



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

January 7, 2005 / Vol. 53 / Nos. 51 & 52

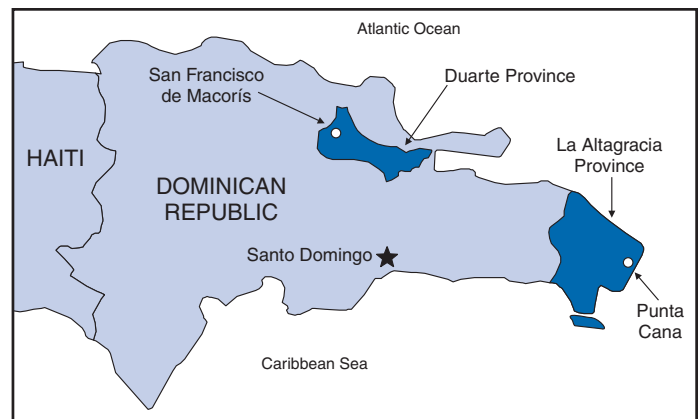
Transmission of Malaria in Resort Areas — Dominican Republic, 2004

Malaria is caused by any of four *Plasmodium* parasites carried by *Anopheles* mosquitoes and usually is transmitted by the bite of an infective female *Anopheles*. In rural areas of the Dominican Republic, *P. falciparum* malaria is endemic, with the highest risk in the far western region of the country, and prophylactic medication with chloroquine is recommended for incoming travelers. Conversely, urban and resort areas in the Dominican Republic have been considered nonmalarious, and prophylactic medication has not been recommended for persons traveling to these areas (1). However, since November 2004, CDC has received reports of three malaria cases in U.S. travelers returning from areas in La Altagracia and Duarte provinces (Figure) previously considered nonmalarious. An additional 14 cases of malaria in La Altagracia Province, in the far eastern region of the country, have been reported in European and Canadian travelers. This report describes three of these 17 malaria cases and summarizes the overall investigation, which led to expansion of CDC recommendations for chloroquine prophylaxis to include all of La Altagracia and Duarte provinces.

Case Reports

Case 1. During the third week of November 2004, a woman aged 47 years was admitted to an intensive care unit (ICU) in the United States with multisystem organ failure, including acute respiratory distress syndrome and renal failure. She had a 6-day history of fever, chills, abdominal pain, headache, nausea, and vomiting that began 24–36 hours after returning from a 1-week vacation to a resort in Punta Cana in La Altagracia Province. The patient had been examined twice by a health-care provider in an outpatient setting and sent home. Two days before hospital admission, she had jaundice. On admission, the patient had *P. falciparum* malaria on blood

FIGURE. Provinces with resort and urban areas where malaria is not endemic but where 17 cases were reported — Dominican Republic, 2004



smear (35% parasitemia), anemia (hemoglobin: 10.4 g/dL [normal: 12–18 g/dL]), leukocytosis (white blood cell count: 35,000/ μ L [normal: 5,000–10,000/ μ L]), severe thrombocytopenia (platelet count: 5,000/ μ L [normal: 130,000–400,000/ μ L]), and was obtunded. The patient was started on intravenous

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

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. *MMWR* 2005;53:[inclusive page numbers].

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quinidine gluconate, and the parasitemia cleared in 2 days. On the fifth day of hospitalization, the quinidine was discontinued, and the patient was placed on doxycycline. The patient underwent hemodialysis for renal failure; she improved and was discharged to a rehabilitation center, where she remained as of December 30, 2004. Her husband reported that they had stayed at an all-inclusive resort in Punta Cana during their entire week in the Dominican Republic and did not travel to other areas. In addition, the patient had not traveled to any other malarious areas nor received any blood transfusions during the preceding year.

Case 2. In late November, a man aged 71 years visited an emergency department in Canada 10 days after returning home from a week at a resort in Punta Cana and after 4 days of fever, myalgias, and malaise. Viral infection was diagnosed, and the man was discharged home. The next day, he saw his family doctor, who also diagnosed a viral illness. The following day, the patient's condition deteriorated substantially, and he was admitted to the hospital with hypotension, hypoxia, acute renal failure, and respiratory failure requiring mechanical ventilation. Two days after admission, the patient had a blood smear that demonstrated a 9% *P. falciparum* parasitemia. He was treated with intravenous quinidine and doxycycline and underwent hemodialysis. The patient reported taking a day trip to Santo Domingo while in the Dominican Republic but reported no other travel. During the preceding year, he had not traveled to any other malarious areas nor received any blood transfusions. As of December 30, the patient remained hospitalized.

Case 3. In late November, a man aged 39 years was admitted to an ICU in Canada 12 days after returning home from a resort in Punta Cana, where he had stayed for 2 weeks. The patient reported having fevers and chills for 9 days and later had jaundice. One day after admission, he had a blood smear revealing 2% *P. falciparum* parasitemia and was treated with chloroquine and quinine. The patient was anemic and had acute respiratory distress syndrome, acute renal failure, and cerebral malaria; he underwent exchange transfusion. During the preceding year, the patient had not traveled to any other malarious areas nor received any blood transfusions. As of December 30, the patient remained hospitalized.

Epidemiologic Investigation

After receiving reports of malaria in two U.S. travelers to the Dominican Republic, CDC contacted the Pan American Health Organization, World Health Organization, and Ministry of Health (MoH) in the Dominican Republic, which initiated investigations. Seventeen patients (i.e., three from the United States, six from Canada, and eight from European

countries) were identified*; *P. falciparum* malaria was confirmed in all of them. Sixteen of the patients had traveled to Punta Cana resorts in La Altagracia Province and one to San Francisco de Macorís in Duarte Province. Sixteen returned home during November 3–16, and one returned December 20; all were admitted to hospitals, and six required treatment in ICUs. As of December 30, no deaths had been reported; three patients remained hospitalized. Seven of the patients confirmed that they had not traveled to any other malarious areas nor received any blood transfusions during the preceding year.

Prevention and Control Measures

On November 24, CDC expanded its recommendations for chloroquine prophylaxis for travelers to the Dominican Republic to include all of La Altagracia and Duarte provinces, in addition to rural areas countrywide (2). The revised recommendations advise clinicians and travelers about the expanded malaria risk area so that any febrile persons who have visited these areas will receive prompt diagnosis and treatment to avoid severe complications. Major networks of blood collection agencies and the Food and Drug Administration also were contacted. Similar alerts were issued by health officials in Europe and by the Public Health Agency of Canada.

The MoH investigation included active case detection and entomologic investigations in La Altagracia and Duarte provinces. In Duarte Province, officials confirmed that no other cases had been reported during 2003–2004. Nonetheless, MoH is taking precautionary measures, including enhanced surveillance. In La Altagracia Province, MoH surveillance data have identified an increase in cases of malaria beginning in November 2004 among migrant workers in the Bavaro Zone, 10 miles from the Punta Cana resort area. MoH intensified control measures in the Bavaro Zone, which include 1) presumptive treatment of all construction and hotel workers by using directly observed therapy with chloroquine and primaquine, and 2) mosquito control through residual and spatial insecticide spraying and application of larvicide to suspected breeding sites. Measures instituted in the Punta Cana resort area include intensified surveillance and larvicide application.

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Editorial Note: This report describes an outbreak of malaria in areas in the Dominican Republic previously thought to be nonmalarious. *P. falciparum* is the only malaria parasite in the Dominican Republic and has remained susceptible to chloroquine. Because *P. falciparum* malaria can be rapidly fatal, travelers should be aware of risk areas so that they can take appropriate preventive measures; clinicians should consider malaria in their diagnosis and treatment of febrile illness in travelers. Malaria can be prevented by taking an antimalarial drug and by preventing mosquito bites. Chloroquine is the recommended drug for malaria prevention for persons traveling to the Dominican Republic and is highly efficacious and well tolerated by most travelers. To prevent mosquito bites, travelers should use insect repellent containing up to 50% DEET and wear long-sleeved clothing; if not staying in screened or air-conditioned housing, they should sleep under a net, preferably one treated with insecticide. Rapid intervention is crucial for ill travelers with suspected malaria (3). In nearly all cases in this outbreak, delays in diagnosis and treatment occurred; in certain cases, delays contributed to serious illness.

During July 1999–March 2000, a previous outbreak in the Dominican Republic occurred among European travelers to Punta Cana, principally in the Bavaro Zone. Factors identified as contributing to that outbreak were 1) the increased breeding of *A. albimanus* mosquitoes, the predominant malaria vector in the Dominican Republic, in the wake of Hurricanes Mitch and George and 2) malaria-infected migrant workers. In 1999, approximately 3,000 malaria cases were reported in the Dominican Republic, a 50% increase over the number of cases in 1998 (4). During the 1999–2000 outbreak, CDC travel recommendations were temporarily expanded to recommend chloroquine prophylaxis for all areas in La Altagracia Province; this recommendation was rescinded 2 months later after MoH increased surveillance and controlled the outbreak.

In September 2004, Hurricane Jeanne struck the Dominican Republic. The east coast, including Punta Cana and the Bavaro Zone, received heavy rains and flooding, which might have resulted in increased breeding of mosquitoes. In addition, construction in Punta Cana and the Bavaro Zone has brought in many migrant workers from areas where malaria is

*The first U.S. patient was reported through the Emerging Infections Network, a provider-based sentinel network developed by the Infectious Disease Society of America. The other two U.S. patients were reported through the CDC Malaria Hotline. The Public Health Agency of Canada, the GeoSentinel Network, and the European Network on Imported Infectious Disease Surveillance reported six cases in travelers from Canada and eight cases in travelers from Europe.

endemic. The ongoing MoH investigation will attempt to determine whether these factors have contributed to the recent increased transmission. MoH surveillance data indicate that, on average, approximately 1,500–2,500 malaria cases are reported annually in the Dominican Republic; in 2004, a total of 2,012 cases had been reported through November.

Effective surveillance systems and rapid communication among surveillance networks are crucial to detecting cases of malaria and intervening in areas that are usually nonmalarious. During this outbreak, rapid communication among surveillance networks in North America, Europe, and the Caribbean led to prompt diagnoses and timely public health interventions to prevent additional cases among residents of and travelers to the Dominican Republic.

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Fatal Rat-Bite Fever — Florida and Washington, 2003

Rat-bite fever (RBF) is a rare, systemic illness caused by infection with *Streptobacillus moniliformis*. RBF has a case-fatality rate of 7%–10% among untreated patients (1). *S. moniliformis* is commonly found in the nasal and oropharyngeal flora of rats. Human infection can result from a bite or scratch from an infected or colonized rat, handling of an infected rat, or ingestion of food or water contaminated with infected rat excreta (1). An abrupt onset of fever, myalgias, arthralgias, vomiting, and headache typically occurs within 2–10 days of exposure and is usually followed by a maculopapular rash on the extremities (1). This report summarizes the clinical course and exposure history of two rapidly fatal cases of RBF identified by the CDC Unexplained Deaths and Critical Illnesses (UNEX) Project in 2003. These cases underscore the importance of 1) including RBF in the differential diagnoses of acutely ill patients with reported rat exposures and 2) preventing zoonotic infections among persons with occupational or recreational exposure to rats.

Case Reports

Florida. In early September 2003, a previously healthy woman aged 52 years visited an emergency department (ED) with a 2-day history of headache, abdominal pain, diarrhea, lethargy, right axillary lymphadenopathy, progressive myalgias, and pain in her distal extremities. On physical examination, she was afebrile and hypotensive (blood pressure: 82/40 mmHg) with left-sided abdominal tenderness and scleral icterus; no rash was noted. Laboratory tests indicated a mildly elevated white blood cell count of 13,800 cells/ μ L (normal: 5,000–10,000 cells/ μ L), thrombocytopenia (71,000 platelets/ μ L [normal: 130,000–500,000 platelets/ μ L]), elevated alanine aminotransferase of 112 U/L (normal: 20–52 U/L), elevated aspartate aminotransferase of 154 U/L (normal: <40 U/L), elevated total bilirubin of 5.8 mg/dL (normal: 0.2–1.2 mg/dL), elevated blood urea nitrogen of 55 mg/dL (normal: 7–23 mg/dL), and elevated creatinine of 2.9 mg/dL (normal: 0.7–1.5 mg/dL).

The patient was admitted to the intensive care unit, where she became increasingly hypoxic with marked anemia (hemoglobin: 8.6 g/dL [normal: 12–16 g/dL]) and increasingly severe thrombocytopenia (32,000 platelets/ μ L). She was treated with ciprofloxacin, metronidazole, and vancomycin for possible gram-negative sepsis and received two blood transfusions; however, she died approximately 12 hours after admission. A maculopapular rash was noted postmortem. No autopsy was performed.

Peripheral blood smears obtained before death revealed abundant neutrophils and intracellular collections of filamentous bacteria (Figure). Premortem blood from a tube containing no additives or separators was inoculated onto a blood agar plate and incubated in CO₂ at 95°F (35°C). After 72 hours, the culture demonstrated slight growth of gram-negative filamentous bacteria. UNEX was contacted for assistance, and diagnostic specimens were submitted to CDC for further laboratory evaluation. At CDC, the isolate was subcultured onto media enriched with 20% solution of sterile normal rabbit serum and incubated in a candle jar for 48 hours. Biochemical analyses identified the bacterial isolate as *S. moniliformis*. The 16S rRNA gene sequences amplified from DNA extracted from the patient's blood and the bacterial isolate were consistent with *S. moniliformis*.

The patient had been employed at a pet store. She was bitten on her right index finger by a rat in the store 2 days before symptom onset and 4 days before arriving at the ED. She self-treated the wound by using antiseptic ointment immediately after being bitten. In addition, she had regular contact with several pet rats, cats, a dog, and an iguana at her home; however, no bites from these animals were reported. None of the animals were tested for *S. moniliformis*.

trust·wor·thy: *adj*

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

2 : capable of being depended upon;

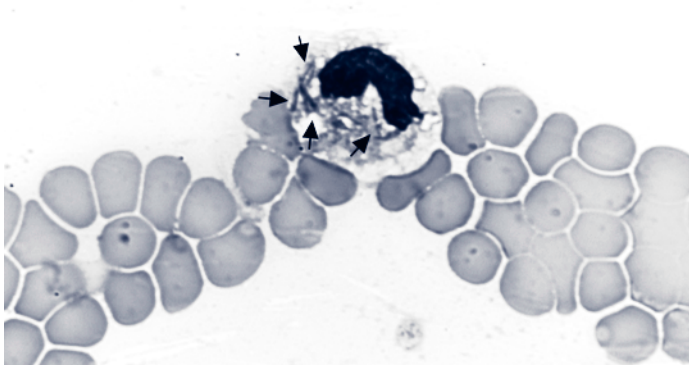
see also *MMWR*.



know what matters.



FIGURE. *Streptobacillus moniliformis* bacilli in a neutrophil (peripheral blood smear, Wright stain, original magnification: 100X)



Photo/CDC

Washington. In late November 2003, a previously healthy woman aged 19 years was pronounced dead on arrival at a hospital ED. No laboratory studies were performed in the ED. An acquaintance reported that the patient had experienced a 3-day history of fever, headache, myalgias, nausea, and profound weakness without cough, vomiting, diarrhea, or rash. Before her transport to the ED, she exhibited anxiety, confusion, and labored breathing. ED staff noted that she appeared jaundiced. The body was transported to the coroner's office, where an autopsy was performed.

Cultures of blood and tissue from autopsy were negative for pathogenic organisms. A toxicology screen was negative. Serologic assays for leptospirosis, Epstein-Barr virus, cytomegalovirus, and viral hepatitis were negative for recent infection. Histopathology revealed findings suggestive of a systemic infectious process that included disseminated intravascular coagulopathy and inflammatory cell infiltrates in the liver, heart, and lungs. UNEX was contacted for assistance, and project staff facilitated the submission of diagnostic specimens to CDC for further laboratory evaluation. Immunohistochemical assays performed at CDC for *Leptospira* spp., *Bartonella quintana*, spotted fever and typhus group rickettsiae, flaviviruses, hantaviruses, and influenza viruses were negative. Clusters of filamentous bacteria were identified in sections of the liver and kidney by using a silver stain. The 16S rRNA gene sequence amplified from DNA extracted from paraffin-embedded, formalin-fixed samples of liver and kidney was consistent with *S. moniliformis*.

The patient worked as a dog groomer and lived in an apartment with nine pet rats. One pet rat with respiratory symptoms had recently been prescribed oral doxycycline after having been evaluated at a veterinary clinic. Doxycycline was subsequently used to treat a second ill rat. None of the rats were

tested for *S. moniliformis*. The patient had no known animal bites during the 2 weeks preceding her death.

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Editorial Note: Although rapidly fatal pediatric cases of RBF have been described previously (2,3), similar mortality among adults has not been reported. Mortality attributed to severe systemic complications (e.g., endocarditis, myocarditis, meningitis, pneumonia, or multiple organ failure) has been documented in certain adult patients (1,4). Both patients described in this report died within 12 hours of presentation, allowing little opportunity for assessment and treatment. These case reports demonstrate that infection with *S. moniliformis* can cause fulminant sepsis and death in previously healthy adults. As a result, prevention of severe disease might depend on increasing the awareness of appropriate risk-reduction activities and possible symptoms of RBF among persons who have exposure to rats. Intravenous penicillin is the treatment of choice, and prompt therapy can prevent severe complications (1). Because rapid laboratory confirmation of infection with *S. moniliformis* might not be possible, clinicians should consider initiating empiric therapy for patients with a compatible clinical presentation and exposure history.

Clinicians should consider RBF in the differential diagnosis for unexplained febrile illness or sepsis in patients reporting rat exposure. Initial symptoms might be nonspecific (Box), but a maculopapular rash and septic arthritis commonly develop (1,5). However, as demonstrated by the cases in this report, patients can have severe disease before the onset of typical symptoms. Despite its name, approximately 30% of patients with RBF do not report having been bitten or scratched by a rat (1,5). Risk factors for RBF include handling rats at home and in the workplace (e.g., laboratories or pet stores). RBF is rare in the United States, with only a few cases documented each year (1,6,7). However, because RBF is not a nationally notifiable disease, its actual incidence has not been well described.

In the cases described here, diagnosis of RBF was delayed in part because of the inability to rapidly isolate or identify *S. moniliformis*. If infection with *S. moniliformis* is suspected,

BOX. Epidemiology, clinical findings, diagnosis, treatment, and prevention and reporting of rat-bite fever (RBF) caused by *Streptobacillus moniliformis*

Epidemiology/Ecology

- Zoonotic disease caused by infection with *S. moniliformis*, a fastidious gram-negative bacillus.
- *Spirillum minus* also causes RBF outside the United States.
- *S. moniliformis* is part of the normal respiratory flora of rats. Other rodents might also be reservoirs.
- Transmitted to humans by contact with infected rats or by ingestion of rat excreta. Person-to-person transmission has not been reported.
- Incubation period: 2–10 days.
- Cases are rare, but disease incidence is not well characterized.
- Case-fatality rate as high as 10% in untreated patients.

Clinical Findings

- Initial symptoms are nonspecific and include fever, chills, myalgias, arthralgias, headache, and vomiting.
- Patients can have a maculopapular rash on the extremities or septic arthritis 2–4 days after fever onset.
- Severe manifestations can include endocarditis, myocarditis, meningitis, pneumonia, sepsis, and death.

Diagnosis

- Blood or synovial fluid culture, collected in tubes without sodium polyanethol sulfonate (SPS). Inoculate into media supplemented with 20% solution of sterile normal rabbit serum and incubate in humid environment with 5%–10% CO₂ at 98.6°F (37°C). Hold cultures ≥5 days.
- Pleomorphic bacilli in Gram-, Wright-, or silver-stained blood smears or tissues supports diagnosis.
- For assistance, contact a state public health laboratory or CDC Meningitis and Special Pathogens Branch, telephone 404-639-3158.

Treatment

- Intravenous penicillin, 1.2 million units/day for 5–7 days, followed by oral penicillin or ampicillin 500 mg four times a day for 7 days if improvement is observed.
- Oral tetracycline 500 mg four times a day or intramuscular streptomycin 7.5 mg/kg twice daily are alternatives.

Prevention and Reporting

- Wear protective gloves, practice regular hand washing, and avoid hand-to-mouth contact when handling rats or cleaning rat cages.
- Adults should closely supervise children aged <5 years to prevent bites and hand-to-mouth contact.
- If bitten by a rat, promptly clean and disinfect the wound.
- Efficacy of antimicrobial prophylaxis is unknown.
- Not a notifiable disease; however, unexplained deaths and critical illnesses or rare diseases of public health importance might be reportable in certain states.

specific media and incubation conditions should be used (8) (Box). In the absence of a positive culture, identification of pleomorphic gram-negative bacilli in appropriate specimens might support a preliminary diagnosis (1). In the event of an unexplained death in a person with rat exposure, performing an autopsy might also be critical to identifying an etiology.

Because of the high prevalence of colonization and asymptomatic infection with *S. moniliformis* among rodents (Box), testing and treatment of rats is not practical. Disease prevention should center on risk reduction among persons with frequent rat exposure. Adherence to simple precautions while handling rats can reduce the risk for RBF and other potential rodent-borne zoonotic infections, wound infections, and injuries. Persons should wear gloves, practice regular hand washing, and avoid hand-to-mouth contact when handling rats or cleaning rat cages (1,9). If bitten by a rat, persons should promptly clean and disinfect the wound, seek medical attention, and report their exposure history. A tetanus toxoid booster should be administered if ≥10 years have lapsed since the last dose (9,10).

Clinicians should contact their state health departments for assistance with diagnosis of unexplained deaths or critical illnesses and cases or clusters of suspected RBF or other zoonotic infections. UNEX coordinates surveillance for unexplained deaths possibly attributed to infection throughout the United States. Cases are reported by a network of health departments, medical examiners/coroners, pathologists, and clinicians. Epidemiologic and clinical data are collected, and available clinical and pathologic specimens are obtained for reference and diagnostic testing at state, CDC, and other laboratories. State and local health departments may contact UNEX for assistance with the evaluation of unexplained deaths that occur in their jurisdictions.

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Brief Report

Tularemia Associated with a Hamster Bite — Colorado, 2004

In April 2004, the Colorado Department of Public Health and Environment (CDPHE) was notified about a boy aged 3 years with diagnosed tularemia associated with a hamster bite. Tularemia has not been associated previously with pet hamsters. CDPHE conducted an investigation to determine whether other owners of hamsters were at risk. Clinicians and public health officials should be aware that pet hamsters are a potential source of tularemia.

During January 2–February 8, the boy was exposed to six hamsters that his family had purchased from a pet store in the Denver metropolitan area. Each hamster reportedly died from “wet tail disease” (i.e., diarrhea) within 1 week of purchase. One hamster bit the child on the left ring finger shortly before it died. Seven days later, the child had fever, malaise, painful left axillary lymphadenopathy, and skin sloughing at the bite site. After treatment with amoxicillin clavulanate failed, the patient underwent excisional biopsy of a left axillary lymph node 49 days after symptom onset for persistent painful lymphadenopathy and intermittent fever. Tissue culture yielded a suspected *Francisella tularensis* isolate, which was confirmed by real-time polymerase chain reaction and timed-release fluorescence at the CDPHE laboratory. Convalescent serology was positive at a titer of 4,096, and the isolate was identified by CDC as type B. No other risk factors for tularemia exposure were identified, including no other animal contact, no exposure to game meat, and no known mosquito, tick, or fly bites. The patient improved after treatment with ciprofloxacin.

Workers at the pet store reported an unusual number of deaths among hamsters but not other animals during January–February; no carcasses were available for testing. One of two cats kept as store pets had a positive serologic test for *F. tularensis* at a titer of 256. Neither cat had appeared ill to store employees.

Lists of employees, pet suppliers, and customers who purchased hamsters during December 2003–February 2004 were obtained from the store owner. Fifteen of 18 customers were located and interviewed. Eight of these had hamsters that died

within 2 weeks of purchase, but all carcasses had been disposed of and were unavailable for testing. One customer and one employee who had febrile illness after being bitten by hamsters from the store were negative for *F. tularensis* by serologic testing. The same customer's hamster was available, and it was also negative for *F. tularensis* by serology and culture.

Approximately 80% of the 50 hamsters at the pet store came from customers who had pets with unanticipated litters. The other 20% were purchased from two small-pet breeders. These breeders were contacted, and neither reported an unusually high number of deaths of hamsters or other animals. One breeder also supplied animals to two pet stores in Wyoming. The Wyoming Department of Health had not been notified of any tularemia cases linked to these stores.

Confirmation of a hamster as the infectious source was limited by the delay between the patient's illness onset and diagnosis and subsequent lack of availability of implicated hamsters for testing. Nonetheless, the hamster that bit the patient was the most likely cause of infection because no other exposures or risk factors were identified. The positive serologic test for *F. tularensis* in a pet cat at the store suggested that other animals in the store might have been exposed to *F. tularensis*. In addition, the proximity of the onset of the patient's illness to the timing of the hamster bite, reports of illness among hamsters, and the deaths of hamsters at the pet store indicated an infected hamster as the likely source of illness. A possible scenario, similar to an outbreak of tularemia that involved zoo primates (1), is that infected wild rodents infested the store and spread the infection to hamsters by urinating and defecating through metal screens covering hamster cages. The infected cat might have had a subclinical or unrecognized illness after catching or eating an infected wild rodent.

The storeowner was advised to set traps for wild rodents and to inform the state health department of any recurrent animal deaths or reports of ill customers or staff. No other cases have been identified.

Although tularemia has been associated with hamster hunting in Russia (2), it has not been associated previously with pet hamsters in the United States. However, clinicians and public health officials should be aware that pet hamsters might be a potential source of tularemia. Moreover, because *F. tularensis* is a potential agent of biologic terrorism (3), clinicians should have a heightened awareness of tularemia.

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Acknowledgments

This report is based, in part, on contributions by S Dolan, Children's Hospital, Denver; S Leach, Colorado Dept of Agriculture; staff of the Colorado Dept of Public Health and Environment laboratory.

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Notice to Readers

National Birth Defects Prevention Month and National Folic Acid Awareness Week

January is National Birth Defects Prevention Month, and January 24–30 is National Folic Acid Awareness Week. Birth defects affect approximately 120,000 (one in 33) newborns in the United States each year; they are the leading cause of infant mortality and contribute substantially to illness and long-term disability. Lifetime costs for those infants born in a single year with one or more of the 17 most clinically important birth defects has been estimated to total \$6 billion (1).

Health-care professionals can help prevent birth defects by encouraging women of childbearing age to follow healthy preconceptional and prenatal practices, including taking multivitamins containing folic acid and avoiding alcohol consumption. Taking the B vitamin folic acid before and during early pregnancy can prevent serious birth defects of the spine and brain (i.e., neural tube defects). The rates of such birth defects declined 26% after folic acid was first added to

cereal-grain products in 1998. However, approximately 3,000 pregnancies each year in the United States continue to be affected by these defects (2). Similarly, alcohol consumption in pregnancy is widely known as a cause of fetal alcohol spectrum disorders, yet some women continue to consume alcohol during pregnancy (3).

Information on CDC activities regarding birth defects is available at <http://www.cdc.gov/ncbddd>. Information on Birth Defects Prevention Month is available from the March of Dimes (<http://www.marchofdimes.com>) and the National Birth Defects Prevention Network (<http://www.nbdpn.org/nbdpn/bdpm2005.html>). Information on National Folic Acid Awareness Week is available from the National Council on Folic Acid (<http://www.folicacidinfo.org>).

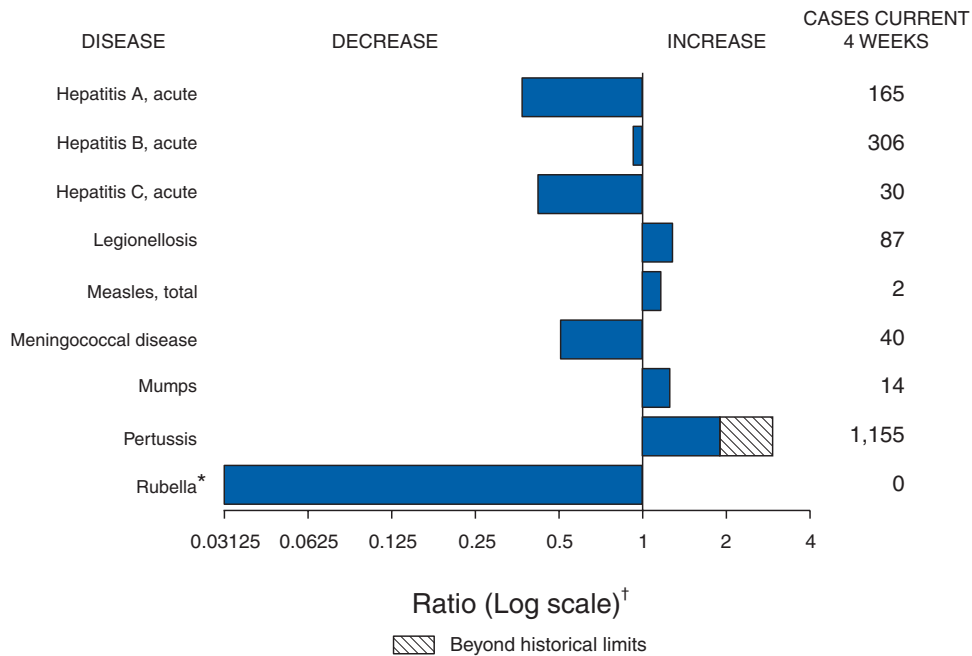
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Errata: Vol. 52, No. RR-11

In the *MMWR Recommendations and Reports*, “Treatment of Tuberculosis: American Thoracic Society, CDC, and Infectious Diseases Society of America,” two errors occurred. In Table 3 (pages 4–5), the subheading of the second column under “Doses” should read, “1x/wk.” On page 25, column 2, in section 3.2.1 Cycloserine, the adult dosage should read, “Serum concentration measurements aiming for a peak concentration of 20–35 mg/l are often useful in determining the optimum dose for a given patient.”

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 25, 2004, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 51 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 December 25, 2004 (51st Week)*

	Cum. 2004	Cum. 2003		Cum. 2004	Cum. 2003
Anthrax	-	-	HIV infection, pediatric ^{¶¶}	149	197
Botulism:	-	-	Influenza-associated pediatric mortality**	-	NA
foodborne	23	19	Measles, total	37 ^{††}	54 ^{§§}
infant	76	75	Mumps	231	217
other (wound & unspecified)	17	30	Plague	2	1
Brucellosis [†]	117	96	Poliomyelitis, paralytic	-	-
Chancroid	42	54	Psittacosis [†]	10	12
Cholera	4	1	Q fever [†]	71	65
Cyclosporiasis [†]	212	73	Rabies, human	7	2
Diphtheria	-	1	Rubella	12	7
Ehrlichiosis:	-	-	Rubella, congenital syndrome	-	1
human granulocytic (HGE) [†]	394	327	SARS-associated coronavirus disease ^{† **}	-	8
human monocytic (HME) [†]	321	272	Smallpox ^{† ¶¶}	-	NA
human, other and unspecified	34	47	<i>Staphylococcus aureus</i> :	-	-
Encephalitis/Meningitis:	-	-	Vancomycin-intermediate (VISA) ^{† ¶¶}	-	NA
California serogroup viral ^{† §}	91	108	Vancomycin-resistant (VRSA) ^{† ¶¶}	1	NA
eastern equine ^{† §}	6	14	Streptococcal toxic-shock syndrome [†]	99	152
Powassan ^{† §}	-	-	Tetanus	24	19
St. Louis ^{† §}	8	41	Toxic-shock syndrome	119	117
western equine ^{† §}	-	-	Trichinosis	7	6
Hansen disease (leprosy) [†]	81	85	Tularemia [†]	106	83
Hantavirus pulmonary syndrome [†]	20	24	Yellow fever	-	-
Hemolytic uremic syndrome, postdiarrheal [†]	144	166			

-: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

[†] Not notifiable in all states.

[§] Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

[¶] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 28, 2004.

^{¶¶} Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

^{††} Of 37 cases reported, 14 were indigenous, and 23 were imported from another country.

^{§§} Of 54 cases reported, 31 were indigenous, and 23 were imported from another country.

^{¶¶¶} Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	AIDS		Chlamydia [†]		Coccidioidomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile [§]	
	Cum. 2004 [¶]	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	39,097	42,812	850,325	848,663	5,888	4,079	3,305	3,354	888	2,866
NEW ENGLAND	1,318	1,546	28,838	27,316	-	-	166	189	-	31
Maine	48	52	2,075	1,983	N	N	20	20	-	-
N.H.	44	38	1,692	1,571	-	-	30	25	-	2
Vt.**	16	16	1,006	1,035	-	-	26	32	-	-
Mass.	495	709	13,163	10,876	-	-	59	78	-	12
R.I.	131	101	3,326	2,934	-	-	4	16	-	5
Conn.	584	630	7,576	8,917	N	N	27	18	-	12
MID. ATLANTIC	9,011	9,726	104,919	105,360	-	-	525	440	17	223
Upstate N.Y.	1,406	978	22,126	19,794	N	N	180	131	5	-
N.Y. City	4,804	5,211	32,620	34,152	-	-	113	125	2	57
N.J.	1,360	1,488	14,063	15,685	-	-	33	19	1	21
Pa.	1,441	2,049	36,110	35,729	N	N	199	165	9	145
E.N. CENTRAL	3,311	3,899	145,523	154,220	13	7	943	1,000	64	150
Ohio	617	778	33,537	41,409	N	N	222	171	11	84
Ind.	364	517	17,851	16,678	N	N	85	105	8	15
Ill.	1,559	1,708	41,145	46,925	-	-	93	99	28	30
Mich.	614	708	36,564	31,765	13	7	151	146	12	14
Wis.	157	188	16,426	17,443	-	-	392	479	5	7
W.N. CENTRAL	802	787	51,847	50,344	6	4	416	577	85	696
Minn.	206	160	10,048	10,426	N	N	135	150	13	48
Iowa	65	83	5,900	6,300	N	N	89	122	13	81
Mo.	338	363	19,633	17,989	3	1	78	50	26	39
N. Dak.	18	3	1,434	1,586	N	N	12	14	2	94
S. Dak.	11	14	2,535	2,540	-	-	43	45	6	151
Nebr.**	54	49	4,960	4,551	3	3	28	24	7	194
Kans.	110	115	7,337	6,952	N	N	31	172	18	89
S. ATLANTIC	11,845	11,989	164,300	158,541	-	5	510	390	59	191
Del.	143	213	2,918	2,961	N	N	-	4	-	12
Md.	1,363	1,571	19,191	16,328	-	5	24	28	8	49
D.C.	911	991	3,334	3,097	-	-	13	13	1	3
Va.	615	850	20,940	18,761	-	-	58	44	4	19
W. Va.	86	85	2,727	2,518	N	N	6	4	-	1
N.C.	1,080	1,042	27,865	25,201	N	N	76	51	3	16
S.C.**	709	790	18,786	14,308	-	-	18	10	-	3
Ga.	1,558	1,829	27,506	34,816	-	-	177	118	12	27
Fla.	5,380	4,618	41,033	40,551	N	N	138	118	31	61
E.S. CENTRAL	1,833	1,910	55,898	53,739	4	1	121	128	60	91
Ky.	232	222	6,392	7,875	N	N	45	24	1	11
Tenn.**	722	811	21,346	19,927	N	N	29	40	13	21
Ala.	442	442	10,688	13,994	-	-	24	54	15	25
Miss.	437	435	17,472	11,943	4	1	23	10	31	34
W.S. CENTRAL	4,332	4,939	101,412	105,719	2	-	119	124	215	611
Ark.	184	188	7,138	7,719	1	-	17	20	12	23
La.	865	608	21,371	20,134	1	-	7	5	81	101
Okla.	202	203	9,766	10,722	N	N	20	20	14	56
Tex.**	3,081	3,940	63,137	67,144	N	N	75	79	108	431
MOUNTAIN	1,415	1,465	49,632	47,655	3,779	2,377	163	134	234	871
Mont.	6	13	2,329	2,363	N	N	34	18	2	75
Idaho	18	25	2,555	2,366	N	N	27	27	-	-
Wyo.	18	6	1,069	930	2	1	4	5	2	92
Colo.	313	352	11,773	12,696	N	N	58	37	39	621
N. Mex.	178	99	6,128	7,238	21	10	13	14	31	74
Ariz.	550	634	16,542	12,669	3,660	2,322	19	6	129	7
Utah	72	69	3,663	3,724	37	9	6	19	6	-
Nev.	260	267	5,573	5,669	59	35	2	8	25	2
PACIFIC	5,230	6,551	147,956	145,769	2,084	1,685	342	372	154	2
Wash.	373	490	17,275	16,292	N	N	40	58	-	-
Oreg.	282	242	8,277	7,375	-	-	32	36	-	-
Calif.	4,383	5,691	114,102	113,071	2,084	1,685	268	277	154	2
Alaska	56	19	3,436	3,674	-	-	-	1	-	-
Hawaii	136	109	4,866	5,357	-	-	2	-	-	-
Guam	2	5	560	584	-	-	-	-	-	-
P.R.	642	1,024	3,494	2,653	N	N	N	N	-	-
V.I.	18	33	272	406	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	32	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 2003 and 2004 are provisional and cumulative (year-to-date).

[†] Chlamydia refers to genital infections caused by *C. trachomatis*.[§] Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).[¶] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 28, 2004.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	<i>Escherichia coli</i> , Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003				
UNITED STATES	2,409	2,558	266	242	281	149	18,097	18,731	301,353	324,651
NEW ENGLAND	163	154	42	46	18	13	1,672	1,604	6,584	7,144
Maine	11	10	1	4	-	-	129	180	210	223
N.H.	23	19	5	3	-	-	46	41	130	118
Vt.	12	18	-	-	-	-	173	120	85	94
Mass.	70	67	10	9	18	13	742	832	3,039	2,842
R.I.	13	4	1	-	-	-	122	114	801	933
Conn.	34	36	25	30	-	-	460	317	2,319	2,934
MID. ATLANTIC	284	243	59	23	32	35	3,725	3,760	33,690	40,264
Upstate N.Y.	122	92	43	12	15	19	1,365	1,071	7,016	7,833
N.Y. City	37	7	-	-	-	-	956	1,188	10,452	13,227
N.J.	52	31	4	2	5	-	403	507	5,663	7,759
Pa.	73	113	12	9	12	16	1,001	994	10,559	11,445
E.N. CENTRAL	434	568	40	35	28	20	2,688	3,185	61,767	68,829
Ohio	99	132	9	16	20	20	798	883	17,456	21,969
Ind.	58	86	-	-	-	-	-	-	6,627	6,537
Ill.	70	121	2	2	2	-	514	919	18,202	21,143
Mich.	82	91	11	2	6	-	684	767	15,250	13,674
Wis.	125	138	18	15	-	-	692	616	4,232	5,506
W.N. CENTRAL	495	441	47	53	18	20	2,131	2,062	16,374	17,536
Minn.	112	130	21	21	1	1	811	789	2,960	3,103
Iowa	123	103	-	-	-	-	300	270	1,042	1,499
Mo.	99	84	20	19	8	1	556	505	8,452	8,519
N. Dak.	15	13	-	4	7	8	23	45	93	97
S. Dak.	33	28	2	4	-	-	80	83	305	217
Nebr.	71	48	4	5	-	-	149	141	1,031	1,545
Kans.	42	35	-	-	2	10	212	229	2,491	2,556
S. ATLANTIC	173	149	35	47	165	44	2,715	2,702	74,231	79,080
Del.	3	11	N	N	N	N	45	52	880	1,108
Md.	21	17	5	3	4	1	137	116	8,014	7,760
D.C.	1	1	-	-	-	-	64	56	2,483	2,439
Va.	39	40	18	13	-	-	524	359	8,278	8,721
W. Va.	3	5	-	-	-	-	47	49	879	835
N.C.	-	-	-	-	150	35	N	N	14,460	14,585
S.C.	8	4	-	-	-	-	72	141	9,195	8,356
Ga.	25	27	8	8	-	-	726	842	12,131	17,184
Fla.	73	44	4	23	11	8	1,100	1,087	17,911	18,092
E.S. CENTRAL	100	84	3	2	9	6	347	392	24,069	27,169
Ky.	30	29	1	2	6	6	N	N	2,731	3,531
Tenn.	31	35	2	-	3	-	157	182	8,013	8,317
Ala.	29	16	-	-	-	-	190	210	6,646	9,115
Miss.	10	4	-	-	-	-	-	-	6,679	6,206
W.S. CENTRAL	82	98	3	4	11	4	322	290	39,927	43,942
Ark.	16	12	1	-	-	-	121	143	3,571	4,178
La.	4	3	-	-	2	-	53	14	10,304	11,428
Okla.	20	29	-	-	4	-	148	133	4,153	4,429
Tex.	42	54	2	4	5	4	N	N	21,899	23,907
MOUNTAIN	242	316	36	27	-	7	1,519	1,578	10,841	10,196
Mont.	16	17	-	-	-	-	81	113	70	115
Idaho	50	83	16	16	-	-	181	202	88	68
Wyo.	9	5	7	1	-	-	26	23	59	43
Colo.	50	67	2	4	-	7	507	453	2,573	2,776
N. Mex.	9	13	7	5	-	-	68	51	915	1,154
Ariz.	29	38	N	N	N	N	177	242	4,010	3,511
Utah	52	70	3	-	-	-	351	355	571	392
Nev.	27	23	1	1	-	-	128	139	2,555	2,137
PACIFIC	436	505	1	5	-	-	2,978	3,158	33,870	30,491
Wash.	144	116	-	1	-	-	394	376	2,722	2,688
Oreg.	68	101	1	4	-	-	436	400	1,255	975
Calif.	213	274	-	-	-	-	1,982	2,203	28,283	25,064
Alaska	1	5	-	-	-	-	88	87	486	553
Hawaii	10	9	-	-	-	-	78	92	1,124	1,211
Guam	N	N	-	-	-	-	-	2	92	68
P.R.	3	3	-	-	-	-	143	332	259	271
V.I.	-	-	-	-	-	-	-	-	80	87
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	3	U

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	<i>Haemophilus influenzae</i> , invasive								Hepatitis (viral, acute), by type	
	All ages		Age <5 years						A	
	All serotypes		Serotype b		Non-serotype b		Unknown serotype		Cum.	Cum.
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	2004	2003
UNITED STATES	1,773	1,832	15	25	107	105	156	205	5,538	7,330
NEW ENGLAND	158	146	1	2	6	5	4	5	1,008	347
Maine	13	4	-	-	-	-	-	1	11	20
N.H.	19	13	-	1	2	-	1	-	25	18
Vt.	8	10	-	-	-	-	1	-	8	6
Mass.	62	73	1	1	-	5	2	3	874	201
R.I.	6	9	-	-	1	-	-	1	23	15
Conn.	50	37	-	-	3	-	-	-	67	87
MID. ATLANTIC	389	384	1	3	5	4	38	49	677	1,795
Upstate N.Y.	125	134	1	3	5	4	6	9	114	133
N.Y. City	78	70	-	-	-	-	14	13	270	446
N.J.	73	70	-	-	-	-	4	11	138	208
Pa.	113	110	-	-	-	-	14	16	155	1,008
E.N. CENTRAL	291	304	2	3	8	6	37	56	523	667
Ohio	107	72	1	-	2	1	16	12	90	166
Ind.	53	51	-	-	4	-	1	9	55	70
Ill.	70	107	-	-	-	-	13	24	184	183
Mich.	21	26	1	3	2	5	4	1	142	203
Wis.	40	48	-	-	-	-	3	10	52	45
W.N. CENTRAL	106	116	2	2	4	7	12	14	174	179
Minn.	45	53	1	2	4	7	1	2	32	44
Iowa	1	-	1	-	-	-	-	-	54	35
Mo.	37	41	-	-	-	-	7	11	44	59
N. Dak.	4	4	-	-	-	-	-	-	1	2
S. Dak.	-	1	-	-	-	-	-	-	4	-
Nebr.	10	2	-	-	-	-	2	-	12	13
Kans.	9	15	-	-	-	-	2	1	27	26
S. ATLANTIC	404	412	1	2	26	19	25	24	986	1,679
Del.	-	-	-	-	-	-	-	-	6	9
Md.	68	101	-	1	6	8	-	1	105	177
D.C.	-	2	-	-	-	-	-	-	7	43
Va.	41	55	-	-	-	-	1	6	135	101
W. Va.	17	17	-	-	1	-	3	-	6	14
N.C.	62	41	1	-	7	3	1	2	103	124
S.C.	6	7	-	-	-	-	-	2	26	41
Ga.	100	77	-	-	-	-	18	8	314	778
Fla.	110	112	-	1	12	8	2	5	284	392
E.S. CENTRAL	68	83	1	1	2	3	9	10	144	264
Ky.	13	7	-	-	2	2	1	1	30	32
Tenn.	38	52	-	-	-	1	6	6	80	192
Ala.	14	22	1	1	-	-	2	3	10	24
Miss.	3	2	-	-	-	-	-	-	24	16
W.S. CENTRAL	80	79	1	2	9	11	2	5	583	693
Ark.	3	6	-	-	-	1	1	-	57	37
La.	15	22	-	-	-	2	1	4	55	48
Okla.	61	47	-	-	9	8	-	-	20	23
Tex.	1	4	1	2	-	-	-	1	451	585
MOUNTAIN	182	164	4	6	27	23	22	18	451	461
Mont.	-	-	-	-	-	-	-	-	8	8
Idaho	5	6	-	-	-	-	2	2	21	18
Wyo.	1	2	-	-	1	-	-	-	5	1
Colo.	46	36	-	-	-	-	6	6	53	63
N. Mex.	37	20	1	-	8	4	6	2	23	24
Ariz.	62	78	-	6	13	10	2	4	278	258
Utah	18	12	2	-	2	5	5	4	49	38
Nev.	13	10	1	-	3	4	1	-	14	51
PACIFIC	95	144	2	4	20	27	7	24	992	1,245
Wash.	3	11	2	-	-	7	1	3	60	68
Oreg.	44	40	-	-	-	-	3	4	67	61
Calif.	35	58	-	4	20	20	1	10	833	1,094
Alaska	4	21	-	-	-	-	1	7	5	9
Hawaii	9	14	-	-	-	-	1	-	27	13
Guam	-	-	-	-	-	-	-	-	1	2
P.R.	-	1	-	-	-	-	-	1	26	86
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 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003						
UNITED STATES	6,528	6,965	846	1,060	1,863	2,082	662	653	18,140	19,842
NEW ENGLAND	363	347	16	13	78	117	48	53	2,795	3,820
Maine	4	1	-	2	-	2	7	7	53	166
N.H.	41	23	-	-	11	9	4	4	207	175
Vt.	5	4	8	11	6	6	2	1	51	43
Mass.	214	206	6	-	28	55	15	18	1,079	1,521
R.I.	6	18	-	-	18	17	2	1	234	581
Conn.	93	95	2	-	15	28	18	22	1,171	1,334
MID. ATLANTIC	1,234	748	146	127	523	596	156	129	11,734	13,066
Upstate N.Y.	91	94	18	17	109	151	50	35	4,098	4,333
N.Y. City	126	190	-	-	60	70	22	24	-	218
N.J.	725	179	-	-	94	90	26	23	3,209	2,874
Pa.	292	285	128	110	260	285	58	47	4,427	5,641
E.N. CENTRAL	507	537	105	140	478	444	102	87	1,027	908
Ohio	119	150	6	9	218	226	40	25	64	66
Ind.	42	42	10	9	77	32	17	10	18	23
Ill.	71	73	13	24	34	50	14	23	1	71
Mich.	243	222	76	93	132	118	25	19	27	11
Wis.	32	50	-	5	17	18	6	10	917	737
W.N. CENTRAL	317	338	54	264	62	72	22	19	790	470
Minn.	49	37	18	9	7	5	6	6	679	342
Iowa	14	14	-	1	6	11	3	1	44	52
Mo.	190	234	35	251	34	36	8	6	55	69
N. Dak.	4	2	-	-	2	1	-	-	-	-
S. Dak.	-	2	-	-	5	2	2	-	1	1
Nebr.	42	32	1	3	4	6	3	4	8	2
Kans.	18	17	-	-	4	11	-	2	3	4
S. ATLANTIC	1,908	1,969	195	151	394	517	117	134	1,523	1,305
Del.	42	12	28	-	13	28	N	N	301	208
Md.	164	130	26	9	80	131	18	27	802	687
D.C.	19	12	3	-	11	19	-	2	11	13
Va.	278	189	17	11	53	94	19	12	174	160
W. Va.	39	38	24	9	9	21	4	7	28	27
N.C.	182	160	11	13	40	39	26	18	121	146
S.C.	88	156	8	24	7	8	6	5	15	15
Ga.	580	660	16	13	36	34	15	31	13	10
Fla.	516	612	62	72	145	143	29	32	58	39
E.S. CENTRAL	419	487	91	91	88	101	21	32	48	61
Ky.	73	74	23	22	40	43	4	9	15	15
Tenn.	174	209	35	21	33	34	10	9	17	17
Ala.	66	96	5	6	12	19	5	12	5	8
Miss.	106	108	28	42	3	5	2	2	11	21
W.S. CENTRAL	606	1,140	129	153	76	79	34	50	92	92
Ark.	77	83	3	3	-	2	2	1	8	-
La.	63	114	69	100	6	1	3	5	5	7
Okla.	47	57	3	2	8	7	1	3	-	-
Tex.	419	886	54	48	62	69	28	41	79	85
MOUNTAIN	526	555	36	53	86	75	28	32	32	14
Mont.	2	16	2	4	3	4	1	2	-	-
Idaho	10	8	-	1	9	4	1	2	6	3
Wyo.	9	31	2	-	7	2	-	-	4	2
Colo.	58	77	-	14	21	12	12	9	-	-
N. Mex.	13	35	7	-	4	4	1	3	1	1
Ariz.	305	254	5	7	14	11	-	10	6	3
Utah	58	50	5	-	24	27	5	2	14	2
Nev.	71	84	15	27	4	11	8	4	1	3
PACIFIC	648	844	74	68	78	81	134	117	99	106
Wash.	52	80	22	19	13	10	11	10	13	3
Oreg.	110	117	15	15	N	N	7	5	33	16
Calif.	460	614	30	30	64	70	111	97	51	84
Alaska	15	6	-	-	1	-	-	-	2	3
Hawaii	11	27	7	4	-	1	5	5	N	N
Guam	6	10	-	5	-	1	-	-	-	-
P.R.	56	129	-	-	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 2003 and 2004 are provisional and cumulative (year-to-date).

Recommended Childhood and Adolescent Immunization Schedule — United States, 2005

MMWRTM
QuickGuide

Weekly

January 7, 2005 / Vol. 53 / Nos. 51 & 52

Harmonized Childhood and Adolescent Immunization Schedule, 2005

The Advisory Committee on Immunization Practices (ACIP) periodically reviews the recommended childhood and adolescent immunization schedule to ensure that the schedule is current with changes in vaccine formulations and reflects revised recommendations for the use of licensed vaccines, including those newly licensed. Recommendations and format of the childhood and adolescent immunization schedule for July–December 2004 were approved by ACIP, the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) and were published in April 2004 (1). That schedule updated previous ones by adding the recommendation that, beginning in fall 2004, healthy children aged 6–23 months, as well as household contacts and out-of-home caregivers for healthy children aged 0–23 months, receive annual influenza vaccine (2).

The childhood and adolescent immunization schedule for 2005 is unchanged from that published in April 2004 (Figure). In addition, the catch-up immunization schedule for children and adolescents who start late or who are >1 month behind remains unchanged from that published in January 2004 and again in April 2004 (Table). The childhood and adolescent immunization schedule and the catch-up immunization schedule for 2005 have been approved by ACIP, AAFP, and AAP.

Vaccine Information Statements

The National Childhood Vaccine Injury Act requires that all health-care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from state health departments and at <http://www.cdc.gov/nip/publications/vis>.

Detailed recommendations for using vaccines are available from package inserts, ACIP statements on specific vaccines, and the *2003 Red Book* (3). ACIP statements for each recommended childhood vaccine can be viewed, downloaded, and printed from the CDC National Immunization Program website at <http://www.cdc.gov/nip/publications/acip-list.htm>. In addition, guidance on obtaining and completing a Vaccine Adverse Event Reporting System form is available at <http://www.vaers.org> or by telephone, 800-822-7967.

References

1. CDC. Recommended childhood and adolescent immunization schedule—United States, July–December 2004. *MMWR* 2004;53:Q1–Q3.
2. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2004;53(No. RR-6).
3. American Academy of Pediatrics. Active and passive immunization. In: Pickering LK, ed. *2003 red book: report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003.

The Recommended Childhood and Adolescent Immunization Schedule and the Catch-up Childhood and Immunization Schedule have been adopted by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. The standard *MMWR* footnote format has been modified for publication of this schedule.

Suggested citation: Centers for Disease Control and Prevention. Recommended childhood and adolescent immunization schedule—United States, 2005. *MMWR* 2005;53 (Nos. 51&52):Q1–Q3.

FIGURE. Recommended childhood and adolescent immunization schedule,¹ by vaccine and age — United States, 2005

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4–6 yrs	11–12 yrs	13–18 yrs
Hepatitis B ²	HepB #1	only if mother HBsAg (-)	HepB #2		HepB #3				HepB series			
Diphtheria, tetanus, pertussis ³			DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib						
Inactivated poliovirus			IPV	IPV	IPV				IPV			
Measles, mumps, rubella ⁵						MMR #1			MMR #2		MMR #2	
Varicella ⁶						Varicella			Varicella			
Pneumococcal ⁷			PCV	PCV	PCV	PCV			PCV		PPV	
Influenza ⁸					Influenza (yearly)				Influenza (yearly)			
Hepatitis A ⁹									Hepatitis A series			

--- Vaccines below red line are for selected populations ---

Range of recommended ages
 Catch-up immunization
 Preadolescent assessment

1. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children aged ≤18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines might be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated. Providers should consult package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System; guidance is available at <http://www.vaers.org> or by telephone, 800-822-7967.

2. **Hepatitis B (HepB) vaccine.** All infants should receive the first dose of HepB vaccine soon after birth and before hospital discharge; the first dose may also be administered by age 2 months if the mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB may be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is administered. The second dose should be administered at least 4 weeks after the first dose, except for combination vaccines, which cannot be administered before age 6 weeks. The third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks. **Infants born to HBsAg-positive mothers** should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) at separate sites within 12 hours of birth. The second dose is recommended at age 1–2 months. The final dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg at age 9–15 months. **Infants born to mothers whose HBsAg status is unknown** should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be administered at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

4. ***Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4, or 6 months but can be used as boosters after any Hib vaccine. The final dose in the series should be administered at age ≥12 months.

5. **Measles, mumps, and rubella (MMR) vaccine.** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by age 11–12 years.

6. **Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.

7. **Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be administered at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain groups at high risk. See *MMWR* 2000;49(No. RR-9).

8. **Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], and diabetes), health-care workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[No. RR-6]). In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53(No. RR-6). Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

9. **Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain groups at high risk; consult your local public health authority. Children and adolescents in these states, regions, and groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(No. RR-12).

TABLE. Catch-up immunization schedule for children and adolescents who start late or who are >1 month behind, by age group, vaccine, and dosage interval — United States, 2005

Catch-up schedule for children aged 4 months–6 years

Vaccine	Minimum age for dose 1	Minimum interval between doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
DTaP ¹	6 wks	4 wks	4 wks	6 mos	6 mos ¹
IPV ²	6 wks	4 wks	4 wks	4 wks ²	
HepB ³	Birth	4 wks	8 wks (and 16 wks after first dose)		
MMR ⁴	12 mos	4 wks ⁴			
Varicella	12 mos				
Hib ⁵	6 wks	4 wks: if first dose administered at age <12 mos 8 wks (as final dose): if first dose administered at age 12–14 mos No further doses needed if first dose administered at age ≥15 mos	4 wks ⁶ : if current age <12 mos 8 wks (as final dose) ⁶ : if current age ≥12 mos and second dose administered at age <15 mos No further doses needed if previous dose administered at age ≥15 mos	8 wks (as final dose): This dose only necessary for children aged 12 mos–5 yrs who received 3 doses before age 12 mos	
PCV ⁷	6 wks	4 wks: if first dose administered at age <12 mos and current age <24 mos 8 wks (as final dose): if first dose administered at age ≥12 mos or current age 24–59 mos No further doses needed for healthy children if first dose administered at age ≥24 mos	4 wks: if current age <12 mos 8 wks (as final dose): if current age ≥12 mos No further doses needed for healthy children if previous dose administered at age ≥24 mos	8 wks (as final dose): This dose only necessary for children aged 12 mos–5 yrs who received 3 doses before age 12 mos	

Catch-up schedule for children aged 7–18 years

Vaccine	Minimum interval between doses		
	Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to booster dose
Td ⁸	4 wks	6 mos	6 mos ⁸ : if first dose administered at age <12 mos and current age <11 yrs 5 yrs ⁸ : if first dose administered at age ≥12 mos and third dose administered at age <7 yrs and current age ≥11 yrs 10 yrs ⁸ : if third dose administered at age ≥7 yrs
IPV ⁹	4 wks	4 wks	IPV ^{2,9}
HepB	4 wks	8 wks (and 16 wks after first dose)	
MMR	4 wks ⁴		
Varicella ¹⁰	4 wks		

Note: A vaccine series does not require restarting, regardless of the time that has elapsed between doses.

- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fifth dose is not necessary if the fourth dose was administered after the fourth birthday.
- Inactivated poliovirus (IPV) vaccine.** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years. If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Hepatitis B (HepB) vaccine.** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
- Measles, mumps, and rubella (MMR) vaccine.** The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Haemophilus influenzae type b (Hib) vaccine.** Vaccine is not generally recommended for children aged ≥5 years.
- Hib vaccine.** If current age is <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- Pneumococcal conjugate (PCV) vaccine.** Vaccine is not generally recommended for children aged ≥5 years.
- Tetanus and diphtheria toxoids (Td).** For children aged 7–10 years, the interval between the third and booster dose is determined by the age when the first dose was administered. For adolescents aged 11–18 years, the interval is determined by the age when the third dose was administered.
- IPV.** Vaccine is not generally recommended for persons aged ≥18 years.
- Varicella vaccine.** Administer the 2-dose series to all susceptible adolescents aged ≥13 years.

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know what matters.

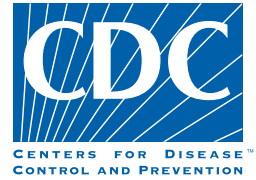


TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	1,284	1,309	1,224	1,620	18,245	10,098	5,790	6,630	1,497	959
NEW ENGLAND	84	65	68	73	1,848	1,856	682	587	27	9
Maine	6	3	11	6	34	12	54	70	-	-
N.H.	5	6	7	5	96	98	30	29	-	-
Vt.	4	2	3	3	122	70	37	38	1	-
Mass.	47	32	35	44	1,537	1,580	308	207	21	9
R.I.	7	3	2	2	47	20	38	67	3	-
Conn.	15	19	10	13	12	76	215	176	2	-
MID. ATLANTIC	337	352	154	200	2,822	1,421	927	897	100	40
Upstate N.Y.	54	55	39	53	1,859	769	509	419	5	-
N.Y. City	179	192	25	41	161	145	13	6	24	13
N.J.	58	61	34	29	244	183	-	62	33	16
Pa.	46	44	56	77	558	324	405	410	38	11
E.N. CENTRAL	107	107	178	249	5,618	1,317	161	170	24	22
Ohio	30	23	70	57	693	314	76	53	12	10
Ind.	18	4	30	44	293	69	10	30	6	1
Ill.	24	45	18	72	497	134	51	24	2	5
Mich.	21	24	45	46	280	134	15	49	4	6
Wis.	14	11	15	30	3,855	666	9	14	-	-
W.N. CENTRAL	66	52	83	124	2,399	522	553	630	134	65
Minn.	25	23	23	26	480	146	89	41	4	2
Iowa	4	6	18	26	274	155	104	103	1	2
Mo.	20	7	20	49	525	150	59	43	106	51
N. Dak.	3	1	2	1	745	7	62	56	-	-
S. Dak.	1	3	2	1	73	5	90	131	4	5
Nebr.	4	-	4	7	72	15	53	98	19	4
Kans.	9	12	14	14	230	44	96	158	-	1
S. ATLANTIC	330	318	211	264	711	691	1,892	2,600	766	585
Del.	6	2	3	9	5	9	9	63	6	1
Md.	76	74	10	27	137	88	323	347	79	105
D.C.	13	15	4	5	9	3	-	-	-	1
Va.	53	40	20	25	233	91	464	513	38	31
W. Va.	2	4	6	6	24	26	69	81	5	5
N.C.	22	25	35	36	101	137	577	765	522	321
S.C.	9	4	12	22	50	194	151	245	23	43
Ga.	54	65	16	33	22	35	298	398	67	64
Fla.	95	89	105	101	130	108	1	188	26	14
E.S. CENTRAL	28	30	61	92	278	156	136	206	174	126
Ky.	4	9	12	19	83	47	23	37	2	3
Tenn.	7	7	15	30	135	75	36	101	88	69
Ala.	12	7	17	20	43	19	66	64	48	21
Miss.	5	7	17	23	17	15	11	4	36	33
W.S. CENTRAL	108	132	120	182	944	742	1,048	1,135	239	101
Ark.	8	4	18	18	78	45	49	25	154	44
La.	5	5	36	42	12	11	-	5	5	1
Okla.	7	4	10	21	33	92	103	196	71	42
Tex.	88	119	56	101	821	594	896	909	9	14
MOUNTAIN	51	45	63	97	1,834	987	215	176	28	10
Mont.	1	-	3	6	74	5	26	21	3	1
Idaho	1	1	7	9	37	75	8	15	4	2
Wyo.	1	2	3	2	35	130	6	6	5	2
Colo.	16	23	15	27	1,024	362	43	38	1	3
N. Mex.	4	3	9	12	145	74	5	5	2	1
Ariz.	13	8	12	29	233	182	114	72	4	-
Utah	9	6	7	4	238	124	10	14	9	1
Nev.	6	2	7	8	48	35	3	5	-	-
PACIFIC	173	208	286	339	1,791	2,406	176	229	5	1
Wash.	20	30	32	41	752	748	-	-	-	-
Oreg.	18	11	56	61	504	438	6	7	3	-
Calif.	130	160	187	217	498	1,142	162	213	2	1
Alaska	2	1	3	7	12	66	8	9	-	-
Hawaii	3	6	8	13	25	12	-	-	-	-
Guam	-	1	1	-	-	1	-	-	-	-
P.R.	-	2	11	12	7	4	60	67	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 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		<i>Streptococcus pneumoniae</i> , invasive			
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Drug resistant, all ages		Age <5 years	
							Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	39,598	42,008	12,454	22,568	4,377	5,493	2,067	1,988	719	740
NEW ENGLAND	1,994	2,070	282	340	178	450	73	104	73	9
Maine	90	138	9	7	11	29	2	-	3	-
N.H.	135	140	10	9	19	33	-	-	N	N
Vt.	63	73	4	8	9	19	14	9	3	5
Mass.	1,132	1,206	171	230	118	198	38	N	57	N
R.I.	136	125	20	20	21	16	19	10	10	4
Conn.	438	388	68	66	-	155	-	85	U	U
MID. ATLANTIC	5,337	4,816	1,113	2,328	692	924	138	134	123	108
Upstate N.Y.	1,218	1,145	404	583	227	343	58	72	87	76
N.Y. City	1,183	1,294	380	413	103	144	U	U	U	U
N.J.	948	850	228	356	147	173	-	-	7	4
Pa.	1,988	1,527	101	976	215	264	80	62	29	28
E.N. CENTRAL	4,737	5,473	1,105	1,834	818	1,252	488	440	176	318
Ohio	1,197	1,305	171	298	220	283	342	285	81	98
Ind.	615	542	216	177	94	119	146	155	43	30
Ill.	1,315	1,918	321	993	166	333	-	-	13	130
Mich.	792	785	224	233	282	350	N	N	N	N
Wis.	818	923	173	133	56	167	N	N	39	60
W.N. CENTRAL	2,430	2,420	449	777	288	331	24	20	105	78
Minn.	632	554	66	102	139	159	-	-	70	55
Iowa	425	388	66	86	N	N	N	N	N	N
Mo.	624	868	179	354	58	77	19	16	14	3
N. Dak.	42	39	3	10	15	17	-	3	4	7
S. Dak.	137	119	13	17	21	22	5	1	-	-
Nebr.	178	164	40	87	14	27	-	-	7	5
Kans.	392	288	82	121	41	29	N	N	10	8
S. ATLANTIC	10,910	10,882	2,709	6,658	840	907	997	1,051	62	18
Del.	101	100	9	164	3	7	4	1	N	N
Md.	804	838	149	576	180	223	-	26	46	-
D.C.	62	51	40	73	10	10	8	1	3	7
Va.	1,147	1,072	165	425	70	99	N	N	N	N
W. Va.	225	124	9	-	25	36	106	80	13	11
N.C.	1,648	1,392	473	985	125	103	N	N	U	U
S.C.	914	811	314	516	38	39	71	142	N	N
Ga.	1,840	2,027	612	1,150	169	182	245	236	N	N
Fla.	4,169	4,467	938	2,769	220	208	563	565	N	N
E.S. CENTRAL	2,451	2,894	768	1,027	190	201	124	146	6	-
Ky.	345	395	74	129	58	48	30	23	N	N
Tenn.	523	743	327	393	132	153	93	123	N	N
Ala.	739	766	319	334	-	-	-	-	N	N
Miss.	844	990	48	171	-	-	1	-	6	-
W.S. CENTRAL	3,995	5,944	3,286	5,728	286	296	70	78	130	138
Ark.	571	796	78	103	17	6	10	22	8	8
La.	815	870	277	441	3	2	60	56	26	29
Okla.	396	463	490	836	63	90	N	N	46	65
Tex.	2,213	3,815	2,441	4,348	203	198	N	N	50	36
MOUNTAIN	2,348	2,228	836	1,261	517	509	50	11	42	71
Mont.	184	111	4	2	-	1	-	-	-	-
Idaho	145	172	13	35	9	19	N	N	N	N
Wyo.	53	76	6	8	10	2	12	10	-	-
Colo.	532	490	157	327	136	139	-	-	39	53
N. Mex.	267	289	122	270	82	119	5	-	-	12
Ariz.	749	692	420	504	232	193	N	N	N	N
Utah	238	223	49	49	44	34	31	1	3	6
Nev.	180	175	65	66	4	2	2	-	-	-
PACIFIC	5,396	5,281	1,906	2,615	568	623	103	4	2	-
Wash.	569	583	111	166	59	74	-	-	N	N
Oreg.	399	423	80	209	N	N	N	N	N	N
Calif.	3,998	3,958	1,664	2,183	375	415	N	N	N	N
Alaska	60	94	6	11	-	-	-	-	N	N
Hawaii	370	223	45	46	134	134	103	4	2	-
Guam	26	43	33	41	-	-	-	-	-	-
P.R.	308	726	11	27	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	3	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 25, 2004, and December 20, 2003 (51st Week)*

Reporting area	Syphilis				Tuberculosis		Typhoid fever		Varicella (Chickenpox)	
	Primary & secondary		Congenital		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003						
UNITED STATES	7,235	6,896	306	425	10,984	12,072	278	347	18,422	17,294
NEW ENGLAND	175	211	5	1	378	410	21	28	722	3,386
Maine	2	8	-	-	-	21	-	-	311	781
N.H.	4	19	3	-	18	13	-	4	-	-
Vt.	1	1	-	-	4	9	-	-	411	907
Mass.	112	130	-	-	251	217	14	15	-	147
R.I.	22	25	1	-	30	45	1	2	-	5
Conn.	34	28	1	1	75	105	6	7	-	1,546
MID. ATLANTIC	968	876	39	66	1,972	2,138	61	79	87	42
Upstate N.Y.	96	44	4	13	276	285	8	12	-	-
N.Y. City	603	509	15	31	950	1,078	22	36	-	-
N.J.	145	168	19	22	413	444	16	21	-	-
Pa.	124	155	1	-	333	331	15	10	87	42
E.N. CENTRAL	850	876	60	75	1,174	1,184	17	33	6,514	6,242
Ohio	226	193	1	3	194	201	5	2	1,521	1,241
Ind.	55	50	9	16	125	133	-	4	139	-
Ill.	362	370	18	21	534	569	-	17	2	-
Mich.	175	247	32	34	234	217	9	10	4,224	4,026
Wis.	32	16	-	1	87	64	3	-	628	975
W.N. CENTRAL	139	147	5	6	444	460	12	6	130	81
Minn.	20	44	1	-	181	194	8	2	-	-
Iowa	5	12	-	-	42	32	-	2	N	N
Mo.	85	58	2	4	114	110	2	1	5	1
N. Dak.	-	2	-	-	4	4	-	-	82	80
S. Dak.	-	2	-	-	8	20	-	-	43	-
Nebr.	6	6	-	1	36	27	2	1	-	-
Kans.	23	23	2	1	59	73	-	-	-	-
S. ATLANTIC	1,902	1,810	52	81	2,498	2,493	44	55	2,228	2,193
Del.	9	6	1	-	17	23	-	-	5	29
Md.	355	306	9	12	250	246	11	11	-	1
D.C.	93	48	1	-	71	-	-	-	26	31
Va.	102	79	3	1	277	272	10	14	612	523
W. Va.	2	2	-	-	24	21	-	-	1,276	1,325
N.C.	186	148	12	19	334	362	8	9	N	N
S.C.	113	94	8	14	167	168	-	-	309	284
Ga.	341	494	2	13	402	513	5	6	-	-
Fla.	701	633	16	22	956	888	10	15	-	-
E.S. CENTRAL	376	315	19	12	538	688	7	8	-	-
Ky.	47	33	1	1	122	124	3	1	-	-
Tenn.	123	134	8	2	230	218	4	3	-	-
Ala.	156	112	8	7	153	236	-	4	-	-
Miss.	50	36	2	2	33	110	-	-	-	-
W.S. CENTRAL	1,144	920	50	80	1,042	1,801	27	30	6,167	4,634
Ark.	39	50	-	3	111	105	-	-	-	-
La.	267	172	-	1	-	-	-	-	51	16
Okla.	24	63	2	1	146	153	1	1	-	-
Tex.	814	635	48	75	785	1,543	26	29	6,116	4,618
MOUNTAIN	333	332	45	35	509	445	8	8	2,574	716
Mont.	3	-	-	-	14	5	-	-	-	-
Idaho	22	15	2	3	4	8	-	1	-	-
Wyo.	3	-	-	-	5	4	-	-	56	110
Colo.	40	37	1	3	112	106	3	4	1,947	-
N. Mex.	63	70	1	10	35	48	-	1	103	4
Ariz.	156	185	41	19	222	213	2	2	-	-
Utah	8	13	-	-	37	39	1	-	468	602
Nev.	38	12	-	-	80	22	2	-	-	-
PACIFIC	1,348	1,409	31	69	2,429	2,453	81	100	-	-
Wash.	144	77	-	-	230	241	6	4	-	-
Oreg.	27	45	-	-	74	103	2	4	-	-
Calif.	1,165	1,272	30	67	1,979	1,943	67	91	-	-
Alaska	5	1	-	-	35	55	-	-	-	-
Hawaii	7	14	1	2	111	111	6	1	-	-
Guam	-	1	-	-	15	53	-	-	112	153
P.R.	165	203	5	14	84	100	-	-	276	597
V.I.	4	1	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	10	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending December 25, 2004 (51st Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
NEW ENGLAND	436	318	89	18	8	3	39	S. ATLANTIC	598	356	160	45	21	16	37		
Boston, Mass.	108	74	25	4	3	2	7	Atlanta, Ga.	U	U	U	U	U	U	U		
Bridgeport, Conn.	40	32	6	1	-	-	2	Baltimore, Md.	181	97	63	12	6	3	12		
Cambridge, Mass.	21	18	2	1	-	-	4	Charlotte, N.C.	90	51	27	6	3	3	4		
Fall River, Mass.	27	20	4	1	2	-	1	Jacksonville, Fla.	U	U	U	U	U	U	U		
Hartford, Conn.	U	U	U	U	U	U	U	Miami, Fla.	U	U	U	U	U	U	U		
Lowell, Mass.	25	21	4	-	-	-	6	Norfolk, Va.	40	22	8	5	2	3	5		
Lynn, Mass.	7	5	2	-	-	-	-	Richmond, Va.	39	27	7	3	1	1	3		
New Bedford, Mass.	23	19	1	3	-	-	1	Savannah, Ga.	20	14	3	1	1	1	4		
New Haven, Conn.	19	13	6	-	-	-	2	St. Petersburg, Fla.	47	31	11	3	1	1	3		
Providence, R.I.	47	30	13	2	1	1	6	Tampa, Fla.	165	102	38	14	7	4	6		
Somerville, Mass.	5	1	4	-	-	-	-	Washington, D.C.	U	U	U	U	U	U	U		
Springfield, Mass.	18	14	3	1	-	-	-	Wilmington, Del.	16	12	3	1	-	-	-		
Waterbury, Conn.	35	24	8	3	-	-	5	E.S. CENTRAL	750	496	180	42	16	15	52		
Worcester, Mass.	61	47	11	2	1	-	5	Birmingham, Ala.	140	93	36	4	3	4	14		
MID. ATLANTIC	1,897	1,408	339	114	15	18	132	Chattanooga, Tenn.	61	35	18	3	2	3	2		
Albany, N.Y.	45	33	10	1	1	-	6	Knoxville, Tenn.	95	60	25	4	4	1	-		
Allentown, Pa.	23	21	-	2	-	-	1	Lexington, Ky.	25	17	5	3	-	-	2		
Buffalo, N.Y.	86	69	11	3	1	2	8	Memphis, Tenn.	230	161	45	16	3	5	18		
Camden, N.J.	U	U	U	U	U	U	U	Mobile, Ala.	65	43	18	3	1	-	5		
Elizabeth, N.J.	16	11	4	1	-	-	1	Montgomery, Ala.	40	28	9	2	-	1	5		
Erie, Pa.	50	38	10	2	-	-	2	Nashville, Tenn.	94	59	24	7	3	1	6		
Jersey City, N.J.	30	15	11	4	-	-	-	W.S. CENTRAL	1,223	779	277	96	37	34	59		
New York City, N.Y.	964	706	181	60	8	9	69	Austin, Tex.	69	48	13	3	2	3	5		
Newark, N.J.	53	24	15	7	2	2	4	Baton Rouge, La.	59	45	11	1	2	-	-		
Paterson, N.J.	4	2	1	1	-	-	-	Corpus Christi, Tex.	77	48	19	8	2	-	-		
Philadelphia, Pa.	224	164	42	17	-	1	11	Dallas, Tex.	158	86	46	19	6	1	9		
Pittsburgh, Pa. [‡]	19	14	4	-	-	1	1	El Paso, Tex.	92	58	18	11	2	3	4		
Reading, Pa.	32	26	5	1	-	-	2	Ft. Worth, Tex.	110	69	26	5	4	6	3		
Rochester, N.Y.	160	129	22	5	2	2	15	Houston, Tex.	276	166	68	23	9	10	14		
Schenectady, N.Y.	28	24	2	2	-	-	1	Little Rock, Ark.	18	14	-	2	2	-	1		
Scranton, Pa.	38	33	4	1	-	-	1	New Orleans, La.	46	31	12	3	-	-	-		
Syracuse, N.Y.	76	61	11	3	-	1	6	San Antonio, Tex.	210	143	44	12	5	6	19		
Trenton, N.J.	13	9	2	2	-	-	-	Shreveport, La.	51	36	8	3	1	3	4		
Utica, N.Y.	14	12	2	-	-	-	3	Tulsa, Okla.	57	35	12	6	2	2	-		
Yonkers, N.Y.	22	17	2	2	1	-	1	MOUNTAIN	854	582	171	72	19	9	62		
E.N. CENTRAL	1,666	1,078	360	95	33	41	121	Albuquerque, N.M.	120	87	20	9	3	1	9		
Akron, Ohio	48	36	7	-	-	5	5	Boise, Idaho	44	33	8	2	1	-	3		
Canton, Ohio	29	20	7	2	-	-	7	Colorado Springs, Colo.	77	48	19	8	2	-	-		
Chicago, Ill.	342	165	74	23	6	16	12	Denver, Colo.	U	U	U	U	U	U	U		
Cincinnati, Ohio	54	37	11	4	-	1	4	Las Vegas, Nev.	226	144	57	21	4	-	21		
Cleveland, Ohio	184	130	45	6	2	1	17	Ogden, Utah	21	16	2	3	-	-	1		
Columbus, Ohio	98	68	17	6	3	4	13	Phoenix, Ariz.	75	45	16	9	4	-	3		
Dayton, Ohio	69	49	15	3	1	1	6	Pueblo, Colo.	15	15	-	-	-	-	2		
Detroit, Mich.	162	82	51	16	9	4	12	Salt Lake City, Utah	123	89	17	10	2	5	14		
Evansville, Ind.	U	U	U	U	U	U	U	Tucson, Ariz.	153	105	32	10	3	3	9		
Fort Wayne, Ind.	61	39	14	5	1	2	4	PACIFIC	1,194	835	232	80	24	22	98		
Gary, Ind.	13	8	3	1	1	-	-	Berkeley, Calif.	13	7	5	-	-	1	3		
Grand Rapids, Mich.	44	34	7	1	2	-	4	Fresno, Calif.	U	U	U	U	U	U	U		
Indianapolis, Ind.	154	103	40	7	2	2	10	Glendale, Calif.	4	4	-	-	-	-	1		
Lansing, Mich.	46	34	8	3	1	-	4	Honolulu, Hawaii	58	45	10	2	-	1	4		
Milwaukee, Wis.	97	77	14	6	-	-	6	Long Beach, Calif.	33	26	6	1	-	-	2		
Peoria, Ill.	43	35	5	3	-	-	2	Los Angeles, Calif.	102	60	24	9	4	5	7		
Rockford, Ill.	59	42	10	4	-	3	4	Pasadena, Calif.	41	29	6	3	1	2	4		
South Bend, Ind.	37	29	6	1	1	-	3	Portland, Oreg.	95	61	25	7	-	1	6		
Toledo, Ohio	69	53	13	-	1	2	6	Sacramento, Calif.	156	116	23	11	3	3	19		
Youngstown, Ohio	57	37	13	4	3	-	2	San Diego, Calif.	142	99	25	9	6	3	12		
W.N. CENTRAL	663	422	145	51	25	18	48	San Francisco, Calif.	99	68	21	9	-	1	7		
Des Moines, Iowa	65	49	12	4	-	-	5	San Jose, Calif.	213	153	36	13	7	4	17		
Duluth, Minn.	23	17	4	1	1	-	2	Santa Cruz, Calif.	21	15	6	-	-	-	3		
Kansas City, Kans.	22	10	7	3	1	1	3	Seattle, Wash.	99	69	21	8	1	-	6		
Kansas City, Mo.	83	50	19	4	6	3	4	Spokane, Wash.	57	41	10	5	1	-	5		
Lincoln, Nebr.	8	8	-	-	-	-	-	Tacoma, Wash.	61	42	14	3	1	1	2		
Minneapolis, Minn.	60	38	15	3	1	3	7	TOTAL	9,281 [¶]	6,274	1,953	613	198	176	648		
Omaha, Nebr.	89	65	13	7	1	3	4										
St. Louis, Mo.	173	90	46	17	13	6	12										
St. Paul, Minn.	58	40	12	4	1	1	5										
Wichita, Kans.	82	55	17	8	1	1	6										

U: Unavailable. -:No reported cases.

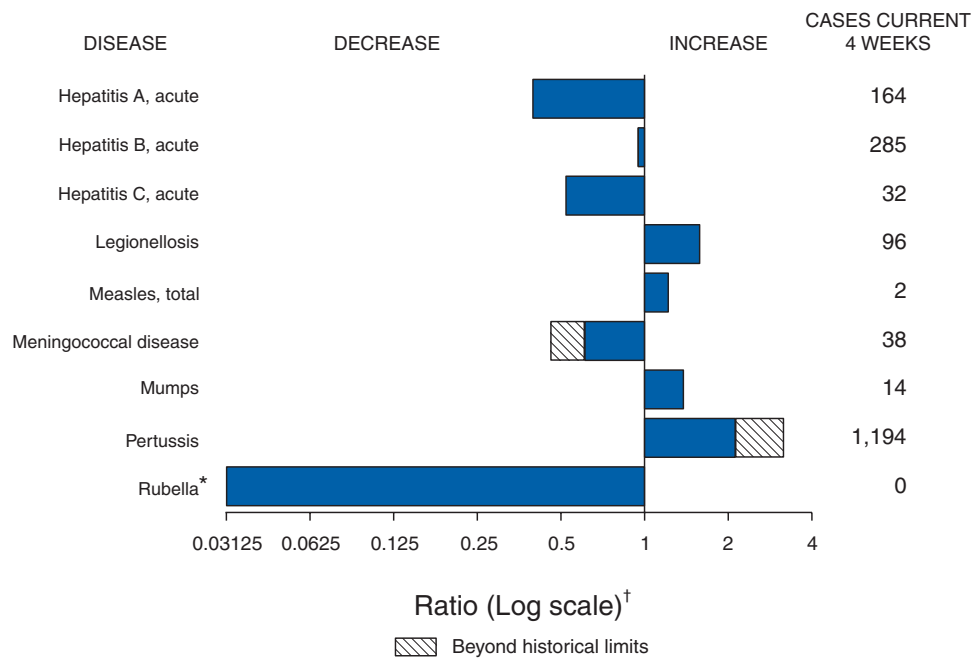
* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† 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.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 1, 2005, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 52 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 January 1, 2005 (52nd Week)*

	Cum. 2004	Cum. 2003		Cum. 2004	Cum. 2003
Anthrax	-	-	HIV infection, pediatric ^{¶¶}	149	197
Botulism:	-	-	Influenza-associated pediatric mortality**	-	NA
foodborne	23	19	Measles, total	37 ^{††}	55 ^{§§}
infant	76	76	Mumps	236	219
other (wound & unspecified)	17	30	Plague	3	1
Brucellosis [†]	123	100	Poliomyelitis, paralytic	-	-
Chancroid	42	54	Psittacosis [†]	10	12
Cholera	4	2	Q fever [†]	70	67
Cyclosporiasis [†]	212	75	Rabies, human	7	2
Diphtheria	-	1	Rubella	12	7
Ehrlichiosis:	-	-	Rubella, congenital syndrome	-	1
human granulocytic (HGE) [†]	400	336	SARS-associated coronavirus disease ^{† **}	-	8
human monocytic (HME) [†]	331	281	Smallpox ^{† ¶¶}	-	NA
human, other and unspecified	35	48	<i>Staphylococcus aureus</i> :	-	-
Encephalitis/Meningitis:	-	-	Vancomycin-intermediate (VISA) ^{† ¶¶}	-	NA
California serogroup viral ^{† §}	92	108	Vancomycin-resistant (VRSA) ^{† ¶¶}	1	NA
eastern equine ^{† §}	6	14	Streptococcal toxic-shock syndrome [†]	101	155
Powassan ^{† §}	-	-	Tetanus	26	19
St. Louis ^{† §}	9	41	Toxic-shock syndrome	119	118
western equine ^{† §}	-	-	Trichinosis	7	6
Hansen disease (leprosy) [†]	82	93	Tularemia [†]	107	88
Hantavirus pulmonary syndrome [†]	20	26	Yellow fever	-	-
Hemolytic uremic syndrome, postdiarrheal [†]	147	170			

-: No reported cases.
 * Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).
 † Not notifiable in all states.
 § Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
 ¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 28, 2004.
 ¶¶ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
 †† Of 37 cases reported, 14 were indigenous, and 23 were imported from another country.
 §§ Of 55 cases reported, 31 were indigenous, and 24 were imported from another country.
 ¶¶ Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	AIDS		Chlamydia [†]		Coccidioidomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile [§]	
	Cum. 2004 [¶]	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	39,097	43,687	866,234	862,440	6,056	4,184	3,372	3,406	894	2,866
NEW ENGLAND	1,318	1,546	29,523	27,754	-	-	167	189	-	31
Maine	48	52	2,118	1,999	N	N	20	20	-	-
N.H.	44	38	1,749	1,599	-	-	30	25	-	2
Vt.**	16	16	1,020	1,049	-	-	26	32	-	-
Mass.	495	709	13,324	11,077	-	-	60	78	-	12
R.I.	131	101	3,404	2,939	-	-	4	16	-	5
Conn.	584	630	7,908	9,091	N	N	27	18	-	12
MID. ATLANTIC	9,011	9,869	106,272	108,852	-	-	535	444	17	223
Upstate N.Y.	1,406	978	22,473	21,363	N	N	181	134	5	-
N.Y. City	4,804	5,211	32,882	34,765	-	-	113	126	2	57
N.J.	1,360	1,488	14,218	15,925	-	-	33	19	1	21
Pa.	1,441	2,192	36,699	36,799	N	N	208	165	9	145
E.N. CENTRAL	3,311	3,900	151,045	155,961	13	7	964	1,005	64	150
Ohio	617	779	36,488	41,998	N	N	225	171	11	84
Ind.	364	517	18,437	16,828	N	N	86	105	8	15
Ill.	1,559	1,708	41,600	47,587	-	-	97	101	28	30
Mich.	614	708	37,792	31,848	13	7	152	149	12	14
Wis.	157	188	16,728	17,700	-	-	404	479	5	7
W.N. CENTRAL	802	805	52,213	50,973	6	4	419	586	85	696
Minn.	206	177	10,315	10,527	N	N	135	152	13	48
Iowa	65	83	5,900	6,369	N	N	90	122	13	81
Mo.	338	363	19,633	18,296	3	1	79	51	26	39
N. Dak.	18	3	1,511	1,613	N	N	12	14	2	94
S. Dak.	11	14	2,535	2,572	-	-	43	48	6	151
Nebr.**	54	49	4,982	4,600	3	3	29	26	7	194
Kans.	110	116	7,337	6,996	N	N	31	173	18	89
S. ATLANTIC	11,845	12,194	167,099	160,798	-	5	528	415	59	191
Del.	143	213	2,954	2,992	N	N	-	4	-	12
Md.	1,363	1,571	19,842	16,601	-	5	25	28	8	49
D.C.	911	991	3,383	3,145	-	-	13	13	1	3
Va.	615	907	21,298	19,162	-	-	60	54	4	19
W. Va.	86	93	2,764	2,541	N	N	6	4	-	1
N.C.	1,080	1,043	27,986	25,654	N	N	76	51	3	16
S.C.**	709	790	19,221	14,340	-	-	19	10	-	3
Ga.	1,558	1,829	27,898	35,287	-	-	180	122	12	27
Fla.	5,380	4,757	41,753	41,076	N	N	149	129	31	61
E.S. CENTRAL	1,833	1,974	56,679	54,474	4	1	121	132	60	91
Ky.	232	224	6,470	7,906	N	N	45	24	1	11
Tenn.**	722	829	21,453	20,380	N	N	29	42	13	21
Ala.	442	484	10,963	14,117	-	-	24	56	15	25
Miss.	437	437	17,793	12,071	4	1	23	10	31	34
W.S. CENTRAL	4,332	5,378	103,801	107,025	2	-	123	125	221	611
Ark.	184	188	7,205	7,788	1	-	17	20	12	23
La.	865	1,038	21,764	20,488	1	-	7	5	81	101
Okla.	202	212	9,882	10,830	N	N	20	21	14	56
Tex.**	3,081	3,940	64,950	67,919	N	N	79	79	114	431
MOUNTAIN	1,415	1,466	50,403	48,379	3,932	2,429	163	136	234	871
Mont.	6	13	2,371	2,511	N	N	34	18	2	75
Idaho	18	25	2,555	2,366	N	N	27	27	-	-
Wyo.	18	6	1,082	943	2	1	4	5	2	92
Colo.	313	352	11,986	12,856	N	N	58	37	39	621
N. Mex.	178	99	6,128	7,364	21	10	13	16	31	74
Ariz.	550	635	16,799	12,777	3,813	2,374	19	6	129	7
Utah	72	69	3,690	3,811	37	9	6	19	6	-
Nev.	260	267	5,792	5,751	59	35	2	8	25	2
PACIFIC	5,230	6,555	149,199	148,224	2,099	1,738	352	374	154	2
Wash.	373	490	17,638	16,649	N	N	40	58	-	-
Oreg.	282	243	8,277	7,587	-	-	32	36	-	-
Calif.	4,383	5,694	114,918	114,838	2,099	1,738	278	279	154	2
Alaska	56	19	3,500	3,732	-	-	-	1	-	-
Hawaii	136	109	4,866	5,418	-	-	2	-	-	-
Guam	2	5	560	591	-	-	-	-	-	-
P.R.	642	1,024	3,628	2,690	N	N	N	N	-	-
V.I.	18	33	272	410	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	32	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 2003 and 2004 are provisional and cumulative (year-to-date).

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

[§] Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

[¶] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 28, 2004.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	<i>Escherichia coli</i> , Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003				
UNITED STATES	2,436	2,603	270	247	287	153	18,498	19,195	307,845	329,717
NEW ENGLAND	165	160	43	46	18	13	1,709	1,622	6,748	7,247
Maine	11	11	1	4	-	-	129	182	212	227
N.H.	23	19	5	3	-	-	47	43	134	122
Vt.	12	18	-	-	-	-	174	121	86	96
Mass.	71	71	10	9	18	13	757	845	3,077	2,868
R.I.	13	4	1	-	-	-	122	114	808	947
Conn.	35	37	26	30	-	-	480	317	2,431	2,987
MID. ATLANTIC	286	253	59	24	32	36	3,804	3,972	34,101	41,386
Upstate N.Y.	122	102	43	13	15	20	1,389	1,244	7,112	8,376
N.Y. City	37	7	-	-	-	-	982	1,200	10,531	13,459
N.J.	53	31	4	2	5	-	416	520	5,688	7,854
Pa.	74	113	12	9	12	16	1,017	1,008	10,770	11,697
E.N. CENTRAL	443	572	40	35	31	20	2,807	3,224	64,475	69,774
Ohio	102	132	9	16	21	20	812	895	18,860	22,296
Ind.	62	86	-	-	-	-	-	-	6,854	6,601
Ill.	72	122	2	2	4	-	525	931	18,440	21,482
Mich.	82	92	11	2	6	-	700	771	15,984	13,804
Wis.	125	140	18	15	-	-	770	627	4,337	5,591
W.N. CENTRAL	496	443	48	54	18	21	2,175	2,079	16,431	17,804
Minn.	112	130	21	21	1	1	834	796	3,012	3,144
Iowa	123	104	-	-	-	-	301	273	1,042	1,519
Mo.	99	84	21	20	8	1	575	508	8,452	8,684
N. Dak.	15	13	-	4	7	8	23	45	96	99
S. Dak.	33	29	2	4	-	-	80	84	305	220
Nebr.	72	48	4	5	-	-	150	142	1,033	1,570
Kans.	42	35	-	-	2	11	212	231	2,491	2,568
S. ATLANTIC	173	163	36	50	167	46	2,765	2,809	75,523	80,155
Del.	3	11	N	N	N	N	45	55	894	1,115
Md.	21	18	5	3	4	1	146	117	8,284	7,874
D.C.	1	1	-	-	-	-	64	58	2,511	2,478
Va.	39	50	18	15	-	-	530	423	8,425	8,855
W. Va.	3	6	-	-	-	-	47	53	892	841
N.C.	-	-	-	-	152	36	N	N	14,508	14,816
S.C.	8	4	-	-	-	-	73	141	9,376	8,371
Ga.	25	27	8	8	-	-	731	848	12,338	17,438
Fla.	73	46	5	24	11	9	1,129	1,114	18,295	18,367
E.S. CENTRAL	101	85	3	2	9	6	350	409	24,513	27,528
Ky.	30	29	1	2	6	6	N	N	2,758	3,547
Tenn.	31	35	2	-	3	-	157	193	8,059	8,519
Ala.	30	17	-	-	-	-	193	216	6,905	9,201
Miss.	10	4	-	-	-	-	-	-	6,791	6,261
W.S. CENTRAL	86	99	4	4	12	4	325	292	40,826	44,455
Ark.	16	12	1	-	-	-	121	144	3,603	4,197
La.	4	3	-	-	2	-	53	14	10,497	11,611
Okla.	20	29	1	-	4	-	151	134	4,228	4,479
Tex.	46	55	2	4	6	4	N	N	22,498	24,168
MOUNTAIN	242	319	36	27	-	7	1,534	1,598	11,069	10,345
Mont.	16	17	-	-	-	-	81	113	69	122
Idaho	50	85	16	16	-	-	181	206	88	68
Wyo.	9	5	7	1	-	-	27	23	59	45
Colo.	50	67	2	4	-	7	512	461	2,647	2,805
N. Mex.	9	13	7	5	-	-	68	54	915	1,162
Ariz.	29	38	N	N	N	N	180	243	4,060	3,564
Utah	52	70	3	-	-	-	357	359	582	403
Nev.	27	24	1	1	-	-	128	139	2,649	2,176
PACIFIC	444	509	1	5	-	-	3,029	3,190	34,159	31,023
Wash.	149	118	-	1	-	-	409	378	2,805	2,728
Oreg.	68	101	1	4	-	-	438	403	1,255	987
Calif.	216	276	-	-	-	-	2,012	2,229	28,483	25,515
Alaska	1	5	-	-	-	-	90	88	492	560
Hawaii	10	9	-	-	-	-	80	92	1,124	1,233
Guam	N	N	-	-	-	-	-	2	92	68
P.R.	3	3	-	-	-	-	143	333	270	274
V.I.	-	-	-	-	-	-	-	-	80	87
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	3	U

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	<i>Haemophilus influenzae</i> , invasive								Hepatitis	
	All ages		Age <5 years						(viral, acute), by type	
	All serotypes		Serotype b		Non-serotype b		Unknown serotype		A	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	1,814	1,898	16	25	114	107	156	215	5,609	7,465
NEW ENGLAND	162	155	1	2	7	5	4	6	1,021	358
Maine	13	4	-	-	-	-	-	1	11	20
N.H.	19	13	-	1	2	-	1	-	26	18
Vt.	8	11	-	-	-	-	1	1	8	6
Mass.	64	79	1	1	1	5	2	3	884	209
R.I.	6	9	-	-	1	-	-	1	23	15
Conn.	52	39	-	-	3	-	-	-	69	90
MID. ATLANTIC	399	403	1	3	5	4	39	50	688	1,813
Upstate N.Y.	128	152	1	3	5	4	6	10	117	141
N.Y. City	79	70	-	-	-	-	15	13	274	450
N.J.	77	70	-	-	-	-	4	11	140	208
Pa.	115	111	-	-	-	-	14	16	157	1,014
E.N. CENTRAL	296	307	2	3	8	6	37	57	527	673
Ohio	106	74	1	-	2	1	16	13	50	169
Ind.	54	51	-	-	4	-	1	9	96	70
Ill.	75	108	-	-	-	-	13	24	184	186
Mich.	21	26	1	3	2	5	4	1	145	203
Wis.	40	48	-	-	-	-	3	10	52	45
W.N. CENTRAL	111	116	2	2	4	7	12	14	175	182
Minn.	45	53	1	2	4	7	1	2	32	44
Iowa	1	-	1	-	-	-	-	-	55	37
Mo.	39	41	-	-	-	-	7	11	44	59
N. Dak.	4	4	-	-	-	-	-	-	1	2
S. Dak.	-	1	-	-	-	-	-	-	4	-
Nebr.	13	2	-	-	-	-	2	-	12	14
Kans.	9	15	-	-	-	-	2	1	27	26
S. ATLANTIC	412	436	1	2	28	20	24	29	1,006	1,733
Del.	-	-	-	-	-	-	-	-	6	9
Md.	71	105	-	1	6	9	-	1	107	178
D.C.	-	2	-	-	-	-	-	-	7	43
Va.	41	68	-	-	-	-	1	9	137	141
W. Va.	17	17	-	-	1	-	3	-	6	15
N.C.	62	41	1	-	7	3	1	2	106	124
S.C.	6	7	-	-	-	-	-	2	26	41
Ga.	101	78	-	-	-	-	18	9	315	788
Fla.	114	118	-	1	14	8	1	6	296	394
E.S. CENTRAL	68	89	1	1	2	3	9	10	144	268
Ky.	13	7	-	-	2	2	1	1	30	32
Tenn.	38	55	-	-	-	1	6	6	80	196
Ala.	14	25	1	1	-	-	2	3	10	24
Miss.	3	2	-	-	-	-	-	-	24	16
W.S. CENTRAL	82	79	1	2	9	11	2	5	589	701
Ark.	4	6	-	-	-	1	1	-	57	37
La.	15	22	-	-	-	2	1	4	55	48
Okla.	62	47	-	-	9	8	-	-	20	23
Tex.	1	4	1	2	-	-	-	1	457	593
MOUNTAIN	187	168	4	6	31	24	22	20	453	466
Mont.	-	-	-	-	-	-	-	-	8	8
Idaho	5	7	-	-	-	-	2	3	21	18
Wyo.	1	2	-	-	1	-	-	-	5	2
Colo.	46	38	-	-	-	-	6	7	53	63
N. Mex.	39	21	1	-	10	5	6	2	23	24
Ariz.	65	78	-	6	15	10	2	4	280	261
Utah	18	12	2	-	2	5	5	4	49	39
Nev.	13	10	1	-	3	4	1	-	14	51
PACIFIC	97	145	3	4	20	27	7	24	1,006	1,271
Wash.	4	11	3	-	-	7	1	3	60	68
Oreg.	45	41	-	-	-	-	3	4	69	62
Calif.	35	58	-	4	20	20	1	10	845	1,118
Alaska	4	21	-	-	-	-	1	7	5	10
Hawaii	9	14	-	-	-	-	1	-	27	13
Guam	-	-	-	-	-	-	-	-	1	2
P.R.	-	1	-	-	-	-	-	1	26	86
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 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003						
UNITED STATES	6,632	7,118	866	1,092	1,917	2,139	682	676	18,523	20,738
NEW ENGLAND	367	355	16	14	92	117	48	53	2,859	3,831
Maine	4	1	-	2	-	2	7	7	53	169
N.H.	41	24	-	-	11	9	4	4	216	178
Vt.	5	4	8	12	6	6	2	1	51	43
Mass.	217	210	6	-	34	55	15	18	1,134	1,524
R.I.	6	18	-	-	18	17	2	1	234	581
Conn.	94	98	2	-	23	28	18	22	1,171	1,336
MID. ATLANTIC	1,268	769	149	139	539	622	160	136	11,968	13,903
Upstate N.Y.	92	107	19	26	112	171	51	41	4,156	5,102
N.Y. City	129	193	-	-	62	71	22	24	-	220
N.J.	747	183	-	-	100	94	28	24	3,271	2,887
Pa.	300	286	130	113	265	286	59	47	4,541	5,694
E.N. CENTRAL	515	543	107	142	484	446	109	89	1,033	909
Ohio	121	155	6	9	220	226	40	26	61	66
Ind.	48	42	10	9	78	32	18	10	22	23
Ill.	71	73	13	24	35	50	18	23	1	71
Mich.	243	222	78	95	134	120	26	20	27	11
Wis.	32	51	-	5	17	18	7	10	922	738
W.N. CENTRAL	316	345	55	270	63	73	22	20	848	474
Minn.	49	39	18	11	7	5	6	6	735	345
Iowa	15	14	-	1	6	11	3	1	45	53
Mo.	189	239	36	255	35	37	8	6	56	69
N. Dak.	4	2	-	-	2	1	-	-	-	-
S. Dak.	-	2	-	-	5	2	2	-	1	1
Nebr.	41	32	1	3	4	6	3	4	8	2
Kans.	18	17	-	-	4	11	-	3	3	4
S. ATLANTIC	1,934	2,022	198	156	400	538	119	146	1,541	1,346
Del.	42	13	28	-	13	28	N	N	301	209
Md.	169	130	26	9	82	132	19	27	809	689
D.C.	19	12	3	-	11	19	-	2	11	13
Va.	280	227	17	15	53	109	20	18	179	195
W. Va.	39	38	24	9	9	21	4	7	28	27
N.C.	182	160	12	13	40	41	26	18	123	146
S.C.	90	159	8	24	8	8	6	5	16	15
Ga.	587	662	17	13	37	34	15	31	13	10
Fla.	526	621	63	73	147	146	29	38	61	42
E.S. CENTRAL	419	497	91	93	88	103	21	33	48	63
Ky.	73	74	23	22	40	43	4	9	15	15
Tenn.	174	217	35	23	33	35	10	9	17	19
Ala.	66	96	5	6	12	20	5	13	5	8
Miss.	106	110	28	42	3	5	2	2	11	21
W.S. CENTRAL	617	1,157	136	155	78	80	40	50	92	92
Ark.	77	84	3	3	-	2	2	1	8	-
La.	63	116	69	100	6	1	3	5	5	7
Okla.	47	57	3	3	8	7	1	3	-	-
Tex.	430	900	61	49	64	70	34	41	79	85
MOUNTAIN	539	567	36	53	94	79	28	32	33	14
Mont.	2	16	2	4	3	4	1	2	-	-
Idaho	10	8	-	1	9	7	1	2	6	3
Wyo.	9	31	2	-	7	2	-	-	4	2
Colo.	59	78	-	14	21	12	12	9	-	-
N. Mex.	15	36	7	-	4	4	1	3	1	1
Ariz.	315	261	5	7	22	11	-	10	7	3
Utah	58	51	5	-	24	27	5	2	14	2
Nev.	71	86	15	27	4	12	8	4	1	3
PACIFIC	657	863	78	70	79	81	135	117	101	106
Wash.	53	82	22	19	14	10	12	10	14	3
Oreg.	110	120	15	16	N	N	7	5	33	16
Calif.	468	626	33	31	64	70	111	97	52	84
Alaska	15	8	-	-	1	-	-	-	2	3
Hawaii	11	27	8	4	-	1	5	5	N	N
Guam	6	10	-	5	-	1	-	-	-	-
P.R.	58	129	-	-	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 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	1,300	1,350	1,254	1,654	18,957	10,670	5,851	6,712	1,514	968
NEW ENGLAND	85	66	70	75	1,905	1,912	702	594	27	9
Maine	6	3	11	6	34	12	55	70	-	-
N.H.	5	6	7	5	98	99	31	29	-	-
Vt.	4	2	4	3	125	71	40	38	1	-
Mass.	48	32	36	45	1,589	1,633	320	211	21	9
R.I.	7	3	2	2	47	20	38	68	3	-
Conn.	15	20	10	14	12	77	218	178	2	-
MID. ATLANTIC	341	364	157	206	2,896	1,717	936	916	102	40
Upstate N.Y.	55	63	39	55	1,880	1,041	518	427	5	-
N.Y. City	181	194	25	43	179	150	13	6	24	13
N.J.	59	61	37	31	247	188	-	62	33	16
Pa.	46	46	56	77	590	338	405	421	40	11
E.N. CENTRAL	107	108	190	251	5,896	1,338	163	170	24	22
Ohio	30	23	73	58	764	317	77	53	12	10
Ind.	18	4	31	44	293	69	11	30	6	1
Ill.	24	45	22	72	503	138	51	24	2	5
Mich.	21	25	49	47	288	136	15	49	4	6
Wis.	14	11	15	30	4,048	678	9	14	-	-
W.N. CENTRAL	66	53	83	126	2,490	550	561	631	134	65
Minn.	25	24	23	26	497	146	90	41	4	2
Iowa	4	6	18	27	308	156	104	103	1	2
Mo.	20	7	20	49	553	174	59	43	106	51
N. Dak.	3	1	2	1	754	7	69	56	-	-
S. Dak.	1	3	2	1	73	7	90	132	4	5
Nebr.	4	-	4	8	75	16	53	98	19	4
Kans.	9	12	14	14	230	44	96	158	-	1
S. ATLANTIC	334	341	215	271	752	825	1,897	2,636	780	592
Del.	6	2	3	9	5	9	9	64	6	1
Md.	78	74	11	27	139	90	323	351	79	105
D.C.	13	15	4	5	9	3	-	-	-	1
Va.	53	59	20	28	261	219	464	542	38	34
W. Va.	2	4	6	6	24	27	69	81	5	5
N.C.	23	25	36	36	101	137	581	767	535	322
S.C.	10	4	12	22	57	194	151	245	24	43
Ga.	54	66	16	34	23	35	298	398	67	64
Fla.	95	92	107	104	133	111	2	188	26	17
E.S. CENTRAL	29	30	61	95	284	163	136	210	174	128
Ky.	5	9	12	21	87	48	23	39	2	3
Tenn.	7	7	15	30	135	81	36	103	88	71
Ala.	12	7	17	21	45	19	66	64	48	21
Miss.	5	7	17	23	17	15	11	4	36	33
W.S. CENTRAL	112	134	124	186	972	752	1,059	1,145	240	101
Ark.	8	4	20	18	78	45	49	25	154	44
La.	5	5	36	43	16	11	-	5	5	1
Okla.	7	4	10	22	33	92	104	199	71	42
Tex.	92	121	58	103	845	604	906	916	10	14
MOUNTAIN	51	45	63	98	1,902	1,000	217	178	28	10
Mont.	1	-	3	6	74	5	26	21	3	1
Idaho	1	1	7	9	37	82	8	15	4	2
Wyo.	1	2	3	2	35	130	7	6	5	2
Colo.	16	23	15	27	1,072	366	43	38	1	3
N. Mex.	4	3	9	12	146	75	5	5	2	1
Ariz.	13	8	12	29	240	183	115	74	4	-
Utah	9	6	7	5	250	124	10	14	9	1
Nev.	6	2	7	8	48	35	3	5	-	-
PACIFIC	175	209	291	346	1,860	2,413	180	232	5	1
Wash.	20	30	32	42	765	748	-	-	-	-
Oreg.	18	11	58	61	535	438	6	7	3	-
Calif.	132	161	189	223	521	1,149	166	216	2	1
Alaska	2	1	3	7	12	66	8	9	-	-
Hawaii	3	6	9	13	27	12	-	-	-	-
Guam	-	1	1	-	-	1	-	-	-	-
P.R.	-	2	11	12	7	4	61	70	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 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		<i>Streptococcus pneumoniae</i> , invasive			
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Drug resistant, all ages		Age <5 years	
							Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	40,252	42,731	12,735	22,846	4,461	5,604	2,119	2,043	734	761
NEW ENGLAND	2,024	2,081	286	344	178	462	77	105	75	9
Maine	90	139	9	7	11	29	2	-	3	-
N.H.	138	142	10	9	19	34	-	-	N	N
Vt.	65	73	4	8	9	19	14	9	3	5
Mass.	1,142	1,214	175	233	118	205	42	N	59	N
R.I.	136	125	20	20	21	16	19	10	10	4
Conn.	453	388	68	67	-	159	-	86	U	U
MID. ATLANTIC	5,412	4,944	1,133	2,382	712	943	141	148	127	118
Upstate N.Y.	1,233	1,249	408	628	230	357	58	85	89	86
N.Y. City	1,203	1,301	391	416	104	146	U	U	U	U
N.J.	968	857	231	360	156	174	-	-	7	4
Pa.	2,008	1,537	103	978	222	266	83	63	31	28
E.N. CENTRAL	4,846	5,521	1,134	1,845	830	1,272	503	440	180	321
Ohio	1,208	1,318	171	299	221	284	353	285	80	98
Ind.	637	542	225	177	101	119	150	155	46	30
Ill.	1,357	1,936	330	1,001	170	343	-	-	14	133
Mich.	812	795	234	234	282	353	N	N	N	N
Wis.	832	930	174	134	56	173	N	N	40	60
W.N. CENTRAL	2,459	2,454	463	783	294	334	28	20	105	80
Minn.	633	562	66	102	141	159	-	-	70	55
Iowa	429	394	66	91	N	N	N	N	N	N
Mo.	641	872	186	354	60	77	23	16	14	3
N. Dak.	42	42	3	10	15	17	-	3	4	9
S. Dak.	137	128	13	17	21	25	5	1	-	-
Nebr.	185	166	47	88	16	27	-	-	7	5
Kans.	392	290	82	121	41	29	N	N	10	8
S. ATLANTIC	11,109	11,205	2,762	6,742	851	944	1,018	1,087	64	18
Del.	101	102	9	164	3	7	4	1	N	N
Md.	809	845	151	577	185	226	-	27	48	-
D.C.	62	52	40	73	10	10	8	1	3	7
Va.	1,159	1,187	166	453	70	111	N	N	N	N
W. Va.	225	134	9	1	25	36	106	82	13	11
N.C.	1,648	1,408	476	985	125	103	N	N	U	U
S.C.	956	812	326	517	39	39	71	142	N	N
Ga.	1,869	2,042	620	1,160	169	189	248	244	N	N
Fla.	4,280	4,623	965	2,812	225	223	581	590	N	N
E.S. CENTRAL	2,480	2,941	773	1,042	191	208	124	148	6	-
Ky.	353	397	75	129	59	48	30	24	N	N
Tenn.	523	759	327	396	132	160	93	124	N	N
Ala.	760	792	323	342	-	-	-	-	N	N
Miss.	844	993	48	175	-	-	1	-	6	-
W.S. CENTRAL	4,079	5,972	3,413	5,770	292	300	72	80	133	144
Ark.	575	796	81	104	17	6	10	22	8	8
La.	815	872	278	443	3	2	62	58	26	29
Okla.	404	468	526	838	66	90	N	N	47	67
Tex.	2,285	3,836	2,528	4,385	206	202	N	N	52	40
MOUNTAIN	2,366	2,272	843	1,293	535	517	50	11	42	71
Mont.	184	112	4	2	-	1	-	-	-	-
Idaho	145	180	13	36	9	19	N	N	N	N
Wyo.	54	77	6	8	10	2	12	10	-	-
Colo.	536	497	158	329	138	144	-	-	39	53
N. Mex.	271	294	122	272	83	122	5	-	-	12
Ariz.	757	711	425	530	247	193	N	N	N	N
Utah	239	224	50	50	44	34	31	1	3	6
Nev.	180	177	65	66	4	2	2	-	-	-
PACIFIC	5,477	5,341	1,928	2,645	578	624	106	4	2	-
Wash.	581	596	115	169	59	74	-	-	N	N
Oreg.	404	424	81	211	N	N	N	N	N	N
Calif.	4,057	4,000	1,679	2,208	383	416	N	N	N	N
Alaska	64	96	6	11	-	-	-	-	N	N
Hawaii	371	225	47	46	136	134	106	4	2	-
Guam	26	44	33	41	-	-	-	-	-	-
P.R.	309	730	11	27	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	3	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending January 1, 2005, and December 27, 2003 (52nd Week)*

Reporting area	Syphilis				Tuberculosis		Typhoid fever		Varicella (Chickenpox)	
	Primary & secondary		Congenital		Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003						
UNITED STATES	7,352	7,004	312	434	11,178	12,541	283	352	18,718	17,698
NEW ENGLAND	175	215	6	1	408	435	23	28	722	3,411
Maine	2	8	-	-	-	21	-	-	311	781
N.H.	4	19	3	-	18	13	-	4	-	-
Vt.	1	1	-	-	4	9	-	-	411	907
Mass.	112	130	-	-	273	236	15	15	-	147
R.I.	22	29	2	-	38	45	1	2	-	5
Conn.	34	28	1	1	75	111	7	7	-	1,571
MID. ATLANTIC	976	901	41	74	2,067	2,181	62	80	91	42
Upstate N.Y.	99	50	5	20	279	285	8	12	-	-
N.Y. City	607	525	15	31	1,003	1,111	23	37	-	-
N.J.	147	168	20	23	440	452	16	21	-	-
Pa.	123	158	1	-	345	333	15	10	91	42
E.N. CENTRAL	871	883	61	75	1,203	1,202	17	33	6,580	6,397
Ohio	229	196	1	3	208	209	5	2	1,572	1,267
Ind.	59	50	10	16	127	134	-	4	139	-
Ill.	374	372	18	21	541	569	-	17	2	-
Mich.	176	249	32	34	240	224	9	10	4,239	4,126
Wis.	33	16	-	1	87	66	3	-	628	1,004
W.N. CENTRAL	143	149	5	6	446	467	12	6	130	82
Minn.	24	46	1	-	181	198	8	2	-	-
Iowa	5	12	-	-	42	33	-	2	N	N
Mo.	85	58	2	4	116	110	2	1	5	1
N. Dak.	-	2	-	-	4	4	-	-	82	81
S. Dak.	-	2	-	-	8	20	-	-	43	-
Nebr.	6	6	-	1	36	27	2	1	-	-
Kans.	23	23	2	1	59	75	-	-	-	-
S. ATLANTIC	1,951	1,840	53	82	2,512	2,748	45	59	2,251	2,357
Del.	9	6	1	-	17	23	-	-	5	29
Md.	363	312	9	12	250	261	12	11	-	1
D.C.	92	48	1	-	71	-	-	-	26	31
Va.	114	79	3	1	277	328	10	16	626	682
W. Va.	2	2	-	-	24	21	-	-	1,276	1,330
N.C.	186	148	13	19	334	374	8	9	N	N
S.C.	113	94	8	14	167	169	-	-	318	284
Ga.	361	508	2	13	416	526	5	8	-	-
Fla.	711	643	16	23	956	1,046	10	15	-	-
E.S. CENTRAL	385	317	19	12	539	694	7	8	-	-
Ky.	47	33	1	1	123	128	3	1	-	-
Tenn.	123	135	8	2	230	218	4	3	-	-
Ala.	165	113	8	7	153	238	-	4	-	-
Miss.	50	36	2	2	33	110	-	-	-	-
W.S. CENTRAL	1,156	936	51	80	1,055	1,824	27	30	6,354	4,667
Ark.	39	51	-	3	118	110	-	-	-	-
La.	268	178	-	1	-	-	-	-	51	16
Okla.	24	64	2	1	152	155	1	1	-	-
Tex.	825	643	49	75	785	1,559	26	29	6,303	4,651
MOUNTAIN	340	334	45	35	515	527	8	8	2,590	742
Mont.	3	-	-	-	14	5	-	-	-	-
Idaho	22	15	2	3	4	8	-	1	-	-
Wyo.	3	-	-	-	5	4	-	-	56	110
Colo.	40	38	1	3	111	106	3	4	1,958	-
N. Mex.	66	70	1	10	35	48	-	1	104	4
Ariz.	157	186	41	19	229	295	2	2	-	-
Utah	10	13	-	-	37	39	1	-	472	628
Nev.	39	12	-	-	80	22	2	-	-	-
PACIFIC	1,355	1,429	31	69	2,433	2,463	82	100	-	-
Wash.	150	81	-	-	234	241	6	4	-	-
Oreg.	27	48	-	-	74	106	3	4	-	-
Calif.	1,165	1,285	30	67	1,979	1,943	67	91	-	-
Alaska	6	1	-	-	35	56	-	-	-	-
Hawaii	7	14	1	2	111	117	6	1	-	-
Guam	-	1	-	-	15	53	-	-	112	153
P.R.	179	204	5	14	84	115	-	-	278	602
V.I.	4	1	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	10	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending January 1, 2005 (52nd Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
NEW ENGLAND	385	276	75	27	3	4	38	S. ATLANTIC	1,058	695	234	80	24	25	48		
Boston, Mass.	U	U	U	U	U	U	U	Atlanta, Ga.	170	109	40	19	-	2	11		
Bridgeport, Conn.	34	29	4	1	-	-	2	Baltimore, Md.	159	98	44	15	1	1	7		
Cambridge, Mass.	29	22	6	-	-	1	3	Charlotte, N.C.	92	72	12	4	1	3	5		
Fall River, Mass.	25	17	5	3	-	-	2	Jacksonville, Fla.	139	88	38	7	4	2	2		
Hartford, Conn.	56	37	16	3	-	-	6	Miami, Fla.	60	39	12	5	4	-	1		
Lowell, Mass.	19	12	6	1	-	-	1	Norfolk, Va.	32	20	4	4	1	3	-		
Lynn, Mass.	10	8	1	1	-	-	-	Richmond, Va.	49	35	9	2	2	1	4		
New Bedford, Mass.	26	20	4	1	-	1	4	Savannah, Ga.	88	57	20	7	1	3	-		
New Haven, Conn.	63	46	9	8	-	-	11	St. Petersburg, Fla.	26	22	2	1	1	-	2		
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	131	88	25	10	5	3	12		
Somerville, Mass.	2	-	1	1	-	-	-	Washington, D.C.	100	62	22	6	4	6	4		
Springfield, Mass.	37	22	7	4	3	1	1	Wilmington, Del.	12	5	6	-	-	1	-		
Waterbury, Conn.	32	25	6	1	-	-	4	E.S. CENTRAL	634	425	139	47	10	13	42		
Worcester, Mass.	52	38	10	3	-	1	4	Birmingham, Ala.	152	108	27	13	1	3	14		
MID. ATLANTIC	1,912	1,353	387	120	27	24	130	Chattanooga, Tenn.	66	58	7	1	-	-	5		
Albany, N.Y.	40	28	8	2	1	1	3	Knoxville, Tenn.	69	47	18	4	-	-	1		
Allentown, Pa.	22	20	2	-	-	-	2	Lexington, Ky.	62	33	18	6	3	2	6		
Buffalo, N.Y.	121	83	27	5	4	2	11	Memphis, Tenn.	38	22	14	2	-	-	1		
Camden, N.J.	31	19	6	4	1	1	3	Mobile, Ala.	56	43	7	4	-	2	3		
Elizabeth, N.J.	23	20	3	-	-	-	5	Montgomery, Ala.	58	37	14	4	2	1	5		
Erie, Pa.	43	34	5	3	1	-	4	Nashville, Tenn.	133	77	34	13	4	5	7		
Jersey City, N.J.	17	8	8	1	-	-	-	W.S. CENTRAL	1,283	818	320	82	33	29	74		
New York City, N.Y.	784	565	150	51	9	9	42	Austin, Tex.	70	45	12	11	1	1	5		
Newark, N.J.	45	21	17	6	1	-	2	Baton Rouge, La.	61	44	13	2	1	1	3		
Paterson, N.J.	20	12	3	3	1	1	1	Corpus Christi, Tex.	U	U	U	U	U	U	U		
Philadelphia, Pa.	347	209	92	32	8	5	21	Dallas, Tex.	176	97	55	13	8	3	12		
Pittsburgh, Pa. [‡]	32	24	5	2	1	-	2	El Paso, Tex.	59	42	14	2	-	1	4		
Reading, Pa.	21	17	3	1	-	-	3	Ft. Worth, Tex.	95	63	22	5	2	3	5		
Rochester, N.Y.	141	107	28	4	-	2	14	Houston, Tex.	346	206	96	20	14	9	12		
Schenectady, N.Y.	28	23	4	1	-	-	1	Little Rock, Ark.	73	41	25	4	1	2	4		
Scranton, Pa.	28	26	2	-	-	-	1	New Orleans, La.	53	34	13	4	2	-	-		
Syracuse, N.Y.	96	81	10	2	-	3	9	San Antonio, Tex.	200	138	43	11	1	7	14		
Trenton, N.J.	22	17	4	1	-	-	-	Shreveport, La.	34	25	4	3	2	-	2		
Utica, N.Y.	21	16	4	1	-	-	3	Tulsa, Okla.	116	83	23	7	1	2	13		
Yonkers, N.Y.	30	23	6	1	-	-	3	MOUNTAIN	873	608	167	58	20	20	64		
E.N. CENTRAL	1,820	1,250	384	113	37	35	127	Albuquerque, N.M.	112	80	25	4	-	3	12		
Akron, Ohio	51	35	13	1	1	1	10	Boise, Idaho	35	21	4	3	5	2	2		
Canton, Ohio	39	34	5	-	-	-	4	Colorado Springs, Colo.	47	40	5	2	-	-	3		
Chicago, Ill.	302	181	76	30	11	3	9	Denver, Colo.	65	35	14	9	2	5	5		
Cincinnati, Ohio	59	46	7	3	-	3	8	Las Vegas, Nev.	249	170	57	15	4	3	14		
Cleveland, Ohio	174	125	35	7	3	4	13	Ogden, Utah	30	21	6	2	-	1	2		
Columbus, Ohio	197	145	33	10	6	3	15	Phoenix, Ariz.	64	41	12	7	3	1	6		
Dayton, Ohio	94	66	19	6	3	-	7	Pueblo, Colo.	34	26	5	1	1	1	1		
Detroit, Mich.	162	86	45	18	8	5	10	Salt Lake City, Utah	120	86	19	9	2	4	10		
Evansville, Ind.	31	24	4	3	-	-	3	Tucson, Ariz.	117	88	20	6	3	-	9		
Fort Wayne, Ind.	68	54	12	1	-	1	5	PACIFIC	1,159	801	239	76	17	24	87		
Gary, Ind.	6	3	1	2	-	-	-	Berkeley, Calif.	U	U	U	U	U	U	U		
Grand Rapids, Mich.	51	38	9	-	1	3	3	Fresno, Calif.	U	U	U	U	U	U	U		
Indianapolis, Ind.	151	95	38	14	-	4	6	Glendale, Calif.	9	8	1	-	-	-	1		
Lansing, Mich.	38	25	8	2	1	2	3	Honolulu, Hawaii	56	45	8	2	1	-	2		
Milwaukee, Wis.	93	60	25	4	2	2	6	Long Beach, Calif.	92	57	21	8	1	5	8		
Peoria, Ill.	72	56	13	3	-	-	8	Los Angeles, Calif.	246	173	45	20	6	2	26		
Rockford, Ill.	64	48	14	1	1	-	8	Pasadena, Calif.	17	8	6	2	-	1	-		
South Bend, Ind.	46	39	2	4	-	1	3	Portland, Oreg.	84	49	23	7	2	1	4		
Toledo, Ohio	79	55	18	4	-	2	5	Sacramento, Calif.	U	U	U	U	U	U	U		
Youngstown, Ohio	43	35	7	-	-	1	1	San Diego, Calif.	132	94	22	12	1	3	10		
W.N. CENTRAL	481	323	100	23	21	13	41	San Francisco, Calif.	99	68	25	3	-	3	14		
Des Moines, Iowa	30	22	6	2	-	-	3	San Jose, Calif.	127	85	32	4	4	2	6		
Duluth, Minn.	20	17	3	-	-	-	-	Santa Cruz, Calif.	35	29	4	2	-	-	6		
Kansas City, Kans.	27	15	9	2	1	-	1	Seattle, Wash.	90	58	17	10	-	5	-		
Kansas City, Mo.	65	39	13	3	6	4	7	Spokane, Wash.	54	41	9	2	2	-	5		
Lincoln, Nebr.	47	31	11	2	3	-	3	Tacoma, Wash.	118	86	26	4	-	2	5		
Minneapolis, Minn.	43	27	10	1	4	1	6	TOTAL	9,605 [¶]	6,549	2,045	626	192	187	651		
Omaha, Nebr.	60	46	13	1	-	-	4										
St. Louis, Mo.	42	25	9	2	2	3	2										
St. Paul, Minn.	44	34	6	2	-	2	4										
Wichita, Kans.	103	67	20	8	5	3	11										

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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