharged to home, a skilled nursing facility, or other facility; died in the hospital; or had another outcome, by selected characteristics — United States, 2000

Characteristic	No.	Rate	Discharged			Died in hospital (%)	Other outcome¶ (%)
			Home (%)	Skilled nursing facility (%)	Other facility§ (%)		
Age group (yrs)							
65–74	142,952	10.3	(62.9)	(11.9)	(18.4)	(6.4)	(0.3)
75–84	196,705	20.5	(50.8)	(20.4)	(20.0)	(8.3)	(0.4)
≥85	105,795	29.9	(32.2)	(34.2)	(20.5)	(12.5)	(0.7)
Sex							
Men	192,311	18.2	(56.3)	(16.7)	(18.6)	(8.0)	(0.4)
Women	253,141	15.1	(45.7)	(24.2)	(20.4)	(9.2)	(0.5)
Race							
White	382,677	15.9	(51.0)	(20.8)	(19.1)	(8.7)	(0.5)
Black	43,569	20.7	(43.5)	(23.0)	(24.4)	(8.7)	(0.4)
Total	**445,452**	**16.3**	**(50.3)**	**(20.9)**	**(19.6)**	**(8.7)**	**(0.5)**

* Per 1,000 Medicare enrollees.
† *International Classification of Diseases, Ninth Revision* (ICD-9) codes 430–434 or 436–438.
§ Intermediate care, short-term care, or other type of facility.
¶ Left against medical advice or experienced an unknown discharge outcome.

Discharge status varied by age. Approximately half (54.7%) of persons aged ≥85 years were discharged to either a skilled nursing facility or other facility, compared with 30.3% of persons aged 65–74 years. Higher proportions of women and blacks were discharged to either a skilled nursing facility or other facility than men or whites, respectively.

Age-adjusted stroke hospitalization rates per 1,000 Medicare enrollees varied by state (range: 11.8 [New Mexico]–21.9 [Mississippi]) (Table 2). Discharge status also varied by state; the proportion of persons hospitalized for stroke who were discharged to home ranged from 41.0% (Massachusetts) to 58.0% (West Virginia), and the proportion discharged to a skilled nursing facility ranged from 10.8% (Louisiana) to 34.4% (Connecticut).

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Editorial Note: As the U.S. population continues to age, stroke hospitalization rates and the proportion of persons discharged to skilled nursing facilities might increase (*3*). Older stroke patients, those with specific neurologic deficits (i.e., language deficits, facial weakness, and leg weakness), and those hospitalized longer are more likely to be discharged to a skilled nursing facility (*3–5*). Approximately 20% of stroke patients die within 1 year after discharge (*6*), and the types of post-acute care change over time, with an increasing proportion of patients using a combination of services (*4*).

Use of Medicare services and Medicare spending rates vary across the United States (*4*). State-specific variations in discharge location probably reflect differences in patient demographics, medical practice styles, local regulatory practices, and availability and accessibility of post-acute care facilities (*4*). Payment for post-acute care is one of the fastest growing categories in Medicare spending, and stroke has been identified as one of the diagnostic-related groups with the highest number of beneficiaries using post-acute care (*4*). After adjustment for stroke severity, home health care for Medicare stroke patients results in better functional outcomes and is more cost-effective than skilled nursing home care, rehabilitation care, and recuperation at home with no formal care at both 6 weeks and 6 months after discharge (*3*).

The findings in this report are subject to at least four limitations. First, the data cannot be generalized to other age and racial/ethnic groups because the population included only Medicare enrollees, and small numbers precluded the use of other racial/ethnic groups in this analysis. Second, the accuracy of physician and administrative reporting of ICD codes and the severity and timing of stroke could not be determined by using Medicare hospital claims. Third, these records could not be used to determine whether a person was discharged for a new or a recurrent stroke. Finally, because Medicare hospital claims data do not provide follow-up information, only discharge status was examined.

Stroke hospitalization rates can be reduced by educating the public about the control and treatment of the major risk factors for stroke (i.e., high blood pressure, high cholesterol, smoking, and diabetes). Prompt treatment after a stroke decreases long-term disability, which reduces the need for admission to a skilled nursing facility; for example, thrombolytic therapy is time-dependent and beneficial to ischemic stroke patients only if administered within 3 hours of symptom onset (*7*). Educating health-care providers and officials who determine Medicare payment policies about optimal

TABLE 2. Number and age-adjusted rate* of stroke† hospitalizations and the percentage of persons aged ≥65 years who were discharged to home, a skilled nursing facility, or other facility§; died in the hospital; or had another outcome¶, by reporting area — United States, 2000

Area	No.	Rate	Discharged			Died in hospital (%)	Other outcome¶ (%)
			Home (%)	Skilled nursing facility (%)	Other facility§ (%)		
Alabama	10,650	21.5	(56.5)	(17.4)	(16.6)	(9.4)	(0.1)
Alaska	461	15.1	(53.8)	(18.2)	(19.3)	(8.5)	(0.2)
Arizona	4,880	13.6	(53.4)	(22.2)	(17.7)	(6.1)	(0.6)
Arkansas	6,606	19.4	(46.3)	(14.4)	(29.9)	(9.0)	(0.3)
California	27,827	15.2	(47.4)	(25.7)	(17.5)	(8.8)	(0.7)
Colorado	3,132	12.7	(44.7)	(23.7)	(23.0)	(8.3)	(0.3)
Connecticut	4,593	12.3	(42.1)	(34.4)	(12.8)	(9.9)	(0.7)
Delaware	1,425	15.8	(52.8)	(23.2)	(14.5)	(9.3)	(0.3)
District of Columbia	886	15.0	(48.1)	(28.9)	(13.2)	(9.5)	(0.3)
Florida	30,673	16.7	(53.2)	(24.3)	(14.5)	(7.3)	(0.6)
Georgia	12,662	18.6	(52.1)	(16.5)	(21.2)	(9.5)	(0.7)
Hawaii	1,280	14.3	(52.2)	(16.7)	(19.5)	(11.3)	(0.2)
Idaho	1,679	13.1	(48.2)	(24.5)	(18.6)	(8.6)	(0.1)
Illinois	21,134	16.7	(47.2)	(24.6)	(19.6)	(7.9)	(0.7)
Indiana	11,902	17.1	(48.4)	(24.3)	(18.4)	(8.6)	(0.2)
Iowa	6,154	14.5	(47.1)	(22.0)	(22.3)	(8.3)	(0.3)
Kansas	5,402	16.5	(50.4)	(17.5)	(24.0)	(7.9)	(0.1)
Kentucky	8,443	19.0	(52.3)	(19.5)	(19.1)	(8.7)	(0.4)
Louisiana	8,161	20.5	(48.9)	(10.8)	(32.8)	(7.3)	(0.2)
Maine	2,183	12.3	(50.0)	(24.8)	(14.9)	(10.2)	(0.1)
Maryland	8,531	17.2	(53.1)	(22.8)	(16.1)	(7.8)	(0.2)
Massachusetts	8,275	13.2	(41.0)	(25.5)	(23.5)	(9.8)	(0.2)
Michigan	19,460	17.3	(56.1)	(16.2)	(19.2)	(7.5)	(1.0)
Minnesota	7,187	14.5	(45.7)	(26.8)	(18.4)	(8.9)	(0.1)
Mississippi	7,042	21.9	(53.5)	(17.9)	(18.9)	(9.4)	(0.3)
Missouri	10,621	17.2	(47.8)	(21.5)	(22.2)	(8.4)	(0.2)
Montana	1,668	14.1	(48.1)	(23.3)	(18.5)	(9.7)	(0.3)
Nebraska	2,929	13.2	(49.2)	(21.2)	(21.5)	(7.8)	(0.2)
Nevada	1,908	15.1	(49.3)	(14.9)	(26.1)	(9.2)	(0.4)
New Hampshire	1,876	13.1	(45.3)	(22.1)	(24.7)	(7.7)	(0.3)
New Jersey	14,329	15.7	(51.4)	(21.6)	(16.7)	(10.2)	(0.2)
New Mexico	1,773	11.8	(50.8)	(15.2)	(23.2)	(10.5)	(0.3)
New York	24,902	13.7	(50.5)	(20.1)	(17.3)	(11.1)	(1.0)
North Carolina	15,863	18.1	(53.0)	(20.2)	(17.0)	(9.7)	(0.1)
North Dakota	1,281	13.5	(44.3)	(20.8)	(26.6)	(8.0)	(0.2)
Ohio	20,553	17.1	(48.8)	(25.2)	(18.3)	(7.0)	(0.7)
Oklahoma	6,957	18.0	(47.8)	(13.1)	(30.5)	(8.3)	(0.2)
Oregon	4,159	16.2	(53.2)	(25.5)	(13.0)	(8.1)	(0.1)
Pennsylvania	22,422	16.5	(45.2)	(25.3)	(20.7)	(8.6)	(0.3)
Rhode Island	1,228	12.6	(42.3)	(26.4)	(21.7)	(9.3)	(0.4)
South Carolina	8,141	18.4	(54.0)	(18.9)	(17.0)	(10.0)	(0.1)
South Dakota	1,558	14.4	(46.5)	(18.0)	(28.1)	(7.3)	(0.0)
Tennessee	11,730	18.8	(48.7)	(20.2)	(21.4)	(9.4)	(0.2)
Texas	27,983	17.6	(48.8)	(13.6)	(29.2)	(7.8)	(0.7)
Utah	2,097	12.3	(44.5)	(27.8)	(18.1)	(9.2)	(0.3)
Vermont	923	12.3	(46.9)	(21.6)	(20.5)	(10.7)	(0.3)
Virginia	12,029	17.1	(54.2)	(19.1)	(17.0)	(9.3)	(0.4)
Washington	6,398	13.6	(45.4)	(27.7)	(18.0)	(8.8)	(0.2)
West Virginia	4,944	20.5	(58.0)	(18.5)	(14.4)	(8.7)	(0.3)
Wisconsin	9,651	14.6	(46.5)	(22.2)	(21.5)	(9.0)	(0.8)
Wyoming	676	12.6	(50.3)	(20.6)	(19.1)	(9.6)	(0.4)
Total	**445,452**	**16.3**	**(50.3)**	**(20.9)**	**(19.6)**	**(8.7)**	**(0.5)**

* Per 1,000 Medicare enrollees.
† *International Classification of Diseases, Ninth Revision* (ICD-9) codes 430–434 or 436–438.
§ Intermediate care, short-term care, or other type of facility.
¶ Left against medical advice or experienced an unknown discharge outcome.

post-acute stroke care might help decrease the need to use skilled nursing facilities (*4*). Reducing the burden of stroke in the United States will require 1) primary prevention and control of risk factors; 2) public education about signs and symptoms of stroke, the need for emergency response (i.e., calling 911), and the importance of immediate transport to a primary stroke center (i.e., a specialized emergency facility for treatment of stroke); 3) early appropriate evaluation and treatment of persons with acute stroke; and 4) effective secondary prevention among persons living with stroke (*8*).

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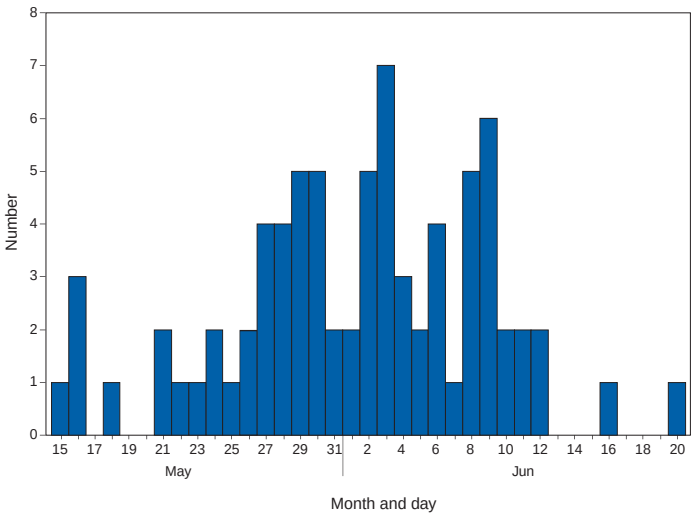
Update: Multistate Outbreak of Monkeypox — Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin, 2003

CDC and state and local health departments continue to investigate cases of monkeypox among persons who had contact with wild or exotic mammalian pets or persons with monkeypox (*1,2*). This report updates epidemiologic, laboratory, and smallpox vaccine use data for U.S. cases.

As of June 25, a total of 79 cases of monkeypox had been reported to CDC from Wisconsin (39), Indiana (20), Illinois (16), Missouri (two), Kansas (one), and Ohio (one) (Figure); these include 29 cases laboratory-confirmed at CDC and 51 cases under investigation by state and local health departments (Table). A total of 19 cases were excluded from those reported in the previous update because they met the exclusion criteria outlined in the updated case definition (*2*), and 11 were added. Of the 79 cases, 37 (47%) were among males; the median age was 28 years (range: 1–51 years). Age data were unavailable for two patients. Among 75 patients for whom data were available, 19 (25%) were hospitalized. Two patients have had a

FIGURE. Number* of persons with monkeypox, by date of first symptom onset — Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin, May 15–June 20, 2003



* N = 77. Includes laboratory-confirmed cases and cases under investigation. Dates of illness onset were not available for two patients.

TABLE. Number* and percentage of laboratory-confirmed monkeypox cases, by selected characteristics — United States, 2003

Characteristic	No.	(%)
State		
Illinois	6	(21)
Indiana	7	(24)
Kansas	1	(3)
Missouri	1	(3)
Wisconsin	14	(48)
Possible sources of monkeypox exposure		
Prairie dog(s)	11	(38)
Prairie dog(s) and human case(s)	13	(45)
Premises with prairie dogs	5	(17)
Age (yrs)		
6–18	9	(31)
19–48	20	(69)
Sex		
Female	14	(48)
Male	15	(52)
Clinical features		
Rash	29	(100)
Fever	26	(90)
Respiratory symptoms†	23	(79)
Lymphadenopathy	21	(72)
Hospitalized	15	(52)
Previous smallpox vaccination§	7	(35)

* N = 29.
† Includes one or more of the following symptoms: cough, sore throat, shortness of breath, and nasal congestion.
§ Information was available for 20 (69%) of the laboratory-confirmed cases.

serious clinical illness. The first patient was a child with a previously reported laboratory-confirmed case of severe monkeypox-associated encephalitis (*1,2*); the child subsequently improved and was discharged after requiring hospitalization for 14 days. A second child, who was exposed to three ill prairie dogs, was hospitalized with profound painful cervical and tonsillar adenopathy and diffuse pox lesions, including lesions in the oropharynx. Although the child had difficulty breathing and swallowing, mechanical ventilation was not required. The adenopathy peaked 5 days after rash onset and 7 days after onset of initial prodromal symptoms of general malaise, myalgia, and fever. Preliminary testing of skin rash lesions was positive for orthopox virus; confirmatory testing for monkeypox virus is pending at CDC.

Of the 79 reported cases, 29 (37%) have been laboratory confirmed at CDC for monkeypox by detection of virus in skin rash lesions by using culture, polymerase chain reaction (PCR), immunohistochemical testing, and/or electron microscopy. One patient had monkeypox virus detected by PCR and culture in throat and nasopharyngeal swabs obtained when the patient was ill with prodromal symptoms and a macular rash. In addition, an IgM response to orthopox viral antigen was detected in an acute serum sample. For these laboratory-confirmed cases, dates of illness onset ranged from May 16 to June 11. All confirmed patients reported a rash and at least one other clinical sign or symptom, including fever, respiratory symptoms, and/or lymphadenopathy. The median incubation period (i.e., first exposure date to illness onset date) was 12 days (range: 2–26 days). The majority of confirmed patients reported exposure to wild or exotic mammals, including prairie dogs; some patients also had contact with other persons with monkeypox virus infection in a household setting. No cases of monkeypox that could be attributed exclusively to person-to-person contact have been confirmed.

Use of Smallpox Vaccine

To prevent further transmission of monkeypox, 26 residents of five states have received smallpox vaccine since June 13; recipients included 24 adults and two children. Vaccine was administered to two laboratory workers pre-exposure and to 24 persons post-exposure (11 health-care workers, seven household contacts, three laboratory workers, two public health veterinarians, and one work contact). One adult who was vaccinated as a child did not have a major vaccine reaction or "take" 7 days after vaccination and required revaccination.

CDC has issued updated interim guidance on the use of smallpox vaccine, cidofovir, and vaccinia immune globulin for prevention and treatment in the setting of an outbreak of monkeypox (*3*). Principal changes in the updated guidance include a revision of the definition of close contact with an ill animal, recommendations for vaccination of clinical laboratory workers handling specimens from ill animals and persons infected with monkeypox virus, and instructions for reporting smallpox vaccine–related serious adverse events to the Vaccine Adverse Event Reporting System (VAERS).

Health-care providers, veterinarians, and public health officials who suspect monkeypox in animals or humans should report such cases to their state and local health departments. State health departments should report suspect cases to CDC, telephone 770-488-7100. Clinical specimens should be submitted for testing after consultation with the state and local health department. Interpretation of laboratory results requires completion of specimen submission forms, which are available at http://www.cdc.gov/ncidod/monkeypox/diagspecimens.htm. Additional information about monkeypox is available at http://www.cdc.gov/ncidod/monkeypox.

Reported by: *State and local health departments. Monkeypox investigation team, CDC.*

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This report is based on data contributed by MG Anderson, MD, Crusader Clinic; S Homann, MD, Rockford Infectious Disease Consultants, Rockford; L Frenkel, Dept of Pediatrics, Univ of Illinois, Chicago, Illinois.

Erratum: Vol. 52, No. 18

In the article, *"Adults Who Have Never Seen a Health-Care Provider for Chronic Joint Symptoms—United States, 2001,"* Tables 1 and 2 on pages 417–8 contained confidence intervals that were calculated incorrectly. In Table 1, the number of adults (in thousands) who have never seen a health-care provider for chronic joint symptoms among those with insufficient levels of physical activity should have been 3,616 instead of 2,616. In Table 2, prevalence estimates changed slightly (0.1%–0.4%) in some areas (California, District of Columbia, Idaho, Massachusetts, Missouri, North Dakota, Rhode Island, South Dakota, Tennessee, Vermont, Virginia, U.S. Virgin Islands, and Washington).

TABLE 1. Estimated prevalence of adults aged ≥18 years with chronic joint symptoms (CJS) who have never seen a health-care provider* for CJS, by selected characteristics — Behavioral Risk Factor Surveillance System, United States†, 2001

Characteristic	Prevalence of never having seen a health-care provider for CJS			Odds of never having seen a health-care provider for CJS			
	No. (in thousands)	%	(95% CI§)	Age-adjusted OR¶	(95% CI)	Full model OR**	(95% CI)
Age (yrs)							
18–44	4,462	27.7	(26.5–29.0)	—	—	1.00	
45–64	3,821	20.3	(19.3–21.4)	—	—	0.87	(0.79–0.97)
≥65	2,013	16.1	(15.0–17.2)	—	—	0.70	(0.62–0.79)
Sex††							
Male	4,912	24.5	(24.3–25.6)	1.28	(1.18–1.38)	1.17	(1.07–1.28)
Female	5,429	19.6	(18.8–20.4)	1.00		1.00	
Race/Ethnicity††							
White, non-Hispanic	7,441	20.5	(19.9–21.2)	1.00		1.00	
Black, non-Hispanic	824	20.2	(18.1–22.3)	0.94	(0.82–1.08)	0.87	(0.75–1.02)
Hispanic	1,282	31.3	(27.7–34.9)	1.62	(1.36–1.93)	1.32	(1.09–1.60)
Other	680	24.6	(21.1–28.1)	1.18	(0.97–1.44)	1.20	(0.95–1.51)
Education level (yrs)††							
≤8	792	27.1	(23.3–30.8)	1.68	(1.36–2.08)	1.46	(1.16–1.85)
9–11 years	1,217	24.8	(22.5–27.1)	1.31	(1.12–1.52)	1.35	(1.13–1.62)
High school or equivalent	3,528	22.3	(21.2–23.4)	1.14	(1.03–1.27)	1.16	(1.03–1.30)
13–15	2,561	19.7	(18.6–20.8)	0.94	(0.85–1.05)	0.96	(0.85–1.09)
≥16	2,202	20.2	(18.9–21.5)	1.00		1.00	
Physical activity§§							
Recommended	4,039	22.8	(21.8–23.9)	1.06	(0.95–1.19)	0.81	(0.71–0.92)
Insufficient	3,616	21.6	(20.5–22.7)	1.03	(0.92–1.16)	0.89	(0.79–1.01)
Inactive	1,978	19.8	(18.4–21.3)	1.00		1.00	
Body mass index¶¶							
1.0–18.4 (underweight)	170	22.0	(17.4–26.6)	1.14	(0.85–1.52)	1.19	(0.86–1.65)
18.5–24.9 (normal)	3,276	22.9	(21.7–24.0)	1.19	(1.07–1.32)	1.02	(0.91–1.14)
25.0–29.9 (overweight)	3,691	21.9	(20.8–23.0)	1.18	(1.06–1.30)	1.02	(0.91–1.14)
>30.0 (obese)	2,637	19.6	(18.4–20.8)	1.00		1.00	
Health status††							
Excellent, very good, good	7,754	24.4	(23.6–25.3)	1.57	(1.43–1.73)	1.29	(1.16–1.45)
Fair/poor	2,510	15.9	(14.9–17.0)	1.00		1.00	
Has health insurance††							
Yes	8,157	19.6	(18.9–20.2)	1.00		1.00	
No	2,163	36.4	(34.0–38.7)	2.04	(1.82–2.28)	1.65	(1.44–1.89)
Has personal doctor††							
Yes	7,673	18.8	(18.1–19.6)	1.00		1.00	
No	2,563	38.8	(36.7–40.8)	2.44	(2.21–2.70)	2.11	(1.87–2.38)
Limited due to joint symptoms††							
Yes	1,977	9.1	(8.4–9.8)	1.00		1.00	
No	8,328	32.4	(31.4–33.4)	4.68	(4.26–5.14)	4.71	(4.25–5.23)
Total	**10,342**	**21.7**	**(21.0–22.3)**				

* Includes doctor, nurse, and other health-care professional.
† Estimates exclude the Virgin Islands, Puerto Rico, and Guam.
§ Confidence interval.
¶ Odds ratio.
** Full model adjusted for age, sex, race/ethnicity, education, physical activity, body mass index, health status, insurance status, has personal doctor, and limited activities due to joint symptoms.
†† Statistically significant differences at p<0.05 for ORs.
§§ Leisure-time physical activity was created by using a set of questions on exercise, recreation, and physical activity (other than job duties) during the previous month. Recommended activity is moderate physical activity ≥5 days per week for ≥30 minutes per day, vigorous activity ≥3 days per week for ≥20 minutes per day, or both. Physical activity includes leisure-time, household tasks, and transportation. Insufficient activity is some activity but not enough to meet recommendations. Inactive is no reported moderate or vigorous physical activity.
¶¶ Categorized according to the National Institutes of Health scheme (http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_b.pdf).

"Learning is like rowing upstream; not to advance is to fall back."

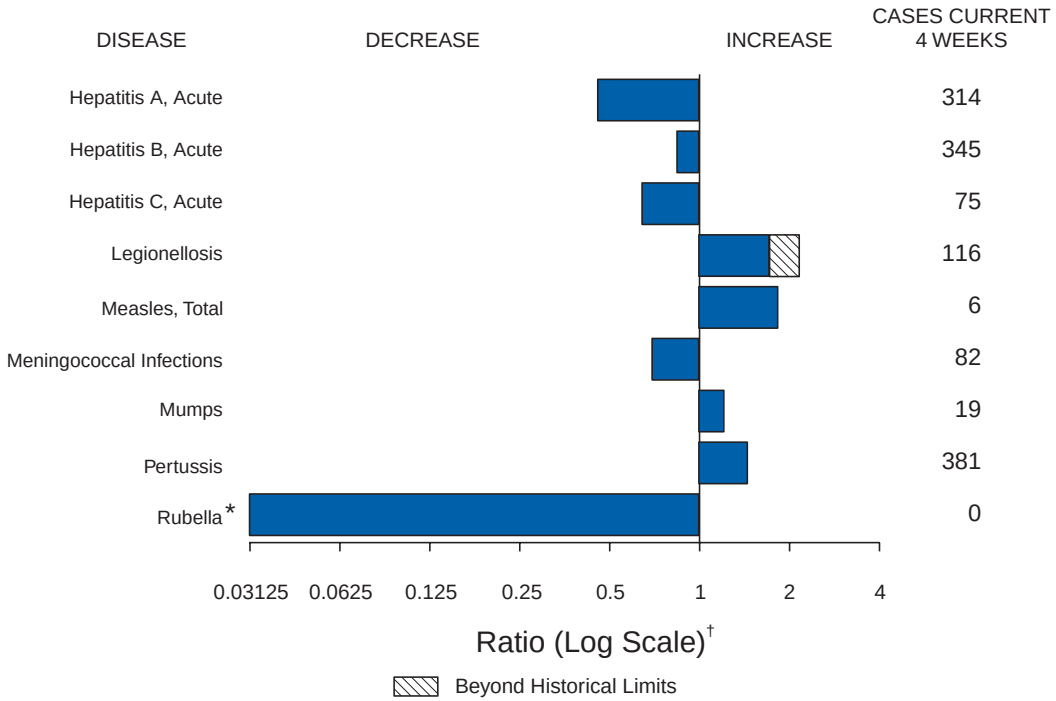
Chinese Proverb

TABLE 2. Weighted number and percentage adults aged ≥18 years with chronic joint symptoms (CJS) who have never been seen by a health-care provider* for CJS, by area — Behavioral Risk Factor Surveillance System, United States, 2001

	Prevalence of never having seen a health-care provider for CJS		
Area	No. (in thousands)	%	(95% CI†)
Alabama	189	20.5	(17.5–23.5)
Alaska	23	23.1	(18.3–28.0)
Arizona	208	23.7	(19.1–28.2)
Arkansas	132	23.7	(20.3–27.1)
California	1,228	26.4	(22.7–30.1)
Colorado	156	21.8	(17.5–26.1)
Connecticut	116	20.9	(18.4–23.4)
Delaware	25	16.9	(13.7–20.2)
District of Columbia	18	24.2	(18.8–29.6)
Florida	490	18.7	(15.9–21.5)
Georgia	314	23.7	(20.5–27.0)
Guam	5	37.2	(27.0–47.3)
Hawaii	22	19.6	(14.5–24.7)
Idaho	67	26.2	(23.4–29.0)
Illinois	468	21.2	(17.1–25.2)
Indiana	234	20.6	(17.7–23.5)
Iowa	96	18.6	(15.8–21.5)
Kansas	102	21.7	(19.0–24.4)
Kentucky	194	21.1	(18.8–23.5)
Louisiana	146	21.2	(18.5–24.0)
Maine	40	16.5	(13.3–19.7)
Maryland	134	17.1	(14.0–20.1)
Massachusetts	181	17.4	(15.3–19.5)
Michigan	424	22.2	(19.3–25.1)
Minnesota	197	21.0	(18.4–23.7)
Mississippi	120	23.3	(20.0–26.6)
Missouri	221	21.2	(18.1–24.3)
Montana	36	19.3	(16.0–22.7)
Nebraska	50	19.0	(16.0–22.0)
Nevada	81	21.5	(16.6–26.3)
New Hampshire	41	20.6	(17.4–23.7)
New Jersey	292	22.8	(19.6–26.0)
New Mexico	61	20.3	(17.1–23.4)
New York	583	18.7	(15.4–21.9)
North Carolina	262	19.2	(16.2–22.2)
North Dakota	24	23.7	(19.7–27.7)
Ohio	375	18.8	(15.5–22.2)
Oklahoma	133	20.9	(18.0–23.8)
Oregon	177	25.5	(21.9–29.0)
Pennsylvania	442	19.3	(16.3–22.2)
Puerto Rico	83	13.5	(10.9–16.0)
Rhode Island	33	19.2	(16.3–22.2)
South Carolina	152	22.3	(18.9–25.7)
South Dakota	22	19.1	(16.7–21.5)
Tennessee	239	22.3	(18.6–26.0)
Texas	876	28.2	(25.4–31.0)
Utah	66	18.7	(15.3–22.0)
Vermont	20	17.8	(15.1–20.5)
Virginia	253	22.0	(18.4–25.6)
Virgin Island	3	31.0	(25.0–36.9)
Washington	233	20.9	(18.1–23.6)
West Virginia	78	18.5	(15.8–21.1)
Wisconsin	245	21.4	(18.4–24.4)
Wyoming	20	24.3	(21.0–27.7)

* Includes doctor, nurse, or other health-care professional.
† Confidence interval.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 21, 2003, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 25 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.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending June 21, 2003 (25th Week)*

	Cum. 2003	Cum. 2002		Cum. 2003	Cum. 2002
Anthrax	-	1	Hansen disease (leprosy)†	23	50
Botulism:	-	-	Hantavirus pulmonary syndrome†	10	10
foodborne	7	6	Hemolytic uremic syndrome, postdiarrheal†	44	68
infant	28	34	HIV infection, pediatric†§	108	77
other (wound & unspecified)	11	7	Measles, total	21¶	14**
Brucellosis†	30	55	Mumps	102	149
Chancroid	18	37	Plague	-	-
Cholera	-	2	Poliomyelitis, paralytic	1	-
Cyclosporiasis†	15	77	Psittacosis†	7	12
Diphtheria	-	-	Q fever†	32	22
Ehrlichiosis:	-	-	Rabies, human	-	1
human granulocytic (HGE)†	39	59	Rubella	3	7
human monocytic (HME)†	23	37	Rubella, congenital	-	1
other and unspecified	3	6	Streptococcal toxic-shock syndrome†	104	72
Encephalitis/Meningitis:	-	-	Tetanus	3	12
California serogroup viral†	-	-	Toxic-shock syndrome	67	59
eastern equine†	-	-	Trichinosis	2	10
Powassan†	-	-	Tularemia†	12	26
St. Louis†	-	-	Yellow fever	-	-
western equine†	-	-			

-: No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update May 25, 2003.
¶ Of 21 cases reported, 19 were indigenous and two were imported from another country.
** Of 14 cases reported, seven were indigenous and seven were imported from another country.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	AIDS		Chlamydia†		Coccidiodomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile	
	Cum. 2003§	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	19,482	17,940	381,066	387,634	1,480	2,160	841	989	-	-
NEW ENGLAND	654	691	12,716	12,726	-	-	55	47	-	-
Maine	27	19	929	697	N	N	5	2	-	-
N.H.	15	19	732	755	-	-	6	10	-	-
Vt.	6	6	484	364	-	-	11	9	-	-
Mass.	277	373	5,100	5,099	-	-	21	16	-	-
R.I.	51	49	1,420	1,271	-	-	9	5	-	-
Conn.	278	225	4,051	4,540	N	N	3	5	-	-
MID. ATLANTIC	4,098	3,823	40,783	42,512	-	-	123	141	-	-
Upstate N.Y.	274	247	9,159	7,587	N	N	37	28	-	-
N.Y. City	1,976	2,046	15,065	14,696	-	-	36	59	-	-
N.J.	787	718	6,074	5,934	-	-	5	11	-	-
Pa.	1,061	812	10,485	14,295	N	N	45	43	-	-
E.N. CENTRAL	1,982	1,794	68,103	71,839	3	13	186	275	-	-
Ohio	303	311	18,679	18,638	-	-	33	62	-	-
Ind.	259	206	7,844	7,936	N	N	20	20	-	-
Ill.	959	814	19,550	22,732	-	2	21	56	-	-
Mich.	359	368	14,685	14,551	3	11	39	49	-	-
Wis.	102	95	7,345	7,982	-	-	73	88	-	-
W.N. CENTRAL	358	286	22,615	21,686	1	-	90	106	-	-
Minn.	74	71	4,662	5,037	N	N	39	36	-	-
Iowa	41	41	2,471	2,573	N	N	14	11	-	-
Mo.	177	116	8,184	6,946	-	-	7	15	-	-
N. Dak.	-	1	684	612	N	N	7	10	-	-
S. Dak.	7	2	1,194	1,047	-	-	17	5	-	-
Nebr.¶	25	23	2,076	2,042	1	-	4	22	-	-
Kans.	34	32	3,344	3,429	N	N	2	7	-	-
S. ATLANTIC	5,488	5,796	75,054	72,704	2	1	126	131	-	-
Del.	106	95	1,493	1,300	N	N	3	1	-	-
Md.	558	941	7,968	7,336	2	1	9	6	-	-
D.C.	595	264	1,308	1,556	-	-	3	3	-	-
Va.	481	344	8,984	7,881	-	-	14	2	-	-
W. Va.	42	39	1,154	1,155	N	N	2	1	-	-
N.C.	581	401	12,725	11,659	N	N	15	20	-	-
S.C.	330	440	6,957	6,872	-	-	2	2	-	-
Ga.	736	922	15,972	14,962	-	-	47	48	-	-
Fla.	2,059	2,350	18,493	19,983	N	N	31	48	-	-
E.S. CENTRAL	841	846	25,321	25,269	N	N	53	65	-	-
Ky.	79	123	3,950	4,120	N	N	11	1	-	-
Tenn.	374	360	8,998	7,833	N	N	17	33	-	-
Ala.	185	170	6,630	7,955	-	-	22	27	-	-
Miss.	203	193	5,743	5,361	N	N	3	4	-	-
W.S. CENTRAL	2,125	2,136	49,297	51,707	-	5	9	31	-	-
Ark.	65	124	3,501	3,532	-	-	1	4	-	-
La.	368	498	8,229	8,947	N	N	1	8	-	-
Okla.	92	118	5,255	4,969	N	N	4	4	-	-
Tex.	1,600	1,396	32,312	34,259	-	5	3	15	-	-
MOUNTAIN	722	608	22,220	23,714	1,032	1,474	44	64	-	-
Mont.	10	6	989	785	N	N	10	4	-	-
Idaho	13	15	1,183	1,198	N	N	7	17	-	-
Wyo.	4	5	463	429	-	-	1	6	-	-
Colo.	159	132	4,423	6,720	N	N	9	17	-	-
N. Mex.	52	34	3,183	3,721	1	5	2	6	-	-
Ariz.	341	236	7,226	6,849	1,007	1,446	3	6	-	-
Utah	31	30	2,126	1,093	5	6	9	5	-	-
Nev.	112	150	2,627	2,919	19	17	3	3	-	-
PACIFIC	3,214	1,960	64,957	65,477	441	667	155	129	-	-
Wash.	214	228	7,555	7,007	N	N	14	9	-	-
Oreg.	126	178	3,528	3,222	-	-	21	17	-	-
Calif.	2,815	1,497	51,486	51,459	441	667	120	102	-	-
Alaska	12	9	1,803	1,716	-	-	-	-	-	-
Hawaii	47	48	585	2,073	-	-	-	1	-	-
Guam	2	1	-	323	-	-	-	-	-	-
P.R.	514	502	804	1,457	N	N	N	N	-	-
V.I.	15	53	-	89	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update May 25, 2003.

¶ For Nebraska, data for hepatitis A, B, and C; meningococcal disease; pertussis; streptococcal disease (invasive, group A); and *Streptococcus pneumoniae* (invasive) were collected by using the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	569	846	70	47	51	8	6,695	8,279	144,073	164,409
NEW ENGLAND	34	64	12	12	6	1	458	748	3,100	3,702
Maine	4	3	1	-	-	-	54	72	105	49
N.H.	6	5	1	-	-	-	15	22	50	62
Vt.	1	2	-	-	-	-	41	53	38	51
Mass.	12	32	2	8	6	1	208	387	1,251	1,603
R.I.	1	5	-	-	-	-	51	56	424	445
Conn.	10	17	8	4	-	-	89	158	1,232	1,492
MID. ATLANTIC	70	97	3	-	18	2	1,366	1,802	16,490	19,624
Upstate N.Y.	29	40	1	-	10	-	382	484	3,511	3,880
N.Y. City	3	6	-	-	-	-	488	690	5,780	5,951
N.J.	5	17	-	-	-	-	112	210	3,552	3,593
Pa.	33	34	2	-	8	2	384	418	3,647	6,200
E.N. CENTRAL	131	211	10	10	9	1	1,115	1,383	30,654	34,532
Ohio	35	38	10	4	9	1	380	365	10,404	10,230
Ind.	19	18	-	-	-	-	-	-	2,998	3,407
Ill.	20	70	-	4	-	-	263	413	8,727	11,491
Mich.	27	32	-	2	-	-	298	377	6,036	6,636
Wis.	30	53	-	-	-	-	174	228	2,489	2,768
W.N. CENTRAL	88	102	8	5	9	-	679	783	7,538	8,327
Minn.	30	30	7	4	-	-	265	270	1,155	1,440
Iowa	12	22	-	-	-	-	100	108	546	570
Mo.	24	17	N	N	1	-	164	215	3,846	4,064
N. Dak.	4	4	-	-	2	-	15	13	30	33
S. Dak.	5	8	-	-	-	-	22	29	95	118
Nebr.	6	14	1	1	-	-	55	70	678	719
Kans.	7	7	-	-	6	-	58	78	1,188	1,383
S. ATLANTIC	54	77	24	10	-	-	1,090	1,223	36,564	42,024
Del.	-	4	N	N	N	N	16	23	555	784
Md.	2	5	-	-	-	-	51	45	3,736	4,127
D.C.	1	-	-	-	-	-	17	20	1,005	1,268
Va.	18	19	2	-	-	-	149	96	4,125	4,800
W. Va.	1	2	-	-	-	-	14	18	385	478
N.C.	5	15	6	-	-	-	N	N	7,122	7,881
S.C.	-	-	-	-	-	-	53	32	3,731	4,180
Ga.	11	20	2	5	-	-	393	379	7,785	8,056
Fla.	16	12	14	5	-	-	397	610	8,120	10,450
E.S. CENTRAL	28	38	-	-	4	-	149	150	12,192	14,243
Ky.	9	12	-	-	4	-	N	N	1,659	1,623
Tenn.	11	19	-	-	-	-	62	68	3,630	4,373
Ala.	6	3	-	-	-	-	87	82	3,959	5,040
Miss.	2	4	-	-	-	-	-	-	2,944	3,207
W.S. CENTRAL	13	38	1	-	1	2	117	67	20,109	22,946
Ark.	3	2	-	-	-	-	64	58	1,885	2,157
La.	-	1	-	-	-	-	4	1	5,170	5,536
Okla.	4	8	-	-	-	-	49	7	2,016	2,155
Tex.	6	27	1	-	1	2	-	1	11,038	13,098
MOUNTAIN	69	69	10	7	4	2	583	597	4,610	5,147
Mont.	2	9	-	-	-	-	34	34	55	41
Idaho	18	6	5	2	-	-	72	31	39	38
Wyo.	2	2	-	1	-	-	8	10	24	28
Colo.	20	18	1	3	4	2	161	205	1,024	1,644
N. Mex.	1	4	3	1	-	-	19	71	521	698
Ariz.	13	8	N	N	N	N	107	78	1,885	1,677
Utah	10	13	1	-	-	-	128	106	192	99
Nev.	3	9	-	-	-	-	54	62	870	922
PACIFIC	82	150	2	3	-	-	1,138	1,526	12,816	13,864
Wash.	21	17	1	-	-	-	99	196	1,365	1,391
Oreg.	15	37	1	3	-	-	146	170	458	384
Calif.	45	73	-	-	-	-	837	1,074	10,604	11,509
Alaska	1	4	-	-	-	-	39	39	253	291
Hawaii	-	19	-	-	-	-	17	47	136	289
Guam	N	N	-	-	-	-	-	4	-	32
P.R.	-	1	-	-	-	-	27	9	87	219
V.I.	-	-	-	-	-	-	-	-	-	21
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	*Haemophilus influenzae*, invasive								Hepatitis (viral, acute), by type	
	All ages		Age <5 years							
	All serotypes		Serotype B		Non-serotype B		Unknown serotype		A	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	801	923	6	16	122	150	18	11	2,564	4,659
NEW ENGLAND	58	63	-	-	7	7	3	1	122	172
Maine	2	1	-	-	-	-	1	-	5	6
N.H.	7	5	-	-	-	-	-	-	8	10
Vt.	6	3	-	-	-	-	-	-	5	-
Mass.	29	28	-	-	7	3	1	1	63	79
R.I.	3	9	-	-	-	-	1	-	11	24
Conn.	11	17	-	-	-	4	-	-	30	53
MID. ATLANTIC	158	170	-	2	18	25	6	-	508	590
Upstate N.Y.	60	65	-	2	9	8	-	-	54	90
N.Y. City	23	37	-	-	5	7	-	-	152	202
N.J.	30	38	-	-	4	5	-	-	67	96
Pa.	45	30	-	-	-	5	6	-	235	202
E.N. CENTRAL	109	189	1	2	19	31	-	-	276	547
Ohio	41	49	-	-	7	5	-	-	56	141
Ind.	23	28	-	1	2	6	-	-	20	28
Ill.	32	70	-	-	8	12	-	-	84	157
Mich.	11	7	1	1	2	-	-	-	95	121
Wis.	2	35	-	-	-	8	-	-	21	100
W.N. CENTRAL	59	32	-	-	6	2	5	3	82	169
Minn.	23	17	-	-	6	2	1	1	20	25
Iowa	-	1	-	-	-	-	-	-	17	35
Mo.	21	8	-	-	-	-	4	2	26	48
N. Dak.	1	4	-	-	-	-	-	-	-	1
S. Dak.	1	1	-	-	-	-	-	-	-	3
Nebr.	1	-	-	-	-	-	-	-	4	7
Kans.	12	1	-	-	-	-	-	-	15	50
S. ATLANTIC	178	204	-	3	18	25	-	2	666	1,303
Del.	-	-	-	-	-	-	-	-	4	8
Md.	40	52	-	1	4	1	-	-	69	140
D.C.	-	-	-	-	-	-	-	-	20	46
Va.	16	16	-	-	4	2	-	-	35	42
W. Va.	7	6	-	-	-	-	-	1	11	10
N.C.	14	21	-	-	-	3	-	-	33	125
S.C.	2	6	-	-	-	2	-	-	18	41
Ga.	43	44	-	-	5	8	-	-	274	267
Fla.	56	59	-	2	5	9	-	1	202	624
E.S. CENTRAL	47	30	1	1	6	8	-	-	72	151
Ky.	2	3	-	-	-	-	-	-	13	35
Tenn.	27	15	-	-	4	5	-	-	40	59
Ala.	16	6	1	1	1	2	-	-	11	23
Miss.	2	6	-	-	1	1	-	-	8	34
W.S. CENTRAL	35	33	-	2	5	6	-	-	58	463
Ark.	5	1	-	-	1	-	-	-	2	22
La.	6	3	-	-	1	1	-	-	23	44
Okla.	23	27	-	-	3	5	-	-	9	22
Tex.	1	2	-	2	-	-	-	-	24	375
MOUNTAIN	106	114	3	3	30	25	1	3	207	291
Mont.	-	-	-	-	-	-	-	-	2	9
Idaho	2	2	-	-	1	1	-	-	-	20
Wyo.	1	2	-	-	-	-	-	-	1	2
Colo.	17	20	-	-	4	2	-	-	27	44
N. Mex.	13	18	-	-	4	4	1	1	8	8
Ariz.	59	52	3	1	13	14	-	1	122	161
Utah	8	13	-	1	5	3	-	-	17	20
Nev.	6	7	-	1	3	1	-	1	30	27
PACIFIC	51	88	1	3	13	21	3	2	573	973
Wash.	5	2	-	1	4	1	1	-	31	87
Oreg.	30	32	-	-	3	3	-	-	31	41
Calif.	11	30	1	2	6	14	2	2	505	824
Alaska	-	1	-	-	-	1	-	-	5	7
Hawaii	5	23	-	-	-	2	-	-	1	14
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	-	-	19	109
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C							
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	2,953	3,406	648	889	499	383	191	214	3,174	4,462
NEW ENGLAND	113	129	-	17	18	18	8	20	243	578
Maine	2	3	-	-	-	2	1	2	-	-
N.H.	10	9	-	-	2	2	2	2	12	28
Vt.	2	3	-	12	1	1	-	-	6	6
Mass.	87	75	-	5	6	9	3	13	15	513
R.I.	4	16	-	-	1	-	-	1	109	22
Conn.	8	23	U	U	8	4	2	2	101	9
MID. ATLANTIC	568	759	83	50	110	100	37	45	2,468	3,029
Upstate N.Y.	48	63	28	25	35	21	9	14	1,061	1,211
N.Y. City	187	410	-	-	10	19	7	13	1	39
N.J.	215	127	-	4	2	18	5	5	307	901
Pa.	118	159	55	21	63	42	16	13	1,099	878
E.N. CENTRAL	199	271	114	56	110	99	21	32	74	285
Ohio	71	39	7	-	67	37	6	9	19	20
Ind.	13	17	-	-	8	5	1	3	4	3
Ill.	1	49	7	11	3	13	4	8	-	16
Mich.	92	141	100	44	32	27	10	8	1	5
Wis.	22	25	-	1	-	17	-	4	50	241
W.N. CENTRAL	133	106	118	426	20	24	6	8	59	56
Minn.	18	7	3	-	2	2	2	-	35	27
Iowa	4	11	-	1	4	6	-	1	7	8
Mo.	85	57	114	418	9	8	1	5	11	16
N. Dak.	-	4	-	-	1	-	-	1	-	-
S. Dak.	1	-	-	-	1	1	-	-	-	-
Nebr.	12	16	1	7	2	7	3	-	2	1
Kans.	13	11	-	-	1	-	-	1	4	4
S. ATLANTIC	868	798	84	90	140	80	50	28	245	378
Del.	3	8	-	-	2	5	N	N	41	54
Md.	50	71	8	6	28	10	6	4	145	220
D.C.	1	9	-	-	1	3	-	-	3	10
Va.	59	104	1	-	9	6	6	2	14	18
W. Va.	7	13	1	1	3	-	2	-	1	3
N.C.	77	107	5	14	12	5	9	3	20	43
S.C.	71	42	19	4	3	5	1	3	1	3
Ga.	314	204	3	39	12	7	15	6	5	1
Fla.	286	240	47	26	70	39	11	10	15	26
E.S. CENTRAL	191	175	44	62	32	12	9	8	18	22
Ky.	38	26	7	2	10	6	1	2	5	9
Tenn.	82	72	9	14	12	1	1	3	8	3
Ala.	34	38	5	3	9	5	5	3	1	6
Miss.	37	39	23	43	1	-	2	-	4	4
W.S. CENTRAL	133	512	134	98	7	10	4	13	16	66
Ark.	2	64	-	8	-	-	-	-	-	-
La.	28	58	25	41	-	4	-	-	3	3
Okla.	24	12	-	-	2	2	1	3	-	-
Tex.	79	378	109	49	5	4	3	10	13	63
MOUNTAIN	306	241	29	28	28	14	16	17	5	7
Mont.	8	3	1	-	1	1	1	-	-	-
Idaho	-	3	-	-	3	-	-	2	2	2
Wyo.	17	12	-	5	1	-	-	-	-	-
Colo.	41	37	18	3	7	3	7	2	-	-
N. Mex.	14	54	-	2	2	1	2	2	-	1
Ariz.	164	83	4	3	6	3	5	8	-	2
Utah	25	20	-	2	6	5	-	3	2	1
Nev.	37	29	6	13	2	1	1	-	1	1
PACIFIC	442	415	42	62	34	26	40	43	46	41
Wash.	30	32	8	12	3	1	1	3	-	-
Oreg.	63	74	6	8	N	N	1	2	12	6
Calif.	340	300	27	42	31	25	38	33	33	34
Alaska	7	5	1	-	-	-	-	-	1	1
Hawaii	2	4	-	-	-	-	-	5	N	N
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	32	83	-	-	-	-	-	2	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	363	558	834	1,049	2,532	3,244	2,198	3,335	183	303
NEW ENGLAND	7	35	42	60	238	307	197	371	-	1
Maine	1	1	5	2	4	3	22	22	-	-
N.H.	1	5	3	7	16	6	5	11	-	-
Vt.	-	1	-	4	29	54	15	59	-	-
Mass.	5	15	26	32	183	230	78	123	-	1
R.I.	-	3	2	4	5	1	24	28	-	-
Conn.	-	10	6	11	1	13	53	128	-	-
MID. ATLANTIC	82	142	101	138	241	145	205	480	13	31
Upstate N.Y.	23	20	22	29	120	97	142	256	1	-
N.Y. City	40	84	19	22	-	9	1	10	4	6
N.J.	4	21	13	21	18	-	62	67	6	11
Pa.	15	17	47	66	103	39	-	147	2	14
E.N. CENTRAL	38	79	133	157	191	385	36	39	4	7
Ohio	9	11	39	49	109	196	15	10	3	3
Ind.	-	2	27	22	28	22	2	7	-	-
Ill.	14	35	30	34	-	54	4	7	-	4
Mich.	13	23	25	25	22	33	15	10	1	-
Wis.	2	8	12	27	32	80	-	5	-	-
W.N. CENTRAL	19	36	79	85	130	262	318	237	10	46
Minn.	11	13	17	20	47	84	14	13	-	-
Iowa	2	2	13	13	25	89	41	28	1	1
Mo.	1	8	36	33	28	52	4	17	7	43
N. Dak.	-	1	-	-	2	5	30	23	-	-
S. Dak.	1	-	1	2	2	5	58	51	-	-
Nebr.	-	5	5	12	2	3	59	-	1	2
Kans.	4	7	7	5	24	24	112	105	1	-
S. ATLANTIC	107	119	156	157	213	200	1,117	1,203	122	147
Del.	-	1	7	6	1	2	23	9	-	-
Md.	30	38	15	4	28	26	147	198	34	17
D.C.	5	8	-	-	-	1	-	-	-	-
Va.	7	11	11	23	49	88	262	273	1	6
W. Va.	4	2	1	-	5	6	38	85	-	1
N.C.	8	9	19	17	70	20	363	310	60	80
S.C.	3	4	9	14	7	26	74	45	9	27
Ga.	19	16	18	18	23	13	167	201	14	13
Fla.	31	30	76	75	30	18	43	82	4	3
E.S. CENTRAL	7	8	43	56	57	90	30	138	27	47
Ky.	1	2	7	8	15	28	18	13	-	2
Tenn.	4	2	11	21	27	38	-	108	21	22
Ala.	2	2	12	14	12	17	12	17	3	5
Miss.	-	2	13	13	3	7	-	-	3	18
W.S. CENTRAL	10	22	62	125	179	782	145	634	3	20
Ark.	3	1	9	20	-	401	25	-	-	-
La.	1	2	24	24	5	5	-	-	-	-
Okla.	2	-	8	14	12	34	120	52	2	13
Tex.	4	19	21	67	162	342	-	582	1	7
MOUNTAIN	15	22	43	59	471	406	59	103	4	4
Mont.	-	-	2	2	-	2	8	5	1	1
Idaho	1	-	6	3	25	42	2	-	1	-
Wyo.	-	-	2	-	78	6	2	12	1	2
Colo.	10	11	12	19	186	166	9	-	-	-
N. Mex.	-	1	3	2	22	57	3	5	-	-
Ariz.	2	4	14	18	101	90	32	80	1	-
Utah	1	3	-	1	47	26	2	-	-	-
Nev.	1	3	4	14	12	17	1	1	-	1
PACIFIC	78	95	175	212	812	667	91	130	-	-
Wash.	11	10	15	38	200	186	-	-	-	-
Oreg.	7	4	34	33	199	72	3	1	-	-
Calif.	58	73	123	134	409	397	85	103	-	-
Alaska	-	2	1	1	-	2	3	26	-	-
Hawaii	2	6	2	6	4	10	-	-	-	-
Guam	-	-	-	1	-	2	-	-	-	-
P.R.	-	1	2	4	-	2	28	41	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive			
							Drug resistant, all ages		Age <5 years	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	12,439	15,048	8,307	7,247	2,910	2,726	1,208	1,545	209	166
NEW ENGLAND	640	797	119	119	170	211	14	65	1	1
Maine	41	63	4	3	18	16	-	-	-	-
N.H.	42	46	4	4	16	23	-	-	N	N
Vt.	25	30	5	-	16	9	6	3	1	1
Mass.	348	464	71	87	115	75	N	N	N	N
R.I.	36	36	4	5	5	10	8	3	-	-
Conn.	148	158	31	20	-	78	-	59	U	U
MID. ATLANTIC	1,465	2,113	904	564	491	462	77	76	55	46
Upstate N.Y.	363	517	146	71	227	193	38	67	43	40
N.Y. City	416	562	157	200	65	109	U	U	U	U
N.J.	116	475	122	187	29	94	N	N	N	N
Pa.	570	559	479	106	170	66	39	9	12	6
E.N. CENTRAL	1,784	2,371	767	758	702	590	266	116	86	59
Ohio	575	590	138	320	203	135	180	10	62	-
Ind.	214	175	55	37	63	30	86	104	19	23
Ill.	502	856	390	268	170	181	-	2	-	-
Mich.	290	376	129	67	249	173	N	N	N	N
Wis.	203	374	55	66	17	71	N	N	5	36
W.N. CENTRAL	887	979	362	561	206	156	111	317	34	29
Minn.	218	217	43	103	104	78	-	220	28	25
Iowa	146	154	22	54	N	N	N	N	N	N
Mo.	300	349	168	63	42	33	7	5	2	1
N. Dak.	19	24	1	16	6	-	3	1	4	3
S. Dak.	30	36	8	148	16	9	-	1	-	-
Nebr.	67	61	85	123	19	14	-	25	N	N
Kans.	107	138	35	54	19	22	101	65	N	N
S. ATLANTIC	3,279	3,368	3,538	2,373	545	429	611	718	4	16
Del.	30	22	126	6	6	1	1	3	N	N
Md.	330	314	254	400	176	63	-	-	-	13
D.C.	15	36	29	32	9	5	2	-	-	1
Va.	358	338	185	431	62	45	N	N	N	N
W. Va.	33	44	-	3	26	9	38	34	4	2
N.C.	427	465	439	139	66	84	N	N	U	U
S.C.	164	194	207	42	23	28	67	121	N	N
Ga.	662	570	1,055	585	67	88	171	186	N	N
Fla.	1,260	1,385	1,243	735	110	106	332	374	N	N
E.S. CENTRAL	813	888	446	607	116	65	81	87	-	-
Ky.	143	130	54	62	30	10	11	10	N	N
Tenn.	275	218	151	27	86	55	70	77	N	N
Ala.	240	249	158	288	-	-	-	-	N	N
Miss.	155	291	83	230	-	-	-	-	-	-
W.S. CENTRAL	727	1,474	803	1,112	103	173	29	136	26	13
Ark.	201	235	42	92	3	4	7	5	-	-
La.	96	310	93	233	1	1	22	131	10	4
Okla.	131	145	425	178	50	30	N	N	16	-
Tex.	299	784	243	609	49	138	N	N	-	9
MOUNTAIN	895	907	433	263	291	338	18	30	3	2
Mont.	48	40	2	2	1	-	-	-	-	-
Idaho	88	56	11	2	11	5	N	N	N	N
Wyo.	48	27	1	3	1	7	4	10	-	-
Colo.	220	235	66	51	84	72	-	-	-	-
N. Mex.	72	122	85	52	72	64	14	20	-	-
Ariz.	269	263	223	122	112	170	-	-	N	N
Utah	86	61	23	16	9	20	-	-	3	2
Nev.	64	103	22	15	1	-	-	-	-	-
PACIFIC	1,949	2,151	935	890	286	302	1	-	-	-
Wash.	223	188	73	52	26	18	-	-	N	N
Oreg.	179	176	51	38	N	N	N	N	N	N
Calif.	1,464	1,637	805	776	232	255	N	N	N	N
Alaska	41	35	4	2	-	-	-	-	N	N
Hawaii	42	115	2	22	28	29	1	-	-	-
Guam	-	22	-	17	-	-	-	3	-	-
P.R.	124	171	1	12	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 21, 2003, and June 22, 2002 (25th Week)*

Reporting area	Syphilis: Primary & secondary		Syphilis: Congenital		Tuberculosis		Typhoid fever		Varicella (Chickenpox)
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003
UNITED STATES	3,171	3,061	159	196	4,450	5,781	112	149	6,835
NEW ENGLAND	92	53	1	-	117	194	11	8	1,172
Maine	4	-	1	-	5	9	-	-	619
N.H.	8	-	-	-	6	7	1	-	-
Vt.	-	1	-	-	3	1	-	-	450
Mass.	64	40	-	-	69	89	3	6	100
R.I.	10	1	-	-	12	28	2	-	3
Conn.	6	11	-	-	22	60	5	2	-
MID. ATLANTIC	366	351	30	28	884	986	17	38	9
Upstate N.Y.	15	19	5	1	105	142	3	3	N
N.Y. City	214	202	18	11	520	478	7	18	-
N.J.	67	66	7	15	153	226	6	12	-
Pa.	70	64	-	1	106	140	1	5	9
E.N. CENTRAL	458	599	38	31	513	561	8	16	3,437
Ohio	116	70	2	-	89	92	-	4	810
Ind.	22	31	7	1	60	50	4	2	-
Ill.	170	224	13	25	243	273	-	5	-
Mich.	142	263	16	5	100	111	4	3	2,140
Wis.	8	11	-	-	21	35	-	2	487
W.N. CENTRAL	79	59	2	-	183	245	2	6	35
Minn.	24	26	-	-	78	102	-	3	N
Iowa	4	2	-	-	11	14	1	-	N
Mo.	29	13	2	-	16	71	1	1	-
N. Dak.	-	-	-	-	-	4	-	-	35
S. Dak.	1	-	-	-	13	10	-	-	-
Nebr.	1	5	-	-	14	9	-	2	-
Kans.	20	13	-	-	51	35	-	-	-
S. ATLANTIC	847	732	28	46	865	1,184	25	16	1,262
Del.	4	8	-	-	-	7	-	-	13
Md.	146	83	2	5	104	120	6	3	-
D.C.	25	23	1	1	-	-	-	-	14
Va.	39	36	1	1	71	117	10	-	314
W. Va.	-	-	-	-	10	10	-	-	776
N.C.	79	150	9	12	125	138	4	-	N
S.C.	52	61	3	5	65	80	-	-	145
Ga.	197	132	3	9	119	220	3	4	-
Fla.	305	239	9	13	371	492	2	9	N
E.S. CENTRAL	152	262	12	14	300	360	3	4	-
Ky.	21	44	1	2	56	61	-	4	N
Tenn.	68	106	6	4	91	136	1	-	N
Ala.	54	84	4	5	113	107	2	-	-
Miss.	9	28	1	3	40	56	-	-	-
W.S. CENTRAL	399	381	28	43	589	915	-	17	605
Ark.	22	17	-	3	46	65	-	-	-
La.	53	58	-	-	-	-	-	-	3
Okla.	25	28	-	1	67	74	-	-	N
Tex.	299	278	28	39	476	776	-	17	602
MOUNTAIN	135	151	14	8	128	169	3	6	315
Mont.	-	-	-	-	-	4	-	-	N
Idaho	6	1	-	-	1	2	-	-	N
Wyo.	-	-	-	-	2	2	-	-	29
Colo.	7	25	2	1	28	35	3	3	-
N. Mex.	25	17	-	-	6	20	-	-	-
Ariz.	87	100	12	7	71	85	-	-	3
Utah	4	2	-	-	14	13	-	2	283
Nev.	6	6	-	-	6	8	-	1	-
PACIFIC	643	473	6	26	871	1,167	43	38	-
Wash.	34	23	-	1	94	112	2	3	-
Oreg.	18	5	-	-	46	48	3	2	-
Calif.	590	440	6	25	693	912	38	33	-
Alaska	-	-	-	-	26	28	-	-	-
Hawaii	1	5	-	-	12	67	-	-	-
Guam	-	6	-	-	-	31	-	-	-
P.R.	92	126	1	17	33	33	-	-	213
V.I.	-	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending June 21, 2003 (25th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	446	309	86	30	5	16	41
Boston, Mass.	130	80	30	8	2	10	15
Bridgeport, Conn.	38	28	6	2	2	-	1
Cambridge, Mass.	9	6	2	-	-	1	2
Fall River, Mass.	23	16	5	2	-	-	6
Hartford, Conn.	U	U	U	U	U	U	U
Lowell, Mass.	18	14	3	1	-	-	2
Lynn, Mass.	14	10	2	1	1	-	1
New Bedford, Mass.	41	36	3	2	-	-	-
New Haven, Conn.	U	U	U	U	U	U	U
Providence, R.I.	55	39	12	3	-	1	-
Somerville, Mass.	1	-	-	1	-	-	-
Springfield, Mass.	40	26	8	4	-	2	3
Waterbury, Conn.	16	11	4	1	-	-	2
Worcester, Mass.	61	43	11	5	-	2	9
MID. ATLANTIC	1,848	1,254	373	149	31	39	93
Albany, N.Y.	46	29	13	1	1	2	-
Allentown, Pa.	15	11	3	-	1	-	1
Buffalo, N.Y.	91	61	15	7	3	5	7
Camden, N.J.	34	22	7	3	-	2	3
Elizabeth, N.J.	20	14	5	1	-	-	2
Erie, Pa.	47	29	15	3	-	-	3
Jersey City, N.J.	36	25	6	5	-	-	-
New York City, N.Y.	882	594	178	79	8	21	28
Newark, N.J.	45	19	16	9	1	-	3
Paterson, N.J.	17	13	1	2	-	1	-
Philadelphia, Pa.	213	136	46	20	8	3	10
Pittsburgh, Pa.§	27	20	4	1	2	-	4
Reading, Pa.	42	36	5	1	-	-	1
Rochester, N.Y.	134	98	23	7	4	2	14
Schenectady, N.Y.	18	12	5	1	-	-	1
Scranton, Pa.	32	24	5	2	1	-	2
Syracuse, N.Y.	89	66	16	3	2	2	9
Trenton, N.J.	29	16	9	3	-	1	4
Utica, N.Y.	15	15	-	-	-	-	1
Yonkers, N.Y.	16	14	1	1	-	-	-
E.N. CENTRAL	1,788	1,191	362	139	53	43	106
Akron, Ohio	5	4	1	-	-	-	5
Canton, Ohio	38	27	9	1	-	1	5
Chicago, Ill.	332	203	74	31	13	11	12
Cincinnati, Ohio	64	37	14	5	5	3	4
Cleveland, Ohio	131	77	31	16	3	4	8
Columbus, Ohio	178	122	38	14	3	1	1
Dayton, Ohio	110	74	20	10	3	3	15
Detroit, Mich.	165	88	53	16	6	2	10
Evansville, Ind.	43	32	6	2	1	2	1
Fort Wayne, Ind.	60	50	5	1	4	-	1
Gary, Ind.	16	8	4	2	2	-	1
Grand Rapids, Mich.	42	33	7	-	-	2	8
Indianapolis, Ind.	184	124	34	15	7	4	8
Lansing, Mich.	38	29	7	1	1	-	1
Milwaukee, Wis.	106	75	20	10	-	1	10
Peoria, Ill.	41	27	9	2	1	2	2
Rockford, Ill.	57	42	8	5	2	-	1
South Bend, Ind.	42	33	5	1	1	2	1
Toledo, Ohio	73	52	11	6	1	3	9
Youngstown, Ohio	63	54	6	1	-	2	3
W.N. CENTRAL	560	388	111	30	20	11	37
Des Moines, Iowa	108	86	19	1	-	2	13
Duluth, Minn.	34	20	9	1	3	1	-
Kansas City, Kans.	28	14	7	2	3	2	1
Kansas City, Mo.	93	58	21	9	4	1	2
Lincoln, Nebr.	36	25	10	-	1	-	4
Minneapolis, Minn.	63	45	8	6	3	1	5
Omaha, Nebr.	68	47	13	2	2	4	6
St. Louis, Mo.	U	U	U	U	U	U	U
St. Paul, Minn.	57	43	9	3	2	-	2
Wichita, Kans.	73	50	15	6	2	-	4
S. ATLANTIC	1,388	867	333	117	40	30	81
Atlanta, Ga.	165	109	37	17	2	-	7
Baltimore, Md.	174	97	41	21	9	6	11
Charlotte, N.C.	95	65	22	4	-	4	4
Jacksonville, Fla.	117	73	30	7	3	3	9
Miami, Fla.	145	88	37	11	1	8	7
Norfolk, Va.	57	44	8	2	2	1	4
Richmond, Va.	69	36	20	6	3	4	6
Savannah, Ga.	82	58	16	5	3	-	8
St. Petersburg, Fla.	74	50	20	3	1	-	4
Tampa, Fla.	192	138	34	11	6	3	14
Washington, D.C.	200	101	60	28	10	1	4
Wilmington, Del.	18	8	8	2	-	-	3
E.S. CENTRAL	817	540	185	68	13	11	61
Birmingham, Ala.	155	108	34	12	-	1	17
Chattanooga, Tenn.	102	71	19	7	-	5	6
Knoxville, Tenn.	98	74	13	8	2	1	5
Lexington, Ky.	79	45	20	10	4	-	5
Memphis, Tenn.	147	99	30	9	5	4	11
Mobile, Ala.	51	30	17	3	1	-	1
Montgomery, Ala.	40	30	8	2	-	-	7
Nashville, Tenn.	145	83	44	17	1	-	9
W.S. CENTRAL	1,400	871	302	134	54	39	85
Austin, Tex.	71	39	23	6	-	3	-
Baton Rouge, La.	52	35	10	7	-	-	1
Corpus Christi, Tex.	67	39	19	3	4	2	2
Dallas, Tex.	172	95	48	15	8	6	12
El Paso, Tex.	64	48	7	3	4	2	2
Ft. Worth, Tex.	130	86	28	12	3	1	8
Houston, Tex.	426	259	79	47	27	14	34
Little Rock, Ark.	73	47	14	7	2	3	5
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	238	163	47	20	4	4	16
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	107	60	27	14	2	4	5
MOUNTAIN	761	498	174	52	23	14	47
Albuquerque, N.M.	104	65	25	8	2	4	4
Boise, Idaho	44	33	6	2	3	-	7
Colo. Springs, Colo.	54	28	10	13	3	-	3
Denver, Colo.	U	U	U	U	U	U	U
Las Vegas, Nev.	241	159	64	11	4	3	12
Ogden, Utah	29	22	3	1	1	2	4
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	26	20	5	1	-	-	2
Salt Lake City, Utah	110	64	26	7	8	5	9
Tucson, Ariz.	153	107	35	9	2	-	6
PACIFIC	1,676	1,208	303	94	44	27	124
Berkeley, Calif.	14	10	2	-	1	1	1
Fresno, Calif.	109	76	14	12	5	2	7
Glendale, Calif.	24	17	7	-	-	-	1
Honolulu, Hawaii	77	54	14	7	-	2	5
Long Beach, Calif.	57	44	7	2	-	4	7
Los Angeles, Calif.	348	247	71	18	9	3	19
Pasadena, Calif.	21	12	4	2	1	2	-
Portland, Oreg.	173	124	37	7	3	2	11
Sacramento, Calif.	232	166	44	13	7	2	26
San Diego, Calif.	145	99	30	10	4	2	17
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	156	125	21	5	4	1	10
Santa Cruz, Calif.	35	23	9	1	2	-	7
Seattle, Wash.	131	101	15	9	3	3	7
Spokane, Wash.	53	39	7	3	3	1	2
Tacoma, Wash.	101	71	21	5	2	2	4
TOTAL	10,684¶	7,126	2,229	813	283	230	675

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.

¶ Total includes unknown ages.

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