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Ocular and Respiratory Illness Associated with an Indoor Swimming Pool — Nebraska, 2006

On December 26, 2006, the Nebraska Department of Health and Human Services (NDHHS) received a report of a child hospitalized in an intensive care unit for severe chemical epiglottitis and laryngotracheobronchitis after swimming in an indoor motel swimming pool. The pool was inspected the same day and immediately closed by NDHHS because of multiple state health code violations. NDHHS initiated an outbreak investigation to identify additional cases and the cause of the illness. This report describes the results of that investigation, which indicated that 24 persons became ill, and the outbreak likely was the result of exposure to toxic levels of chloramines* (1,2) that had accumulated in the air in the enclosed space above the swimming pool. This outbreak highlights the potential health risks from chemical exposure at improperly maintained pools and the need for properly trained pool operators to maintain water quality.

The index patient was an otherwise healthy boy aged 6 years. The boy and his family attended a gathering with relatives at the motel on December 25, 2006, and he spent approximately 3 hours swimming in the pool. During this time, he had onset of coughing and dyspnea. He stopped playing in the pool but continued to cough, with one or two episodes of posttussive emesis. His parents had intended to spend the night at the motel but checked out early and returned to their home (approximately 15 miles away) the evening of December 25. During a period of 5 hours, the boy's condition worsened. He became agitated and more dyspneic and was taken to a local emergency department (ED) with erythematous eyes and nasopharynx, a barking

cough, inspiratory stridor, expiratory wheezes, and respiratory distress. The parents told the physician that multiple persons in their group had developed burning eyes, nasal burning, congestion, and cough. Physical examination of the boy indicated croupy cough, stridor at rest, and moderate retractions. Oxygen saturation level was 98% on room air; lungs were clear on auscultation, and no chest radiograph was performed. In the ED, he received a dexamethasone injection, 3 doses of racemic epinephrine, and cool-mist respiratory therapy. He was transferred to the pediatric intensive care unit in stable condition for observation, with a guarded prognosis and a diagnosis of upper airway obstruction from chemical epiglottitis and laryngotracheobronchitis; drug therapy was discontinued, and no additional treatments were administered. The boy's condition gradually improved, and he was discharged the next morning. The attending physician recorded chlorine irritation as the cause of illness.

Investigators learned that the motel belonged to a national chain. The indoor, heated pool measured 40×32 feet and had a maximum capacity of 70 persons. The immediate pool area was contained within a larger enclosed courtyard area with a single exhaust fan for ventilation in the ceiling directly above the pool. Adjacent guest rooms opened directly into the enclosed courtyard.

From the motel registry that recorded the name of a single guest per room, NDHHS identified 110 rooms with at

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^{*} Disinfection by-products formed when free chlorine, a common disinfectant used in swimming pools, combines with nitrogenous human wastes (e.g., sweat, urine, or feces) in pool water.

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Centers for Disease Control and Prevention

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least one guest registered during December 15-26, 2006, and attempted to contact these persons by telephone. Registered guests were asked whether they or other persons in their party experienced illness during their stay. Those who reported illness were asked to complete an online questionnaire; responses from persons without Internet access were collected by telephone. Information was collected regarding basic demographics; exposure to the pool, immediate pool area, or enclosed courtyard; time from exposure to illness onset; symptoms of illness; and whether medical treatment was required. A case was defined as ocular or respiratory illness in a motel guest during December 15-26, with illness onset after arrival and characterized by at least one of the following symptoms: burning eyes, sore throat, watery eyes, coughing, sneezing, burning inside the nose, wheezing, chest tightness, or shortness of breath.

NDHHS attempted to contact by telephone all 110 motel guests registered during December 15–26 and reached 67 (61%). Among those persons and other guests staying with them, 24 had illness consistent with the case definition; 16 were male, and eight were female, with a median age of 39 years (range: 4–71 years). In addition to the case definition symptoms, the 24 reported other symptoms (e.g., headache, blurry vision, or dry mouth) (Table 1).

Of 24 persons reporting illness, 20 (83%) had entered the immediate pool area, and four (17%) had entered the courtyard only. Among the 20 who entered the immediate pool area, 14 reported exposure for >1 hour, and six reported exposure for 30–60 minutes; 14 (70%) had onset of illness within 2 hours of entering the area (Table 2). Of five persons who sought medical care, three reported swimming in the pool, and two had entered the immediate pool area only. Four of the five persons were children aged \leq 16 years; only the boy aged 6 years (the index patient) was hospitalized.

Nebraska health code regulations require clean and clear public swimming-pool water with a clearly visible main drain (3). Acceptable water-chemistry values for swimming pools are as follows: free chlorine, 2–10 ppm; pH, 7.2–7.8; and chloramine (measured as combined chlorine[†]), ≤0.5 ppm (3). Inspection of the motel pool on December 26 revealed multiple state health code violations, including cloudy water, a free chlorine level (0.8 ppm) less than half the minimum, a chloramine level (4.2 ppm) eight times the maximum, and a pH (3.95) approximately half the minimum. Less severe violations included low alkalinity, inadequate daily logs, and an inoperable flow meter.

[†] Combined chlorine = total chlorine – free chlorine.

TABLE 1. Number and percentage of persons with various symptoms of illness after exposure to an indoor motel swimming pool* — Nebraska, 2006

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Symptoms	No.	(%)	
Included in case definition			
Burning eyes	22	(92)	
Sore throat	20	(83)	
Watery eyes	19	(79)	
Coughing	19	(79)	
Sneezing	18	(75)	
Burning inside nose	13	(54)	
Wheezing	11	(46)	
Chest tightness	7	(29)	
Shortness of breath	5	(21)	
Not included in case definition			
Headache	18	(75)	
Blurry vision	8	(33)	
Dry mouth	8	(33)	
Nausea	7	(29)	
Diarrhea	7	(29)	
Vomiting	4	(17)	
Skin rash	4	(17)	
Fever	3	(13)	
Abdominal cramping	2	(8)	
Photophobia	1	(4)	

^{*}N = 24. A total of 20 persons entered the immediate pool area and became ill. In addition, four persons who became ill did not enter the immediate pool area but entered the larger, enclosed courtyard area in which the pool was located.

Review of operator logs indicated deterioration of the pool's water quality during the weeks preceding the outbreak.

Before pool closure, the operator recorded inadequate combined chlorine levels for 26 consecutive days. Each log entry for combined chlorine on these days was at least three times higher than the acceptable limit of 0.5 ppm, ranging from 1.8–7.0 ppm. During this same period, the operator also recorded pH levels below the lowest acceptable limit of 7.2 on 14 of 26 days and free chlorine levels below the lowest acceptable limit of 2.0 ppm on 5 of 26 days. In addition to improper management of the water chemistry, the ceiling exhaust fan was turned off at the time of the outbreak, and the outside windows of the enclosed courtyard were closed because of cold outdoor air temperatures.

The pool was closed on December 26 and subsequently drained. It reopened February 7, 2007, and no additional illnesses have been reported.

Reported by: T Safranek, MD, S Semerena, MBA, T Huffman, M Theis, Nebraska Dept of Health and Human Svcs. J Magri, MD, T Török, MD, Office of Workforce and Career Development; MJ Beach, PhD, Div of Parasitic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases; B Buss, DVM, EIS Officer, CDC.

Editorial Note: Swimming is the most popular recreational activity among children in the United States and the second most popular exercise activity for all ages, with approximately 360 million visits to recreational water

TABLE 2. Time from entering the immediate area of an indoor motel swimming pool until onset of illness* — Nebraska, 2006

Time (min)	No.	(%)
<120	14	(70)
≤29	3	(15)
30–59	4	(20)
60–89	1	(5)
90–119	6	(30)
≥120	6	(30)

^{*} A total of 20 persons entered the immediate pool area and became ill. In addition, four persons (not included in this table) who became ill did not enter the immediate pool area but entered the larger, enclosed court-yard area in which the pool was located.

venues each year (4). Throughout the country, swimming-pool operators are responsible for proper maintenance of public pools and receive minimal public health oversight (5). This outbreak in Nebraska highlights the public health risk of improperly managed public pools. Long-term deterioration of the pool water quality was documented by the operator, who failed to maintain acceptable levels set by state regulations. Although NDHHS is responsible for overseeing the training certification of municipal pool operators, Nebraska state regulations do not require training or certification for operators of state-licensed, nonmunicipal public pools; therefore, the operator of this swimming pool was not required to be certified and had no verifiable training.

Chloramines can remain in the water or evaporate into the air above the pool, causing a pungent smell. Trichloramine is more volatile than monochloramine and dichloramine and is released into the air more readily. In addition, trichloramine causes more severe irritation and forms more rapidly in water with a low pH, such as the water in this pool (2). Methods to test chloramine levels in the air exist but are neither routine nor rapid. Therefore, environmental air sampling was not performed as part of this outbreak investigation, and the outbreak could not be specifically linked to elevated levels of chloramines in the air. However, several factors strongly suggest that high chloramine levels in the air were the cause of illness. First, the water's combined chlorine level of 4.2 ppm (at least eight times the acceptable level), together with the water's extremely low pH (3.95), was favorable for formation of high levels of chloramines, particularly trichloramine. Second, all 24 ill persons reported that their symptoms began after they entered the pool courtyard environment, and 70% of ill persons who entered the immediate pool area reported illness onset within 2 hours of entering the area. Finally, ventilation was inadequate during the outbreak; the windows of the pool enclosure were closed, and the ceiling exhaust fan had been turned off, presumably to retain a warmer temperature in the enclosed courtyard.

Chloramines are not considered health hazards in out-door swimming pools. However, in the enclosed space around indoor pools, they can reach dangerous concentrations and pose a substantial health risk. High concentrations cause acute eye and respiratory tract irritation in swimmers and other persons in the indoor pool environment (1,2) and might also contribute to asthma and respiratory disease (6,7).

In 2004, two similar outbreaks associated with exposure to indoor motel swimming pools were reported in Illinois (8). Within minutes of entering the indoor pool environments, 72 persons, predominantly children, reported illness with high attack rates and symptoms consistent with chloramine exposure. Water-chemistry abnormalities and inadequate pool maintenance were cited as contributing factors; the investigators suggested that standard education be mandatory for all public pool operators (8).

The findings of this investigation are subject to at least two limitations. First, NDHHS was unable to reach all 110 registered hotel guests, and those who were contacted were asked to complete an online survey. This passive method of data collection likely reduced the number of respondents, possibly resulting in an underestimation of the extent of the outbreak. Second, the association between exposure and illness could not be quantified because illness was not assessed in persons who were not exposed.

Clinicians and public health professionals should be vigilant for outbreaks of illness related to recreational water exposure, including those involving exposure to chloramines; such outbreaks should be reported to health departments. Chloramine-related outbreaks are thought to be common but seldom reported (8,9). Although NDHHS certification for nonmunicipal pool operators is not required, NDHHS training courses are open to both municipal and nonmunicipal pool operators. To ensure the safety of indoor swimming-pool environments, pool owners should ensure that pool operators are trained to maintain water chemistry within acceptable ranges and ensure adequate ventilation to prevent accumulation of unsafe levels of chloramines and minimize the associated health risks. In addition, swimmers should report an unusually strong chlorine odor and any instance of pool-associated respiratory or ocular irritation to pool operators and refrain from entering the implicated pool area and swimming in the pool.

References

 Héry M, Hecht G, Gerber JM, Gendre JC, Hubert G, Rebuffaud J. Exposure to chloramines in the atmosphere of indoor swimming pools. Ann Occup Hyg 1995;39:427–39.

- Massin N, Bohadana AB, Wild P, Héry M, Toamain JP, Hubert G. Respiratory symptoms and bronchial responsiveness in lifeguards exposed to nitrogen trichloride in indoor swimming pools. Occup Environ Med 1998;55:258–63.
- 3. Nebraska Health and Human Services. Nebraska Administrative Code, title 178, chapter 2. Operation and management of public swimming pools. Available at http://www.hhs.state.ne.us/reg/t178.htm.
- 4. US Bureau of the Census. Statistical abstract of the United States: 1995. 115th ed. Washington, DC: US Bureau of the Census; 1995.
- CDC. Surveillance data from swimming pool inspections—selected states and counties, United States, May–September 2002. MMWR 2003;52:513–6.
- Thickett KM, McCoach JS, Gerber JM, Sadhra S, Burge PS. Occupational asthma caused by chloramines in indoor swimming-pool air. Eur Respir J 2002;19:827–32.
- Bernard A, Carbonnelle S, Dumont X, Nickmilder M. Infant swimming practice, pulmonary epithelium integrity, and the risk of allergic and respiratory disease later in childhood. Pediatrics 2007;119:1095–103.
- 8. Bowen AB, Kile JC, Otto C, et al. Outbreaks of short-incubation ocular and respiratory illness following exposure to indoor swimming pools. Environ Health Perspect 2007;115:267–71.
- CDC. Surveillance for waterborne disease and outbreaks associated with recreational water—United States, 2003–2004. MMWR 2006;55(No. SS-12).

Colorectal Cancer Test Use — Maryland, 2002–2006

During 2000-2004, Maryland had the thirteenth highest mortality rate for colorectal cancer (CRC) among the 50 states and the District of Columbia (1). The American Cancer Society (ACS), the U.S. Preventive Services Task Force, and other organizations recommend that adults begin CRC screening at age 50 years if they are at average risk for CRC and before age 50 years if they are at increased risk (2,3). For those at average risk, ACS recommends screening with 1) a fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year, 2) flexible sigmoidoscopy every 5 years, 3) an annual FOBT or FIT combined with flexible sigmoidoscopy every 5 years,* 4) double-contrast barium enema (DCBE) every 5 years, or 5) colonoscopy every 10 years (2). In 2002, the Maryland Department of Health and Mental Hygiene initiated the Maryland Cancer Survey (MCS) to assess testing prevalence and risk behaviors for seven types of cancer, including CRC. Reducing CRC mortality and disparities in CRC incidence and mortality are goals described in Maryland's Comprehensive Cancer Control Plan (MCCCP) (4). As milestones toward these goals, Maryland set the following targets for 2008 for persons aged ≥50 years: 1) decrease the percentage of Maryland residents who have never been screened

^{*} An annual FOBT or FIT combined with flexible sigmoidoscopy every 5 years is preferred over either of these options alone.

for CRC to ≤15% (from a 2002 baseline of 25.9%); 2) increase the percentage of residents who are up to date with CRC screening (per ACS guidelines) to ≥73% (from a 2002 baseline of 63.8%); and 3) increase the percentage of residents who have been screened with either colonoscopy in the past 10 years, or FOBT in the past year plus flexible sigmoidoscopy in the past 5 years, to \geq 57% (from a baseline of 46.5% in 2002). This report describes trends in CRC test use based on results from MCS surveys completed in 2002, 2004, and 2006.[†] The results indicated a significant decline (6.1 percentage points) in the percentage of Maryland residents aged ≥50 years who had never been tested for CRC, a 5.4 percentage-point increase in prevalence of up-to-date testing by any method, and a 13.9 percentage-point increase in prevalence of either colonoscopy in the past 10 years or FOBT in the past year plus flexible sigmoidoscopy in the past 5 years. However, Maryland residents who were neither white nor black (i.e., persons of other races) had a significantly lower prevalence of ever having a CRC test, as did persons without health insurance or those without a recent checkup. Although overall increases in CRC testing reflect substantial progress in Maryland, additional measures are needed to increase CRC testing among racial minority groups and the medically underserved.

MCS is a biennial, population-based, statewide survey of cancer test use and behavioral risk factors among Maryland residents. MCS follows the methodology of the Behavioral Risk Factor Surveillance System (BRFSS) but focuses on adults aged >40 years, the population most at risk for cancer.§ The survey is conducted by telephone using randomdigit dialing with computer-assisted telephone interviewing and list-assisted, disproportionate, stratified sampling. Respondents were eligible to participate in the survey if they were aged >40 years, resided in a private residence in Maryland, and were able to respond to the interview questions. For the purposes of sampling, Maryland was divided into two geographic strata, urban and rural, with oversampling of rural telephone numbers. In 2002 and 2004, the survey was offered only in English. In 2006, participants were able to respond in English or Spanish.

Reported prevalence data were weighted to the Maryland population in the corresponding year according to BRFSS protocol (5). A total of 5,040, 5,004, and 5,149

persons completed the interviews in 2002, 2004, and 2006, respectively. Council of American Survey Research Organizations (CASRO) response rates were 38.4% (2002), 38.3% (2004), and 39.7% (2006). Of those persons surveyed in 2002, 2004, and 2006, a total of 3,436, 3,556, and 3,776 respondents, respectively, were aged ≥50 years.

Respondents first were asked whether they had ever used a home FOBT or blood stool test and how long it had been since the last home test. After hearing a description of sigmoidoscopy and colonoscopy, respondents were asked whether they had ever had either test, which one was the most recent, and how long it had been since the last test. Questions regarding DCBE were not included in the questionnaire because DCBE is not commonly used as a firstline CRC screening test. Persons were considered to have up-to-date CRC testing if they reported any one of the following: an FOBT within the past year, a sigmoidoscopy within the past 5 years, an FOBT in the past year combined with a sigmoidoscopy in the past 5 years, or a colonoscopy within the past 10 years. Respondents whose responses were outside these parameters were considered not up to date, as were those who did not know when their last test occurred (6.8% of persons categorized as not up to date). The analysis is based on respondents aged ≥50 years who were able to report whether they had received any CRC tests and were able to distinguish whether their last lower gastrointestinal (GI) endoscopy was a sigmoidoscopy or colonoscopy (3,400 in 2002, 3,506 in 2004, and 3,748 in 2006; 99% of respondents aged >50 years for each year).

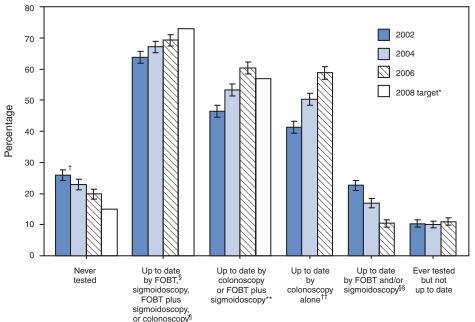
The estimated percentage of adults aged ≥50 years who had never had a CRC test decreased from 25.9% in 2002 to 19.8% in 2006, a decline of 6.1 percentage points (Figure). The percentage of respondents who were up to date with CRC testing by ACS guidelines increased by 5.4 percentage points during the study period, from 63.8% in 2002 to 69.2% in 2006. On the basis of 2006 MCS data, the percentage of Maryland residents who reported being up to date with colonoscopy or FOBT plus sigmoidoscopy has already exceeded the 2008 target of 57%. The prevalence of self-reported up-to-date colonoscopy (within the past 10 years) increased from 41.2% in 2002 to 58.7% in 2006. Accompanying the increase in colonoscopy during the study period was a decrease in the proportion of adults aged ≥50 years who were up to date by FOBT (within the

[†] Results of 2002 and 2004 MCS surveys are available at http://fha.state.md.us/cancer/surveillance/html/data_reports.cfm. Results of the 2006 survey are in press.

[§] MCS is conducted independently of the Maryland BRFSS. The Maryland BRFSS is available at http://www.fha.state.md.us/cphs/html/brfss.cfm.

In this report, CRC tests performed for screening purposes are not differentiated from those performed for nonscreening reasons (e.g., diagnostic testing as follow-up to another test or because of symptoms). Therefore, the broader term "testing" is used in lieu of "screening" to reflect CRC tests performed for any indication.

FIGURE. Estimated colorectal cancer (CRC) testing status among persons aged ≥50 years — Maryland Cancer Survey, 2002–2006



Testing status

† 95% confidence interval.

†† Colonoscopy in the past 10 years.

past year) and sigmoidoscopy (in the past 5 years). The percentage of adults who were tested but were not up to date remained stable at 10.3%, 10.1%, and 11.0%, respectively, in the three survey years.

The estimated percentage of Maryland residents never tested for CRC declined significantly (p<0.05, by chi-square test) during the study period by nearly all subject characteristics examined, except for respondents of other race (i.e., nonwhite and nonblack), those who had not had a routine checkup in the past 2 years, and those without health insurance coverage (Table). Persons with lower educational attainment (i.e., high school diploma or less) were significantly less likely to have ever been tested in each study year, but this disparity decreased over time. Persons who reported having a routine checkup within the past 2 years were more likely than those without a recent checkup to have ever been tested. Approximately 55% of the uninsured persons in each survey year had never been tested, compared with 24.7% (2002), 21.1% (2004), and 18.4% (2006) among persons with health insurance.

Reported by: EK Steinberger, MD, CF Poppell, MS, M Zhan, PhD, F Shebl, MBBch, A Hopkins, MS, Univ of Maryland School of Medicine, Baltimore; C Groves, MSN, M Bienia, MBA, DM Dwyer, MD, Center for Cancer Surveillance and Control, Maryland Dept of Health and Mental Hygiene.

Editorial Note: MCS results indicate that the percentage of Maryland residents aged ≥50 years who reported ever being tested for CRC increased by 6.1 percentage points from 2002 to 2006. Extrapolated to the state population aged ≥50 years (6), this finding translates into an estimated 90,000 previously untested Maryland residents who received CRC testing during that period.

The observed prevalences in MCS of ever having any CRC tests are consistent with those reported in the Maryland BRFSS. The 2006 BRFSS indicated that 77.1% of Maryland residents aged ≥50 years had ever been tested for CRC, compared with 80.2% in the 2006 MCS. However, MCS, unlike BRFSS, asks respondents to specify which type of lower GI endoscopy was used in their most recent CRC test. Thus, MCS results have been able to highlight a trend

toward increasing use of colonoscopy in recent years, with corresponding declines in testing with FOBT and sigmoidoscopy.

The increase in CRC test use in general and colonoscopy in particular likely is attributable to recent changes in health-insurance coverage and to increased knowledge among the general public regarding CRC test procedures. Since July 2001, Medicare has provided payment for all types of CRC screening tests, including colonoscopy, which might account, in part, for the increase in testing among adults aged ≥65 years. Since 2001, the state of Maryland has required certain health-care insurers, healthmaintenance organizations, and nonprofit health-services plans to provide CRC screening in accordance with ACS guidelines (7). In addition, since 2000, 23 of 24 Maryland jurisdictions have used funds from the Cigarette Restitution Fund Program to provide CRC education to health-care providers and the public or to provide CRC testing to qualified, low-income, uninsured residents (8).

^{*} Based on Maryland Comprehensive Cancer Control Plan (2008 targets for persons aged ≥50 years). Available at http://www.fha.state.md.us/cancer/cancerplan/html/theplan.cfm.

[§] Fecal occult blood test.

Testing with FOBT in the past year, flexible sigmoidoscopy in the past 5 years, FOBT in the past year plus flexible sigmoidoscopy in the past 5 years, or colonoscopy in the past 10 years.

^{**} Colonoscopy in the past 10 years or FOBT in the past year plus flexible sigmoidoscopy in the past 5 years.

^{§§} FOBT in the past year, flexible sigmoidoscopy in the past 5 years, or both.

TABLE. Estimated percentage* of population aged ≥50 years never tested for colorectal cancer, by selected characteristics — Maryland Cancer Survey, 2002–2006

		2002		2004		2006	
Characteristic	%	(95% CI†)	%	(95% CI)	%	(95% CI)	p value§
Overall	25.9	(24.1–27.6)	22.8	(21.1–24.5)	19.8	(18.3–21.4)	<0.001
Age group (yrs)							
50–64	30.6	(28.1-33.0)	26.0	(23.6-28.5)	23.8	(21.6-26.0)	< 0.001
≥65	19.5	(17.2–21.7)	18.1	(15.8–20.3)	13.8	(11.6–15.9)	0.001
Sex							
Male	26.3	(23.4-29.2)	22.1	(19.2-25.1)	19.4	(16.8-22.0)	0.003
Female	25.5	(23.4–27.7)	23.3	(21.3–25.4)	20.2	(18.3–22.2)	0.001
Race							
White	23.8	(22.0-25.6)	20.2	(18.4-21.9)	18.4	(16.8-20.0)	< 0.001
Black	29.5	(25.2–33.8)	27.7	(23.6–31.9)	22.3	(18.1–26.4)	0.04
Other race	40.3	(29.0–51.7)	44.1	(30.8–57.4)	31.4	(21.1–41.7)	0.31
Geographic area							
Urban	25.2	(23.1-27.2)	22.5	(20.4-24.6)	19.2	(17.3-21.1)	< 0.001
Rural	28.5	(25.6–31.3)	23.9	(21.1–26.7)	22.3	(19.8–24.7)	0.004
Education level							
High school diploma or less	32.2	(29.4-35.0)	29.5	(26.6-32.4)	24.1	(21.2-26.9)	< 0.001
Any college or more	21.1	(18.9–23.3)	18.6	(16.5–20.7)	17.4	(15.5–19.3)	0.04
Time since last routine checkup¶							
<2 yrs	24.0	(22.3-25.8)	20.7	(18.9-22.4)	17.1	(15.5-18.7)	< 0.001
≥2 yrs	50.3	(42.6–58.0)	56.2	(48.0–64.3)	50.6	(43.8–57.4)	0.50
Health-insurance coverage**							
Yes	24.7	(22.9-26.4)	21.1	(19.4-22.8)	18.4	(16.9-20.0)	< 0.001
No	53.8	(44.3–63.2)	59.1	(49.1–69.1)	52.5	(43.0–62.0)	0.59

- * Percentage weighted to Maryland population in each survey year.
- † Confidence interval.
- § Based on chi-square test of significance for differences across the three survey years.
- ¶ Based on response to survey question, "About how long has it been since you last visited a doctor for a routine checkup?"
- ** Based on response to survey question, "Do you have any kind of health-care coverage?"

The MCS results also indicate that not all segments of the Maryland population have participated equally in these increases. Persons of other races (e.g., Asian, Native Hawaiian or other Pacific Islander, American Indian/Alaska Native, multiple race, and unspecified race), the medically underserved (i.e., those without health insurance), and persons without a routine checkup in the past 2 years have a substantially higher prevalence of never having had CRC testing.

The findings in this report are subject to at least four limitations. First, findings from MCS are based on self-report and are not verified by medical chart review. Therefore, responses might be subject to social-desirability and recall bias. In addition, although the procedures of sigmoidoscopy and colonoscopy are described to survey respondents, certain respondents might not accurately identify their most recent test. Second, response rates in the MCS were low; however, they were comparable to those reported in the Maryland BRFSS (9). For survey years 2002–2006, CASRO rates ranged from 38.3% to 39.7% in the MCS and 36.8% to 44.0% in the Maryland BRFSS. The effect of nonresponse on survey estimates is difficult to determine because it depends on the extent to which nonrespondents differ from respondents and the general population. To

reduce potential bias from nonresponse, interviewers made numerous call attempts and, when necessary, arranged appointments with respondents for more convenient times. Third, because MCS is a telephone survey, it excludes persons without landline telephones. The rates of cancer test use from telephone surveys might be overestimated because persons without landline telephones are less likely to have health insurance (10). Finally, the three survey samples consisted nearly entirely of English speakers. In 2002 and 2004, households that were reached by telephone but were unable to respond in English were excluded. However, in 2006, when the survey was offered in Spanish, only 0.4% of respondents chose to respond in Spanish.

MCS elicits from respondents the specific type of lower GI endoscopy used in their most recent CRC test. Knowing whether the most recent endoscopy was a sigmoidoscopy or colonoscopy allows for better assessment of CRC testing practices. In Maryland, CRC testing rates have increased in recent years, with increases in up-to-date testing and a shift toward use of colonoscopy. Although these changes in CRC testing likely will have a substantial public health impact in Maryland (e.g., via the detection of premalignant lesions and early-stage CRC), additional

measures are needed to eliminate remaining disparities in CRC testing and to increase testing among the medically underserved.

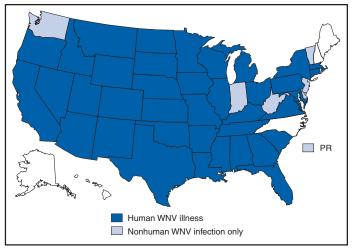
References

- Ries LAG, Melbert D, Krapcho M, et al, eds. SEER cancer statistics review, 1975–2004. Bethesda, MD: National Cancer Institute; 2007. Available at http://seer.cancer.gov/csr/1975_2004.
- Smith RA, Cokkinides V, Eyre HJ. Cancer screening in the United States, 2007: a review of current guidelines, practices, and prospects. CA Cancer J Clin 2007;57:90–104.
- 3. US Preventive Services Task Force. Screening for colorectal cancer: recommendations and rationale. Rockville, MD: Agency for Healthcare Research and Quality; 2002. Available at http://www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm.
- Maryland Department of Health and Mental Hygiene. The 2004– 2008 Maryland Comprehensive Cancer Control Plan: our call to action. Baltimore, MD: Center for Cancer Surveillance and Control; 2004. Available at http://www.fha.state.md.us/cancer/cancerplan/html/theplan.cfm.
- CDC. Behavioral Risk Factor Surveillance System. Technical information and data. BRFSS weighting formula. Available at http:// www.cdc.gov/brfss/technical_infodata/weighting.htm.
- Maryland Department of Health and Mental Hygiene. Vital statistics annual report, 2002. Baltimore, MD: Vital Statistics Administration; 2003. Available at http://www.vsa.state.md.us/html/reports.html.
- National Conference of State Legislatures. Colorectal cancer screening: what are states doing? Available at http://www.ncsl.org/programs/ health/colonrectal.htm.
- 8. Maryland Cigarette Restitution Fund Program. Available at http://www.crf.state.md.us/index.cfm.
- CDC. Behavioral Risk Factor Surveillance System. Technical information and data, summary data quality reports for 2002, 2004, and 2006. Available at http://www.cdc.gov/brfss/technical_infodata/ quality.htm.
- Blumberg SJ, Luke JV, Cynamon ML. Telephone coverage and health survey estimates: evaluating the need for concern about wireless substitution. Am J Pub Health 2006;96:926–31.

West Nile Virus Update — United States, January 1–September 11, 2007

This report summarizes 2007 West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, September 11, 2007. A total of 38 states have reported 1,395 cases of human WNV illness to CDC (Figure, Table). A total of 770 (56%) cases for which such data were available occurred in males; median age of patients was 49 years (range: 15 months–96 years). Dates of illness onset ranged from January 8 to September 7; a total of 38 cases were fatal.

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



* As of September 11, 2007.

A total of 136 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2007. Of these, 33 were reported from California; 20 from Texas; 13 from Oklahoma; 11 from South Dakota; nine from Minnesota; seven each from Missouri and North Dakota; five from Colorado; four from Kentucky and Mississippi; three each from Iowa, Nebraska, New Mexico, Puerto Rico, and Utah; and one each from Arizona, Louisiana, Montana, North Carolina, Pennsylvania, South Carolina, Virginia, and Wyoming. Of the 136 PVDs, two persons (median age: 66 years; range: 60–71 years) subsequently had neuroinvasive illness, and 31 persons (median age: 49 years; range: 18–79 years) subsequently had West Nile fever.

In addition, 951 dead corvids and 292 other dead birds with WNV infection have been reported in 29 states and New York City during 2007. WNV infections have been reported in horses in 26 states, one canine in Oregon, 11 squirrels in California, and three unidentified animal species in Idaho and Montana. WNV seroconversions have been reported in 316 sentinel chicken flocks in nine states (Arizona, Arkansas, California, Delaware, Florida, Iowa, North Dakota, Oregon, and Utah) and Puerto Rico. A total of 5,172 WNV-positive mosquito pools have been reported from 35 states and New York City.

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

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

		West	Other	Total	
٠	Neuroinvasive	Nile	clinical/	reported	
State	disease [†]	fever§	unspecified1		Deaths
Alabama	12	1	0	13	3
Arizona	10	4	2	16	0
Arkansas	5	1	0	6	1
California	73	113	12	198	10
Colorado	10	62	0	72	1
Connecticut	3	1	0	4	0
Florida	3	0	0	3	1
Georgia	8	6	2	16	0
Idaho	1	69	0	70	0
Illinois	14	4	1	19	1
Iowa	5	7	0	12	0
Kansas	9	12	0	21	0
Kentucky	1	0	0	1	0
Louisiana	1	1	0	2	0
Maryland	0	0	1	1	0
Massachuse	etts 0	1	0	1	0
Michigan	1	0	0	1	0
Minnesota	29	41	0	70	0
Mississippi	17	27	0	44	1
Missouri	14	4	0	18	0
Montana	28	72	0	100	3
Nebraska	8	62	0	70	3
Nevada	1	2	0	3	0
New Mexico	17	8	0	25	1
New York	1	0	0	1	0
North Dakot	a 23	161	0	184	2
Ohio	1	2	0	3	0
Oklahoma	24	15	1	40	4
Oregon	3	8	0	11	0
Pennsylvania	a 1	0	0	1	0
South Caroli	na 0	2	0	2	0
South Dakot	a 37	123	0	160	4
Tennessee	2	1	0	3	0
Texas	34	9	0	43	2
Utah	6	6	0	12	0
Virginia	2	0	0	2	0
Wisconsin	2	2	Ö	4	Ö
Wyoming	10	123	10	143	1
Total	416	950	29	1,395	38

^{*} As of September 11, 2007.

Notice to Readers

MMWR Podcasts

In October 2006, MMWR initiated a series of weekly podcast recordings based on MMWR reports. Unlike the MMWR reports themselves, which are aimed primarily at medical and public health professionals, the podcasts are intended for lay audiences. Three separate podcasts are produced from the same report: A Cup of Health with CDC, featuring 5- to 8-minute interviews with authors or spokespersons; A Minute of Health with CDC, a 59-second capsulized version of a report; and Un Minuto de Salud con los CDC, the same version of the report translated into Spanish

MMWR podcasts are available from the MMWR website (http://www.cdc.gov/mmwr) or via the CDC podcast page (http://www2a.cdc.gov/podcasts). The podcasts can be accessed as downloads or RSS (really simple syndication) feeds; instructions are available at both Internet sites.

Errata: Vol. 56, No. 32

In the report, "Progress Toward Global Eradication of Dracunculiasis, January 2005–May 2007," the following errors occurred:

On page 813, the second sentence of the first paragraph should have read: "This report describes the continued progress of the dracunculiasis eradication program worldwide during **January** 2005–May 2007 (3,4)." The fourth sentence of the third paragraph should have read, "The result was a 270% increase in reported cases of dracunculiasis in Sudan, from 5,569 cases in **1,085** villages in 2005 to 20,582 cases in 3,345 villages in 2006, with all but two villages located in Southern Sudan."

On page 814, the second sentence of the second paragraph should have read: "Of the 20,582 cases reported in 2006, 49% were contained,[†] compared with 4% of **5,569** cases in 2005."

[†] Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).

[§] Cases with no evidence of neuroinvasion.

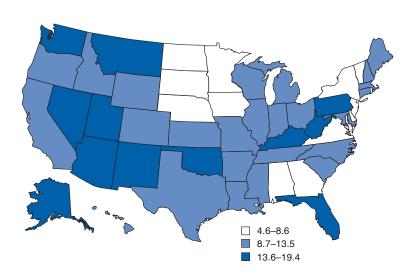
[¶] Illnesses for which sufficient clinical information was not provided.

^{**} Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Death Rates* from Poisoning, by State — United States, 2004



^{*} Age-adjusted rates per 100,000 population.

In 2004, poisoning became the second leading cause of death by injury in the United States following motor-vehicle traffic deaths. The state age-adjusted poisoning death rate ranged from 4.6 to 19.4 per 100,000 population. States with the highest rates included West Virginia (19.4), New Mexico (18.4), Utah (17.7), and Nevada (17.3). Nine of ten poisoning deaths were caused by drugs, 7% by inhalation of gases and vapors, 1% by alcohol, and 1% by other substances. Poisoning deaths included deaths classified as unintentional (69%), suicides (19%), deaths of undetermined intent (11%), and homicides (0.3%).

SOURCE: CDC. CDC Wonder. Compressed mortality file, 2004. Available at http://wonder.cdc.gov/mortsql.html.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 8, 2007 (36th Week)*

	Current	Cum	5-year weekly	Total o	ases rep	orted for	previou	s years	
Disease	week	2007	average [†]	2006	2005	2004	2003	2002	States reporting cases during current week (No.
Anthrax	_	_	_	1	_	_	_	2	
Botulism:									
foodborne	_	12	1	20	19	16	20	28	
infant	1	54	2	97	85	87	76	69	FL (1)
other (wound & unspecified)	_	17	1	48	31	30	33	21	
Brucellosis	2	84	2	121	120	114	104	125	FL (1), WA (1)
Chancroid	_	19	1	33	17	30	54	67	
Cholera	_	1	_	9	8	5	2	2	
Cyclosporiasis§	_	71	2	136	543	171	75	156	
Diphtheria	_	_	_	_	_	_	1	1	
Domestic arboviral diseases ^{§,1} : California serogroup		15	7	67	80	112	108	164	
0 1	_	15 3	1	8	21	6	14	104	
eastern equine Powassan	_	_		1	1	1	<u>-</u>	10	
St. Louis	_	3	1	10	13	12	41	28	
western equine	_	_		_	_	_	-	_	
Ehrlichiosis§:			_	_					
human granulocytic	22	272	13	646	786	537	362	511	ME (1), NY (21)
human monocytic	3	306	12	578	506	338	321	216	NY (2), FL (1)
human (other & unspecified)	2	90	2	231	112	59	44	23	PA (1), TN (1)
Haemophilus influenzae,**	_	00	_	_0.					(.), (.)
invasive disease (age <5 yrs):									
serotype b	_	11	0	29	9	19	32	34	
nonserotype b	_	83	2	175	135	135	117	144	
unknown serotype	1	150	3	179	217	177	227	153	OH (1)
Hansen disease§	1	33	1	66	87	105	95	96	CA (1)
Hantavirus pulmonary syndrome§	_	18	0	40	26	24	26	19	()
Hemolytic uremic syndrome, postdiarrheal§	3	135	8	288	221	200	178	216	AL (1), CA (2)
Hepatitis C viral, acute	1	436	21	802	652	713	1,102	1,835	OH (1)
HIV infection, pediatric (age <13 yrs) ^{††}	_	_	3	52	380	436	504	420	
Influenza-associated pediatric mortality ^{§,§§}	2	73	0	43	45	_	N	N	UT (2)
Listeriosis	12	420	21	875	896	753	696	665	NY (1), PA (4), MI (1), NE (1), WV (1), GA (1), FL (1), CO (1), CA (1)
Measles ^{¶¶}	_	24	1	55	66	37	56	44	12(1), 00(1), 0.1(1)
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	186	3	318	297	_	_	_	FL(1)
serogroup B	_	90	2	193	156	_	_	_	
other serogroup	_	15	0	32	27	_	_	_	
unknown serogroup	2	429	10	651	765	_	_	_	OH (1), SC (1)
Mumps	4	562	11	6,584	314	258	231	270	OH (1), KS (1), MD (2)
Novel influenza A virus infections	_	_	_	N	N	N	N	N	
Plague	_	4	0	17	8 1	3	1	2	
Poliomyelitis, paralytic Poliovirus infection, nonparalytic§	_	_	_	 N	N	 N	 N	 N	
Psittacosis§	_	5	0	21	16	12	12	18	
Q fever [§]	2	112	2	169	136	70	71	61	MD (1), TN (1)
Rabies, human	_	- 112	0	3	2	7	2	3	(1), 114(1)
Rubellattt	_	11	Ő	11	11	10	7	18	
Rubella, congenital syndrome	_		_	1	1	_	1	1	
SARS-CoV ^{8,888}	_	_	_			_	8	Ň	
Smallpox§	_	_	_	_	_	_	_	_	
Streptococcal toxic-shock syndrome§	_	75	1	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	_	256	8	380	329	353	413	412	
Tetanus	2	12	1	41	27	34	20	25	KS (1), MD (1)
Toxic-shock syndrome (staphylococcal)§	_	51	2	101	90	95	133	109	
Trichinellosis	_	5	0	15	16	5	6	14	
Tularemia	_	80	3	95	154	134	129	90	
Typhoid fever	6	197	10	353	324	322	356	321	NY (1), VA (1), GA (1), FL (1), CA (2)
Vancomycin-intermediate Staphylococcus aure		6	0	6	2	_	N	N	
Vancomycin-resistant Staphylococcus aureus		0	_	1	3	1	N	N	
Vibriosis (noncholera Vibrio species infections))§ 8	201	5	Ν	N	N	N	N	MD (1), FL (4), AL (1), CA (1), HI (1)
Yellow fever	_	_	_	_	_	_	_	1	

—: No reported cases.

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 70 cases were reported for the 2006–07 flu season. No measles cases were reported for the current week.

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 September 8, 2007, and September 9, 2006 (36th Week)*

(36th Week)*			Chlamyd	ia [†]			Coccid	ioidomy	cosis			Cryp	tosporid	liosis	
	0		vious	0	0	0		vious	0	0	0		vious	0	0
Reporting area	Current week	Med	veeks Max	Cum 2007	Cum 2006	Current week	Med	weeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	8,796	20,577	25,327	696,191	694,559	47	128	658	4,775	5,766	649	78	651	5,012	3,330
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	450 75 41 292 34 — 8	713 223 48 309 40 67 18	1,357 829 74 600 70 108 45	23,632 7,028 1,750 10,752 1,445 2,116 541	21,915 6,172 1,530 9,930 1,319 2,132 832		0 0 0 0 0	1 0 0 0 1 0	2 N — 2 — N		3 - 1 - - 2	4 0 1 1 1 0	25 25 6 15 4 5	175 25 33 50 36 6 25	265 38 28 132 31 6 30
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1,626 166 467 545 448	2,671 394 514 873 797	4,284 497 2,758 1,684 1,799	97,041 13,346 17,710 32,171 33,814	85,005 13,791 16,109 27,844 27,261	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	40 9 31	10 0 3 1 4	108 4 15 10 103	801 9 131 42 619	416 32 102 94 188
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	802 300 305 84 113	3,156 1,002 391 724 700 372	6,332 1,346 644 1,225 3,651 528	112,903 32,082 14,084 24,407 29,306 13,024	116,881 37,124 13,813 23,218 28,427 14,299	1 - 1 N	1 0 0 0 0	3 0 0 3 2 0	23 — 16 7 N	33 — 29 4 N	65 2 2 61	16 2 1 3 5 5	73 10 18 10 44 40	679 65 58 108 283 165	887 160 42 89 226 370
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	543 131 171 — 211 — 30	1,191 163 147 234 453 103 29 49	1,448 252 294 314 628 183 69 84	40,005 5,895 5,620 6,856 15,770 3,122 988 1,754	42,385 5,663 5,615 8,853 15,639 3,599 1,204 1,812	N N N N N N N N N N N N N N N N N	0 0 0 0 0 0	54 0 0 54 1 0 0	3 N N 3 N N N	N N — — N N	40 14 10 — 1 15 —	11 2 1 3 1 1 0 2	107 49 15 25 20 13 11	733 295 76 110 57 82 8 105	573 131 58 123 131 65 7 58
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	2,327 37 82 1,011 13 387 162 250 360 25	3,999 66 99 1,075 663 400 562 488 485 57	6,760 140 167 1,768 3,822 697 1,234 3,030 685 84	137,366 2,390 3,943 39,372 16,761 13,848 19,616 22,531 16,867 2,038	132,462 2,433 2,003 33,531 24,396 14,442 22,963 14,351 16,309 2,034		0 0 0 0 0 0 0	1 0 0 0 0 1 0 0	2 	3 	40 — 29 5 1 — 1 —	21 0 0 11 4 0 1 1 1	70 3 2 34 17 2 11 14 5 3	654 11 3 351 115 20 55 50 40 9	612 11 11 249 163 12 55 74 33 4
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	855 — 239 144 472	1,422 352 124 367 505	2,044 507 691 959 695	48,179 9,456 5,439 14,419 18,865	53,042 16,291 6,137 13,352 17,262	 N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	13 6 1 — 6	3 1 1 0	40 12 27 8 10	264 54 123 32 55	100 34 29 10 27
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	361 — 109 252 —	2,283 164 359 275 1,478	3,028 337 855 467 1,911	80,714 5,540 13,351 9,258 52,565	78,094 5,415 12,331 7,950 52,398	N - N N	0 0 0 0	1 0 1 0 0	1 N 1 N N	1 N 1 N N	8 - 8 -	5 0 1 1 2	45 3 6 12 36	178 7 36 69 66	182 14 55 25 88
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	337 41 191 — — — — 83 22	1,280 454 256 56 50 185 160 102 24	2,026 993 416 253 82 397 396 209 38	40,344 13,736 6,762 2,242 1,488 5,935 5,641 3,708 832	45,910 14,397 11,246 1,959 1,736 5,211 6,987 3,353 1,021	28 28 N N N	82 79 0 0 1 0	293 293 0 0 0 5 2 4	2,876 2,780 N N N 38 16 39	4,044 3,938 N N N 45 16 43 2	440 1 8 54 2 — — 375	6 0 1 0 1 0 1 0	350 6 25 27 18 3 6 284 8	1,445 29 87 118 46 6 54 1,071	236 19 45 17 84 6 26 9 30
Pacific Alaska California Hawaii Oregon [§] Washington	1,495 52 1,163 — 146 134	3,371 88 2,684 101 159 324	4,362 157 3,627 132 394 621	116,007 3,003 92,998 3,525 5,972 10,509	118,865 3,001 93,132 3,995 6,588 12,149	18 N 18 N N	50 0 50 0 0	311 0 311 0 0	1,868 N 1,868 N N	1,685 N 1,685 N N	_ _ _ _	1 0 0 0 1 0	14 2 0 0 14 0	83 3 — 80	59 4 4 51
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U — U	0 6 121 3	32 — 207 547 7	U U 339 5,201 U	U U 624 3,298 U	U U N U	0 0 0 0	0 0 0 0	U N U	U N U	U U N U	0 0 0 0	0 0 0 0	U N U	U U N 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*.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2007, and September 9, 2006 (36th Week)*

			Giardiasi	s				onorrhe	а		Hae	All age	es, all ser	z <i>ae</i> , invas otypes†	sive
	Current	Prev 52 w		Cum	Cum	Current		evious weeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	247	301	1,513	10,255	11,558	2,979	6,724	8,941	225,981	241,666	12	45	184	1,553	1,598
New England	15	25 5	67 25	838 207	919 183	36 15	113 47	259 204	3,754 1,420	3,726 1,451	_	3 0	19 6	120 31	127 38
Connecticut Maine§	8	4	10	124	107	_	2	8	91	86	_	0	2	8	15
Massachusetts New Hampshire	4	10 0	22 3	356 13	428 20	17 3	50 3	96 8	1,810 109	1,669 140	_	2	6 2	58 14	54 9
Rhode Island [§] Vermont [§]	3	0	14 12	32 106	72 109	- 1	9	18 5	284 40	330 50	_	0	10 1	7 2	4 7
Mid. Atlantic	5 51	56	127	1,833	2,307	395	717	1,537	25,356	22,571	3	10	27	332	331
New Jersey	_	6	13	142	346	57	114	159	3,851	3,648	-	1	5	46 94	57
New York (Upstate) New York City	38 1	24 15	108 32	713 522	778 658	100 109	116 192	1,035 360	4,295 6,872	4,194 6,970	2	3 2	15 6	69	101 62
Pennsylvania	12	14	34	456	525	129	248	613	10,338	7,759	_	3	10	123	111
E.N. Central Illinois	15 —	44 11	99 21	1,405 343	1,847 478	359	1,244 353	2,618 508	45,070 11,544	47,686 13,912		6 1	15 6	195 46	267 83
Indiana Michigan	N 2	0 13	0 38	N 381	N 460	152 111	161 302	306 880	5,997 10.001	6,136 9,238	_	1 0	10 5	43 20	52 22
Ohio	13	15	37	511	525	41	318	1,568	12,992	13,617	1	2	5	77	58
Wisconsin W.N. Central	— 15	7 20	20 553	170 656	384 1,335	55 117	132 373	181 512	4,536 12,798	4,783 13,257	_	0 2	4 24	9 86	52 97
Iowa	2	5	16	171	197	23	39	62	1,272	1,239	_	0	1	1	1
Kansas Minnesota	<u>8</u>	3 0	8 514	108 12	144 475	37 —	44 60	86 87	1,620 1,779	1,555 2,209	_	0 1	2 17	9 35	15 50
Missouri Nebraska [§]	2	7 2	22 8	228 78	354 84	56 —	198 27	266 57	7,006 885	6,977 935	_	1 0	5 2	26 13	22 5
North Dakota South Dakota		0 1	16 6	11 48	14 67	_ 1	2	7	61 175	86 256	_	0	2	2	4
S. Atlantic	— 55	57	106	1,858	1,737	1,134	1,638	3,209	53,743	59,491	7	11	34	400	400
Delaware District of Columbia	1	1 0	3 7	26 34	29 47	6	28 46	43 72	928	1,002 1,195		0	3 2	5	1 3
Florida	26	24	44	841	705	418	472	717	16,307	16,638	2	3	8	117	125
Georgia Maryland [§]	17 3	11 4	33 11	399 156	417 154	7 52	303 125	2,068 227	6,879 4,256	11,996 4,933	1	2	7 6	76 62	86 54
North Carolina South Carolina§	- 1	0	0	65	71	440 119	288 202	675 1,361	9,531 9,576	12,026 6,658	1	0 1	9	44 37	44 27
Virginia [§]	1	10	28	311	297	55	123	236	4,054	4,437		1	7	37	45
West Virginia E.S. Central	6 16	0 9	21 21	26 339	17 284	7 366	18 553	44 752	605 18,605	606 21,622	1	0 2	6 9	19 92	15 83
Alabama§	1	4	16	163	134	_	156	242	4,301	7,579	_	0	3	19	17
Kentucky Mississippi	N N	0	0	N N	N N	109 71	48 147	268 310	2,103 5,430	2,191 5,198	_	0	1 1	2 7	5 11
Tennessee§	15	4	16	176	150	186	194	239	6,771	6,654	_	2	6	64	50
W.S. Central Arkansas§	4	7 2	55 13	233 77	213 77	206	979 79	1,490 142	33,616 2,552	34,328 2,864	_	2 0	34 2	75 6	62 8
Louisiana Oklahoma	4	2	6 42	62 94	55 81	96 110	222 99	384 235	7,765 3,551	7,386 3,023	_	0 1	3 29	5 60	14 34
Texas§	Ň	0	0	N	N	_	574	938	19,748	21,055	_	0	3	4	6
Mountain Arizona	34 3	30 3	67 11	990 107	1,083 106	80 17	248 106	454 220	7,965 2,916	10,239 3,612	_	4 1	11 6	167 59	157 67
Colorado	15	9	26	314	360	56	55	93	1,658	2,570	_	1	4	41	40
Idaho [§] Montana [§]	10 3	2	12 6	121 63	116 64	_	3 1	20 8	162 50	112 140	_	0 0	1 1	4 1	3
Nevada [§] New Mexico [§]	_	2 2	8 6	75 65	81 47	_	48 30	135 58	1,473 1,093	1,846 1,287	_	0 1	2 3	9 25	10 21
Utah Wyoming [§]	3	7 1	27 4	219 26	286 23	6 1	18 2	34 5	562 51	581 91	_	0	3	26 2	13 3
Pacific	42	60	558	2,103	1,833	286	724	900	25,074	28,746	1	2	16	86	74
Alaska California	2 27	1 42	17 93	47 1,436	44 1,471	4 257	10 611	27 768	327 21,643	410 23,693	1	0	2 10	9 20	9 23
Hawaii	_	1	4	47	42	_	11	22	410	692	_	0	2	8	12
Oregon [§] Washington	3 10	8 4	15 449	275 298	276 —	14 11	23 63	46 142	705 1,989	1,023 2,928	_	1 0	6 5	47 2	30
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I. Guam	<u>U</u>	0	0	<u>U</u>	U —	<u>U</u>	1	38	U 62	U 83	<u>U</u>	0	0	U —	U 1
Puerto Rico U.S. Virgin Islands	1 U	6 0	19 0	165 U	149 U	_ U	6 1	23 3	239 U	207 U	_ U	0	2	2 U	1 U
C.N.M.: Commonwo					- 0	0	'	3	0		0	U	U	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 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 September 8, 2007, and September 9, 2006 (36th Week)*

	-		A	o (viiai, äC	ute), by ty	he.		В				Le	gionellos	sis	
		Previ	ous					ious					/ious		
Reporting area	Current week	52 we	eks Max	Cum 2007	Cum 2006	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	52 v Med	<u>reeks</u> Max	Cum 2007	Cum 2006
United States	28	52	201	1,810	2,427	48	77	405	2,632	2,967	48	43	109	1,377	1,622
New England Connecticut Maine [§]	3 2 —	2 0 0	6 3 1	74 12 2	138 30 7	_	2 0 0	5 5 2	48 22 5	83 34 16	2 2	2 0 0	13 9 1	80 26 3	106 19 6
Massachusetts New Hampshire Rhode Island [§]	_ _ _	1 0 0	4 3 2	34 10 8	66 21 8	_	0 0	1 1 3	4 5 11	16 7 8	_	0 0	5 2 6	14 4 26	57 9 12
Vermont§	1	0	1	8	6	_	0	1	1	2	_	0	2	7	3
Mid. Atlantic New Jersey	_	8 2	20 5	267 61	256 77	1	9 2	21 8	304 60	360 117	15 —	12 1	55 10	422 46	542 74
New York (Úpstate) New York City Pennsylvania		1 2 2	11 10 5	49 95 62	60 76 43	_ _ 1	1 2 3	13 6 8	59 64 121	45 83 115	7 - 8	4 2 5	30 24 19	125 60 191	179 96 193
E.N. Central	4	6	15	184	236	3	9	23	293	353	19	9	27	300	375
Illinois Indiana		2	7 7	64 15	69 16	_	2	6 21	83 29	101 38		2	13 6	51 25	79 28
Michigan Ohio		2	8 4	49 49	76 41	3	2	8 7	75 94	101 87	2 15	3	10 12	89 127	88 149
Wisconsin W.N. Central	_	0 2	4 18	7 107	34 98	_ 2	0	3 15	12 83	26 105	_ 2	0	3 8	8 53	31 55
lowa Kansas	_	0	4	25 3	8 23	_	0	3 2	14 7	17 9		0 0	1	6 2	10 6
Minnesota Missouri	_	0	17 2	49 16	9 36	2	0	13 5	16 33	13 51	<u>_</u>	0	6 2	15 20	11 17
Vilosodii Nebraska [§] North Dakota	_	0	2	9	13	_	0	3	9	11	i —	0	1	7	7
South Dakota	=	0	1	5	9	=	0	i	4	4	=	0	1	3	4
S. Atlantic Delaware	9	10 0	27 1	350 4	360 11	22	20 0	56 3	677 14	838 35	6	7 0	25 2	242 5	288 8
District of Columbia Florida	<u> </u>	0 3	5 11	14 106	5 140	 8	0 7	2 14	1 244	5 287		0 2	4 9	1 99	14 113
Georgia Maryland [§]	1	1	4	51 56	42 42	3 2	3 2	7	74 78	147 113		0 2	2	14 47	21 55
North Carolina South Carolina§	Ė	0 0	11 4	37 14	60 17	6 1	0 1	16 5	95 43	105 62	_ 	1 0	4 2	31 12	26
/irginia [§] Vest Virginia	<u> </u>	1 0	5 1	62 6	39 4	2	2 0	8 23	95 33	41 43	<u>i</u>	1 0	4 4	28 5	41 7
E.S. Central	1	2	5	72	94	4	6	17	235	229	1	2	7	67	59
Alabama§ Kentucky	_	0 0	3 2	13 14	11 29	1	2 1	10 7	82 46	68 50		0 1	1 6	7 35	8 18
Mississippi Γennessee§	1	0 1	4 5	7 38	5 49	3	0 3	8 8	17 90	9 102	_	0 1	1 4	 25	30 30
W.S. Central Arkansas§	_	5 0	43 2	126 8	251 43	8	18 1	169 7	530 41	560 48	1	2	16 3	68 4	52 4
_ouisiana	_	1	4	19	20	_	1	4	51	45	_	0	1	3	10
Oklahoma Texas§	_	0 3	3 39	3 96	4 184	2 6	1 14	24 135	27 411	24 443	1	0 1	6 13	5 56	1 37
Mountain Arizona	1 1	5 3	15 11	167 118	192 106	1	3 0	7 3	121 41	100	1	2	8 4	65 19	83 26
Colorado daho [§]	_	1	3 1	20	31 9	1	0	2	21 9	28 10	_ 1	0	2	13 5	19 7
Montana§ Nevada§	_	0	2 2	8	9 11	_	0	3 3			<u> </u>	0	1 2	3 6	5
New Mexico§ Jtah	_	0	2	5	12 12	_	0	2	9 13	16 20	_	0	2 2	7 9	4
Nyoming [§]	=	0	1	2	2	_	0	1	1	_	_	0	1	3	17 —
Pacific Alaska	10	12 0	92 1	463 3	802 1	7 1	10 0	106 3	341 6	339 3	1	2	11 1	80	62
California Hawaii	9	10 0	40 2	400 4	761 10	6	7 0	31 1	256 2	274 6	1	1 0	11 1	60 1	62
Oregon§ Vashington	_ 1	1 0	2 52	24 32	30	_	1 0	5 74	43 34	56 —	_	0	1 2	6 13	=
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	L
C.N.M.I. Guam	<u>U</u>	0	0	<u>U</u>	U —	U —	0	0	<u>U</u>	U		0	0	<u>U</u>	_
Puerto Rico U.S. Virgin Islands	_ U	1 0	10 0	45 U	46 U	_ U	1 0	9	44 U	44 U	_ U	0	2	3 U	1 U

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

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

* 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 September 8, 2007, and September 9, 2006 (36th Week)*

		Ly	yme disea	ase			N	/lalaria					serogrou	se, invasi ıps	
		Prev		_				ious					vious		
Reporting area	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	52 v Med	veeks Max	Cum 2007	Cum 2006
United States	307	237	1,005	11,689	14,043	11	23	105	700	994	3	19	87	720	829
New England	102	39	278	2,236	3,352	_	1	5	31	41	_	1	3	32	34
Connecticut Maine§	59 41	12 3	214 40	1,330 206	1,363 111	_	0	3 2	1 6	10 3	_	0	1 3	6 5	9
Massachusetts	_	1	25	21	1,268	_	0	3	16	19	_	0	2	17	17
lew Hampshire Rhode Island§	2	6 0	70 93	564 30	535 1	_	0	4 1	6	8	_	0	1 1	_ 1	3
/ermont [§]	_	1	13	85	74	_	Ö	2	2	1	_	Ö	i	3	2
/lid. Atlantic	162	136	519	6,206	7,158	3	5	18	166	248	_	2	8	99	132
lew Jersey lew York (Upstate)	140	26 50	72 426	1,056 2,132	2,027 2,416	_	0 1	5 7	<u> </u>	72 24	_	0 0	2	11 25	16 31
lew York City	_	1	19	67	234	_	3	8	100	117	_	0	4	25	49
ennsylvania E.N. Central	22 1	43 6	269 23	2,951 223	2,481	1	1 2	3 10	25 73	35 113	_	1 3	5 9	38 94	36
llinois		1	23 9	65	1,535 99	=	1	6	73 28	57	1	0	3	94 25	122 30
ndiana ⁄lichigan	1	0	6 6	34 39	20 39	_	0	2 2	8 12	9 17	_	0	4 3	18 17	20 21
Ohio	_	0	4	15	36	_	0	2	17	21	1	1	3	26	34
Visconsin	_	3	18	70	1,341	_	0	3	8	9	_	0	3	8	17
V.N. Central owa	_	4 1	195 10	279 68	333 87	_	0	12 1	23 2	31 1	_	1 0	5 3	40 10	46 12
Cansas	_	0	2	9	3	_	0	1	2	5	_	0	1	1	2
flinnesota flissouri	_	1 0	188 4	180 15	230 3	_	0	12 1	11 3	14 6	_	0	3 3	12 10	10 13
lebraska [§]	_	0	1	5	9	_	0	1	4	3	_	0	1	2	6
Iorth Dakota South Dakota	_	0	7 0	2	_ 1	_	0	1 1	_ 1	1 1	_	0	3 1	2 3	1 2
S. Atlantic	38	49	162	2,536	1,546	2	5	12	170	255	2	3	11	119	143
elaware	5	11	34	527	374	_	0	1	4	5	_	0	1	1	4
istrict of Columbia lorida	4	0 1	7 5	13 47	33 14		0 1	2 7	3 42	3 41	1	0 1	1 7	44	1 55
ieorgia Iaryland [§]	9	0 26	1 108	1 1,311	7 896	_	0 1	5 5	23 41	75 59	_	0	3 2	15 18	12 10
lorth Carolina	_	0	6	31	21	_	0	4	17	19	_	0	6	14	23
outh Carolina§ irginia§	 11	0 10	2 60	15 534	12 182	_	0 1	1 3	5 33	9 42	1	0	2	12 13	17 16
Vest Virginia	9	0	14	57	7	_	Ö	1	2	2	_	0	2	2	5
E.S. Central	1	1	5	37	26	1	0	3	26	21	_	1	4	37	31
Alabama§ Kentucky	_	0	3 2	9 3	7 5	_ 1	0	1 1	4 7	8 3	_	0	2	6 8	5 7
/lississippi	_	0	0	_	3	_	0	1	1	5	_	0	4	9	4
ennessee§	1	0	4	25	11	_	0	2	14	5	_	0	2	14	15
N.S. Central Arkansas§	_	1 0	5 0	40	14	_	1 0	29 2	60	73 2	_	1 0	15 2	77 8	79 9
ouisiana.	_	0	1	2	_	_	0	2	13	5	_	0	4	24	31
Oklahoma Texas§	_	0 1	0 5	38	— 14	_	0 1	3 25	5 42	7 59	_	0	4 11	14 31	8 31
Vlountain	_	1	3	28	18	1	1	6	38	57	_	1	4	45	55
Arizona Colorado	_	0	1 1	2 1	6	1	0	3 2	7 12	19 13	_	0	2	9 16	14 18
daho§	_	0	2	7	2	_	0	2	2	1	_	0	1	3	3
∕lontana§ Nevada§	_	0	1 2	2 7	_	_	0	1 1	3 2	2 2	_	0	1 1	1 4	3
New Mexico§	_	0	1	3	3	_	0	1	2	5	_	0	1	2	3
Jtah Nyoming [§]	_	0	2 1	3 3	4 1	_	0	3 0	10	15	_	0	2 1	8 2	6 4
Pacific	3	2	16	104	61	4	3	45	113	155	_	4	48	177	187
Alaska	_	0	1	4	2	_	0	1	2	22	_	0	1	1	3
California Hawaii	2 N	2	10 0	96 N	53 N	1	2	7 1	78 2	116 8	_	3 0	10 2	126 6	146 6
Oregon§	_	0	1	3	6	_	0	3	12	9	_	0	3	27	32
Washington	1	0	8	1	_	3	0	43	19	_		0	43	17	_
American Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U U	U U	U U	0	0	_	
Guam Puerto Rico	N	0	0		_	_	0	0	_	_	_	0	0	_	_
	IV.	0	0	N	N	_	0	1 0	3 U	U	U	0	1	6	6

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

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

* 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 September 8, 2007, and September 9, 2006 (36th Week)*

			Pertussi	s				ies, anim	nal		Ro			otted feve	er
	Current		rious reeks	Cum	Cum	Current		/ious /eeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	28	179	1,479	5,666	9,604	66	96	171	3,428	3,799	16	33	211	1,149	1,477
New England Connecticut	_	27 2	77 6	779 42	1,121 77	6 4	12 5	21 11	408 168	304 135	_	0	10 0	_	9
Maine [†]	_	3	15	54	66	1	2	8	55	73	_	0	0	_	_
Massachusetts New Hampshire	_	22 2	46 9	613 37	708 151	1	0 1	0 4	35	31	_	0 0	1 0	_	8 1
Rhode Island† Vermont†		0	31 9	6 27	33 86	_	0 2	3 13	26 124	18 47	_	0	9	_	_
Mid. Atlantic	12	24	155	798	1,226	_	13	44	604	357	1	1	6	41	72
New Jersey New York (Upstate)	9	2 13	16 146	81 424	212 525	_	0	0	_	_	_	0	2 1	6 3	33
New York City	_	2	6	80	68	_	1	5	32	19	_	0	3	16	20
Pennsylvania E.N. Central	3	7	20 80	213 1.041	421	20	12 2	44 47	572 292	338 129	1	0	2 4	16 30	19
Illinois	5 —	33 4	23	98	1,414 365	4	1	15	90	40	_	Ö	3	16	53 24
Indiana Michigan	_	1 8	45 39	46 186	150 328	— 14	0 1	1 26	9 138	10 39	_	0	2 1	5 3	5 2
Ohio Wisconsin	5	15 4	54 24	512 199	410 161	2	0	11 0	55	40	_	0	1 0	6	21 1
W.N. Central	1	14	151	438	898	_ 2	5	13	192	238	_	2	12	126	152
Iowa		4	16 14	106 104	216 193	2	0 2	3	26 91	49 56		0	1	7	5
Kansas Minnesota	_	0	119	103	136	_	0	5	20	33	_	0	2	1	1
Missouri Nebraska [†]	1	2 1	10 4	46 31	232 77	_	0	4 0	29 —	51 —	2	2	12 2	105 9	124 22
North Dakota South Dakota	_	0	18 6	4 44	25 19	_	0	6 2	13 13	16 33	_	0	0 1	3	_
S. Atlantic	1	19	163	629	771	26	40	63	1,458	1,646	11	13	67	609	807
Delaware District of Columbia	_	0 0	2 2	9 2	3 3	_	0	0	_	_	_	0	2 1	9 1	18 1
Florida Georgia	_	4 1	18 5	164 22	150 64	— 14	0 4	28 23	94 166	176 197	_	0	4 5	13 18	10 40
Maryland [†]	_	2	8	75	104	_	7	18	267	306	3	1	7	47	57
North Carolina South Carolina [†]	_	2 2	112 9	213 55	141 127	12	9 2	19 11	351 46	361 113	4	6 1	61 7	390 48	578 30
Virginia [†] West Virginia	_ 1	2	17 19	76 13	153 26	_	13 1	31 8	488 46	420 73	1 3	2	10 1	78 5	70 3
E.S. Central	3	5	27	263	250	1	3	11	113	178	2	5	19	191	258
Alabama† Kentucky	_	1 0	18 3	59 5	55 54	_ 1	0	8 3	— 16	57 18	_	1 0	9 2	57 5	64 1
Mississippi		1 2	25 7	131 68	27 114	_	0	1 7	1 96	4 99	_ 2	0	2 16	6 123	3 190
Tennessee [†] W.S. Central	_	20	226	625	555	_	2	35	69	652	_	3 1	168	123	88
Arkansas† Louisiana	_	2	17 1	113 14	61 21	_	0	5 1	24	24 3	_	0	53	59 2	42 2
Oklahoma	_	0	36	4	18	_	0	22	45	51	_	0	108	45	28
Texas [†] Mountain	 5	16 24	174 61	494 759	455 1,950	10	0 3	34 28	143	574 132	_	0	7 4	17 24	16 36
Arizona	_	5	13	159	399	10	2	10	97	100	=	0	2	4	8
Colorado Idaho†	4 1	6 1	17 6	204 34	603 66	_	0	0 24	_	_	_	0 0	1 3	1 4	4 9
Montana [†] Nevada [†]	_	1 0	7 5	32 9	94 60	_	0	3 2	13 2	12 3	_	0	1 0	1	2
New Mexico†	_	2	8	46	71	_	0	2	8	7	_	0	1	4	7
Utah Wyoming [†]	_	8 0	47 5	256 19	595 62	_	0 0	2 4	10 13	6 4	_	0 0	0 2	10	6
Pacific	1	12	547	334	1,419	1	4	13	149	163	_	0	1	5	2
Alaska California	_	1 4	8 167	37 99	62 1,187	1	0 3	6 12	35 108	15 132	_ N	0 0	0 1	N 3	_ N
Hawaii Oregon [†]	_	0 1	2 11	14 60	81 89	N	0	0 3	N 6	N 16	N	0	0 1	N 2	N 2
Washington	1	i	377	124	_	_	0	0	_	_	N	0	Ö	N	N
American Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U U	U U	U	0	0	U U	U U
Guam	_	0	2	_	53	_	0	0	_	_	N	0	0	N	N
Puerto Rico U.S. Virgin Islands	 U	0 0	1 0	U	1 U	U	1 0	5 0	37 U	64 U	N U	0 0	0 0	N U	N U

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2007, and September 9, 2006 (36th Week)*

		S	almonello	osis		Shiga t	oxin-pro	ducing E	. coli (ST	EC)†		,	Shigellos	is	
	C		ious	C	C1:	C		vious	C		C		vious	C	
Reporting area	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	499	839	2,338	26,477	28,408	58	77	336	2,565	2,611	200	327	1,287	10,095	8,397
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	3 2 - 1 -	34 0 2 21 3 2	307 292 14 60 15 20	1,386 292 88 775 118 58	1,677 503 90 838 146 58 42	=	3 0 0 1 0 0	52 47 4 10 3 2 3	166 47 24 74 8 5	221 75 29 77 21 5	=	4 0 0 3 0 0	29 26 5 8 2 3	142 26 13 91 5 5	219 67 3 134 4 8
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	57 — 33 4 20	101 12 29 24 34	186 41 112 46 69	3,415 283 969 888 1,275	3,597 789 787 877 1,144	11 9 2	8 1 3 0 3	63 20 15 4 47	264 15 130 22 97	327 91 113 36 87	6 1 3 2	11 1 3 5 1	47 4 42 12 21	433 38 95 168 132	676 256 169 183 68
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	43 6 4 33	102 30 15 18 26 15	182 121 54 30 65 49	3,587 1,072 489 587 938 501	3,925 1,138 565 727 849 646	5 — — 5 —	9 1 1 1 2 2	51 8 9 6 18 21	307 29 52 50 97 79	460 77 50 69 111 153	35 4 — 31 —	32 11 2 1 7 3	115 32 17 6 104 13	1,383 311 78 45 797 152	934 439 89 122 111 173
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	25 — 10 — 11 4 —	48 9 7 13 14 4 0 2	102 26 20 44 24 11 23 11	1,738 312 275 435 430 156 22 108	1,804 311 253 447 522 145 21 105	5 1 2 2 —	12 2 0 4 2 1 0	45 38 4 26 9 11 12 5	440 103 37 152 69 56 1 22	448 101 19 127 126 44 3 28	31 — — 31 — —	38 2 1 5 17 1 0 3	156 14 10 24 72 7 127 30	1,311 56 20 162 945 16 5 107	1,132 69 93 86 506 101 54 223
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	209 1 — 138 24 15 — 22 5 4	220 3 0 85 33 15 29 18 20	417 10 4 176 73 35 130 51 39 31	7,042 102 16 2,778 1,182 587 957 637 662 121	7,116 103 39 2,909 1,186 499 981 655 666 78	9 -4 2 1 2	15 0 0 2 1 2 2 0 3	37 3 1 8 6 10 24 2 10 5	453 12 1 99 56 68 93 10 102 12	383 7 1 59 59 67 68 10 107	60 — 35 10 1 10 2 2	88 0 0 46 34 2 0 1 3	174 1 5 76 94 9 14 7 10 6	3,257 7 4 1,730 1,181 79 59 81 109 7	1,877 7 10 863 675 88 109 74 49 2
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	34 8 10 — 16	54 14 9 12 17	134 78 23 101 34	1,859 541 372 391 555	1,824 519 303 496 506	7 -2 -5	4 1 1 0 2	25 18 8 2 8	191 53 60 4 74	198 15 62 7 114	8 7 — 1	22 9 3 4 3	89 67 32 76 14	1,084 404 270 282 128	431 121 164 56 90
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	19 — — 19 —	83 12 17 8 44	595 45 48 103 470	2,399 398 486 323 1,192	3,143 543 669 304 1,627	_ _ _ _	3 1 0 0 2	73 7 2 17 68	116 21 3 16 76	135 23 13 11 88	31 — 7 24	39 2 9 3 23	655 10 25 63 580	1,132 68 331 85 648	1,190 64 121 86 919
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	37 13 20 4 — — —	45 13 10 3 2 4 5 4	90 44 21 8 6 10 12 14 4	1,547 476 378 93 68 123 164 194 51	1,824 552 476 127 98 155 182 199 35	6 3 1 2 — — —	9 2 1 2 0 0 1 1 0	34 9 9 16 0 5 4 14 2	337 80 61 90 — 16 26 64	357 67 81 60 — 21 35 80 13	12 12 — — — — —	18 10 3 0 1 1 2 1	84 37 15 2 13 20 15 4	566 328 72 8 17 25 69 18 29	789 414 135 14 6 68 107 40 5
Pacific Alaska California Hawaii Oregon [§] Washington	72 1 62 — 1 8	109 1 88 5 7	890 5 260 16 15 625	3,504 59 2,632 170 226 417	3,498 55 2,994 156 291 2	15 N 3 — 1 11	5 0 1 0 1	164 0 15 4 9 162	291 N 147 17 54 73	82 N N 12 70	17 — 15 — — 2	26 0 21 0 1	256 2 84 3 6 170	787 7 634 19 53 74	1,149 6 1,015 34 94
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U - 3 U	0 0 14 0	0 0 66 0	U U 446 U	U U — 355 U	U U N —	0 0 0 0	0 0 0 0	U U N —	U N U	U U — U	0 0 0 0	0 0 4 0	U U — 18 U	U - 33 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 September 8, 2007, and September 9, 2006 (36th Week)*

	Stre	<u> </u>		invasive, gr	oup A	Streptococcus		Age <5 ye		ondrug resistant [†]	
Reporting area	Current week		rious reeks Max	Cum 2007	Cum 2006	Current week		vious veeks Max	Cum 2007	Cum 2006	
Jnited States	26	94	261	3,673	4,009	11	30	108	1,085	906	
lew England	_	6	27	297	260	_	3	11	76	75	
Connecticut	_	0	23	91	68	_	0	6	_	23	
/laine§ /lassachusetts	_	0 3	3 12	21 141	15 130	_	0 2	1 6	1 58	<u> </u>	
New Hampshire	_	0	4	29	30	_	0	2	7	6	
Rhode Island [§]	_	0	12	_	5	_	0	3	8	4	
/ermont [§]	_	0	2	15	12	_	0	1	2	_	
/lid. Atlantic	2	17 2	41 9	693 93	735 123		5 1	27 4	179 21	127 47	
lew Jersey lew York (Upstate)		5	27	232	237	_	2	15	76	66	
New York City	_	4	13	167	134	_	1	25	82	14	
Pennsylvania	_	5	11	201	241	N	0	0	N	N	
.N. Central	1	16	32	636	785	2	5	14	164	243	
linois ndiana	<u> </u>	4 2	13 17	165 101	240 92	_	1 0	6 10	38 15	63 44	
Michigan	_	4	10	159	163	_	1	4	56	54	
Ohio	_	3	14	183	199	2	1	7	46	48	
Visconsin	_	1	6	28	91	_	0	2	9	34	
V.N. Central	_	5	32	244	262	1	2	8	75	73	
owa Kansas	_	0	0 3	 28	<u> </u>	_	0 0	0 1	_ 1	 11	
Minnesota	_	0	29	124	121	_	1	6	51	43	
/lissouri	_	2	6	54	55	_	0	2	13	11	
lebraska [§] Iorth Dakota	_	0	3 2	20 11	23 9	1	0 0	2 2	9 1	5 3	
South Dakota	_	0	2	7	9	_	0	0		_	
S. Atlantic	15	21	52	928	888	2	3	14	200	60	
Delaware	1	0	1	8	9	_	0	0		_	
District of Columbia	_	0	3	8	9	_	0	1		1	
Florida Georgia	8 2	6 5	16 13	228 175	212 184	1	0 0	5 5	44 44	_	
Maryland [§]	_	4	10	164	169	_	1	6	47	49	
North Carolina	2	1	22	131	126	_	0	0	_	_	
South Carolina§ /irginia§	1	1 2	7 11	78 115	54 103	1	0 0	3 4	29 29	_	
Vest Virginia	<u>.</u>	0	3	21	22	_	0	4	7	10	
E.S. Central	2	4	13	164	162	2	1	6	67	16	
Alabama§	N	0	0	N	N	N	0	0	N	N	
Kentucky		1	3	32	38	_	0	0	_		
Mississippi Tennessee§	N 2	0 3	0 13	N 132	N 124		0 0	2 6	3 64	16 —	
V.S. Central	2	6	90	238	309	2	4	43	156	154	
Arkansas§	_	0	2	17	23	_	0	2	7	18	
ouisiana	_	0	4	16	14	-	0	4	24	19	
Oklahoma Texas§		1 3	23 64	56 149	77 195	1 1	1 1	13 27	38 87	32 85	
Nountain	4	10	21	373	526	2	4	12	144	142	
Arizona	2	3	11	120	526 273	_	2	7	144 85	80	
Colorado	2	3	9	121	94	2	1	4	34	36	
daho§ Nontana§		0	2	12 N	7 N	N	0	1	2 N	1 N	
iontana ^ş levada [§]	N —	0	0 1	N 2	N —	N —	0	0 1	N 1	N 2	
lew Mexico§	_	1	5	41	98	_	0	4	18	23	
Jtah Vyoming [§]		2	7 1	72 5	51 3	_	0 0	2 0	4	_	
, ,		0	=							_	
'acific Jaska	_	3 0	9 3	100 26	82 N	_	1 0	4 2	24 22	16 —	
California	N	0	0	N N	N	N	0	0	N	N	
Hawaii	_	2	9	74	82	_	0	2	2	16	
Oregon§ Vashington	N N	0	0	N N	N N	N N	0	0 0	N N	N N	
· ·									U		
merican Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U	U U	
Guam	_	0	0	_	_	N	0	0	Ň	N	
Puerto Rico	_	0	0	_	_	N	0	0	N	N	
J.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 September 8, 2007, and September 9, 2006 (36th Week)*

		Streptococcus pneumoniae, invasive disease, drug resistant [†] All ages Age <5 years										Suphilia primary and accordance					
		Prev	Age <5 years Previous					Syphilis, primary and secondary Previous									
	Current	52 w		Cum	Cum	Current		eeks	Cum	Cum	Current		vious veeks	Cum	Cum		
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006		
United States	10	48	256	1,623	1,739	7	8	35	298	264	82	198	310	6,801	6,460		
New England	_	1	12	35	97	_	0	3	6	2	5	4	13	165	147		
Connecticut Maine§	_	0 0	5 2	9	73 6	_	0 0	0 2	1	1	_	1 0	10 2	24 5	30 7		
Massachusetts	_	0	0	_	_	_	0	0	_	_	4	2	8	99	90		
New Hampshire Rhode Island§	_	0 0	0 4	 14	9	_	0 0	0 1	3	_	1	0	3 5	22 14	10 8		
Vermont§	_	0	2	12	9	_	0	1	2	1	_	0	1	1	2		
Mid. Atlantic New Jersev	1	2	9	96	107	_	0	5 0	21	14	17 1	28 4	44 8	1,070 131	772 117		
New York (Upstate)	_	1	5	34	34	_	0	4	7	7	2	3	14	98	97		
New York City Pennsylvania	_ 1	0 1	0 6	<u> </u>	— 73	_	0	0 2	 14	7	11 3	16 5	34 10	660 181	371 187		
E.N. Central	1	9	40	390	378	_	1	7	53	, 57	6	14	27	526	617		
Illinois	_	0	4	13	19	_	0	1	2	5	_	7	15	236	301		
Indiana Michigan	_	2	31 1	100 2	98 15	_	0	5 1	15 1	15 2	_	1 2	6 8	39 77	60 81		
Ohio	1	5	38	275	246	_	1	5	35	35	2	3	9	129	129		
Wisconsin	N	0	0	N	N	_	0	0	_	_	2	1	4	45	46		
W.N. Central lowa	_	2	124 0	111	31 —	_	0	15 0	9	1	1	6 0	14 3	238 11	203 13		
Kansas	_	0	11	63	_	_	0	2	5	_	_	0	3	15	16		
Minnesota Missouri	_	0 1	123 5	<u> </u>	1 29	_	0	15 1	_	1	_	1 3	5 12	50 153	36 125		
Nebraska§	_	0	1	2	_	_	0	0	_	_	_	0	2	2	4		
North Dakota South Dakota	_	0 0	0 3	<u> </u>	1	_	0 0	0 1	4	_	1	0	0 3	7	1 8		
S. Atlantic	4	21	59	738	840	5	4	15	153	127	27	46	180	1,594	1,445		
Delaware District of Columbia	_	0 0	1 2	6 5	— 19	_	0	1 0	2	_	1	0 2	3 12	9 115	16 77		
Florida	4	11	29	431	447	4	2	8	91	81	17	15	26	571	517		
Georgia Maryland [§]	_	7 0	17 1	248 1	281	1	1 0	10 0	52 —	44		7 6	153 15	236 213	249 210		
North Carolina	_	0	0		_	_	0	0	_	_	4	5	23	233	210		
South Carolina [§] Virginia [§]	N	0 0	0	N	N	_	0	0	_	_	2	1 4	11 17	70 142	48 111		
West Virginia		1	17	47	93	_	Ö	1	8	_	<u>.</u>	0	2	5	7		
E.S. Central	2	3	9	110	147	2	0	3	25	26	12	16	30	564	471		
Alabama [§] Kentucky	N —	0 0	0 2	N 17	N 28	_	0 0	0 1		<u> </u>	_	6 1	16 7	218 39	217 48		
Mississippi Tennessee§		0 2	2 8	— 93	20 99		0	0 3	 23	 20	3 9	2 6	9 14	76 231	42 164		
W.S. Central	2	1	11	101	64	_	0	3	25 15	6	6	32	55	1,154	1,031		
Arkansas§	_	0	1	1	9	_	0	0	—	2	_	1	8	74	52		
Louisiana Oklahoma	_ 2	1 0	4 9	49 51	55 —	_	0	2 2	6 9	4	6	8 1	29 4	289 36	173 50		
Texas§	_	0	0	_	_	_	0	0	_	_	_	21	39	755	756		
Mountain	_	1	5	42	75	_	0	3	14	31	2	7	19	222	349		
Arizona Colorado	_	0 0	0	_	_	_	0 0	0	_	_		2 1	12 5	83 29	134 54		
Idaho§	N	0	0	N	N	_	0	0	_	_	_	0	1	1	3		
Montana [§] Nevada [§]	_	0 0	0 3	— 16	— 16	_	0	0 2	<u> </u>	1	_	0 2	1 6	1 67	1 98		
New Mexico [§]	_	0	0	_	_	_	0	0	_	_	_	1	7	34	48		
Utah Wyoming [§]	_	0 0	5 2	15 11	30 29	_	0	3 1	8 1	21 9	_	0	2 1	6 1	11		
Pacific	_	0	0	_	_	_	0	1	2	_	6	38	57	1,268	1,425		
Alaska California	N	0	0	N	N	_	0	0	_	_		0 35	1 54	4	6 1,259		
Hawaii	_	0	0	_	_	_	0	1	2	_	_	0	1	1,153 5	14		
Oregon§ Washington	N N	0	0	N N	N N	_	0	0	_	_	2 2	0 2	6 12	13 93	14 132		
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	ys U	U		
C.N.M.I.	Ü	_	_	Ü	Ū	Ü	_	_	Ü	Ü	Ü	_	_	Ū	U		
Guam Puerto Rico	N N	0 0	0	N N	N N	_	0	0	_	_	_	0 3	1 11	3 102	92		
U.S. Virgin Islands	Ü	0	0	Ü	Ü	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 noti —: 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 September 8, 2007, and September 9, 2006 (36th Week)*

		West Nile virus disease [†] Neuroinvasive Nonneuroinvasive [§]													
		Prev	ious					ious				Pre	vious		
Reporting area	Current week	52 w Med	eeks Max	Cum 2007	Cum 2006	Current week	Med 52 w	eeks Max	Cum 2007	Cum 2006	Current week	Med Med	reeks Max	Cum 2007	Cum 2006
United States	137	794	2,813	25,449	32,227		1	102	416	1,267	8	2	157	979	2,435
New England	3	18	124	495	3,181	_	0	2	3	9	_	0	1	2	3
Connecticut Maine ¹	_	0	76 7	2	1,127 174	_	0	2	3	7	_	0	1 0	1	
Massachusetts	_	0	1	_	1,141	_	0	1	_	2	_	Ö	1	1	1
New Hampshire Rhode Island [¶]	_	8 0	17 0	219	244	_	0	0	_	_	_	0	0	_	_
Vermont [¶]	3	9	66	274	495	_	0	Ö	_	_	_	Ö	Ö	_	_
Mid. Atlantic	25	110	195	3,230	3,408	_	0	1	2	24	_	0	1	_	12
New Jersey New York (Upstate)	N N	0	0	N N	N N	_	0	0 1	_	2 7	_	0	0	_	3
New York City	_	0	0	_	_	_	0	1	1	8	_	0	1	_	4
Pennsylvania	25	110	195	3,230	3,408	_	0	1	1	7	_	0	0	_	1
E.N. Central Illinois	24	229 2	568 11	7,161 105	10,486 99	_	0 0	33 14	18 14	195 107	_	0	22 13	9 5	145 80
Indiana Michigan	<u> </u>	0 97	0 258	2,898	 3,113	_	0	3 10	_ 1	21 31	_	0	8 2	_	39 10
Michigan Ohio	19	107	449	3,373	6,508	_	0	4	1	26	_	0	2	2	7
Wisconsin	_	19	80	785	766	_	0	2	2	10	_	0	1	2	9
W.N. Central lowa	11 N	32 0	136 0	1,230 N	1,291 N	_	0	23 3	125 5	203 18	_	0	68 3	410 7	447 15
Kansas	7	8	52	439	249	_	0	3	9	15	_	0	5	12	10
Minnesota Missouri	4	0 16	0 78	646	961	_	0	10 7	29 14	28 46	_	0	11 1	41 4	31 8
Nebraska [¶]	Ň	0	0	N	N	_	0	3	8	42	_	0	13	62	194
North Dakota South Dakota	_	0 1	60 15	84 61	44 37	_	0	5 8	23 37	20 34	_	0	30 26	161 123	117 72
S. Atlantic	22	100	239	3,485	3.174	_	0	4	13	14	_	0	3	11	11
Delaware	_	1	6	33	47	_	0	0	_	_	_	0	0	_	_
District of Columbia Florida	 10	0 18	8 77	14 864	27 N	_	0	0 1	3	3	_	0	1 0	_	1
Georgia	N	0	0	N	N	_	0	4	8	2	_	0	3	8	5
Maryland [¶] North Carolina	N —	0 0	0	N	N	_	0 0	2 1	_	8 —	_	0	0	1	1
South Carolina [¶] Virginia [¶]	5	18 27	72 190	712 1.100	824 1,220	_	0	1 1		_	_	0	1	2	
West Virginia	7	23	50	762	1,056	_	0	Ö	_	1	_	0	0	_	4
E.S. Central	6	4	571	351	27	_	0	10	32	101	_	0	8	29	79
Alabama ¹ Kentucky	6 N	3 0	571 0	348 N	26 N	_	0 0	2 2	12 1	8 4	_	0	1 0	1	1
Mississippi	_	0	2	3	1	_	0	7	17	75	_	0	7	27	73
Tennessee ¹	N	0	0	N	N	_	0	1	2	14	_	0	1	1	5
W.S. Central Arkansas¹	22	181 13	1,640 105	7,569 536	8,715 623	_	0	23 1	64 5	329 23	_	0	14 1	27 1	179 5
Louisiana	_	2	11	94	181	_	0	7	1	76	_	0	8	1	64
Oklahoma Texas ¹	 22	0 163	0 1,534	6,939	7,911	_	0 0	7 15	24 34	22 208	_	0 0	5 7	16 9	10 100
Mountain	24	56	131	1,902	1,945	_	0	20	83	320	4	1	79	358	1,322
Arizona Colorado	 20	0 22	0 62	— 736	1,023	_	0	10 10	10 10	14 61	_	0	14 20	6 62	14 258
Idaho [¶]	N	0	0	N	N	_	0	3	1	134	4	0	35	69	801
Montana [¶] Nevada [¶]	4	5 0	40 1	299 1	N 9	_	0	11 1	28 1	11 34	_	0	17 5	72 2	22 87
New Mexico ¹	_	5	37	297	312	_	0	4	17	1	_	0	2	8	3
Utah Wyoming [¶]	_	15 0	73 11	551 18	567 34	_	0	4 4	6 10	51 14	_	0	10 29	6 133	92 45
Pacific	_	0	9	26	_	_	0	16	76	72	4	0	20	133	237
Alaska	_	0	9	26	N	_	0	0	_	_	4	0	0	_	_
California Hawaii	_	0 0	0 0	_	N —	_	0 0	15 0	73 —	67	<u>4</u>	0	19 0	125 —	176
Oregon [¶] Washington	N N	0	0	N N	N N	_	0	1	3	5	_	0	4	8	58 3
American Samoa	U	0	0	U	U	U U	0	0	U U	U	U	0	0	U	U
C.N.M.I.	Ū	_	_	Ü	Ū	Ü	_	_	U	U	Ü	_	_	U	Ü
Guam Puerto Rico	 11	6 11	30 30	141 467	166 415	_	0	0	_	_	_	0	0	_	_
J.S. Virgin Islands	Ü	0	0	467 U	415 U	U	0	0	U	U	U	0	0	U	U

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

† Incidence data for reporting years 2006 and 2007 are provisional.
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 influenzanassociated 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.		,* week o			ber 8	, 2007 (36th Week)	All causes, by age (years)						
	All	All C	luscs, b	y age (ye	ui 3)		P&I [†]		All	14303, 15	age (ye	13,			P&I [†]
Reporting Area	Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	Ages	≥65	45-64	25-44	1-24	<1	Total
New England Boston, MA	467 118	323 77	93 26	24 5	12 4	15 6	35 5	S. Atlantic Atlanta, GA	900 35	556 22	229 4	79 8	18	18 1	50 1
Bridgeport, CT	23	12	2	5	4	_	3	Baltimore, MD	137	75	42	14	6	_	7
Cambridge, MA Fall River, MA	11 19	8 14	1 5	1	_	1	1 2	Charlotte, NC Jacksonville, FL	99 95	62 55	23 28	11 9	1 2	2	4 9
Hartford, CT	56	37	5 11	4	2	2	4	Miami, FL	95 84	55 57	∠6 21	3	3		6
Lowell, MA	25	19	5	_	1	_	3	Norfolk, VA	61	44	11	4	1	1	4
Lynn, MA New Bedford, MA	4 16	4 13	_	_ 1	_	_	_ 1	Richmond, VA	42 47	25 35	11 8	5 1	_ 1	1 2	_
New Haven, CT	34	24	8		_	2	4	Savannah, GA St. Petersburg, FL	47	28	13	3		1	2
Providence, RI	53	38	11	3	_	1	4	Tampa, FL	136	89	33	8	3	3	10
Somerville, MA Springfield, MA	4 33	4 20	 9	_	_	_	 3	Washington, D.C.	98	53	27	11	1	6	4
Waterbury, CT	27	20 22	9	_	1	_	2	Wilmington, DE	21	11	8	2			1
Worcester, MA	44	31	9	3	_	1	3	E.S. Central Birmingham, AL	731 131	459 86	191 33	39 6	23 2	19 4	50 8
Mid. Atlantic	1,926	1,293	409	120	51	53	100	Chattanooga, TN	75	52	15	_	6	2	4
Albany, NY	49	29	10	6	2	2	1	Knoxville, TN	98	68	22	7	_	1	8
Allentown, PA Buffalo, NY	16 84	14 52	2 23	4	<u> </u>	_	1 10	Lexington, KY Memphis, TN	40 152	28 92	9 45	1 7	2	 5	3 13
Camden, NJ	43	28	23 5	2	3	5	2	Mobile, AL	52	32	12	6	1	1	3
Elizabeth, NJ	4	2	2	_	_	_	_	Montgomery, AL	65	39	15	5	6	_	5
Erie, PA	36	28	7	1	_	_	2	Nashville, TN	118	62	40	7	3	6	6
Jersey City, NJ New York City, NY	19 883	13 612	5 187	1 50	14	20	3 40	W.S. Central	1,169	709	295	95	36	34	68
Newark, NJ	102	55	25	12	5	5	7	Austin, TX Baton Rouge, LA	82 40	55 15	22 10	2 10	3 5	_	8
Paterson, NJ	8	5	1	_	1	1	_	Corpus Christi, TX	39	21	9	7	1	1	3
Philadelphia, PA Pittsburgh, PA§	347 32	203 23	84 7	30 1	13	17 1	12 1	Dallas, TX	142	76	39	16	5	6	11
Reading, PA	30	21	7	i	1		i	El Paso, TX	73	52	15	2	3	1	2
Rochester, NY	101	78	12	6	3	2	9	Fort Worth, TX Houston, TX	95 345	69 186	20 101	36	9	6 13	4 21
Schenectady, NY Scranton, PA	26 26	19 21	5 4	1 1	1	_	1 1	Little Rock, AR	43	27	12	3	_	1	_
Syracuse, NY	58	44	12	1	1		7	New Orleans, LA ¹	U	U	U	U	U	U	Ū
Trenton, NJ	33	21	8	2	2	_	_	San Antonio, TX Shreveport, LA	151 53	95 40	36 10	13	6 1	1 2	7 6
Utica, NY Yonkers, NY	17 12	15 10	1 2	1	_	_	2	Tulsa, OK	106	73	21	6	3	3	6
E.N. Central	1,620	1,045	384	106	44	41	75	Mountain	701	438	162	51	24	26	35
Akron, OH	44	30	4	5	1	4	2	Albuquerque, NM	U 47	U 35	U 8	U 2	U	U 1	U 1
Canton, OH	30	19	11		_	_	-	Boise, ID Colorado Springs, CO	47 45	31	9	3	1	2	2
Chicago, IL Cincinnati, OH	288 60	173 34	76 15	20 5	13 2	6 4	16 8	Denver, CO	82	51	16	10	3	2	6
Cleveland, OH	185	132	44	4	2	3	7	Las Vegas, NV	210	121	60	18	8	3	9
Columbus, OH	121	80	29	9	1	2	8	Ogden, UT Phoenix, AZ	21 116	16 71	3 24	 5	1 5	1 11	2 7
Dayton, OH Detroit, MI	91 134	57 71	20 39	6 14	5 8	3 2	3 7	Pueblo, CO	27	19	7	1	_		
Evansville, IN	29	18	39 7	2	1	1	_	Salt Lake City, UT	109	65	28	8	4	4	6
Fort Wayne, IN	55	45	8	1	_	1	1	Tucson, AZ	44	29	7	4	2	2	2
Gary, IN	17	7	4	3	3	_	1	Pacific	1,308	907	263	82	24	15	92
Grand Rapids, MI Indianapolis, IN	39 141	27 87	8 38	2 8	1 2	1 6	5 5	Berkeley, CA Fresno, CA	11 118	8 82	1 28	1 6	1 2	_	4
Lansing, MI	55	40	13	2	_	_	2	Glendale, CA	U	Ü	Ü	Ŭ	Ū	U	Ü
Milwaukee, WI	74	47	16	7	1	3	2	Honolulu, HI	65	50	10	1	1	3	10
Peoria, IL Rockford, IL	38 41	27 30	9 4	1 6	_	1	2	Long Beach, CA Los Angeles, CA	69 U	47 U	15 U	3 U	2 U	2 U	4 U
South Bend, IN	38	30	6	1	1		_	Pasadena, CA	31	24	3	3	1	_	2
Toledo, OH	86	53	23	6	2	2	5	Portland, OR	84	59	17	5	3	_	5
Youngstown, OH	54	38	10	4	1	1	1	Sacramento, CA San Diego, CA	176 131	119 85	42 31	10 9	4 3	1 3	16 9
W.N. Central	506	317	126	27	18	16	36	San Francisco, CA	103	68	23	9	2	1	9
Des Moines, IA Duluth, MN	93 37	59 29	21 5	2 2	4 1	5	9 3	San Jose, CA	196	144	37	14	_	1	15
Kansas City, KS	18	8	10	_		_	2	Santa Cruz, CA	22	13	7	2	_	_	1
Kansas City, MO	61	40	13	3	3	2	5	Seattle, WA Spokane, WA	92 71	62 45	18 5	9 1	2 1	1 2	6 7
Lincoln, NE	32 54	21	7 17	4	_ 1	3	2 4	Tacoma, WA	139	101	26	9	2	1	4
Minneapolis, MN Omaha, NE	54 67	27 41	17 20	6 3	3	_	4 5	Total	9,328**	6.047	2,152	623	250	237	541
St. Louis, MO	68	37	17	6	3	5	1		0,020	0,017	_,	020	_00	_0,	011
St. Paul, MN	34	21	9		3	1	3								
Wichita, KS	42	34	7	1			2								

U: Unavailable. —:No reported cases.

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

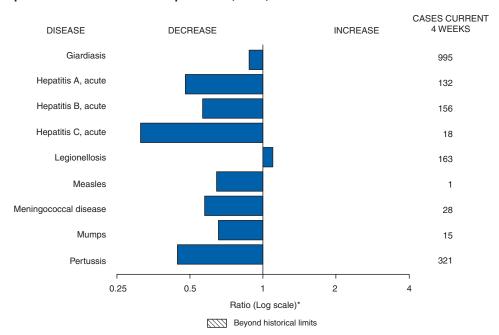
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 8, 2007, with historical data



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

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

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