



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

October 21, 2005 / Vol. 54 / No. 41

Domestic Violence Awareness Month — October 2005

October is Domestic Violence Awareness Month (DVAM). During this month, CDC is encouraging men and women to help prevent intimate partner violence (IPV) by taking an active role in promoting healthy relationships. IPV is defined as physical, sexual, or psychological harm to a person by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

IPV affects persons at all stages of life. Children who witness IPV are at greater risk for failure in school and developmental problems (1). Adolescents involved with an abusive partner report increased levels of substance use and antisocial behavior (2). IPV in adults can result in depression, broken bones, and heart or circulatory conditions (3).

In recognition of DVAM, CDC is launching a website about the Domestic Violence Prevention Enhancement and Leadership Through Alliances program and co-hosting an Internet seminar on working with men to prevent IPV. Additional information about IPV is available at <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>.

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Intimate Partner Violence Injuries — Oklahoma, 2002

Intimate partner violence (IPV) is a serious public health problem in the United States and a common cause of injury. Prevalence rates of IPV vary by the surveillance methods and definitions used (1). National data from the 1995 National Violence Against Women Survey indicate that 22.1% of women and 7.4% of men experience IPV during their lifetimes and that 1.3% of women and 0.9% of men experience IPV annually (2). IPV results in an estimated \$4.1 billion each year in direct medical and mental health-care costs, including \$159 million in emergency department (ED) treatments for IPV physical assaults (3). IPV might constitute as much as 17% of all violence-related injuries treated in EDs (4). To determine the magnitude of the IPV problem in Oklahoma, including IPV-related injuries and medical service utilization, researchers analyzed injury surveillance data from ED medical records and data from the Oklahoma Women's Health Survey (OWHS). This report summarizes the findings, which indicated that, during 2002 in Oklahoma, approximately 16%

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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;54:[inclusive page numbers].

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Notifiable Disease Morbidity and 122 Cities Mortality Data

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of all ED visits for assaults were for IPV injuries, including 35% of assault visits among females and 3% of assault visits among males. In addition, results of the OWHS for 2001–2003 indicated that 5.9% of surveyed Oklahoma women aged 18–44 years sustained an IPV injury during the preceding year. Overall, IPV resulted in a substantial number of injuries, particularly to women, many of whom required treatment in EDs. Medical recognition and documentation of IPV are important for identification of persons in need of services.

IPV Injury Surveillance in EDs, 2002

IPV injuries* became a reportable condition to the Oklahoma State Department of Health (OSDH) in January 2000 for the purposes of a 5-year study. After a pilot project in the Oklahoma City metropolitan statistical area (MSA) during July 1, 2000–December 31, 2001, IPV injury surveillance was conducted statewide during 2002. Data were collected via a random sample of 118 hospital EDs (N = 20), stratified by hospital size (large: ≥ 100 beds; small: ≤ 99 beds) to ensure a representative sample of Oklahoma hospitals. All ED medical records for assaults (external cause of injury codes,† E960–E968.9) and adult abuse/maltreatment (ICD-9-CM§ codes 995.81–995.85) were reviewed to identify IPV injuries; an assault was determined to be IPV if the medical record indicated that the perpetrator of the injuries was an intimate partner. Intimate partners included current and former marital and nonmarital partners, dating partners, and same-sex partners. Males and females aged ≥ 15 years were included. Multiple ED visits for IPV injuries sustained during the same assault incident were counted once. Weighted population estimates and 95% confidence intervals (CIs) were derived from the sample data using hospital size and total number of annual ED admissions reported by hospitals in the state's annual health-care utilization survey. Rates were calculated using U.S. Census bridged-race population estimates for 2002 for persons aged ≥ 15 years.

A total of 3,988 ED medical records for assaults from the sampled hospitals were reviewed. Of these, 648 (16%) were documented as IPV assaults. Among females, 575 (35%) of all ED assault records reviewed were IPV-related, whereas 73 (3%) of ED assault records among males were IPV-related. For 1,939 (49%) of the assaults (31% of assaults on females and 61% of assaults on males), the perpetrator was not speci-

* For injury surveillance purposes, IPV injuries were defined as intentional injuries inflicted by an intimate partner. Cases included only Oklahoma residents.

† Available at <http://www.cdc.gov/nchs/about/otheract/ice/matrix10.htm>.

§ *International Classification of Diseases, Ninth Revision, Clinical Modification.*

fied. After exclusions were applied (persons who died or were hospitalized, out-of-state residents, and multiple treatments for the same assault), 594 (15%) IPV injury cases were identified. The sample data were weighted, yielding an estimated 2,457 (CI = 2,188–2,726) IPV cases treated in EDs statewide (rate: 88.6 per 100,000 population aged ≥ 15 years). Ninety-one percent of cases were among females (mean age: 32 years, range: 16–66 years), and 9% were among males (mean age: 36 years, range: 18–68 years). Ninety percent of females treated for IPV injuries in EDs were aged 18–44 years.

IPV injury rates varied by race. The rate of IPV injuries per 100,000 population aged ≥ 15 years among black females (546.2) was 2.8 times higher than the rate for American Indian/Alaska Native females (192.3) and 4.7 times higher than the rate for white females (116.1). Black females had the highest rate of IPV injury across all age groups (Table 1). Among males, the rate per 100,000 population aged ≥ 15 years for blacks (94.8) was more than five times higher than that for American Indians/Alaska Natives (18.2) and nearly 12 times higher than that for whites (8.5).

A total of 1,351 injuries for 576 IPV injury cases were documented and classified by injury type and anatomic site of injury. The majority (83%) of persons with IPV injuries had soft-tissue injuries; 16% had strains/sprains, 10% had fractures/dislocations, 7% had brain injuries, 1% had eye injuries, 1% had stab wounds, and 2% had other injuries. The most frequently injured body regions were the head, neck, and face (48% of injuries), followed by the upper extremities (25%), chest and back (12%), lower extremities (10%), and abdomen/pelvic region (3%) (Table 2).

IPV Data from OWHS, 2001–2003

OWHS data were collected during 2001–2003 in a random-digit-dialed telephone survey of 6,163 Oklahoma women aged 18–44 years who were married or had a romantic relationship or date during the preceding year. The sampling scheme and survey administration followed Behavioral Risk Factor Surveillance System (BRFSS) methodology (5), with changes made to account for survey differences in study inclusion criteria. All analyses were weighted for the sampling design. Definitions of IPV used in the survey were derived from CDC-recommended definitions (1). Survey respondents who reported at least one occurrence of physical IPV or forced sexual IPV by any current or former partner during the pre-

TABLE 1. Estimated rates* of intimate partner violence (IPV) injuries among persons treated and released from hospital emergency departments, by sex, age group, and race — Oklahoma, 2002

| Sex/Age group (yrs) | Race | | | |
|---------------------|--------------|--------------|-----------------------------------|--------------|
| | All races | Black | American Indian/ Alaska Native | White |
| Females | | | | |
| 15–24 | 268.1 | 906.7 | 215.7 | 188.2 |
| 25–34 | 309.9 | 669.8 | 419.7 | 256.7 |
| 35–44 | 263.9 | 741.1 | 257.6 | 207.1 |
| 45–54 | 67.9 | 246.9 | 83.7 | 48.8 |
| 55–64 | 14.1 | 81.6 | 0 | 11.1 |
| ≥ 65 | 3.0 | 31.8 | 0 | 1.7 |
| Total | 157.8 | 546.2 | 192.3 | 116.1 |
| Males | | | | |
| 15–24 | 16.8 | —† | — | — |
| 25–34 | 20.9 | — | — | — |
| 35–44 | 29.9 | — | — | — |
| 45–54 | 14.0 | — | — | — |
| 55–64 | 2.4 | — | — | — |
| ≥ 65 | 2.1 | — | — | — |
| Total | 15.6 | 94.8 | 18.2 | 8.5 |

* Per 100,000 population aged ≥ 15 years.

† Rate not estimated by race.

TABLE 2. Type of intimate partner violence (IPV) injuries* among persons treated and released from hospital emergency departments, by injury type and anatomic site — Oklahoma, 2002

| Injury | Anatomic site of injury | | | | | | | | | | Total |
|----------------------|-------------------------|-------------|----------------|-------------|-------------------|-------------|-------------------|-------------|-----------------------|------------|--------------|
| | Head, neck, and face | | Chest and back | | Upper extremities | | Lower extremities | | Abdomen/Pelvic region | | |
| | No. | (%) | No. | (%) | No. | (%) | No. | (%) | No. | (%) | |
| Soft tissue† | 521 | (47) | 141 | (13) | 279 | (25) | 117 | (11) | 36 | (3) | 1,094 |
| Sprain/Strain | 42 | (38) | 14 | (13) | 41 | (37) | 14 | (13) | — | — | 111 |
| Fracture/Dislocation | 28 | (47) | 2 | (3) | 25 | (42) | 5 | (8) | — | — | 60 |
| Brain | 44 | (100) | — | — | — | — | — | — | — | — | 44 |
| Eye | 9 | (100) | — | — | — | — | — | — | — | — | 9 |
| Stab wound | 4 | (18) | 2 | (9) | 11 | (50) | 4 | (18) | 1 | (5) | 22 |
| Other§ | 6 | (55) | 1 | (9) | — | — | — | — | 4 | (36) | 11 |
| Total | 654 | (48) | 160 | (12) | 356 | (25) | 140 | (10) | 41 | (3) | 1,351 |

* Includes documented injuries in 576 IPV injury cases.

† Soft-tissue injuries include contusions, abrasions, lacerations, and punctures.

§ Other injuries included sexual assaults (four), dental injuries (three), hearing injuries (two), burns (one), and spinal cord injury (one).

ceding year were asked about resulting injuries. Women who reported any preceding-year IPV injury were asked about their need for and use of medical services. The CASRO response rate was 65.5%.

Among 6,163 respondents to the OWHS, 330 (weighted percentage: 5.9%; CI = 5.0%–6.8%) women reported IPV injuries during the preceding year. Nearly one third (31.6%)

of injured women reported that they needed medical attention for their injuries; 13.2% reported never receiving medical attention when needed, 12.2% sometimes received medical attention when needed, and 6.3% reported always receiving medical services when needed (Table 3). A total of 18.4% (CI = 13.6%–24.5%) of women with IPV injuries received at least one type of medical treatment during the preceding year. Treatment for IPV injuries was received in hospital EDs by 9.8% of injured women; 2.1% were hospitalized overnight, and 3.3% received emergency medical services, including ambulance or paramedic services. Eleven percent of injured women received treatment at a private doctor or dental office, and 5.7% received treatment in an urgent care or other health clinic.

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Editorial Note: In 1992, the American Medical Association issued diagnostic and treatment guidelines for IPV and a call for routine screening (6). Since that time, the practice of screening women for abuse has come under question (7). Screening has been effective for identifying abuse but has not been demonstrated to reduce violence (8). Evidence that screening is beneficial or, at least, not harmful, is lacking (9). However, the health and mental health consequences of IPV are well documented and sufficient to warrant identification, treatment, and service referral for IPV in the medical setting (10).

Data in this report demonstrate that IPV has a substantial impact on health-care systems in Oklahoma, with implications for provision of medical, social, and judicial services, particularly for minority women. The prevalence of IPV in-

jury among black women treated in EDs was substantially higher than the prevalence among American Indian/Alaska Native or white women, some of which might be accounted for by racial differences in ED utilization patterns, patient disclosure of IPV, or provider query about IPV. The OWHS data further suggest that ED treatment for IPV injuries represents only about 10% of women injured by a partner each year.

The findings of this report are subject to at least five limitations. First, inclusion of IPV injury cases depended on documentation in ED medical records, which were often incomplete. The perpetrator was not specified and IPV status could not be determined for nearly half of the assaults noted in ED records. Thus, the reported rates of ED treatment for IPV injuries are likely underestimates. Second, the sampled hospitals might not have used standard practices for identifying IPV, which would also affect rate estimation. Third, the total number of IPV assaults was used to calculate rates per 100,000 population; however, 18 (3%) persons were treated for more than one assault during the study period and were counted more than once, which also affected rate estimation. Fourth, the survey data might also underestimate IPV injury prevalence because women experienced the most severe IPV might not have been able to participate in a telephone survey. Finally, injury rates from the survey data might not be generalizable to the target population because of nonresponse.

Medical tracking systems depend on recognition and documentation. A separate study conducted by OSDH in the Oklahoma City MSA revealed that only 43% of IPV hospitalizations were identified by specific IPV codes: external cause of injury code for partner/spouse perpetration (E967.3) and/or the ICD-9-CM code for adult physical abuse (995.81) (OSDH, unpublished data, 2005). For the ED data presented in this report, case ascertainment was not possible in nearly half of the ED assault records reviewed because the perpetrator of the assault was not specified. Because of the nature and stigma of IPV, a proportion of cases will never be recognized as IPV. However, improving medical recognition and documentation of IPV through continued training and policy is warranted, not only for surveillance purposes but also to identify persons in need of services. OSDH is providing training for hospital personnel and health-care providers on IPV screening, recognition, documentation, and service referral. The findings of this report will also be used in strategic planning to determine priorities for prevention of IPV in Oklahoma.

TABLE 3. Medical service utilization among women reporting intimate partner violence (IPV) injuries during the preceding year — Oklahoma, 2001–2003*

| Medical service utilization | %† | 95% CI† |
|---|------|----------|
| Received medical attention when needed | | |
| Never | 13.2 | 9.1–18.8 |
| Sometimes | 12.2 | 8.3–17.4 |
| Always | 6.3 | 3.6–10.5 |
| Type of medical services received§ | | |
| Hospital emergency department | 9.8 | 6.4–14.9 |
| Overnight hospital admission | 2.1 | 1.0–4.2 |
| Private doctor or dentist office | 11.0 | 7.4–16.2 |
| Urgent care clinic or other health clinic | 5.7 | 3.1–10.3 |
| Emergency medical services | 3.3 | 1.4–7.5 |

* Includes 330 women reporting IPV injuries in the Oklahoma Women's Health Survey.

† Percentages and confidence intervals (CIs) were weighted for sampling design.

§ Categories under type of medical services received are not mutually exclusive.

Acknowledgments

The findings in this report are based, in part, on contributions by C Smith-Edwards, MA, YWCA of Oklahoma City; S Mallonee, MPH, P Archer, MPH, Oklahoma State Dept of Health; B Skipper, PhD, Univ of New Mexico School of Medicine; P Mariolis, CDC; and Oklahoma medical records directors, ED nurse managers, ED medical directors, and hospital administrators.

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Influenza Vaccination Levels Among Persons Aged ≥ 65 Years and Among Persons Aged 18–64 Years with High-Risk Conditions — United States, 2003

Influenza vaccination is an effective tool for preventing hospitalization and death among persons aged ≥ 65 years and among persons aged 18–64 years with medical conditions that increase the risk for influenza-related complications (1). Two

national health objectives for 2010 are to increase influenza vaccination coverage to 90% among persons aged ≥ 65 years and to 60% among persons aged 18–64 years who have one or more high-risk conditions (objectives 14-29a and 14-29c, respectively) (2). To determine influenza vaccination coverage among persons in both targeted groups, CDC analyzed data from the 2003 National Health Interview Survey (NHIS). This report summarizes the results of that analysis, which determined that influenza vaccination coverage among persons aged ≥ 65 years and persons aged 18–64 years with high-risk conditions remains substantially below 2010 target levels. In addition, racial/ethnic disparities in coverage levels persist in both targeted populations. To improve overall influenza vaccination coverage and reduce racial/ethnic disparities, combinations of evidence-based effective interventions should be implemented (3), and the influenza vaccine supply should be stabilized (4).

NHIS is conducted using face-to-face interviews among the civilian, noninstitutionalized U.S. population. Questions regarding influenza vaccination are part of the sample adult core questionnaire, which collects information regarding the health of one randomly selected adult in each family. All respondents were asked, “During the past 12 months, have you had a flu shot?” In 1994, only half-year data were available. In 1990, 1992, and 1996, influenza vaccination questions were not included in the questionnaire. Therefore, midpoint values between the preceding and following years were used to estimate coverage in those years. Before 1997, vaccination coverage among persons by high-risk group could not be assessed for purpose of comparison because the questionnaire was redesigned in 1997 and information on health conditions was not collected in the same manner.

NHIS data for 2003 were analyzed to estimate influenza vaccination coverage in the targeted populations by race/ethnicity and sociodemographic characteristics, including access to health care. Trends in annual estimates during 1989–2003 were evaluated. Final response rates for the adult core sample during 1997–2003 ranged from 69.6% to 80.4%; the response rate in 2003 was 74.2%. Only non-Hispanic whites, non-Hispanic blacks, and Hispanics were included in the analysis for 2003, totaling 5,538 adults aged ≥ 65 years and 4,238 adults aged 18–64 years with high-risk conditions. Samples were weighted to produce national estimates. Univariate analysis was conducted using statistical software to account for the complex survey design. Associations between coverage levels and characteristics were measured using 95% confidence intervals. Persons with high-risk conditions had one or more of the following: ever being

told by a physician they had diabetes, emphysema, coronary heart disease, angina, heart attack, or other heart condition; receiving a diagnosis of cancer during the preceding 12 months (excluding nonmelanoma skin cancer) or ever being told by a physician they had lymphoma, leukemia, or blood cancer; being told by a physician during the preceding 12 months they had chronic bronchitis or weak or failing kidneys; or having an asthma episode or attack during the preceding 12 months.

In 2003, influenza vaccination levels varied by age group, race/ethnicity, presence of high-risk medical conditions, and other characteristics. Coverage among persons aged ≥ 65 years was 65.6%. Racial/ethnic-specific estimates of coverage were 68.7% for non-Hispanic whites, 48.0% for non-Hispanic blacks, and 45.4% for Hispanics (Table 1). Combining the three racial/ethnic populations, the following characteristics were associated with lower coverage levels: age 65–74 years, less than a high school education, income below the poverty threshold, no supplemental health insurance, no high-risk conditions, and fewer doctor visits in the preceding 12 months. Among persons aged 18–64 years with high-risk conditions, influenza vaccination coverage was 34.1% (Table 2). Racial/ethnic-specific estimates of coverage among persons aged 18–64 years with high-risk conditions were 35.8% for non-Hispanic whites, 30.4% for non-Hispanic blacks, and 27.0% for Hispanics. Characteristics associated with lower coverage levels in the combined racial/ethnic groups were age 18–49 years, less than high school education, income near (100%–199%) or below (<100%) the poverty threshold, no health insurance, and fewer doctor visits during the preceding 12 months. Among Hispanics aged ≥ 18 years, those who were interviewed in Spanish had a vaccination coverage level that was nearly two thirds the level for those interviewed in English. Among persons aged 50–64 years, influenza vaccination coverage was 46.3% for persons with high-risk conditions and 32.7% for persons without high-risk conditions.

Trends over time differed by race/ethnicity and age group. During 1989–1997, among persons aged ≥ 65 years, influenza vaccination coverage among non-Hispanic whites increased from 32.1% in 1989 to 66.0% in 1997, then remained nearly stable through 2003 except for a limited decrease in 2001 (Figure). At a lower level of coverage, a similar pattern existed among non-Hispanic blacks. Among Hispanics, however, vaccination coverage declined from 55.7% in 2000 to 45.4% in 2003, and the gap in vaccination rates between Hispanics and non-Hispanic whites increased from 10.9% to 23.3% during the same period.

Among all persons aged 18–64 years (with and without high-risk conditions), influenza vaccination coverage increased from

5.0% in 1989 to 22.1% in 2003, except for a limited decrease in 2001. Among persons aged 18–64 years with high-risk conditions, a similar trend was observed during 1997–2003.

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Editorial Note: The findings in this report indicate that influenza vaccination coverage since 2000 has increased only slightly among non-Hispanic whites and non-Hispanic blacks aged ≥ 65 years and among younger adults with high-risk conditions and decreased among Hispanics aged ≥ 65 years. Given these trends, the national health targets for influenza vaccination coverage of 90% for persons aged ≥ 65 years and 60% for persons aged 18–64 years with one or more high-risk condition will not be met by 2010. In addition, racial/ethnic disparities in coverage levels were observed, with lower coverage among non-Hispanic blacks and Hispanics than among non-Hispanic whites of both targeted populations. These disparities underscore the need to implement more widespread effective interventions (e.g., standing orders and provider and patient reminders), especially among certain racial/ethnic populations, to achieve national objectives for influenza vaccination coverage among persons aged ≥ 65 years and persons aged 18–64 years with high-risk conditions.

Multiple characteristics continue to be associated with lower influenza vaccination coverage and poor progress toward the national health objectives, including low household income, less than a high school education, less health insurance coverage, and fewer doctor visits. One study determined a stronger association between opposition to vaccination and lower influenza vaccination coverage among non-Hispanic blacks than other groups (5). Low coverage might be related, in part, to how non-Hispanic blacks respond to prevention messages and guidelines (6). Among Hispanics, those who were interviewed in Spanish had lower vaccination coverage than those interviewed in English, indicating that a greater availability of Spanish-speaking health-care providers and communication materials in Spanish might help to achieve higher coverage in the Hispanic population. Among Hispanics aged ≥ 65 years, reasons for the decline in coverage, beginning in 2001, are not known; however, the decline was observed primarily among Hispanics who were interviewed in Spanish (CDC, unpublished data, 2005). Research is needed to gain insight into the causes of this pattern and reverse it.

Although a leveling of influenza vaccination coverage has been observed since 1998, the instability of the vaccine sup-

TABLE 1. Number in sample* and percentage† of non-Hispanic white, non-Hispanic black, and Hispanic persons aged ≥65 years who reported receiving influenza vaccination during the preceding 12 months, by selected characteristics — National Health Interview Survey, United States, 2003

| Characteristic | White, non-Hispanic | | | Black, non-Hispanic | | | Hispanic | | | Total | | |
|---|---------------------|-------------|-----------------------|---------------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|
| | No. in sample | % | (95% CI) [§] | No. in sample | % | (95% CI) | No. in sample | % | (95% CI) | No. in sample | % | (95% CI) |
| Total | 4,401 | 68.7 | (±1.5) | 609 | 48.0 | (±4.6) | 528 | 45.4 | (±5.2) | 5,538 | 65.6 | (±1.4) |
| Sex | | | | | | | | | | | | |
| Men | 1,659 | 69.2 | (±2.3) | 208 | 48.2 | (±7.6) | 193 | 41.8 | (±7.7) | 2,060 | 66.0 | (±2.1) |
| Women | 2,742 | 68.3 | (±2.1) | 401 | 47.8 | (±5.5) | 335 | 48.1 | (±7.5) | 3,478 | 65.2 | (±1.9) |
| Age group (yrs) | | | | | | | | | | | | |
| 65–74 | 2,123 | 64.1 | (±2.1) | 341 | 42.0 | (±6.0) | 326 | 42.2 | (±5.8) | 2,790 | 60.5 | (±1.9) |
| ≥75 | 2,278 | 73.6 | (±2.2) | 268 | 55.5 | (±7.2) | 202 | 51.4 | (±10.3) | 2,748 | 71.2 | (±2.1) |
| Region[¶] | | | | | | | | | | | | |
| Northeast | 970 | 69.1 | (±3.5) | 96 | 43.7 | (±11.7) | 63 | 48.6 | (±17.9) | 1,129 | 66.7 | (±3.5) |
| Midwest | 1,134 | 68.1 | (±2.8) | 120 | 42.2 | (±9.0) | 20 | —** | — | 1,274 | 65.9 | (±2.6) |
| South | 1,518 | 68.9 | (±2.5) | 335 | 51.6 | (±6.4) | 244 | 43.4 | (±8.0) | 2,097 | 64.9 | (±2.2) |
| West | 779 | 68.6 | (±3.9) | 58 | 44.2 | (±10.8) | 201 | 48.7 | (±6.8) | 1,038 | 65.0 | (±3.3) |
| Education | | | | | | | | | | | | |
| Less than high school graduate | 1,016 | 63.1 | (±3.4) | 317 | 46.9 | (±6.5) | 336 | 44.7 | (±6.1) | 1,669 | 58.0 | (±2.8) |
| High school graduate | 1,577 | 70.3 | (±2.6) | 122 | 42.5 | (±9.2) | 97 | 42.0 | (±11.2) | 1,796 | 67.9 | (±2.5) |
| More than high school graduate | 1,752 | 71.1 | (±2.5) | 153 | 54.2 | (±8.4) | 81 | 50.3 | (±12.3) | 1,986 | 69.6 | (±2.3) |
| Poverty threshold (%) | | | | | | | | | | | | |
| Above (≥200) | 1,738 | 72.3 | (±2.2) | 133 | 46.8 | (±9.6) | 101 | 52.9 | (±11.5) | 1,972 | 70.3 | (±2.1) |
| Near (100–199) | 797 | 67.7 | (±3.7) | 146 | 54.8 | (±8.9) | 129 | 44.3 | (±11.0) | 1,072 | 64.3 | (±3.3) |
| Below (<100) | 283 | 59.5 | (±6.6) | 127 | 48.7 | (±9.7) | 129 | 38.5 | (±9.7) | 539 | 53.9 | (±5.1) |
| Language^{††} | | | | | | | | | | | | |
| English | 4,372 | 68.9 | (±1.5) | 606 | 47.9 | (±4.6) | 257 | 55.5 | (±8.0) | 5,235 | 66.6 | (±1.4) |
| Spanish | 29 | —** | — | 3 | —** | — | 271 | 35.4 | (±6.8) | 303 | 37.1 | (±6.7) |
| Health insurance | | | | | | | | | | | | |
| Medicare only | 929 | 61.8 | (±3.6) | 229 | 46.4 | (±8.6) | 205 | 47.9 | (±8.2) | 1,363 | 58.2 | (±3.1) |
| Medicare and Medicaid | 194 | 57.8 | (±7.9) | 101 | 47.0 | (±10.7) | 127 | 51.7 | (±10.6) | 422 | 54.1 | (±5.5) |
| Medicare and supplemental ^{§§} | 2,996 | 72.1 | (±1.8) | 192 | 52.4 | (±7.7) | 88 | 54.0 | (±12.4) | 3,276 | 71.0 | (±1.7) |
| With high-risk conditions^{¶¶} | | | | | | | | | | | | |
| Yes | 2,068 | 73.5 | (±2.1) | 282 | 52.4 | (±6.3) | 219 | 56.6 | (±8.9) | 2,569 | 70.9 | (±2.0) |
| No | 2,311 | 64.3 | (±2.2) | 323 | 43.9 | (±5.5) | 308 | 38.3 | (±6.1) | 2,942 | 60.8 | (±1.9) |
| No. of doctor visits^{***} | | | | | | | | | | | | |
| 0–1 | 686 | 50.9 | (±4.3) | 89 | 28.2 | (±11.1) | 118 | 29.9 | (±9.8) | 893 | 47.5 | (±3.9) |
| 2–5 | 1,827 | 67.5 | (±2.3) | 249 | 44.4 | (±7.2) | 192 | 45.0 | (±8.8) | 2,268 | 64.4 | (±2.2) |
| ≥6 | 1,822 | 76.5 | (±2.1) | 261 | 58.5 | (±6.7) | 213 | 55.2 | (±8.4) | 2,296 | 73.6 | (±2.0) |

* Unweighted sample sizes.

† Weighted proportions.

§ Confidence interval.

¶ *Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

** Sample size insufficient for analysis (<30 sampled respondents or relative standard error >0.3).

†† Language in which the interview was conducted.

§§ Any health insurance in addition to Medicare, including private health insurance, except Medicaid.

¶¶ Persons reported one or more of the following: ever being told by a physician they had diabetes, emphysema, coronary heart disease, angina, heart attack, or other heart condition; receiving a diagnosis of cancer during the preceding 12 months (excluding nonmelanoma skin cancer) or ever being told by a physician they had lymphoma, leukemia, or blood cancer; being told by a physician during the preceding 12 months they had chronic bronchitis or weak or failing kidneys; or having an asthma episode or attack during the preceding 12 months.

*** During the preceding 12 months.

TABLE 2. Number in sample* and percentage† of non-Hispanic white, non-Hispanic black, and Hispanic persons aged 18–64 years with high-risk§ conditions who reported receiving influenza vaccination during the preceding 12 months, by selected characteristics — National Health Interview Survey, United States, 2003

| Characteristic | White, non-Hispanic | | | Black, non-Hispanic | | | Hispanic | | | Total | | |
|--------------------------------|---------------------|-------------|---------------|---------------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|
| | No. in sample | % | (95% CI¶) | No. in sample | % | (95% CI) | No. in sample | % | (95% CI) | No. in sample | % | (95% CI) |
| Total | 2,872 | 35.8 | (±1.9) | 663 | 30.4 | (±3.9) | 703 | 27.0 | (±3.9) | 4,238 | 34.1 | (±1.7) |
| Sex | | | | | | | | | | | | |
| Men | 1,188 | 35.9 | (±3.0) | 231 | 28.1 | (±6.9) | 272 | 29.4 | (±6.0) | 1,691 | 34.3 | (±2.6) |
| Women | 1,684 | 35.7 | (±2.5) | 432 | 32.1 | (±5.6) | 431 | 25.1 | (±4.7) | 2,547 | 34.0 | (±2.2) |
| Age group (yrs) | | | | | | | | | | | | |
| 18–49 | 1,466 | 24.9 | (±2.5) | 378 | 24.3 | (±5.4) | 433 | 20.0 | (±4.8) | 2,277 | 24.1 | (±2.1) |
| 50–64 | 1,406 | 47.9 | (±3.0) | 285 | 39.7 | (±6.6) | 270 | 39.7 | (±7.2) | 1,961 | 46.3 | (±2.7) |
| Region** | | | | | | | | | | | | |
| Northeast | 520 | 33.4 | (±4.1) | 95 | 39.3 | (±11.4) | 125 | 41.6 | (±9.1) | 740 | 34.8 | (±3.6) |
| Midwest | 791 | 36.2 | (±3.2) | 155 | 34.0 | (±6.9) | 59 | 19.9 | (±9.7) | 1,005 | 35.3 | (±3.3) |
| South | 1,051 | 36.7 | (±3.1) | 363 | 26.7 | (±5.4) | 229 | 24.5 | (±7.5) | 1,643 | 33.7 | (±2.7) |
| West | 510 | 35.8 | (±5.3) | 50 | 31.2 | (±11.4) | 290 | 24.7 | (±5.5) | 850 | 32.7 | (±4.1) |
| Education | | | | | | | | | | | | |
| Less than high school graduate | 341 | 29.3 | (±5.3) | 163 | 29.9 | (±7.2) | 298 | 25.9 | (±6.6) | 802 | 28.5 | (±3.7) |
| High school graduate | 850 | 34.3 | (±3.5) | 180 | 24.3 | (±7.2) | 154 | 27.7 | (±8.6) | 1,184 | 32.5 | (±3.0) |
| More than high school graduate | 1,656 | 38.1 | (±2.5) | 314 | 34.1 | (±6.3) | 241 | 28.0 | (±6.6) | 2,211 | 36.9 | (±2.3) |
| Poverty threshold (%) | | | | | | | | | | | | |
| Above (≥200) | 1,570 | 36.7 | (±2.5) | 244 | 31.7 | (±7.0) | 205 | 38.3 | (±8.3) | 2,019 | 36.3 | (±2.3) |
| Near (100–199) | 405 | 32.2 | (±5.3) | 114 | 28.5 | (±9.8) | 156 | 20.0 | (±7.1) | 675 | 29.7 | (±4.1) |
| Below (<100) | 330 | 28.3 | (±5.8) | 151 | 28.0 | (±8.0) | 166 | 25.8 | (±8.0) | 647 | 27.8 | (±4.2) |
| Language†† | | | | | | | | | | | | |
| English | 2,859 | 35.9 | (±1.9) | 663 | 30.4 | (±3.9) | 422 | 30.4 | (±5.1) | 3,944 | 34.8 | (±1.7) |
| Spanish | 13 | —§§ | — | 0 | —§§ | — | 281 | 21.2 | (±5.7) | 294 | 20.9 | (±5.6) |
| Health insurance | | | | | | | | | | | | |
| Yes | 2,499 | 38.2 | (±2.1) | 524 | 34.0 | (±4.7) | 484 | 33.4 | (±4.9) | 3,507 | 37.3 | (±1.9) |
| No | 370 | 18.9 | (±4.6) | 133 | 18.4 | (±6.7) | 216 | 12.5 | (±5.3) | 719 | 17.5 | (±3.1) |
| No. of doctor visits¶¶ | | | | | | | | | | | | |
| 0–1 | 456 | 16.5 | (±3.7) | 107 | 15.8 | (±8.0) | 183 | 18.7 | (±7.0) | 746 | 16.7 | (±3.0) |
| 2–5 | 1,074 | 35.6 | (±3.2) | 233 | 28.1 | (±6.4) | 242 | 21.2 | (±5.9) | 1,549 | 33.0 | (±2.7) |
| ≥6 | 1,320 | 42.8 | (±2.9) | 317 | 39.2 | (±6.3) | 272 | 39.6 | (±7.8) | 1,909 | 42.0 | (±2.5) |

* Unweighted sample sizes.

† Weighted proportions

§ Persons reported one or more of the following: ever being told by a physician they had diabetes, emphysema, coronary heart disease, angina, heart attack, or other heart condition; receiving a diagnosis of cancer during the preceding 12 months (excluding nonmelanoma skin cancer) or ever being told by a physician they had lymphoma, leukemia, or blood cancer; being told by a physician during the preceding 12 months they had chronic bronchitis or weak or failing kidneys; or having an asthma episode or attack during the preceding 12 months.

¶ Confidence interval.

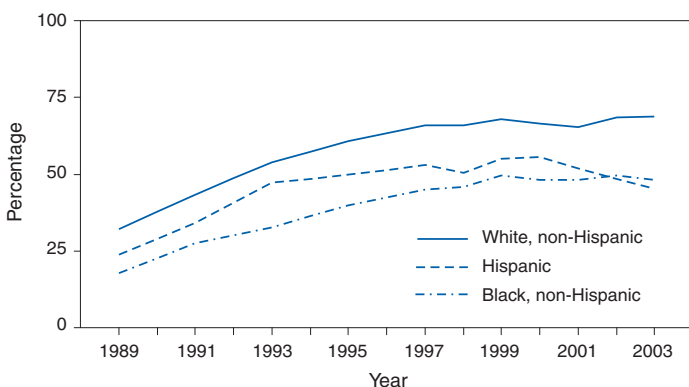
** *Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

†† Language in which the interview was conducted.

§§ Sample size insufficient for analysis (<30 sampled respondents or relative standard error >0.3).

¶¶ During the preceding 12 months.

FIGURE. Percentage of persons aged ≥ 65 years who reported receiving influenza vaccination during the preceding 12 months, by race/ethnicity and year — National Health Interview Survey, United States, 1989–2003



ply during recent years might have contributed to impeding progress toward the 2010 influenza vaccination targets. The decrease in coverage in 2001 likely was caused by the delayed supply of influenza vaccine during the 2000–01 influenza season (7). A less severe delay occurred during the 2001–02 season but did not result in a decrease in coverage. Progress will continue to be slowed if vaccine supply shortages such as that during the 2004–05 influenza season cannot be avoided (4). The effect of the vaccine shortage during the 2004–05 season on future demand for influenza vaccine, potentially as a result of reduced risk perception among persons who deferred vaccination, has yet to be determined. Continued surveillance for vaccination coverage is needed to assess the effects of fluctuations in available vaccine doses.

No national target for influenza vaccination coverage among persons aged 50–64 years exists; however, since 2000, the Advisory Committee on Immunization Practices (ACIP) has recommended influenza vaccination for all persons in this age group (8). Data from the 2003 NHIS indicate that coverage for persons with and without high-risk conditions in this age group remains below 50%. National health objectives for the group aged 50–64 years should be considered to help promote increased coverage.

The findings in this report are subject to at least four limitations. First, influenza vaccination status is self-reported and, therefore, subject to recall bias. However, a previous study has demonstrated that the sensitivity and specificity of self-reported influenza vaccination are high among adults (9). Second, a multivariable model was not used to adjust for potential confounding. Third, data for the 2003 NHIS are gathered from interviews conducted during the entire calendar year and primarily reflect the 2002–03 influenza season but also include

vaccinations occurring in smaller portions of the preceding and subsequent seasons, reducing specificity of coverage estimates. Finally, total coverage for each age group might not be generalizable to the entire U.S. population for those age groups because only three racial/ethnic populations were included in the analysis.

To further improve vaccination coverage among adults, ACIP recommends standing orders for influenza vaccination (10). In addition, a recent systematic review by the Task Force on Community Preventive Services recommends combining interventions to increase vaccination rates, such as 1) increasing community demand for vaccinations, 2) enhancing access to vaccination services, and 3) implementing provider-based or system-based interventions (3). Other factors that might help improve influenza vaccination coverage levels among persons aged ≥ 65 years and persons aged 18–64 years with high-risk conditions include stabilizing the vaccine supply for each influenza season and developing infrastructure to vaccinate uninsured persons aged 18–64 years with high-risk conditions.

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Influenza Vaccination in Pregnancy: Practices Among Obstetrician-Gynecologists — United States, 2003–04 Influenza Season

Women infected with influenza virus during pregnancy are at increased risk for serious complications and hospitalization (1). During 1997–2003, the Advisory Committee on Immunization Practices (ACIP) included healthy pregnant women who would be in their second or third trimester of pregnancy during the influenza season among those persons at high risk for whom influenza vaccination was indicated (2). Also included were women at any stage of pregnancy with certain chronic medical conditions, such as asthma, diabetes mellitus, or heart disease (2). ACIP emphasized that the influenza vaccine was safe for breastfeeding mothers and their infants and that household contacts of children aged <2 years also should be vaccinated (2). However, despite these recommendations, only 13% of pregnant women received influenza vaccination in 2003 (3). To assess understanding of the ACIP recommendations among obstetrician-gynecologists (OB/GYNs), the American College of Obstetricians and Gynecologists (ACOG), with support from CDC, surveyed a national sample of OB/GYNs in May 2004. This report describes the results of that survey, which indicated that 52% of OB/GYNs surveyed would recommend influenza vaccination for a healthy woman in the first trimester of pregnancy, 95% would recommend the vaccine for a healthy pregnant woman beyond the first trimester, and 63% would recommend vaccination for a woman with a medical condition in the first trimester. However, of the physicians who would recommend vaccination, 36%–38% reported that influenza vaccination was not offered in their practices. Increased efforts are needed to improve vaccine availability and to educate OB/GYNs regarding the updated ACIP recommendations on the use of influenza vaccine in the first trimester for both healthy pregnant women and pregnant women at high risk.

In May 2004, ACOG mailed surveys to a random sample of 1,000 OB/GYNs who had current membership in ACOG. A second mailing was sent approximately 1 month after the first to physicians who had failed to respond. Physicians were asked about their approaches toward recommending and providing influenza vaccination for pregnant and postpartum women during the 2003–04 influenza season, a season with no shortage in vaccine supply. Physicians were asked to indicate their approach to influenza vaccination for four patient scenarios involving women in their practices (Table).

TABLE. Percentage of obstetrician-gynecologists who reported their approach to influenza vaccination among pregnant and breastfeeding women, based on their understanding of the 2003 Advisory Committee on Immunization Practices (ACIP) recommendations, by patient type — United States, 2003–04 influenza season

| Patient type | %* | (95% CI†) |
|--|----|-----------|
| Healthy woman in the 1st trimester of pregnancy seen in November (n = 412) | | |
| Recommend | 52 | (47–56) |
| <i>But not offered in my practice</i> | 38 | (32–45) |
| Do not recommend | 47 | (42–52) |
| Don't know | 2 | (1–4) |
| Healthy woman in 2nd and 3rd trimester of pregnancy seen in November (n = 413) | | |
| Recommend | 95 | (93–97) |
| <i>But not offered in my practice</i> | 36 | (31–41) |
| Do not recommend | 4 | (3–7) |
| Don't know | 1 | (0–3) |
| Woman with diabetes in 1st trimester of pregnancy seen in November (n = 411) | | |
| Recommend | 63 | (59–68) |
| <i>But not offered in my practice</i> | 37 | (32–43) |
| Do not recommend | 32 | (28–37) |
| Don't know | 4 | (3–7) |
| Healthy woman who has a child aged 3 months and is breastfeeding (n = 408) | | |
| Recommend | 63 | (59–68) |
| <i>But not offered in my practice</i> | 38 | (32–44) |
| Do not recommend | 22 | (18–26) |
| Don't know | 15 | (12–19) |

* Percentages might not add up to 100% because of rounding.

† Confidence interval.

In addition, physicians were asked whether they had seen pregnant patients whom they suspected had influenza and how often they tested these patients for influenza during the 2003–04 influenza season. Respondent demographic and practice-setting data also were collected. Exact binomial confidence intervals (CIs) were calculated.

Completed surveys were received from 515 OB/GYNs (response rate: 52%). Respondents who had not seen obstetric patients during the 2003–04 influenza season were excluded (n = 102). A total of 413 OB/GYNs constituted the final sample. Median age of respondents included in the analysis was 45.8 years (range: 30–72 years); 56% of respondents were male. However, not all 413 physicians responded to each question.

Among the OB/GYNs included in the analysis, 212 (52%) reported that they would recommend influenza vaccination to a healthy pregnant woman in the first trimester seen during the influenza season; of these, 81 (38%) reported that the vaccine was not offered by their practice. A total of 391 (95%) reported that they would recommend vaccination for a healthy pregnant woman in the second or third trimester, but 140 (36%) of these did not offer influenza vaccination in their

practices. For a woman with diabetes who was in the first trimester of pregnancy, 260 (63%) reported that they would recommend influenza vaccination; of these, 97 (37%) indicated that the vaccine was not offered by their practices. Whereas 259 (63%) respondents reported that they would recommend influenza vaccination to a healthy postpartum woman who is breastfeeding, 98 (38%) indicated that the vaccine was not offered by their practice.

Of the OB/GYNs who completed the survey, 243 (59%) reported seeing pregnant women in their practice whom they suspected of having influenza during the 2003–04 influenza season. However, of these, 203 (84%) reported that they rarely or never tested pregnant women for influenza.

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Editorial Note: The results of this study indicated that 52% of OB/GYNs supported the use of influenza vaccination during pregnancy in the first trimester for healthy women, 95% supported use in the second and third trimesters, and 63% reported that they would recommend vaccination to women with diabetes who were at any stage of pregnancy and to women who were breastfeeding. Nearly half of physicians reported that they would not recommend influenza vaccination for a healthy woman during the first trimester of pregnancy. This pattern is consistent with the 2003 ACIP recommendations, in place at the time of this survey, that acknowledged vaccination after 14 weeks' gestation and beyond as preferred by many providers for women without other underlying high-risk conditions, to avoid coincidental association with spontaneous abortions, which are common in the first trimester (2). In May 2004, after the survey was conducted, ACIP published simplified recommendations, which stated that vaccination is recommended in any trimester for healthy pregnant women and pregnant women with high-risk medical conditions (4). Whereas physicians frequently recommended influenza vaccination to pregnant women, vaccination often was not available in their practices. Although the reasons for not offering influenza vaccination in their practices were not explored, a study of OB/GYNs identified inadequate reimbursement, lack of vaccine infor-

mation for patients, and liability concerns as main barriers to vaccination of pregnant women among physicians who did not offer influenza vaccination in their practices (5). These findings underscore the need to improve influenza vaccine availability and use for both healthy pregnant women and pregnant women at high risk.

The majority of OB/GYNs who reported examining a pregnant woman whom they suspected had influenza did not confirm the diagnosis through laboratory testing. Reasons for not testing for influenza were not explored in this survey but might include cost, unfamiliarity with laboratory testing, lack of availability of the test in the office setting, concern about the estimated low sensitivity of rapid testing (6), lack of familiarity with antiviral medications (e.g., amantadine, rimantadine, and oseltamivir), or the paucity of data on effects of antiviral medications on the fetus. A laboratory diagnosis might improve the identification of influenza on a population level, making physicians aware of the presence of influenza virus in their area and helping them define treatment choices. However, because of the unknown effects of antiviral drugs on pregnant women and their fetuses, these agents are recommended for use during pregnancy only when the potential benefits outweigh the potential risks (2,7).

The findings in this report are subject to at least three limitations. First, data were self-reported and are subject to social desirability bias. Second, the response rate was 52%, so results might not be representative of all practicing OB/GYNs. Third, the survey did not assess why physicians did not offer the vaccine in their practices. Finally, physicians were surveyed after the 2003–04 influenza season; therefore, results reflect practice at that time and do not reflect changes that might have occurred in physician practices after the ACIP updated interim influenza vaccination recommendations and during the limited availability of the vaccine for the 2004–05 influenza season.

Evaluation efforts are needed to assess knowledge and practices of OB/GYNs since the updated 2004–05 ACIP recommendations, which added recommendations for pregnant women in the first trimester. Pregnant women infected with influenza virus are at risk for serious medical complications that are potentially preventable with influenza vaccination (8). In addition, postpartum vaccination of women is an important means of protecting young infants from influenza, particularly because children <6 months are at high risk for influenza-related complications but cannot be vaccinated themselves (9). CDC and ACOG will continue to monitor influenza vaccine use among pregnant women and the knowl-

edge and practices of OB/GYNs regarding vaccine recommendations.

Educational materials for both physicians and pregnant women, such as those that have been successful for other obstetric concerns (10), regarding the risk for influenza complications for pregnant women and children aged <6 months and the use of influenza vaccine for pregnant, postpartum, and breastfeeding women are needed to increase influenza vaccination coverage among these women. In November 2004, the ACOG Committee on Obstetrics Practice published and disseminated to its members a document encouraging use of the ACIP recommendations for vaccination of pregnant women at any stage of pregnancy (7). ACOG recently created a task force on immunizations that will address access to vaccinations in OB/GYN offices. Further research is needed to determine effective strategies for increasing influenza vaccine availability in the obstetrics-gynecology setting. OB/GYNs can play a pivotal role in helping to protect women and newborns from this vaccine-preventable disease. Achieving optimal compliance with current recommendations is important for reducing maternal and infant morbidity from influenza.

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Ralstonia Associated with Vapotherm Oxygen Delivery Device — United States, 2005

In August 2005, a health-care facility in Pennsylvania reported the occurrence of *Ralstonia* spp. in six patients aged 21 days to 8 years to the Philadelphia Department of Health and CDC. Preliminary laboratory and epidemiologic investigation identified the Vapotherm 2000i oxygen delivery device (Vapotherm Inc., Stevensville, Maryland) as an associated risk factor for recovery of the organism from blood and respiratory tract samples. Although the source of *Ralstonia* has not yet been identified, Vapotherm has created new infection-control procedures to reduce the risk for infectious disease transmission among patients using their machines. This report summarizes the initial results of this ongoing investigation and provides recommendations to prevent further spread of *Ralstonia* species in hospitals.

The Vapotherm device is capable of delivering high concentrations of medical gases, such as oxygen, via nasal cannula. Breathing gas is distributed alongside a discrete water chamber, where it is warmed and humidified and then delivered to the patient. The machine employs a reusable 0.01- μ cartridge filter, which should prevent passage of bacterial microorganisms from the water chamber to the air compartment. Approximately 4,500 Vapotherm units are in service in the United States. *Ralstonia* species are gram-negative bacilli that grow well in moist environments and are an infrequent cause of colonization and infection in humans. Although ubiquitous in the environment, the organism is rarely found in hospitals. *Ralstonia* spp. have traditionally exhibited low virulence in humans but have been implicated in several nosocomial outbreaks involving contaminated solutions (1–3).

Surveillance performed through pediatric and neonatology electronic mail listserv groups identified 10 hospitals in seven states that have recovered *Ralstonia* species from clinical specimens and/or Vapotherm devices. During January–September 2005, a total of 18 pediatric patients with positive *Ralstonia* respiratory or blood cultures were reported from five hospitals in five states. Investigations to determine which cases represent infections (as opposed to colonization) are ongoing. Seventeen of these patients were exposed to a Vapotherm system before culture specimens were obtained. Four of the 10 hospitals cultured the organism from Vapotherm systems and reusable filter cartridges after they had been disinfected according to the manufacturer's previously recommended reprocessing protocol. Whether the remaining six hospitals

followed Vapotherm's recommended reprocessing protocol is unclear. Failure to reprocess the system properly might have allowed development of a biofilm, which the previous reprocessing protocol did not address.

In response to this investigation, Vapotherm has developed new infection-control guidelines. Vapotherm continues to recommend that machines be reprocessed after each patient use or every 30 days if a single patient uses the device. Furthermore, the company now advises that each filter cartridge either be used for a single patient or be subjected to the new high-level disinfection reprocessing protocol. Moreover, the suggested maximum service life of the filter cartridge now is 60 cumulative days. Finally, Vapotherm now recommends use of sterile water in the delivery circuit, instead of following previous guidelines, which allowed use of tap water.

CDC recommends that users of the Vapotherm device follow the manufacturer's recommendations. More information on the new reprocessing protocol is available at <http://www.vtherm.com/customers/infectioncontrol.asp>. CDC also encourages health-care facilities to adhere to strict infection-control practices while administering respiratory therapy to prevent transmission of organisms such as *Ralstonia* spp. that thrive in warm, moist environments. Information on appropriate infection-control procedures is available at <http://www.cdc.gov/ncidod/hip/pneumonia/default.htm>.

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Poliovirus Infections in Four Unvaccinated Children — Minnesota, August–October 2005

On October 14, this report was posted as an MMWR Dispatch on the MMWR website (<http://www.cdc.gov/mmwr>).

On September 29, 2005, the Minnesota Department of Health (MDH) identified poliovirus type 1 in an unvaccinated, immunocompromised infant girl aged 7 months (the index patient) in an Amish community whose members predominantly were unvaccinated for polio. The patient has no paralysis; the source of the patient's infection is unknown. Subsequently, poliovirus infections in three other children within the index patient's community have been documented. This report summarizes the ongoing investigation, provides information regarding poliovirus exposure risks and prevention measures in the United States, and offers recommendations to state health departments and clinicians.

Index Case Summary

The index patient was first admitted to a community hospital in central Minnesota for pneumonia in July 2005. Since August 22, this infant has been hospitalized continuously at three additional hospitals with failure to thrive, diarrhea, and recurrent infections. The infant was placed in strict isolation, and a diagnosis of severe combined immunodeficiency (SCID) was made on September 15. The infant is being clinically managed with intravenous immunoglobulin therapy and is being evaluated for bone marrow transplantation.

Laboratory Investigation

An enterovirus isolate from a stool specimen obtained on August 27, 2005, tested positive for a type 1 poliovirus at the MDH laboratory. Partial sequencing of the virus capsid protein coding region (VP1) of the poliovirus genome at the MDH laboratory identified it as a vaccine-derived poliovirus (VDPV). VDPVs are poliovirus strains derived from one of the three Sabin poliovirus strains in oral polio vaccine (OPV) that have $\geq 1\%$ difference in nucleotide sequence from the prototype vaccine virus (*I*). Additional sequencing of the entire poliovirus genome at the CDC polio laboratory confirmed that this strain was a VDPV, with 2.3% divergence in the VP1 region from the parent Sabin type 1 strain. The viral genome demonstrates no recombination with other polioviruses or species C enteroviruses. Prospective serial stool samples from the infant are being tested to monitor ongoing infection and further mutations in the virus.

Epidemiologic Investigation

Because viral genomic data suggest this poliovirus might have been transmitted to the index patient from another immunocompromised person, the initial investigation focused on identifying immunodeficient persons among community contacts, health-care workers, and patients with whom the infant had potential contact before the first positive poliovirus culture on August 27. Staff and patient records at the hospitals are being reviewed, and inquiries are being made with community members and health-care providers.

Investigations also are under way at the four hospitals where the infant has been treated to determine whether nosocomial transmission from the infant has occurred. At the hospital where the infant currently is a patient, health-care workers and other staff members who have had exposure (without protection from contact precautions) to the infant or the infant's environment are being surveyed regarding polio vaccination status, immune status, and recent relevant illnesses in themselves and their family members. Stool samples are being obtained for viral cultures. Vaccination with inactivated polio vaccine (IPV) is being offered to health-care workers who might have been exposed or who have an ongoing risk for exposure and whose polio vaccination status is not up to date or is unknown. Stool specimens also are being obtained from potentially exposed patients at the hospital where the infant currently is a patient. At the first three hospitals where the infant was admitted, health-care workers are being surveyed regarding immune status and recent illness in themselves or their family members.

To examine community transmission of poliovirus, family members and others in the index patient's community are being surveyed regarding polio vaccination status, immune status, and recent illnesses. To date, stool samples have been collected from 32 persons in five of 24 households, and serum samples have been obtained from eight persons in three households, including the index patient's household. Poliovirus type 1 has been confirmed in three of 32 stool specimens; partial sequencing of the VP1 region of these three isolates has indicated they also are VDPV type 1. The positive specimens were obtained from three unvaccinated siblings in one household (not the infant's household). None of these three children have been ill recently, and none were immunocompromised. Stool and serum samples are being requested from additional members of the community. Extended family members and community contacts from other areas who might have come into contact with the index patient are being identified and monitored for illness. IPV is being offered to community members who

are not fully vaccinated for polio or whose polio vaccination status is unknown. Hospitals that serve this community and similar communities are being contacted, and retrospective and prospective surveillance is identifying patients whose diagnoses indicate conditions that are clinically consistent with poliovirus infection, including acute flaccid paralysis (AFP), Guillain-Barré Syndrome (GBS), transverse myelitis, and viral or aseptic meningitis.

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Editorial Note: The findings in this report are the first identification of a VDPV in the United States and the first occurrence of VDPV transmission in a community since OPV vaccinations were discontinued in 2000 (2–4). The extent of circulation within the affected community is not yet known. However, the identification of poliovirus infection in the index patient and three other unvaccinated children in a community at high risk for poliovirus transmission raises concerns regarding 1) transmission to other communities with low levels of vaccination and 2) the risk for a polio outbreak occurring in the United States. Potential also exists for transmission of this virus to other immunodeficient persons. Although this VDPV has not been associated with paralytic disease, based on previous experience with VDPVs, the virus is considered to have potential both for wider transmission and for causing paralytic disease.

VDPVs emerge from OPV viruses as a result of 1) their continuous replication in immunodeficient persons (immunodeficiency-associated or iVDPVs) such as the index patient in this investigation or 2) their circulation in populations with low vaccination coverage (circulating or cVDPVs) (1). During community circulation, cVDPVs often recombine with other species C enteroviruses, which is not characteristic for iVDPVs (1). Because polioviruses accumulate nucleotide changes at a constant rate of mutation (approximately 1% per year), the time of replication can be inferred from the degree of divergence (1). Because cVDPVs commonly revert to a wild poliovirus phenotype, they can have increased transmissibility and high risk for paralytic disease; cVDPVs have caused outbreaks of poliomyelitis in several countries (1). VDPVs in highly immunized populations are rare. Before the VDPV identification in Minnesota, the most recent known

VDPV excreter in the United States was a child with SCID (now deceased) who developed vaccine-associated paralytic poliomyelitis in 1995 (4).

Given the degree of difference (2.3%) from the parent Sabin poliovirus type 1 strain, the virus isolated from the index patient is estimated to have been replicating for approximately 2 years, which means the virus likely is older than the infant. OPV is still widely used in most countries; however, because OPV has not been used in the United States since 2000 and in Canada since 1997, the original source of this virus likely was a person who received OPV in another country. Neither the infant nor her family members had any history of international travel. This virus is not related to other known iVDPVs or to any type 1 cVDPVs that caused outbreaks such as those in Hispaniola during 2000–2001, the Philippines during 2001 (1), or Indonesia during 2005.

Most poliovirus infections are asymptomatic or cause mild, febrile disease. Poliovirus infections occasionally cause aseptic meningitis and one out of 200 infections from poliovirus type 1 results in paralytic poliomyelitis, characterized by acute onset of flaccid paralysis that is typically asymmetric and associated with a prodromal fever. Poliovirus is spread through fecal material, oral secretions, and fomites. Widespread transmission among vaccinated health-care workers or in a community with high vaccination coverage is unlikely because fully vaccinated persons are not at risk for disease from this or other polioviruses and seldom shed the virus for longer than a week if they are infected. The National Immunization Survey reports that polio vaccination coverage in Minnesota is 93% for children aged 19–35 months and 98% for school-aged children; however, communities of unvaccinated persons exist in Minnesota and many other states (5). The risk for transmission in communities with low vaccination coverage is high. The estimated rate of transmission for wild poliovirus among unvaccinated household contacts is 73%–96% (6). Contacts between persons in communities with low vaccination coverage pose the potential for transmission of this poliovirus to other communities in the United States, Canada, and other countries.

The last wild poliovirus outbreak in the United States occurred in 1979 and was caused by a wild type 1 poliovirus. In that outbreak, 10 paralytic poliomyelitis cases and four other poliovirus infections occurred among unvaccinated Amish persons and members of other religious communities with low levels of vaccination who lived in Iowa, Missouri, Pennsylvania, and Wisconsin. The source of this outbreak was traced to religious groups in Canada and the Netherlands that also had low levels of vaccination (7). A polio outbreak in 1993 in the Netherlands with 71 paralytic cases among members of

unvaccinated religious communities also resulted in poliovirus transmission without paralytic disease in Alberta, Canada; no evidence of transmission from this outbreak was found in the United States (8).

Persons in communities with low vaccination coverage should be warned of the potential risk for poliomyelitis. States with large communities with low vaccination coverage should identify these communities, assess their current vaccination status, and offer IPV. These states also should establish enhanced or active surveillance for AFP, GBS, and transverse myelitis. Physicians should be aware of and vigilant for poliomyelitis and other causes of AFP in patients. Stool samples, throat swabs, cerebrospinal fluid, and serum should be collected for viral culture and serology from these patients. With evidence of transmission in Minnesota, serologic and/or stool surveys to detect poliovirus type 1 circulation in affiliated communities with low levels of vaccination also should be considered.

IPV, the polio vaccine currently used in the United States, provides immunity against this vaccine-derived poliovirus strain. The Advisory Committee on Immunization Practices (ACIP) recommends that a full 3-dose IPV series be administered on an accelerated schedule if polio immunization status is unknown or not documented (9). A booster dose of IPV is recommended for adults in susceptible communities and health-care workers at high risk for exposure who have completed a primary series but have not received an adult booster dose.

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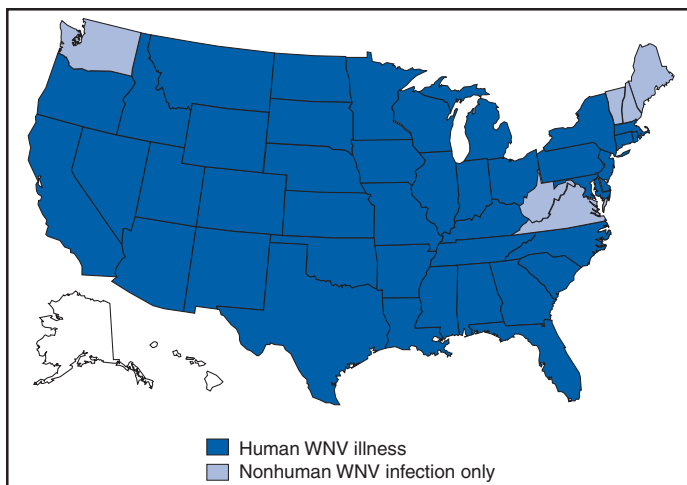
Update: West Nile Virus Activity — United States, 2005

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, October 18, 2005.

Forty-two states have reported 2,316 cases of human WNV illness in 2005 (Figure and Table 1). By comparison, in 2004, a total of 2,151 WNV cases had been reported as of October 19, 2004 (Table 2). A total of 1,227 (57%) of the 2,163 cases for which such data were available in 2005 occurred in males; the median age of patients was 51 years (range: 3 months–98 years). Date of illness onset ranged from January 2 to October 11; a total of 66 cases were fatal.

A total of 364 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2005. Of these, 85 were reported from California; 54 from Texas; 52 from Nebraska; 22 from Louisiana; 20 from Arizona; 19 from Kansas; 17 from Iowa; 16 from South Dakota; 11 from Oklahoma; 10 from Minnesota; nine from Illinois; five each from Michigan, New Mexico, and North Dakota; four each from Alabama, Pennsylvania, and Utah; three each from Nevada and Wisconsin; two each from Colorado, Indiana, Mississippi, Montana, and Ohio; and one each from Idaho, Kentucky, Missouri, New York, North Carolina, and Oregon. Of the 364 PVDs, three persons aged 53, 56, and 72 years subsequently had neuroinvasive illness, seven persons (median age: 41 years; range: 17–64 years) subsequently had other illnesses, and 76 persons (median age: 46 years; range: 17–78 years) subsequently had West Nile fever.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2005*



* As of October 18, 2005.

TABLE 1. Number of human cases of West Nile virus (WNV) illness reported, by state — United States, 2005*

| State | Neuroinvasive disease [†] | West Nile fever [§] | Other clinical/unspecified [¶] | Total** | Deaths |
|----------------|------------------------------------|------------------------------|---|--------------|-----------|
| Alabama | 5 | 2 | 0 | 7 | 1 |
| Arizona | 25 | 33 | 30 | 88 | 3 |
| Arkansas | 8 | 13 | 0 | 21 | 0 |
| California | 247 | 448 | 76 | 771 | 16 |
| Colorado | 14 | 61 | 0 | 75 | 1 |
| Connecticut | 4 | 2 | 0 | 6 | 1 |
| Delaware | 1 | 0 | 2 | 3 | 0 |
| Florida | 6 | 13 | 0 | 19 | 0 |
| Georgia | 7 | 5 | 3 | 15 | 0 |
| Idaho | 2 | 7 | 4 | 13 | 0 |
| Illinois | 120 | 78 | 20 | 218 | 5 |
| Indiana | 7 | 0 | 8 | 15 | 1 |
| Iowa | 10 | 14 | 7 | 31 | 2 |
| Kansas | 6 | 2 | 0 | 8 | 0 |
| Kentucky | 4 | 0 | 0 | 4 | 1 |
| Louisiana | 58 | 23 | 0 | 81 | 6 |
| Maryland | 4 | 0 | 0 | 4 | 0 |
| Massachusetts | 4 | 1 | 0 | 5 | 0 |
| Michigan | 29 | 4 | 8 | 41 | 4 |
| Minnesota | 16 | 22 | 0 | 38 | 2 |
| Mississippi | 35 | 29 | 0 | 64 | 4 |
| Missouri | 11 | 10 | 0 | 21 | 1 |
| Montana | 8 | 17 | 0 | 25 | 0 |
| Nebraska | 19 | 49 | 0 | 68 | 1 |
| Nevada | 12 | 15 | 2 | 29 | 0 |
| New Jersey | 2 | 1 | 0 | 3 | 0 |
| New Mexico | 17 | 12 | 0 | 29 | 2 |
| New York | 8 | 4 | 0 | 12 | 1 |
| North Carolina | 2 | 1 | 0 | 3 | 0 |
| North Dakota | 11 | 72 | 0 | 83 | 0 |
| Ohio | 44 | 12 | 0 | 56 | 1 |
| Oklahoma | 4 | 5 | 0 | 9 | 0 |
| Oregon | 0 | 5 | 0 | 5 | 0 |
| Pennsylvania | 14 | 10 | 0 | 24 | 0 |
| Rhode Island | 1 | 0 | 0 | 1 | 0 |
| South Carolina | 4 | 0 | 0 | 4 | 1 |
| South Dakota | 34 | 192 | 4 | 230 | 2 |
| Tennessee | 11 | 1 | 0 | 12 | 1 |
| Texas | 70 | 42 | 0 | 112 | 6 |
| Utah | 19 | 26 | 0 | 45 | 1 |
| Wisconsin | 7 | 4 | 0 | 11 | 1 |
| Wyoming | 3 | 4 | 0 | 7 | 1 |
| Total | 913 | 1,239 | 164 | 2,316 | 66 |

* As of October 18, 2005.

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

§ Cases with no evidence of neuroinvasion.

¶ Illnesses for which sufficient clinical information was not provided.

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

TABLE 2. Comparison of human cases and deaths from West Nile virus — United States, 2002–2005

| Year | Human cases | Deaths |
|-------|-------------|--------|
| 2002* | 3,052 | 153 |
| 2003† | 6,957 | 149 |
| 2004§ | 2,151 | 68 |
| 2005¶ | 2,316 | 66 |

* As of October 16, 2002.

† As of October 15, 2003.

§ As of October 19, 2004.

¶ As of October 18, 2005.

In addition, 3,930 dead corvids and 831 other dead birds with WNV infection have been reported from 45 states. WNV infections have been reported in horses from 30 states; five dogs from Idaho, Minnesota, and Nebraska; four squirrels from Arizona; and five unidentified animal species in four states (Arizona, Illinois, North Carolina, and Texas). WNV seroconversions have been reported in 1,150 sentinel chicken flocks from 16 states. Eight seropositive sentinel birds have been reported from Michigan. One seropositive sentinel horse was reported from Minnesota. A total of 10,561 WNV-positive mosquito pools have been reported from 41 states and the District of Columbia.

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

Notice to Readers

Application Information for The CDC Experience

The CDC Experience is a fellowship in applied epidemiology for medical students aimed at developing a pool of physicians with a greater understanding of evidence-based medicine and population health. Eight fellows spend 10–12 months at CDC in Atlanta, Georgia, where they conduct epidemiologic

analyses on public health topics that interest them. The fellowship environment provides multiple opportunities to enhance skills in research and analytic thinking, written and oral scientific presentation, and the practices of preventive medicine and public health. Graduates of The CDC Experience gain appreciation of the role of epidemiology in medicine and health and can apply their knowledge and skills to enhance their clinical acumen and help improve the quality of the U.S. health-care system.

Information on applying for The CDC Experience is available at <http://www.cdcfoundation.org/thecdcexperience>. Applications for The CDC Experience fellowship class of 2006–07 must be postmarked by December 5, 2005. Questions should be addressed to Cathy McCarroll, program coordinator, by e-mail at cmccarroll@cdc.gov.

Errata: Vol. 54, No. 40

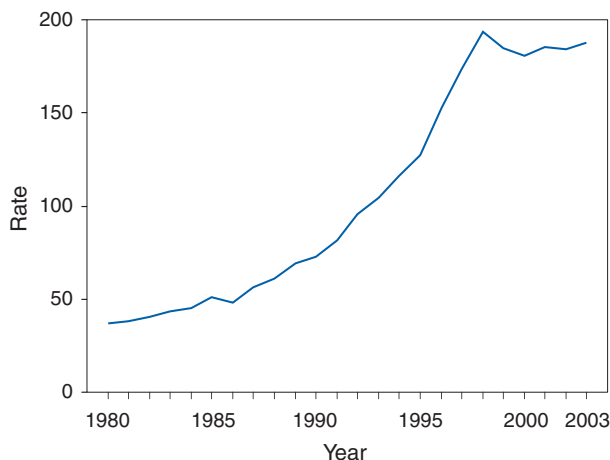
In the report, “Surveillance for Illness and Injury After Hurricane Katrina — New Orleans, Louisiana, September 8–25, 2005,” callouts for reference nos. 1 and 2 should have been included on page 1018, in the third sentence of the first paragraph: “On September 9, 2005, LDHH, CDC, and functioning emergency treatment resources (i.e., hospitals, disaster medical assistance teams, and military aid stations) established an active surveillance system to detect outbreaks of disease and characterize post-hurricane injuries and illnesses (1,2).”

A callout for reference no. 7 should have been included on page 1020, in the fifth sentence of the second paragraph: “Investigation also indicated that the rash illnesses were noninfectious. Injury data (e.g., proportion of motor vehicle crashes, falls, bites, and CO poisonings) were used to guide prevention messages (e.g., flyers distributed at health-care facilities and at checkpoints for residents returning to hurricane-affected areas) (7).”

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

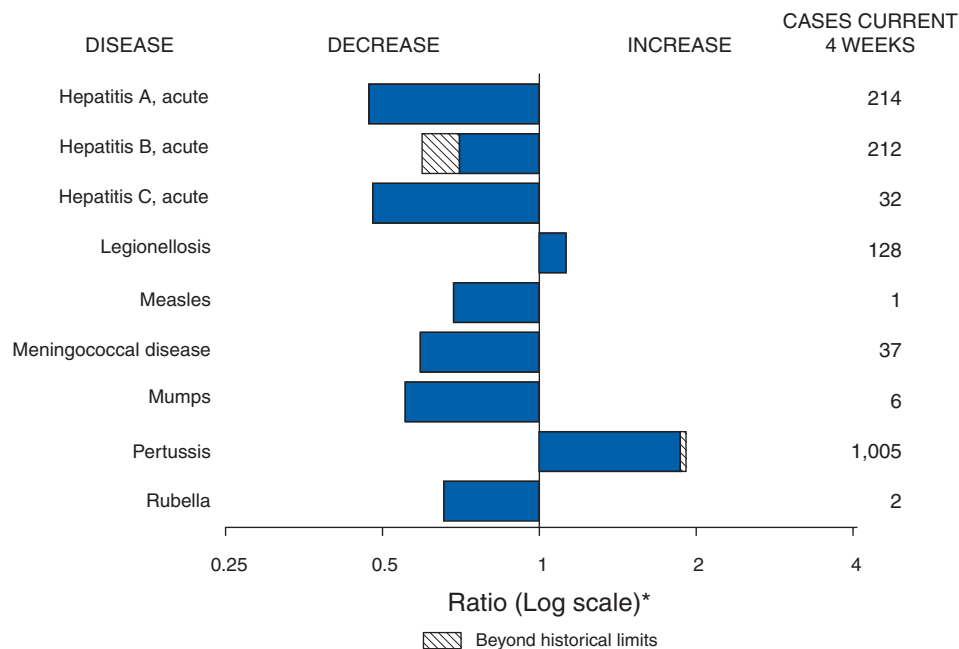
Rate* of Triplet and Other Higher-Order Multiple Births — United States, 1980–2003



* Per 100,000 live births.

The rate of triplet and other higher-order multiple births increased substantially, from 37 per 100,000 live births in 1980 to 194 in 1998, a trend largely attributable to increased usage of fertility therapies. During 1999–2003, the rate of triplet and higher-order multiple births has remained stable. Older mothers and non-Hispanic white mothers are the most likely to have a triplet or higher-order multiple birth.

SOURCES: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: final data for 2003. National vital statistics reports, vol. 54, no. 2. Hyattsville, MD: National Center for Health Statistics; 2005. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf; Reynolds MA, Schieve LA, Martin JA, et al. Trends in multiple births conceived using assisted reproductive technology, United States, 1997–2000. *Pediatrics* 2003;111:1159–66.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 15, 2005, with historical data

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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending October 15, 2005 (41st Week)*

| Disease | Cum. 2005 | Cum. 2004 | Disease | Cum. 2005 | Cum. 2004 |
|--|-----------|-----------|---|------------------|------------------|
| Anthrax | — | — | Hemolytic uremic syndrome, postdiarrheal [†] | 140 | 139 |
| Botulism: | | | HIV infection, pediatric ^{¶¶} | 181 | 294 |
| foodborne | 12 | 8 | Influenza-associated pediatric mortality ^{†**} | 44 | — |
| infant | 64 | 68 | Measles | 61 ^{††} | 25 ^{§§} |
| other (wound & unspecified) | 22 | 14 | Mumps | 228 | 170 |
| Brucellosis | 81 | 75 | Plague | 3 | 2 |
| Chancroid | 24 | 20 | Poliomyelitis, paralytic | 1 | — |
| Cholera | 4 | 4 | Psittacosis [†] | 18 | 11 |
| Cyclosporiasis [†] | 703 | 197 | Q fever [†] | 99 | 52 |
| Diphtheria | — | — | Rabies, human | 1 | 5 |
| Domestic arboviral diseases | | | Rubella | 13 | 9 |
| (neuroinvasive & non-neuroinvasive): | | | Rubella, congenital syndrome | 1 | — |
| California serogroup ^{†§} | 41 | 113 | SARS ^{†**} | — | — |
| eastern equine ^{†§} | 19 | 3 | Smallpox [†] | — | — |
| Powassan ^{†§} | — | 1 | <i>Staphylococcus aureus</i> : | | |
| St. Louis ^{†§} | 7 | 13 | Vancomycin-intermediate (VISA) [†] | — | — |
| western equine ^{†§} | — | — | Vancomycin-resistant (VRSA) [†] | — | 1 |
| Ehrlichiosis: | | | Streptococcal toxic-shock syndrome [†] | 93 | 109 |
| human granulocytic (HGE) [†] | 434 | 327 | Tetanus | 16 | 18 |
| human monocytic (HME) [†] | 353 | 247 | Toxic-shock syndrome | 79 | 73 |
| human, other and unspecified [†] | 64 | 58 | Trichinellosis ^{¶¶} | 15 | 2 |
| Hansen disease [†] | 58 | 76 | Tularemia [†] | 117 | 91 |
| Hantavirus pulmonary syndrome [†] | 17 | 18 | Yellow fever | — | — |

—: No reported cases.

* Incidence data for reporting years 2004 and 2005 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, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

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

^{††} Of 61 cases reported, 51 were indigenous and 10 were imported from another country.

^{§§} Of 25 cases reported, eight were indigenous and 17 were imported from another country.

^{¶¶} Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | AIDS | | Chlamydia [†] | | Coccidioidomycosis | | Cryptosporidiosis | |
|--------------------|------------------------|-----------|------------------------|-----------|--------------------|-----------|-------------------|-----------|
| | Cum. 2005 [§] | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 20,405 | 30,659 | 719,661 | 723,643 | 3,514 | 4,507 | 5,582 | 2,875 |
| NEW ENGLAND | 778 | 974 | 25,021 | 23,970 | — | — | 269 | 152 |
| Maine | 11 | 20 | 1,712 | 1,625 | N | N | 19 | 18 |
| N.H. | 20 | 36 | 1,433 | 1,359 | — | — | 28 | 27 |
| Vt. [¶] | 4 | 14 | 753 | 892 | — | — | 33 | 21 |
| Mass. | 368 | 337 | 11,276 | 10,598 | — | — | 114 | 56 |
| R.I. | 68 | 109 | 2,593 | 2,719 | — | — | 7 | 4 |
| Conn. | 307 | 458 | 7,254 | 6,777 | N | N | 68 | 26 |
| MID. ATLANTIC | 4,352 | 6,898 | 89,581 | 88,467 | — | — | 2,351 | 423 |
| Upstate N.Y. | 800 | 772 | 17,763 | 17,842 | N | N | 2,006 | 101 |
| N.Y. City | 2,327 | 3,892 | 28,652 | 27,291 | — | — | 93 | 111 |
| N.J. | 574 | 1,143 | 13,778 | 14,048 | N | N | 41 | 39 |
| Pa. | 651 | 1,091 | 29,388 | 29,286 | N | N | 211 | 172 |
| E.N. CENTRAL | 1,938 | 2,673 | 116,613 | 127,706 | 8 | 12 | 1,243 | 897 |
| Ohio | 312 | 504 | 31,298 | 31,416 | N | N | 679 | 191 |
| Ind. | 236 | 285 | 15,913 | 14,654 | N | N | 61 | 69 |
| Ill. | 983 | 1,267 | 34,691 | 37,584 | — | — | 99 | 137 |
| Mich. | 322 | 485 | 19,891 | 29,065 | 8 | 12 | 84 | 126 |
| Wis. | 85 | 132 | 14,820 | 14,987 | N | N | 320 | 374 |
| W.N. CENTRAL | 463 | 626 | 44,723 | 44,594 | 5 | 6 | 488 | 325 |
| Minn. | 123 | 148 | 8,873 | 9,352 | 3 | N | 108 | 109 |
| Iowa | 50 | 50 | 5,546 | 5,452 | N | N | 96 | 67 |
| Mo. | 198 | 267 | 17,645 | 16,460 | 1 | 3 | 221 | 59 |
| N. Dak. | 5 | 15 | 921 | 1,455 | N | N | 1 | 10 |
| S. Dak. | 10 | 8 | 2,202 | 1,966 | — | — | 23 | 33 |
| Nebr. [¶] | 18 | 44 | 4,041 | 4,081 | 1 | 3 | 7 | 24 |
| Kans. | 59 | 94 | 5,495 | 5,828 | N | N | 32 | 23 |
| S. ATLANTIC | 6,473 | 9,345 | 139,503 | 136,208 | 1 | — | 546 | 434 |
| Del. | 100 | 118 | 2,648 | 2,289 | N | N | 3 | — |
| Md. | 812 | 1,251 | 14,620 | 14,950 | 1 | — | 30 | 17 |
| D.C. | 467 | 621 | 3,085 | 2,807 | — | — | 10 | 14 |
| Va. [¶] | 307 | 506 | 16,668 | 17,810 | — | — | 52 | 49 |
| W. Va. | 36 | 63 | 2,096 | 2,231 | N | N | 12 | 5 |
| N.C. | 531 | 471 | 25,379 | 22,926 | N | N | 70 | 65 |
| S.C. [¶] | 386 | 534 | 17,055 | 14,746 | — | — | 15 | 20 |
| Ga. | 1,103 | 1,298 | 24,152 | 25,498 | — | — | 94 | 155 |
| Fla. | 2,731 | 4,483 | 33,800 | 32,951 | N | N | 260 | 109 |
| E.S. CENTRAL | 1,093 | 1,515 | 53,031 | 47,290 | — | 5 | 170 | 117 |
| Ky. | 135 | 183 | 6,976 | 4,494 | N | N | 120 | 37 |
| Tenn. [¶] | 434 | 617 | 18,955 | 17,764 | N | N | 30 | 32 |
| Ala. [¶] | 295 | 350 | 11,491 | 10,631 | — | — | 16 | 21 |
| Miss. | 229 | 365 | 15,609 | 14,401 | — | 5 | 4 | 27 |
| W.S. CENTRAL | 2,206 | 3,548 | 83,119 | 88,661 | 1 | 3 | 165 | 97 |
| Ark. | 72 | 175 | 6,878 | 6,374 | — | 1 | 4 | 13 |
| La.** | 436 | 704 | 12,572 | 17,757 | 1 | 2 | 73 | 3 |
| Okla. | 167 | 147 | 8,634 | 8,672 | N | N | 36 | 18 |
| Tex. [¶] | 1,531 | 2,522 | 55,035 | 55,858 | N | N | 52 | 63 |
| MOUNTAIN | 789 | 1,126 | 41,457 | 43,979 | 2,413 | 2,792 | 103 | 144 |
| Mont. | 4 | 5 | 1,569 | 1,925 | N | N | 16 | 34 |
| Idaho [¶] | 9 | 16 | 1,826 | 2,192 | N | N | 10 | 23 |
| Wyo. | 2 | 14 | 885 | 828 | 3 | 2 | 2 | 3 |
| Colo. | 163 | 247 | 10,576 | 11,239 | N | N | 38 | 49 |
| N. Mex. | 72 | 148 | 4,394 | 7,067 | 12 | 20 | 3 | 14 |
| Ariz. | 329 | 403 | 13,900 | 12,732 | 2,361 | 2,699 | 10 | 15 |
| Utah | 33 | 51 | 3,406 | 2,929 | 5 | 20 | 15 | 4 |
| Nev. [¶] | 177 | 242 | 4,901 | 5,067 | 32 | 51 | 9 | 2 |
| PACIFIC | 2,313 | 3,954 | 126,613 | 122,768 | 1,086 | 1,689 | 247 | 286 |
| Wash. | 229 | 309 | 14,668 | 13,800 | N | N | 39 | 33 |
| Oreg. [¶] | 136 | 236 | 6,327 | 6,537 | — | — | 58 | 29 |
| Calif. | 1,874 | 3,283 | 99,732 | 95,094 | 1,086 | 1,689 | 146 | 222 |
| Alaska | 14 | 32 | 3,177 | 3,042 | — | — | 3 | — |
| Hawaii | 60 | 94 | 2,709 | 4,295 | — | — | 1 | 2 |
| Guam | 1 | 1 | — | 803 | — | — | — | — |
| P.R. | 537 | 594 | 2,901 | 2,691 | N | N | N | N |
| V.I. | 10 | 10 | 119 | 276 | — | — | — | — |
| Amer. Samoa | U | U | U | U | U | U | U | U |
| C.N.M.I. | 2 | 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 2004 and 2005 are provisional and cumulative (year-to-date).

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

[§] Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

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

** Because of Hurricane Katrina, weekly reporting has been disrupted.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st 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. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | | | | |
| UNITED STATES | 1,829 | 2,021 | 251 | 214 | 247 | 149 | 13,830 | 15,194 | 247,926 | 255,857 |
| NEW ENGLAND | 137 | 127 | 43 | 40 | 27 | 14 | 1,295 | 1,418 | 4,540 | 5,512 |
| Maine | 14 | 13 | 8 | — | — | — | 170 | 115 | 110 | 176 |
| N.H. | 11 | 15 | 2 | 5 | — | — | 43 | 32 | 129 | 97 |
| Vt. | 13 | 11 | 3 | — | — | — | 150 | 139 | 46 | 70 |
| Mass. | 53 | 54 | 6 | 13 | 27 | 14 | 548 | 624 | 1,990 | 2,489 |
| R.I. | 5 | 8 | — | 1 | — | — | 86 | 101 | 357 | 674 |
| Conn. | 41 | 26 | 24 | 21 | — | — | 298 | 407 | 1,908 | 2,006 |
| MID. ATLANTIC | 238 | 237 | 25 | 33 | 28 | 34 | 2,547 | 3,178 | 26,097 | 28,584 |
| Upstate N.Y. | 109 | 102 | 15 | 14 | 9 | 17 | 936 | 1,052 | 5,283 | 5,747 |
| N.Y. City | 11 | 35 | — | — | — | — | 650 | 880 | 7,746 | 8,805 |
| N.J. | 37 | 41 | 2 | 6 | 7 | 6 | 287 | 420 | 4,255 | 5,371 |
| Pa. | 81 | 59 | 8 | 13 | 12 | 11 | 674 | 826 | 8,813 | 8,661 |
| E.N. CENTRAL | 375 | 393 | 19 | 44 | 13 | 27 | 2,219 | 2,496 | 47,280 | 54,003 |
| Ohio | 120 | 80 | 5 | 9 | 7 | 17 | 636 | 640 | 14,489 | 16,422 |
| Ind. | 53 | 46 | — | — | — | — | N | N | 6,332 | 5,337 |
| Ill. | 45 | 89 | 1 | 7 | 1 | 6 | 449 | 664 | 14,052 | 16,382 |
| Mich. | 70 | 69 | 1 | 10 | 5 | 4 | 609 | 551 | 8,149 | 11,968 |
| Wis. | 87 | 109 | 12 | 18 | — | — | 525 | 641 | 4,258 | 3,894 |
| W.N. CENTRAL | 323 | 423 | 26 | 30 | 50 | 20 | 1,591 | 1,647 | 14,368 | 13,536 |
| Minn. | 108 | 99 | 9 | 11 | 32 | 4 | 693 | 589 | 2,524 | 2,327 |
| Iowa | 63 | 111 | — | — | — | — | 211 | 237 | 1,236 | 975 |
| Mo. | 71 | 77 | 11 | 15 | 7 | 6 | 375 | 453 | 7,379 | 7,082 |
| N. Dak. | 5 | 12 | — | — | 1 | 6 | 11 | 20 | 64 | 94 |
| S. Dak. | 21 | 30 | 3 | — | — | — | 79 | 50 | 282 | 218 |
| Nebr. | 23 | 61 | 3 | 4 | 4 | — | 81 | 118 | 915 | 851 |
| Kans. | 32 | 33 | — | — | 6 | 4 | 141 | 180 | 1,968 | 1,989 |
| S. ATLANTIC | 165 | 141 | 68 | 24 | 92 | 35 | 1,996 | 2,324 | 60,953 | 61,765 |
| Del. | 6 | 2 | N | N | N | N | 43 | 41 | 677 | 708 |
| Md. | 30 | 20 | 26 | 4 | 9 | 3 | 154 | 103 | 5,543 | 6,374 |
| D.C. | — | 1 | — | — | — | — | 42 | 58 | 1,739 | 2,088 |
| Va. | 33 | 28 | 23 | 11 | 21 | — | 449 | 392 | 6,050 | 7,004 |
| W. Va. | 1 | 2 | — | — | 1 | — | 34 | 32 | 578 | 729 |
| N.C. | — | — | — | — | 46 | 25 | N | N | 12,180 | 12,189 |
| S.C. | 6 | 11 | — | — | 1 | — | 78 | 97 | 7,559 | 7,275 |
| Ga. | 24 | 19 | 15 | 6 | — | — | 422 | 713 | 11,170 | 11,297 |
| Fla. | 65 | 58 | 4 | 3 | 14 | 7 | 774 | 888 | 15,457 | 14,101 |
| E.S. CENTRAL | 108 | 83 | 5 | 3 | 21 | 15 | 330 | 335 | 21,078 | 20,764 |
| Ky. | 35 | 22 | 2 | 1 | 15 | 9 | N | N | 2,398 | 2,030 |
| Tenn. | 40 | 35 | 2 | — | 6 | 6 | 177 | 180 | 6,969 | 6,662 |
| Ala. | 26 | 16 | — | — | — | — | 153 | 155 | 6,653 | 6,513 |
| Miss. | 7 | 10 | 1 | 2 | — | — | — | — | 5,058 | 5,559 |
| W.S. CENTRAL | 43 | 70 | 13 | 3 | 8 | 4 | 252 | 258 | 33,482 | 34,345 |
| Ark. | 6 | 14 | — | — | — | — | 70 | 103 | 3,586 | 3,355 |
| La. | 3 | 3 | 11 | 1 | 3 | — | 48 | 39 | 6,950 | 8,306 |
| Okla. | 21 | 16 | 1 | — | 1 | — | 134 | 116 | 3,453 | 3,682 |
| Tex. | 13 | 37 | 1 | 2 | 4 | 4 | N | N | 19,493 | 19,002 |
| MOUNTAIN | 154 | 203 | 46 | 36 | 8 | — | 1,096 | 1,202 | 8,964 | 9,334 |
| Mont. | 14 | 16 | — | — | — | — | 58 | 62 | 85 | 63 |
| Idaho | 18 | 43 | 8 | 9 | 5 | — | 68 | 143 | 76 | 73 |
| Wyo. | 5 | 8 | 2 | 3 | — | — | 21 | 21 | 61 | 48 |
| Colo. | 33 | 47 | 1 | 1 | 1 | — | 412 | 417 | 2,393 | 2,370 |
| N. Mex. | 10 | 10 | 8 | 5 | — | — | 55 | 60 | 864 | 959 |
| Ariz. | 31 | 18 | N | N | N | N | 119 | 136 | 3,057 | 3,049 |
| Utah | 33 | 42 | 25 | 17 | — | — | 314 | 263 | 543 | 461 |
| Nev. | 10 | 19 | 2 | 1 | 2 | — | 49 | 100 | 1,885 | 2,311 |
| PACIFIC | 286 | 344 | 6 | 1 | — | — | 2,504 | 2,336 | 31,164 | 28,014 |
| Wash. | 89 | 119 | — | — | — | — | 281 | 288 | 2,880 | 2,119 |
| Oreg. | 67 | 60 | 6 | 1 | — | — | 297 | 363 | 1,094 | 955 |
| Calif. | 108 | 155 | — | — | — | — | 1,792 | 1,550 | 26,259 | 23,476 |
| Alaska | 12 | 1 | — | — | — | — | 83 | 70 | 437 | 467 |
| Hawaii | 10 | 9 | — | — | — | — | 51 | 65 | 494 | 997 |
| Guam | N | N | — | — | — | — | — | 2 | — | 125 |
| P.R. | 2 | 1 | — | — | — | — | 133 | 223 | 267 | 199 |
| V.I. | — | — | — | — | — | — | — | — | 35 | 80 |
| 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. C.N.M.I.: Commonwealth of Northern Mariana Islands.
 * Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | <i>Haemophilus influenzae</i> , invasive | | | | | | | |
|----------------|--|-----------|--------------|-----------|----------------|-----------|------------------|-----------|
| | All ages | | Age <5 years | | | | | |
| | All serotypes | | Serotype b | | Non-serotype b | | Unknown serotype | |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 1,658 | 1,556 | 4 | 10 | 90 | 90 | 149 | 147 |
| NEW ENGLAND | 133 | 141 | — | 1 | 10 | 8 | 3 | 1 |
| Maine | 6 | 12 | — | — | — | — | 1 | — |
| N.H. | 6 | 16 | — | — | — | 2 | — | — |
| Vt. | 8 | 6 | — | — | — | — | — | 1 |
| Mass. | 65 | 65 | — | 1 | 3 | 3 | 1 | — |
| R.I. | 7 | 3 | — | — | 2 | — | — | — |
| Conn. | 41 | 39 | — | — | 5 | 3 | 1 | — |
| MID. ATLANTIC | 331 | 318 | — | 1 | — | 4 | 37 | 34 |
| Upstate N.Y. | 100 | 104 | — | 1 | — | 4 | 8 | 5 |
| N.Y. City | 58 | 71 | — | — | — | — | 10 | 13 |
| N.J. | 65 | 61 | — | — | — | — | 9 | 3 |
| Pa. | 108 | 82 | — | — | — | — | 10 | 13 |
| E.N. CENTRAL | 226 | 295 | 1 | — | 4 | 8 | 16 | 42 |
| Ohio | 95 | 82 | — | — | — | 2 | 10 | 14 |
| Ind. | 55 | 41 | — | — | 4 | 4 | — | 1 |
| Ill. | 35 | 105 | — | — | — | — | 3 | 20 |
| Mich. | 18 | 18 | 1 | — | — | 2 | 2 | 4 |
| Wis. | 23 | 49 | — | — | — | — | 1 | 3 |
| W.N. CENTRAL | 93 | 89 | — | 2 | 3 | 3 | 8 | 11 |
| Minn. | 38 | 40 | — | 1 | 3 | 3 | 2 | 1 |
| Iowa | 1 | 1 | — | 1 | — | — | — | — |
| Mo. | 32 | 34 | — | — | — | — | 5 | 7 |
| N. Dak. | 1 | 3 | — | — | — | — | 1 | — |
| S. Dak. | — | — | — | — | — | — | — | — |
| Nebr. | 9 | 5 | — | — | — | — | — | 2 |
| Kans. | 12 | 6 | — | — | — | — | — | 1 |
| S. ATLANTIC | 393 | 351 | 1 | — | 24 | 24 | 21 | 25 |
| Del. | — | — | — | — | — | — | — | — |
| Md. | 58 | 54 | — | — | 5 | 5 | 1 | — |
| D.C. | — | 3 | — | — | — | — | — | 1 |
| Va. | 38 | 33 | — | — | — | — | — | 5 |
| W. Va. | 23 | 16 | — | — | 1 | 4 | 4 | — |
| N.C. | 68 | 46 | 1 | — | 8 | 6 | — | 1 |
| S.C. | 23 | 10 | — | — | — | — | — | 1 |
| Ga. | 79 | 92 | — | — | — | — | 11 | 16 |
| Fla. | 104 | 97 | — | — | 10 | 9 | 5 | 1 |
| E.S. CENTRAL | 93 | 62 | — | 1 | 1 | — | 6 | 8 |
| Ky. | 8 | 6 | — | — | 1 | — | 2 | — |
| Tenn. | 67 | 41 | — | — | — | — | — | 6 |
| Ala. | 18 | 13 | — | 1 | — | — | 4 | 2 |
| Miss. | — | 2 | — | — | — | — | — | — |
| W.S. CENTRAL | 91 | 61 | 1 | 1 | 8 | 8 | 7 | 1 |
| Ark. | 5 | 2 | — | — | 1 | 1 | — | — |
| La. | 30 | 12 | 1 | — | 2 | — | 7 | 1 |
| Okla. | 54 | 46 | — | — | 5 | 7 | — | — |
| Tex. | 2 | 1 | — | 1 | — | — | — | — |
| MOUNTAIN | 186 | 162 | — | 4 | 13 | 25 | 37 | 18 |
| Mont. | — | — | — | — | — | — | — | — |
| Idaho | 3 | 5 | — | — | — | — | 1 | 2 |
| Wyo. | 6 | 1 | — | — | — | 1 | 1 | — |
| Colo. | 36 | 40 | — | — | — | — | 9 | 5 |
| N. Mex. | 16 | 36 | — | 1 | 4 | 8 | 2 | 6 |
| Ariz. | 95 | 56 | — | — | 7 | 11 | 14 | 2 |
| Utah | 16 | 12 | — | 2 | — | 2 | 7 | 2 |
| Nev. | 14 | 12 | — | 1 | 2 | 3 | 3 | 1 |
| PACIFIC | 112 | 77 | 1 | — | 27 | 10 | 14 | 7 |
| Wash. | 3 | 1 | — | — | — | — | 2 | 1 |
| Oreg. | 29 | 38 | — | — | — | — | 5 | 3 |
| Calif. | 47 | 25 | 1 | — | 27 | 10 | 2 | 1 |
| Alaska | 25 | 5 | — | — | — | — | 5 | 1 |
| Hawaii | 8 | 8 | — | — | — | — | — | 1 |
| Guam | — | — | — | — | — | — | — | — |
| P.R. | 3 | 2 | — | — | — | — | 1 | 2 |
| V.I. | — | — | — | — | — | — | — | — |
| Amer. Samoa | U | U | U | U | U | U | U | U |
| C.N.M.I. | — | 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 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Hepatitis (viral, acute), by type | | | | | |
|----------------|-----------------------------------|-----------|-----------|-----------|-----------|-----------|
| | A | | B | | C | |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 3,197 | 4,691 | 4,259 | 4,592 | 555 | 631 |
| NEW ENGLAND | 418 | 805 | 226 | 296 | 14 | 14 |
| Maine | 2 | 12 | 15 | 4 | — | — |
| N.H. | 72 | 16 | 20 | 27 | — | — |
| Vt. | 6 | 8 | 4 | 5 | 11 | 6 |
| Mass. | 285 | 686 | 158 | 161 | — | 7 |
| R.I. | 10 | 20 | 1 | 5 | — | — |
| Conn. | 43 | 63 | 28 | 94 | 3 | 1 |
| MID. ATLANTIC | 532 | 630 | 849 | 607 | 84 | 117 |
| Upstate N.Y. | 89 | 76 | 75 | 64 | 15 | 10 |
| N.Y. City | 240 | 273 | 94 | 121 | — | — |
| N.J. | 120 | 150 | 507 | 179 | — | — |
| Pa. | 83 | 131 | 173 | 243 | 69 | 107 |
| E.N. CENTRAL | 296 | 400 | 369 | 443 | 107 | 87 |
| Ohio | 43 | 40 | 105 | 94 | 6 | 4 |
| Ind. | 44 | 52 | 42 | 38 | 23 | 7 |
| Ill. | 69 | 132 | 84 | 71 | — | 13 |
| Mich. | 117 | 122 | 138 | 206 | 78 | 63 |
| Wis. | 23 | 54 | — | 34 | — | — |
| W.N. CENTRAL | 74 | 129 | 224 | 266 | 30 | 19 |
| Minn. | 3 | 31 | 29 | 41 | 5 | 16 |
| Iowa | 19 | 38 | 21 | 14 | — | — |
| Mo. | 34 | 26 | 129 | 162 | 23 | 3 |
| N. Dak. | — | 1 | — | 4 | 1 | — |
| S. Dak. | — | 3 | 3 | 1 | — | — |
| Nebr. | 4 | 12 | 21 | 31 | 1 | — |
| Kans. | 14 | 18 | 21 | 13 | — | — |
| S. ATLANTIC | 568 | 840 | 1,080 | 1,430 | 110 | 155 |
| Del. | 4 | 6 | 38 | 40 | 7 | 26 |
| Md. | 60 | 91 | 122 | 125 | 21 | 3 |
| D.C. | 4 | 7 | 10 | 15 | — | 2 |
| Va. | 66 | 96 | 119 | 198 | 11 | 13 |
| W. Va. | 4 | 5 | 32 | 35 | 14 | 20 |
| N.C. | 70 | 76 | 128 | 138 | 17 | 10 |
| S.C. | 32 | 39 | 114 | 113 | 2 | 14 |
| Ga. | 94 | 287 | 131 | 378 | 7 | 14 |
| Fla. | 234 | 233 | 386 | 388 | 31 | 53 |
| E.S. CENTRAL | 217 | 137 | 280 | 392 | 72 | 78 |
| Ky. | 22 | 29 | 52 | 59 | 9 | 23 |
| Tenn. | 142 | 86 | 115 | 181 | 15 | 28 |
| Ala. | 34 | 8 | 61 | 62 | 13 | 4 |
| Miss. | 19 | 14 | 52 | 90 | 35 | 23 |
| W.S. CENTRAL | 231 | 566 | 342 | 278 | 67 | 84 |
| Ark. | 8 | 60 | 34 | 97 | 1 | 2 |
| La. | 58 | 41 | 57 | 52 | 11 | 3 |
| Okla. | 4 | 19 | 33 | 57 | 5 | 3 |
| Tex. | 161 | 446 | 218 | 72 | 50 | 76 |
| MOUNTAIN | 275 | 354 | 443 | 370 | 37 | 37 |
| Mont. | 7 | 6 | 3 | 1 | 1 | 2 |
| Idaho | 16 | 17 | 12 | 10 | 1 | 1 |
| Wyo. | — | 5 | 1 | 7 | — | 2 |
| Colo. | 37 | 42 | 41 | 50 | 18 | 11 |
| N. Mex. | 19 | 22 | 6 | 16 | — | U |
| Ariz. | 168 | 213 | 313 | 191 | — | 5 |
| Utah | 18 | 34 | 39 | 32 | 8 | 4 |
| Nev. | 10 | 15 | 28 | 63 | 9 | 12 |
| PACIFIC | 586 | 830 | 446 | 510 | 34 | 40 |
| Wash. | 37 | 50 | 56 | 41 | U | U |
| Oreg. | 33 | 58 | 80 | 92 | 13 | 15 |
| Calif. | 491 | 696 | 298 | 358 | 21 | 24 |
| Alaska | 4 | 4 | 7 | 10 | — | — |
| Hawaii | 21 | 22 | 5 | 9 | — | 1 |
| Guam | — | 1 | — | 12 | — | 9 |
| P.R. | 54 | 37 | 35 | 65 | — | — |
| V.I. | — | — | — | — | — | — |
| Amer. Samoa | U | U | U | U | U | U |
| C.N.M.I. | — | 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 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Legionellosis | | Listeriosis | | Lyme disease | | Malaria | |
|----------------|---------------|-----------|-------------|-----------|--------------|-----------|-----------|-----------|
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 1,450 | 1,599 | 587 | 571 | 16,248 | 15,006 | 982 | 1,142 |
| NEW ENGLAND | 76 | 74 | 44 | 39 | 1,853 | 2,653 | 57 | 80 |
| Maine | 4 | 1 | 1 | 6 | 159 | 29 | 4 | 7 |
| N.H. | 7 | 7 | 5 | 3 | 156 | 173 | 5 | 5 |
| Vt. | 7 | 4 | 2 | 1 | 38 | 44 | 1 | 4 |
| Mass. | 20 | 34 | 12 | 13 | 900 | 1,378 | 29 | 47 |
| R.I. | 16 | 13 | 6 | 1 | 32 | 179 | 2 | 4 |
| Conn. | 22 | 15 | 18 | 15 | 568 | 850 | 16 | 13 |
| MID. ATLANTIC | 512 | 450 | 153 | 138 | 10,643 | 9,214 | 264 | 302 |
| Upstate N.Y. | 142 | 89 | 47 | 40 | 3,179 | 3,116 | 41 | 39 |
| N.Y. City | 64 | 62 | 28 | 23 | — | 326 | 132 | 162 |
| N.J. | 85 | 72 | 31 | 29 | 2,965 | 2,367 | 61 | 61 |
| Pa. | 221 | 227 | 47 | 46 | 4,499 | 3,405 | 30 | 40 |
| E.N. CENTRAL | 275 | 393 | 59 | 100 | 1,067 | 1,223 | 78 | 104 |
| Ohio | 146 | 184 | 28 | 37 | 63 | 45 | 20 | 26 |
| Ind. | 14 | 40 | 4 | 16 | 23 | 23 | 1 | 13 |
| Ill. | 15 | 40 | 1 | 20 | — | 86 | 27 | 36 |
| Mich. | 86 | 110 | 19 | 22 | 47 | 24 | 19 | 17 |
| Wis. | 14 | 19 | 7 | 5 | 934 | 1,045 | 11 | 12 |
| W.N. CENTRAL | 61 | 46 | 33 | 14 | 687 | 424 | 40 | 59 |
| Minn. | 16 | 7 | 10 | 4 | 581 | 343 | 11 | 24 |
| Iowa | 4 | 4 | 8 | 2 | 74 | 46 | 8 | 3 |
| Mo. | 26 | 22 | 4 | 5 | 21 | 23 | 16 | 18 |
| N. Dak. | 2 | 2 | 3 | — | — | — | — | 3 |
| S. Dak. | 10 | 3 | — | — | — | 1 | — | 1 |
| Nebr. | 1 | 3 | 4 | 3 | 2 | 8 | 1 | 3 |
| Kans. | 2 | 5 | 4 | — | 9 | 3 | 4 | 7 |
| S. ATLANTIC | 302 | 320 | 119 | 94 | 1,790 | 1,307 | 236 | 268 |
| Del. | 12 | 13 | N | N | 538 | 258 | 3 | 6 |
| Md. | 86 | 67 | 16 | 14 | 905 | 721 | 90 | 61 |
| D.C. | 9 | 10 | — | 5 | 8 | 11 | 8 | 11 |
| Va. | 36 | 39 | 13 | 14 | 189 | 122 | 26 | 35 |
| W. Va. | 15 | 9 | 3 | 3 | 10 | 26 | 1 | 2 |
| N.C. | 24 | 29 | 22 | 16 | 44 | 97 | 25 | 17 |
| S.C. | 11 | 9 | 9 | 10 | 18 | 21 | 6 | 10 |
| Ga. | 19 | 37 | 19 | 14 | 4 | 12 | 33 | 54 |
| Fla. | 90 | 107 | 37 | 18 | 74 | 39 | 44 | 72 |
| E.S. CENTRAL | 62 | 85 | 27 | 21 | 32 | 38 | 24 | 30 |
| Ky. | 22 | 33 | 4 | 4 | 5 | 14 | 8 | 4 |
| Tenn. | 26 | 37 | 11 | 11 | 27 | 19 | 12 | 10 |
| Ala. | 11 | 12 | 8 | 4 | — | 5 | 4 | 11 |
| Miss. | 3 | 3 | 4 | 2 | — | — | — | 5 |
| W.S. CENTRAL | 25 | 111 | 27 | 34 | 55 | 56 | 77 | 113 |
| Ark. | 4 | — | 2 | 3 | 4 | 8 | 5 | 8 |
| La. | 1 | 7 | 8 | 3 | 4 | 2 | 2 | 5 |
| Okla. | 7 | 5 | 3 | — | — | — | 9 | 7 |
| Tex. | 13 | 99 | 14 | 28 | 47 | 46 | 61 | 93 |
| MOUNTAIN | 75 | 68 | 14 | 22 | 21 | 17 | 43 | 45 |
| Mont. | 5 | 2 | — | — | — | — | — | — |
| Idaho | 3 | 7 | — | 1 | 2 | 6 | — | 1 |
| Wyo. | 4 | 5 | — | — | 3 | 3 | 2 | — |
| Colo. | 19 | 18 | 5 | 11 | 4 | — | 21 | 18 |
| N. Mex. | 2 | 4 | 4 | 1 | 1 | 1 | 2 | 4 |
| Ariz. | 21 | 11 | — | — | 7 | 6 | 10 | 10 |
| Utah | 13 | 17 | 3 | 1 | 2 | 1 | 6 | 7 |
| Nev. | 8 | 4 | 2 | 8 | 2 | — | 2 | 5 |
| PACIFIC | 62 | 52 | 111 | 109 | 100 | 74 | 163 | 141 |
| Wash. | — | 9 | 7 | 9 | 7 | 12 | 12 | 15 |
| Oreg. | N | N | 10 | 5 | 15 | 24 | 7 | 16 |
| Calif. | 60 | 43 | 93 | 91 | 75 | 36 | 125 | 105 |
| Alaska | — | — | — | — | 3 | 2 | 5 | 1 |
| Hawaii | 2 | — | 1 | 4 | N | N | 14 | 4 |
| Guam | — | — | — | — | — | — | — | — |
| P.R. | — | — | — | — | N | N | 2 | — |
| V.I. | — | — | — | — | — | — | — | — |
| Amer. Samoa | U | U | U | U | U | U | U | U |
| C.N.M.I. | — | 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 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Meningococcal disease | | | | | | | | | |
|----------------|-----------------------|-----------|------------------------------|-----------|-------------|-----------|-----------------|-----------|-------------------|-----------|
| | All serogroups | | Serogroup A, C, Y, and W-135 | | Serogroup B | | Other serogroup | | Serogroup unknown | |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 940 | 966 | 74 | 74 | 45 | 37 | — | 1 | 821 | 854 |
| NEW ENGLAND | 64 | 54 | 1 | 5 | — | 6 | — | 1 | 63 | 42 |
| Maine | 2 | 10 | — | — | — | 1 | — | — | 2 | 9 |
| N.H. | 12 | 4 | — | — | — | — | — | — | 12 | 4 |
| Vt. | 6 | 2 | — | — | — | — | — | — | 6 | 2 |
| Mass. | 29 | 31 | — | 5 | — | 5 | — | — | 29 | 21 |
| R.I. | 3 | 1 | — | — | — | — | — | — | 3 | 1 |
| Conn. | 12 | 6 | 1 | — | — | — | — | 1 | 11 | 5 |
| MID. ATLANTIC | 121 | 133 | 34 | 36 | 6 | 5 | — | — | 81 | 92 |
| Upstate N.Y. | 30 | 34 | 4 | 5 | 3 | 3 | — | — | 23 | 26 |
| N.Y. City | 17 | 24 | — | — | — | — | — | — | 17 | 24 |
| N.J. | 31 | 29 | — | — | — | — | — | — | 31 | 29 |
| Pa. | 43 | 46 | 30 | 31 | 3 | 2 | — | — | 10 | 13 |
| E.N. CENTRAL | 95 | 108 | 23 | 24 | 9 | 6 | — | — | 63 | 78 |
| Ohio | 32 | 55 | — | 4 | 5 | 5 | — | — | 27 | 46 |
| Ind. | 18 | 17 | — | 1 | 4 | 1 | — | — | 14 | 15 |
| Ill. | 12 | 1 | — | — | — | — | — | — | 12 | 1 |
| Mich. | 23 | 19 | 23 | 19 | — | — | — | — | — | — |
| Wis. | 10 | 16 | — | — | — | — | — | — | 10 | 16 |
| W.N. CENTRAL | 63 | 66 | 3 | — | 1 | 4 | — | — | 59 | 62 |
| Minn. | 13 | 22 | 1 | — | — | — | — | — | 12 | 22 |
| Iowa | 15 | 14 | — | — | 1 | 2 | — | — | 14 | 12 |
| Mo. | 21 | 17 | 1 | — | — | 1 | — | — | 20 | 16 |
| N. Dak. | — | 2 | — | — | — | — | — | — | — | 2 |
| S. Dak. | 3 | 2 | 1 | — | — | 1 | — | — | 2 | 1 |
| Nebr. | 4 | 4 | — | — | — | — | — | — | 4 | 4 |
| Kans. | 7 | 5 | — | — | — | — | — | — | 7 | 5 |
| S. ATLANTIC | 184 | 187 | 5 | 2 | 9 | 2 | — | — | 170 | 183 |
| Del. | 4 | 4 | — | — | — | — | — | — | 4 | 4 |
| Md. | 19 | 10 | 2 | — | 2 | — | — | — | 15 | 10 |
| D.C. | — | 5 | — | 2 | — | — | — | — | — | 3 |
| Va. | 28 | 16 | — | — | — | — | — | — | 28 | 16 |
| W. Va. | 6 | 5 | 1 | — | — | — | — | — | 5 | 5 |
| N.C. | 28 | 26 | 2 | — | 7 | 2 | — | — | 19 | 24 |
| S.C. | 14 | 14 | — | — | — | — | — | — | 14 | 14 |
| Ga. | 15 | 12 | — | — | — | — | — | — | 15 | 12 |
| Fla. | 70 | 95 | — | — | — | — | — | — | 70 | 95 |
| E.S. CENTRAL | 48 | 54 | 1 | 1 | 3 | 1 | — | — | 44 | 52 |
| Ky. | 15 | 9 | — | 1 | 3 | 1 | — | — | 12 | 7 |
| Tenn. | 22 | 18 | — | — | — | — | — | — | 22 | 18 |
| Ala. | 6 | 14 | 1 | — | — | — | — | — | 5 | 14 |
| Miss. | 5 | 13 | — | — | — | — | — | — | 5 | 13 |
| W.S. CENTRAL | 79 | 54 | 1 | 2 | 5 | 1 | — | — | 73 | 51 |
| Ark. | 13 | 14 | — | — | — | — | — | — | 13 | 14 |
| La. | 26 | 29 | — | 1 | 2 | — | — | — | 24 | 28 |
| Okla. | 13 | 8 | 1 | 1 | 3 | 1 | — | — | 9 | 6 |
| Tex. | 27 | 3 | — | — | — | — | — | — | 27 | 3 |
| MOUNTAIN | 76 | 56 | 5 | 1 | 5 | 5 | — | — | 66 | 50 |
| Mont. | — | 3 | — | — | — | — | — | — | — | 3 |
| Idaho | 2 | 6 | — | — | — | — | — | — | 2 | 6 |
| Wyo. | — | 4 | — | — | — | — | — | — | — | 4 |
| Colo. | 17 | 13 | 4 | — | — | — | — | — | 13 | 13 |
| N. Mex. | 3 | 7 | — | 1 | — | 3 | — | — | 3 | 3 |
| Ariz. | 36 | 11 | — | — | 2 | 1 | — | — | 34 | 10 |
| Utah | 10 | 5 | 1 | — | 2 | — | — | — | 7 | 5 |
| Nev. | 8 | 7 | — | — | 1 | 1 | — | — | 7 | 6 |
| PACIFIC | 210 | 254 | 1 | 3 | 7 | 7 | — | — | 202 | 244 |
| Wash. | 41 | 26 | 1 | 3 | 4 | 7 | — | — | 36 | 16 |
| Oreg. | 28 | 49 | — | — | — | — | — | — | 28 | 49 |
| Calif. | 127 | 169 | — | — | — | — | — | — | 127 | 169 |
| Alaska | 3 | 4 | — | — | — | — | — | — | 3 | 4 |
| Hawaii | 11 | 6 | — | — | 3 | — | — | — | 8 | 6 |
| Guam | — | 1 | — | — | — | — | — | — | — | 1 |
| P.R. | 6 | 13 | — | — | — | — | — | — | 6 | 13 |
| V.I. | — | — | — | — | — | — | — | — | — | — |
| Amer. Samoa | 1 | 1 | — | — | — | — | — | — | 1 | 1 |
| C.N.M.I. | — | — | — | — | — | — | — | — | — | — |

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Pertussis | | Rabies, animal | | Rocky Mountain spotted fever | | Salmonellosis | | Shigellosis | |
|----------------|-----------|-----------|----------------|-----------|------------------------------|-----------|---------------|-----------|-------------|-----------|
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 15,797 | 15,472 | 4,426 | 5,352 | 1,348 | 1,226 | 32,406 | 33,179 | 10,479 | 10,443 |
| NEW ENGLAND | 892 | 1,464 | 581 | 544 | 3 | 17 | 1,750 | 1,709 | 247 | 250 |
| Maine | 20 | 8 | 45 | 47 | N | N | 119 | 90 | 9 | 6 |
| N.H. | 48 | 58 | 12 | 23 | 1 | — | 138 | 117 | 7 | 7 |
| Vt. | 77 | 62 | 50 | 31 | — | — | 87 | 50 | 16 | 2 |
| Mass. | 681 | 1,252 | 291 | 223 | 1 | 13 | 921 | 980 | 154 | 160 |
| R.I. | 29 | 31 | 19 | 36 | 1 | 1 | 82 | 99 | 14 | 18 |
| Conn. | 37 | 53 | 164 | 184 | — | 3 | 403 | 373 | 47 | 57 |
| MID. ATLANTIC | 1,074 | 2,291 | 787 | 804 | 86 | 63 | 3,922 | 4,732 | 1,021 | 994 |
| Upstate N.Y. | 418 | 1,605 | 443 | 444 | 3 | 1 | 1,009 | 991 | 226 | 368 |
| N.Y. City | 71 | 165 | 27 | 11 | 7 | 20 | 888 | 1,085 | 318 | 332 |
| N.J. | 183 | 155 | N | N | 27 | 13 | 670 | 912 | 259 | 206 |
| Pa. | 402 | 366 | 317 | 349 | 49 | 29 | 1,355 | 1,744 | 218 | 88 |
| E.N. CENTRAL | 2,830 | 5,802 | 185 | 167 | 35 | 33 | 4,244 | 4,241 | 723 | 944 |
| Ohio | 927 | 464 | 67 | 66 | 26 | 9 | 1,093 | 1,021 | 84 | 137 |
| Ind. | 256 | 132 | 11 | 10 | 2 | 6 | 507 | 401 | 127 | 175 |
| Ill. | 538 | 1,074 | 46 | 46 | 1 | 14 | 1,222 | 1,374 | 201 | 344 |
| Mich. | 231 | 219 | 35 | 39 | 6 | 2 | 728 | 687 | 188 | 103 |
| Wis. | 878 | 3,913 | 26 | 6 | — | 2 | 694 | 758 | 123 | 185 |
| W.N. CENTRAL | 2,517 | 1,600 | 365 | 538 | 151 | 109 | 2,008 | 1,973 | 1,223 | 336 |
| Minn. | 966 | 277 | 62 | 75 | 2 | — | 462 | 490 | 72 | 57 |
| Iowa | 465 | 192 | 96 | 88 | 4 | 1 | 314 | 376 | 64 | 59 |
| Mo. | 357 | 291 | 68 | 53 | 129 | 90 | 659 | 522 | 813 | 129 |
| N. Dak. | 118 | 684 | 24 | 52 | — | — | 31 | 38 | 4 | 3 |
| S. Dak. | 85 | 30 | 48 | 88 | 5 | 4 | 125 | 98 | 33 | 9 |
| Nebr. | 170 | 30 | — | 92 | 4 | 14 | 117 | 137 | 61 | 19 |
| Kans. | 356 | 96 | 67 | 90 | 7 | — | 300 | 312 | 176 | 60 |
| S. ATLANTIC | 1,077 | 591 | 1,294 | 1,857 | 648 | 627 | 9,341 | 8,843 | 1,702 | 2,373 |
| Del. | 14 | 1 | — | 9 | 3 | 5 | 96 | 97 | 10 | 6 |
| Md. | 132 | 107 | 258 | 265 | 73 | 62 | 657 | 694 | 74 | 122 |
| D.C. | 7 | 7 | — | — | 2 | — | 45 | 51 | 11 | 33 |
| Va. | 283 | 163 | 399 | 399 | 87 | 23 | 920 | 937 | 108 | 126 |
| W. Va. | 37 | 18 | 50 | 53 | 5 | 5 | 139 | 191 | 1 | 7 |
| N.C. | 98 | 67 | 398 | 505 | 356 | 386 | 1,220 | 1,253 | 149 | 270 |
| S.C. | 302 | 103 | 5 | 135 | 50 | 56 | 1,053 | 816 | 77 | 477 |
| Ga. | 31 | 19 | 182 | 286 | 57 | 75 | 1,387 | 1,594 | 410 | 525 |
| Fla. | 173 | 106 | 2 | 205 | 15 | 15 | 3,824 | 3,210 | 862 | 807 |
| E.S. CENTRAL | 421 | 244 | 117 | 127 | 256 | 175 | 2,300 | 2,196 | 1,010 | 675 |
| Ky. | 122 | 57 | 11 | 20 | 3 | 2 | 395 | 284 | 257 | 59 |
| Tenn. | 187 | 142 | 41 | 44 | 194 | 93 | 626 | 580 | 477 | 349 |
| Ala. | 73 | 29 | 63 | 53 | 55 | 52 | 571 | 590 | 198 | 220 |
| Miss. | 39 | 16 | 2 | 10 | 4 | 28 | 708 | 742 | 78 | 47 |
| W.S. CENTRAL | 1,405 | 688 | 748 | 940 | 131 | 178 | 2,829 | 3,259 | 2,252 | 2,745 |
| Ark. | 221 | 59 | 32 | 46 | 102 | 97 | 610 | 453 | 54 | 60 |
| La. | 33 | 14 | — | 4 | 5 | 5 | 620 | 745 | 109 | 247 |
| Okla. | — | 33 | 67 | 93 | 7 | 70 | 332 | 332 | 537 | 378 |
| Tex. | 1,151 | 582 | 649 | 797 | 17 | 6 | 1,267 | 1,729 | 1,552 | 2,060 |
| MOUNTAIN | 3,197 | 1,225 | 203 | 197 | 30 | 20 | 1,821 | 1,859 | 664 | 636 |
| Mont. | 525 | 41 | 15 | 24 | 1 | 3 | 75 | 173 | 5 | 4 |
| Idaho | 123 | 33 | — | 7 | 3 | 4 | 83 | 129 | 5 | 12 |
| Wyo. | 43 | 28 | 16 | 5 | 2 | 4 | 70 | 45 | 4 | 5 |
| Colo. | 1,058 | 619 | 14 | 46 | 5 | 4 | 507 | 451 | 130 | 130 |
| N. Mex. | 116 | 131 | 7 | 4 | 2 | 2 | 188 | 231 | 83 | 115 |
| Ariz. | 839 | 190 | 124 | 102 | 13 | 2 | 533 | 499 | 374 | 289 |
| Utah | 461 | 153 | 14 | 6 | 4 | 1 | 280 | 194 | 35 | 35 |
| Nev. | 32 | 30 | 13 | 3 | — | — | 85 | 137 | 28 | 46 |
| PACIFIC | 2,384 | 1,567 | 146 | 178 | 8 | 4 | 4,191 | 4,367 | 1,637 | 1,490 |
| Wash. | 653 | 566 | U | U | — | — | 428 | 435 | 98 | 90 |
| Oreg. | 547 | 369 | 6 | 6 | 1 | 2 | 295 | 369 | 99 | 63 |
| Calif. | 964 | 601 | 139 | 161 | 7 | 2 | 3,179 | 3,202 | 1,405 | 1,287 |
| Alaska | 101 | 11 | 1 | 11 | — | — | 46 | 48 | 7 | 6 |
| Hawaii | 119 | 20 | — | — | — | — | 243 | 313 | 28 | 44 |
| Guam | — | — | — | — | — | — | — | 49 | — | 42 |
| P.R. | 5 | 4 | 54 | 50 | N | N | 362 | 357 | 3 | 25 |
| 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. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Streptococcal disease, invasive, group A | | Streptococcus pneumoniae, invasive disease | | | | Syphilis | | | |
|----------------|---|--------------|--|--------------|--------------|--------------|---------------------|--------------|--------------|--------------|
| | | | Drug resistant, all ages | | Age <5 years | | Primary & secondary | | Congenital | |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 |
| UNITED STATES | 3,460 | 3,613 | 1,730 | 1,737 | 581 | 612 | 6,187 | 6,105 | 189 | 309 |
| NEW ENGLAND | 141 | 235 | 90 | 120 | 43 | 82 | 167 | 157 | 1 | 4 |
| Maine | 9 | 10 | N | N | — | 4 | 1 | 2 | — | — |
| N.H. | 13 | 16 | — | — | 4 | N | 14 | 4 | — | 3 |
| Vt. | 9 | 8 | 10 | 6 | — | 1 | 1 | — | — | — |
| Mass. | 101 | 107 | 64 | 34 | 38 | 46 | 104 | 96 | — | — |
| R.I. | 9 | 17 | 16 | 18 | 1 | 6 | 13 | 23 | — | 1 |
| Conn. | U | 77 | U | 62 | U | 25 | 34 | 32 | 1 | — |
| MID. ATLANTIC | 733 | 608 | 163 | 121 | 111 | 87 | 797 | 785 | 21 | 30 |
| Upstate N.Y. | 222 | 198 | 63 | 49 | 49 | 59 | 73 | 75 | 5 | 3 |
| N.Y. City | 134 | 102 | U | U | 20 | U | 486 | 484 | 5 | 13 |
| N.J. | 149 | 130 | N | N | 19 | 8 | 107 | 120 | 11 | 13 |
| Pa. | 228 | 178 | 100 | 72 | 23 | 20 | 131 | 106 | — | 1 |
| E.N. CENTRAL | 659 | 823 | 467 | 383 | 173 | 145 | 643 | 695 | 26 | 46 |
| Ohio | 161 | 194 | 294 | 268 | 66 | 64 | 170 | 178 | 1 | 2 |
| Ind. | 86 | 85 | 162 | 115 | 45 | 30 | 52 | 47 | 1 | 2 |
| Ill. | 116 | 218 | 11 | — | 50 | 3 | 328 | 294 | 10 | 14 |
| Mich. | 261 | 251 | — | N | — | N | 65 | 148 | 12 | 28 |
| Wis. | 35 | 75 | N | N | 12 | 48 | 28 | 28 | 2 | — |
| W.N. CENTRAL | 222 | 261 | 38 | 17 | 65 | 84 | 194 | 133 | 5 | 5 |
| Minn. | 86 | 125 | — | — | 42 | 54 | 52 | 20 | 1 | 1 |
| Iowa | N | N | N | N | — | N | 3 | 5 | — | — |
| Mo. | 56 | 56 | 31 | 12 | 9 | 13 | 118 | 80 | 4 | 2 |
| N. Dak. | 9 | 11 | 2 | — | 3 | 2 | — | — | — | — |
| S. Dak. | 20 | 15 | 3 | 5 | — | — | 1 | — | — | — |
| Nebr. | 17 | 18 | 2 | — | — | 7 | 4 | 6 | — | — |
| Kans. | 34 | 36 | N | N | 11 | 8 | 16 | 22 | — | 2 |
| S. ATLANTIC | 741 | 721 | 684 | 894 | 67 | 45 | 1,554 | 1,523 | 35 | 50 |
| Del. | 5 | 3 | 1 | 4 | — | N | 9 | 8 | — | 1 |
| Md. | 166 | 113 | — | — | 44 | 31 | 249 | 284 | 12 | 8 |
| D.C. | 8 | 9 | 15 | 8 | 2 | 4 | 86 | 47 | — | 1 |
| Va. | 72 | 62 | N | N | — | N | 104 | 82 | 4 | 2 |
| W. Va. | 22 | 23 | 97 | 96 | 21 | 10 | 4 | 3 | — | — |
| N.C. | 104 | 104 | N | N | U | U | 211 | 146 | 8 | 9 |
| S.C. | 26 | 50 | — | 83 | — | N | 57 | 97 | 4 | 11 |
| Ga. | 143 | 172 | 111 | 219 | — | N | 262 | 289 | 1 | 4 |
| Fla. | 195 | 185 | 460 | 484 | — | N | 572 | 567 | 6 | 14 |
| E.S. CENTRAL | 145 | 188 | 138 | 122 | 11 | 13 | 345 | 328 | 17 | 20 |
| Ky. | 31 | 54 | 25 | 24 | N | N | 37 | 34 | — | 1 |
| Tenn. | 114 | 134 | 113 | 96 | — | N | 172 | 102 | 12 | 8 |
| Ala. | — | — | — | — | — | N | 107 | 144 | 4 | 9 |
| Miss. | — | — | — | 2 | 11 | 13 | 29 | 48 | 1 | 2 |
| W.S. CENTRAL | 218 | 286 | 98 | 56 | 60 | 123 | 975 | 977 | 55 | 61 |
| Ark. | 16 | 16 | 12 | 8 | 14 | 8 | 39 | 42 | — | 3 |
| La. | 6 | 2 | 86 | 48 | 23 | 27 | 176 | 247 | 6 | 4 |
| Okla. | 95 | 56 | N | N | 23 | 36 | 30 | 20 | 1 | 2 |
| Tex. | 101 | 212 | N | N | — | 52 | 730 | 668 | 48 | 52 |
| MOUNTAIN | 516 | 392 | 52 | 23 | 42 | 33 | 309 | 315 | 15 | 39 |
| Mont. | — | — | — | — | — | — | 5 | 1 | — | — |
| Idaho | 2 | 8 | N | N | — | N | 20 | 16 | 1 | 2 |
| Wyo. | 3 | 7 | 22 | 9 | — | — | — | 3 | — | — |
| Colo. | 188 | 85 | N | N | 41 | 33 | 31 | 52 | — | — |
| N. Mex. | 41 | 83 | — | N | — | — | 38 | 71 | 2 | 2 |
| Ariz. | 212 | 171 | N | N | — | N | 134 | 132 | 12 | 34 |
| Utah | 69 | 35 | 28 | 12 | 1 | — | 6 | 10 | — | 1 |
| Nev. | 1 | 3 | 2 | 2 | — | — | 75 | 30 | — | — |
| PACIFIC | 85 | 99 | — | 1 | 9 | — | 1,203 | 1,192 | 14 | 54 |
| Wash. | N | N | N | N | N | N | 115 | 104 | — | — |
| Oreg. | N | N | N | N | 6 | N | 22 | 24 | — | — |
| Calif. | — | — | N | N | N | N | 1,056 | 1,058 | 14 | 54 |
| Alaska | — | — | — | — | — | N | 6 | 1 | — | — |
| Hawaii | 85 | 99 | — | 1 | 3 | — | 4 | 5 | — | — |
| Guam | — | — | — | — | — | — | — | 1 | — | — |
| P.R. | N | N | N | N | — | N | 156 | 112 | 8 | 5 |
| V.I. | — | — | — | — | — | — | — | 4 | — | — |
| 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. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 15, 2005, and October 16, 2004 (41st Week)*

| Reporting area | Tuberculosis | | Typhoid fever | | Varicella (chickenpox) | | West Nile virus disease† | | |
|----------------|--------------|--------------|---------------|--------------|---------------------------|--------------|--------------------------|--------------|--------------------|
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Neuroinvasive | | Non-neuroinvasive‡ |
| | | | | | | | Cum. 2005 | Cum. 2004 | Cum. 2005 |
| UNITED STATES | 8,813 | 10,436 | 209 | 263 | 18,501 | 21,620 | 913 | 1,120 | 1,240 |
| NEW ENGLAND | 266 | 342 | 22 | 20 | 1,032 | 2,346 | 9 | — | 3 |
| Maine | 14 | 16 | 1 | — | 213 | 181 | — | — | — |
| N.H. | 5 | 12 | — | — | 222 | — | — | — | — |
| Vt. | 4 | 2 | — | — | 59 | 413 | — | — | — |
| Mass. | 168 | 197 | 13 | 14 | 538 | 325 | 4 | — | 1 |
| R.I. | 24 | 42 | 1 | 1 | — | — | 1 | — | — |
| Conn. | 51 | 73 | 7 | 5 | U | 1,427 | 4 | — | 2 |
| MID. ATLANTIC | 1,571 | 1,614 | 36 | 66 | 3,575 | 75 | 24 | 17 | 15 |
| Upstate N.Y. | 200 | 211 | 5 | 9 | — | — | — | 5 | — |
| N.Y. City | 766 | 809 | 12 | 26 | — | — | 8 | 2 | 4 |
| N.J. | 371 | 355 | 10 | 16 | — | — | 2 | 1 | 1 |
| Pa. | 234 | 239 | 9 | 15 | 3,575 | 75 | 14 | 9 | 10 |
| E.N. CENTRAL | 992 | 928 | 19 | 32 | 4,885 | 9,233 | 207 | 66 | 98 |
| Ohio | 183 | 154 | 2 | 6 | 1,117 | 1,095 | 44 | 11 | 12 |
| Ind. | 106 | 102 | 1 | — | 482 | N | 7 | 8 | — |
| Ill. | 477 | 413 | 5 | 15 | 67 | 4,703 | 120 | 29 | 78 |
| Mich. | 163 | 191 | 6 | 9 | 2,885 | 2,905 | 29 | 13 | 4 |
| Wis. | 63 | 68 | 5 | 2 | 334 | 530 | 7 | 5 | 4 |
| W.N. CENTRAL | 475 | 355 | 4 | 7 | 371 | 146 | 107 | 86 | 362 |
| Minn. | 145 | 138 | 4 | 3 | — | — | 16 | 13 | 22 |
| Iowa | 170 | 32 | — | — | N | N | 10 | 13 | 14 |
| Mo. | 74 | 89 | — | 2 | 266 | 5 | 11 | 27 | 10 |
| N. Dak. | 2 | 3 | — | — | 20 | 81 | 11 | 2 | 72 |
| S. Dak. | 11 | 8 | — | — | 85 | 60 | 34 | 6 | 192 |
| Nebr. | 28 | 26 | — | 2 | — | — | 19 | 7 | 49 |
| Kans. | 45 | 59 | — | — | — | — | 6 | 18 | 3 |
| S. ATLANTIC | 1,974 | 2,137 | 41 | 37 | 1,630 | 1,956 | 24 | 64 | 19 |
| Del. | 12 | 17 | 1 | — | 23 | 5 | 1 | — | — |
| Md. | 211 | 219 | 9 | 11 | — | — | 4 | 9 | — |
| D.C. | 42 | 71 | — | — | 28 | 20 | — | 1 | — |
| Va. | 234 | 207 | 15 | 6 | 357 | 474 | — | 4 | — |
| W. Va. | 19 | 16 | — | — | 819 | 1,109 | — | — | N |
| N.C. | 224 | 253 | 3 | 6 | — | N | 2 | 3 | 1 |
| S.C. | 179 | 149 | — | — | 403 | 348 | 4 | — | — |
| Ga. | 308 | 459 | 2 | 4 | — | — | 7 | 14 | 5 |
| Fla. | 745 | 746 | 11 | 10 | — | — | 6 | 33 | 13 |
| E.S. CENTRAL | 394 | 489 | 5 | 8 | — | 38 | 55 | 60 | 32 |
| Ky. | 84 | 87 | 2 | 3 | N | N | 4 | 1 | — |
| Tenn. | 161 | 158 | — | 5 | — | — | 11 | 13 | 1 |
| Ala. | 149 | 151 | 1 | — | — | 38 | 5 | 15 | 2 |
| Miss. | — | 93 | 2 | — | — | — | 35 | 31 | 29 |
| W.S. CENTRAL | 984 | 1,535 | 15 | 20 | 4,973 | 5,953 | 140 | 218 | 83 |
| Ark. | 84 | 94 | — | — | 1 | — | 8 | 14 | 13 |
| La. | — | — | 1 | — | 109 | 48 | 58 | 77 | 23 |
| Okla. | 113 | 130 | — | 1 | — | — | 4 | 16 | 5 |
| Tex. | 787 | 1,311 | 14 | 19 | 4,863 | 5,905 | 70 | 111 | 42 |
| MOUNTAIN | 279 | 405 | 9 | 7 | 2,035 | 1,873 | 100 | 321 | 175 |
| Mont. | 8 | 4 | — | — | — | — | 8 | 2 | 17 |
| Idaho | — | 3 | — | — | — | — | 2 | 1 | 7 |
| Wyo. | — | 2 | — | — | 47 | 28 | 3 | 2 | 4 |
| Colo. | 46 | 98 | 4 | 2 | 1,457 | 1,497 | 14 | 41 | 61 |
| N. Mex. | 14 | 23 | — | — | 139 | U | 17 | 31 | 12 |
| Ariz. | 168 | 166 | 3 | 2 | — | — | 25 | 213 | 33 |
| Utah | 25 | 32 | 1 | 1 | 392 | 348 | 19 | 6 | 26 |
| Nev. | 18 | 77 | 1 | 2 | — | — | 12 | 25 | 15 |
| PACIFIC | 1,878 | 2,631 | 58 | 66 | — | — | 247 | 288 | 453 |
| Wash. | 196 | 179 | 5 | 6 | N | N | — | — | — |
| Oreg. | 54 | 81 | 3 | 1 | — | — | — | — | 5 |
| Calif. | 1,502 | 2,249 | 38 | 53 | — | — | 247 | 288 | 448 |
| Alaska | 32 | 30 | — | — | — | — | — | — | — |
| Hawaii | 94 | 92 | 12 | 6 | — | — | — | — | — |
| Guam | — | 44 | — | — | — | 136 | — | — | — |
| P.R. | — | 83 | — | — | 517 | 323 | — | — | — |
| V.I. | — | — | — | — | — | — | — | — | — |
| Amer. Samoa | U | U | U | U | U | U | U | U | — |
| C.N.M.I. | — | 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 2004 and 2005 are provisional and cumulative (year-to-date).

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

‡ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending October 15, 2005 (41st 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 | 422 | 293 | 84 | 29 | 5 | 11 | 38 | S. ATLANTIC | 999 | 625 | 245 | 74 | 29 | 26 | 49 | | |
| Boston, Mass. | 141 | 98 | 28 | 9 | 3 | 3 | 15 | Atlanta, Ga. | 99 | 57 | 25 | 8 | 7 | 2 | 4 | | |
| Bridgeport, Conn. | 21 | 18 | 1 | 2 | — | — | — | Baltimore, Md. | 133 | 81 | 40 | 10 | 1 | 1 | 11 | | |
| Cambridge, Mass. | 19 | 15 | 4 | — | — | — | 3 | Charlotte, N.C. | 93 | 56 | 26 | 5 | 2 | 4 | 6 | | |
| Fall River, Mass. | 14 | 9 | 4 | 1 | — | — | 1 | Jacksonville, Fla. | 125 | 77 | 30 | 11 | 5 | 2 | 4 | | |
| Hartford, Conn. | 46 | 28 | 8 | 5 | — | 5 | 5 | Miami, Fla. | 92 | 61 | 20 | 5 | 4 | 2 | 3 | | |
| Lowell, Mass. | 18 | 15 | 3 | — | — | — | 3 | Norfolk, Va. | 47 | 32 | 10 | 3 | 2 | — | — | | |
| Lynn, Mass. | 13 | 11 | 2 | — | — | — | 3 | Richmond, Va. | 62 | 37 | 15 | 4 | 3 | 3 | 2 | | |
| New Bedford, Mass. | 18 | 14 | 2 | 2 | — | — | 2 | Savannah, Ga. | 60 | 41 | 12 | 5 | 1 | 1 | 4 | | |
| New Haven, Conn. | 35 | 23 | 8 | 1 | 1 | 2 | 1 | St. Petersburg, Fla. | 16 | 12 | 3 | — | — | 1 | 5 | | |
| Providence, R.I. | U | U | U | U | U | U | U | Tampa, Fla. | 154 | 97 | 34 | 13 | 3 | 7 | 5 | | |
| Somerville, Mass. | 3 | 2 | 1 | — | — | — | — | Washington, D.C. | 100 | 60 | 27 | 9 | 1 | 3 | 3 | | |
| Springfield, Mass. | 33 | 18 | 12 | 2 | — | 1 | 1 | Wilmington, Del. | 18 | 14 | 3 | 1 | — | — | 2 | | |
| Waterbury, Conn. | 20 | 15 | 3 | 1 | 1 | — | 1 | E.S. CENTRAL | 596 | 372 | 153 | 40 | 14 | 17 | 35 | | |
| Worcester, Mass. | 41 | 27 | 8 | 6 | — | — | 3 | Birmingham, Ala. | 127 | 85 | 27 | 11 | 1 | 3 | 7 | | |
| MID. ATLANTIC | 1,977 | 1,359 | 433 | 117 | 38 | 28 | 107 | Chattanooga, Tenn. | 61 | 34 | 20 | 2 | 1 | 4 | 1 | | |
| Albany, N.Y. | 42 | 32 | 8 | — | 1 | 1 | 4 | Knoxville, Tenn. | 96 | 71 | 20 | 2 | 1 | 2 | 4 | | |
| Allentown, Pa. | 17 | 11 | 5 | 1 | — | — | 2 | Lexington, Ky. | 50 | 23 | 14 | 10 | — | 3 | 2 | | |
| Buffalo, N.Y. | 115 | 73 | 25 | 8 | 7 | 2 | 9 | Memphis, Tenn. | U | U | U | U | U | U | U | | |
| Camden, N.J. | 31 | 17 | 10 | 3 | — | 1 | 3 | Mobile, Ala. | 78 | 48 | 25 | 3 | 2 | — | 2 | | |
| Elizabeth, N.J. | 10 | 7 | 2 | 1 | — | — | 1 | Montgomery, Ala. | 41 | 29 | 10 | 1 | 1 | — | 3 | | |
| Erie, Pa. | 47 | 40 | 6 | 1 | — | — | 7 | Nashville, Tenn. | 143 | 82 | 37 | 11 | 8 | 5 | 16 | | |
| Jersey City, N.J. | 26 | 15 | 11 | — | — | — | — | W.S. CENTRAL | 1,444 | 907 | 338 | 116 | 50 | 33 | 91 | | |
| New York City, N.Y. | 1,014 | 717 | 209 | 55 | 17 | 16 | 42 | Austin, Tex. | 102 | 67 | 20 | 6 | 4 | 5 | 6 | | |
| Newark, N.J. | 55 | 22 | 18 | 10 | 3 | 2 | 3 | Baton Rouge, La. | 34 | 23 | 9 | 1 | 1 | — | — | | |
| Paterson, N.J. | 9 | 3 | 4 | 1 | 1 | — | 1 | Corpus Christi, Tex. | 62 | 45 | 10 | 4 | 2 | 1 | 2 | | |
| Philadelphia, Pa. | 294 | 185 | 80 | 18 | 7 | 2 | 10 | Dallas, Tex. | 166 | 81 | 50 | 22 | 8 | 5 | 12 | | |
| Pittsburgh, Pa.‡ | 22 | 11 | 7 | 2 | 1 | 1 | 2 | El Paso, Tex. | 97 | 68 | 20 | 5 | 3 | 1 | 9 | | |
| Reading, Pa. | 30 | 24 | 3 | 3 | — | — | — | Ft. Worth, Tex. | 104 | 62 | 20 | 10 | 5 | 7 | 4 | | |
| Rochester, N.Y. | 106 | 83 | 16 | 4 | 1 | 2 | 9 | Houston, Tex. | 409 | 236 | 111 | 38 | 14 | 10 | 28 | | |
| Schenectady, N.Y. | 19 | 15 | 3 | 1 | — | — | 3 | Little Rock, Ark. | 60 | 37 | 16 | 6 | 1 | — | 2 | | |
| Scranton, Pa. | 20 | 16 | 3 | 1 | — | — | 3 | New Orleans, La.† | U | U | U | U | U | U | U | | |
| Syracuse, N.Y. | 73 | 57 | 14 | 1 | — | 1 | 7 | San Antonio, Tex. | 265 | 178 | 60 | 17 | 7 | 3 | 15 | | |
| Trenton, N.J. | 16 | 12 | 3 | 1 | — | — | 1 | Shreveport, La. | 43 | 31 | 7 | 3 | 1 | 1 | 9 | | |
| Utica, N.Y. | 11 | 8 | 1 | 2 | — | — | — | Tulsa, Okla. | 102 | 79 | 15 | 4 | 4 | — | 4 | | |
| Yonkers, N.Y. | 20 | 11 | 5 | 4 | — | — | — | MOUNTAIN | 1,036 | 666 | 227 | 79 | 42 | 22 | 58 | | |
| E.N. CENTRAL | 1,870 | 1,229 | 450 | 115 | 43 | 33 | 102 | Albuquerque, N.M. | 121 | 82 | 30 | 6 | 3 | — | 4 | | |
| Akron, Ohio | 49 | 33 | 9 | 3 | 1 | 3 | 2 | Boise, Idaho | 51 | 38 | 8 | 2 | 1 | 2 | 2 | | |
| Canton, Ohio | 35 | 26 | 4 | 2 | 2 | 1 | 6 | Colorado Springs, Colo. | 61 | 40 | 14 | 4 | 1 | 2 | 3 | | |
| Chicago, Ill. | 336 | 192 | 99 | 27 | 11 | 7 | 24 | Denver, Colo. | 78 | 42 | 18 | 6 | 6 | 6 | 6 | | |
| Cincinnati, Ohio | 61 | 43 | 12 | 4 | 1 | 1 | 5 | Las Vegas, Nev. | 243 | 152 | 57 | 21 | 12 | 1 | 12 | | |
| Cleveland, Ohio | 222 | 174 | 34 | 11 | — | 3 | 5 | Ogden, Utah | 34 | 25 | 5 | 3 | — | 1 | 3 | | |
| Columbus, Ohio | 156 | 94 | 39 | 18 | 4 | 1 | 8 | Phoenix, Ariz. | 161 | 85 | 41 | 22 | 7 | 6 | 9 | | |
| Dayton, Ohio | 123 | 85 | 27 | 5 | 3 | 3 | 5 | Pueblo, Colo. | 19 | 14 | 3 | 2 | — | — | 3 | | |
| Detroit, Mich. | 160 | 82 | 57 | 9 | 8 | 4 | 12 | Salt Lake City, Utah | 108 | 81 | 14 | 6 | 6 | 1 | 10 | | |
| Evansville, Ind. | 40 | 31 | 7 | 2 | — | — | — | Tucson, Ariz. | 160 | 107 | 37 | 7 | 6 | 3 | 6 | | |
| Fort Wayne, Ind. | 63 | 39 | 18 | 2 | 2 | 2 | 3 | PACIFIC | 1,368 | 915 | 309 | 85 | 38 | 19 | 129 | | |
| Gary, Ind. | 27 | 7 | 16 | 2 | 2 | — | 1 | Berkeley, Calif. | 12 | 9 | 2 | — | — | 1 | 3 | | |
| Grand Rapids, Mich. | 49 | 35 | 8 | 1 | 3 | 2 | 2 | Fresno, Calif. | 75 | 49 | 22 | 4 | — | — | 10 | | |
| Indianapolis, Ind. | 142 | 99 | 36 | 4 | 2 | 1 | 7 | Glendale, Calif. | 5 | 5 | — | — | — | — | 1 | | |
| Lansing, Mich. | 47 | 34 | 10 | 3 | — | — | 1 | Honolulu, Hawaii | 88 | 65 | 14 | 5 | 3 | 1 | 5 | | |
| Milwaukee, Wis. | 115 | 79 | 23 | 8 | 2 | 3 | 6 | Long Beach, Calif. | 77 | 53 | 15 | 7 | 1 | 1 | 11 | | |
| Peoria, Ill. | 32 | 24 | 3 | 5 | — | — | 1 | Los Angeles, Calif. | 143 | 94 | 30 | 10 | 5 | 4 | 20 | | |
| Rockford, Ill. | 50 | 32 | 13 | 4 | 1 | — | 6 | Pasadena, Calif. | 18 | 16 | — | 2 | — | — | 6 | | |
| South Bend, Ind. | 45 | 34 | 10 | 1 | — | — | 4 | Portland, Oreg. | 83 | 56 | 18 | 5 | 1 | 2 | 8 | | |
| Toledo, Ohio | 73 | 49 | 17 | 4 | 1 | 2 | 3 | Sacramento, Calif. | 142 | 95 | 31 | 10 | 4 | 2 | 12 | | |
| Youngstown, Ohio | 45 | 37 | 8 | — | — | — | 1 | San Diego, Calif. | 131 | 76 | 37 | 12 | 4 | 1 | 11 | | |
| W.N. CENTRAL | 467 | 301 | 122 | 19 | 12 | 13 | 32 | San Francisco, Calif. | 125 | 78 | 36 | 3 | 6 | 2 | 16 | | |
| Des Moines, Iowa | 46 | 33 | 5 | 4 | 3 | 1 | 4 | San Jose, Calif. | 161 | 112 | 34 | 9 | 6 | — | 11 | | |
| Duluth, Minn. | 28 | 19 | 9 | — | — | — | 3 | Santa Cruz, Calif. | 29 | 15 | 12 | 1 | 1 | — | 4 | | |
| Kansas City, Kans. | 29 | 19 | 9 | 1 | — | — | 4 | Seattle, Wash. | 115 | 73 | 28 | 8 | 4 | 2 | 5 | | |
| Kansas City, Mo. | 62 | 40 | 16 | 1 | 3 | 2 | 3 | Spokane, Wash. | 51 | 41 | 7 | 1 | 1 | 1 | 3 | | |
| Lincoln, Nebr. | 41 | 29 | 10 | — | — | 2 | 2 | Tacoma, Wash. | 113 | 78 | 23 | 8 | 2 | 2 | 3 | | |
| Minneapolis, Minn. | 46 | 25 | 12 | 6 | 1 | 2 | 6 | TOTAL | 10,179** | 6,667 | 2,361 | 674 | 271 | 202 | 641 | | |
| Omaha, Nebr. | 64 | 41 | 18 | 2 | 2 | 1 | 6 | | | | | | | | | | |
| St. Louis, Mo. | 41 | 19 | 17 | 3 | — | 2 | — | | | | | | | | | | |
| St. Paul, Minn. | 45 | 31 | 11 | 1 | — | 2 | 4 | | | | | | | | | | |
| Wichita, Kans. | 65 | 45 | 15 | 1 | 3 | 1 | — | | | | | | | | | | |

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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