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Turtle-Associated Salmonellosis in Humans — United States, 2006–2007

Turtles and other reptiles are reservoirs of *Salmonella* and have long been a recognized source of *Salmonella* infection in humans (*1*). Small turtles have posed a particular danger to young children because these turtles might not be perceived as health hazards and can be handled like toys. *Salmonella* infections in children can be severe and can result in hospitalization and occasionally in death (*2*). The association between *Salmonella* infection in children and exposure to turtles led to a 1975 law prohibiting the sale or distribution of small turtles (i.e., those with a carapace of <4 inches in length) in the United States (*3*). That prohibition led to a substantial decline in human salmonellosis cases associated with turtles (*4*). However, because the prohibition is not fully enforced and contains exceptions (e.g., sales for educational purposes), human turtle-associated cases continue to occur. This report describes several recent cases of turtle-associated salmonellosis reported to CDC by state and local health departments since September 2006, including a fatal case in an infant. These cases illustrate that small turtles remain a source of human *Salmonella* infections. Although ongoing public education measures aimed at preventing reptile-acquired *Salmonella* infections are helpful, prohibiting the sale of small turtles likely remains the most effective public health action to prevent turtle-associated salmonellosis.

Salmonella Pomona Infections — Multiple States

On February 20, 2007, a female infant aged 3 weeks with a 1-day history of poor feeding and lethargy was evaluated in an emergency department at a Florida hospital. The patient was transferred immediately to a tertiary-care pediatric hospital; on arrival, she was febrile and in septic shock. Antibiotics were administered. She died on March 1. Cultures of cerebrospinal fluid and blood samples yielded *Salmonella* serotype Pomona.

The parents of the patient were interviewed by the Florida Department of Health. A family friend had purchased a small turtle with a carapace of 1.25 inches from a flea market in north central Florida in mid-November 2006. The turtle was purchased as a pet and given to the patient's family in late January 2007. After the death of the infant, laboratory testing of the turtle and its environment was performed by the Florida Bureau of Laboratories. A fecal sample from the turtle yielded *S.* Pomona. The *S.* Pomona isolates from the patient and the turtle were indistinguishable by pulsed-field gel electrophoresis (PFGE).

A total of 19 other *S.* Pomona isolates from 19 patients in 11 states (Alabama, Arizona, California, Florida, Massachusetts, Nevada, New Mexico, New York, Pennsylvania, South Carolina, and Texas) with a PFGE pattern closely related to the isolate from the Florida patient and turtle were submitted to PulseNet,* with isolation dates ranging from October 2, 2006 to April 23, 2007. To determine whether these cases of *S.* Pomona infection were associated with turtle exposure, CDC staff, through OutbreakNet,† coordinated an investigation with state and city health departments, which conducted interviews with patients or their parents or guardians. The median age of patients was 3 years (range: 2 months–59 years).

* National Molecular Subtyping Network for Foodborne Disease Surveillance.

† The network of epidemiologists and other public health officials, facilitated by CDC, that investigates outbreaks of foodborne, waterborne, and other enteric illnesses.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

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Illness onsets occurred during September 30, 2006–April 23, 2007. Of the 15 interviewed patients, 12 (80%) had direct or indirect contact with a turtle within 7 days before illness onset. Among those 12 patients, nine (75%) had turtles as household pets. The duration of turtle ownership before illness onset ranged from <1 month to approximately 5 years. Among the six patients for whom purchase information was available, all had purchased small turtles as pets from flea markets or pet shops. Carapace size at time of purchase was not reported. No common vendor was identified.

Salmonella I 4,[5],12:i:- Infections — Ohio and Tennessee

Ohio. In September 2006, a previously healthy boy aged 8 years had onset of bloody diarrhea with cramping, headache, vomiting, and fever of 101.0°F (38.3°C). The Ohio Department of Health Laboratory isolated *Salmonella* I 4,[5],12:i:- from a stool specimen. The patient recovered at home after 3 days. No family member reported a similar illness while the patient was ill. However, the next month, the patient's brother, aged 12 years, had onset of bloody diarrhea; a stool specimen yielded *Salmonella* I 4,[5],12:i:-.

Two weeks before the first patient became ill, the family had purchased three red-eared slider turtles as pets, each with a carapace of <4 inches, at a flea market in southeastern Kentucky. The Ohio Department of Agriculture Laboratory isolated *Salmonella* from the coelomic contents of the turtles and a water sample from the turtles' aquarium. The isolates were serotyped at the U.S. Department of Agriculture's National Veterinary Services Laboratory; the turtle isolates were *Salmonella* I 4,[5],12:i:-, *S.* Litchfield, and *S.* Infantis, and the water sample isolate was *S.* Infantis. The *Salmonella* I 4,[5],12:i:- isolates from the patients and turtles were indistinguishable by PFGE performed at the Ohio Department of Health Laboratory.

Tennessee. In September 2006, a previously healthy woman aged 45 years was hospitalized with diarrhea, chills, fever of 102.8°F (39.3°C), abdominal cramps, myalgia, fatigue, nausea, and vomiting of 24 hours' duration. The patient was treated with antibiotics and intravenous fluids and released after 3 days. A stool specimen yielded *Salmonella* I 4,[5],12:i:-. The patient became ill less than 2 weeks after her son, aged 7 years, received two small red-eared slider turtles, both with carapaces of <2 inches, as a gift from family friends who had purchased them in Florida from an unknown vendor. The child also had onset of diarrhea shortly after receiving the turtles, but no specimens were collected during his illness.

County health officials visited the patient's home and collected a stool specimen from the child, an external surface swab from both turtles, and a water sample from the aquarium. Specimens from the child and turtles yielded *Salmonella* I 4,[5],12:i:- isolates, which were indistinguishable from the mother's isolate based on PFGE performed at the Tennessee Department of Health Laboratory. The aquarium water sample yielded *Salmonella* Pomona.

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Editorial Note: *Salmonella* illness remains a major public health problem in the United States, with an estimated 1.4 million nontyphoidal human *Salmonella* infections occurring annually, resulting in approximately 15,000 hospitalizations and 400 deaths (*5*). Reptiles are a well-established source of human salmonellosis; a study conducted during 1996–1997 attributed an estimated 6% of all human, laboratory-confirmed, sporadic *Salmonella* infections in the United States (and 11% of infections among persons aged <21 years) to contact with reptiles and amphibians (*6*). The epidemiologic and laboratory findings from the investigations described in this report demonstrate that turtles were the likely source of infection in these human salmonellosis cases. Exposure to turtles was associated with salmonellosis, and identical PFGE *Salmonella* strains were isolated from samples from patients and their turtles in three separate instances. Nontyphoidal human *Salmonella* illnesses in the United States are common and usually sporadic; therefore, many cases of turtle-associated human salmonellosis likely occur without detection or without a recognized link to exposure to turtles.

Despite a federal law prohibiting the sale or distribution of small turtles as pets, such sales still occur. *Salmonella* can be transmitted to humans by direct or indirect contact with a turtle or its feces. No reliable methods are available to guarantee that a turtle is free of *Salmonella*. Most turtles are colonized with *Salmonella* and shed the bacteria intermittently in their feces. Certain techniques to eliminate *Salmonella* from turtles have been unsuccessful and have resulted in *Salmonella* isolates with increased antibiotic resistance (*7*). In addition, turtles not shedding *Salmonella* species under normal circumstances have been shown to actively shed the bacteria when stressed (*8*). Moreover, water in turtle bowls or aquariums can amplify any *Salmonella* shed by turtles. For these reasons, all turtles, regardless of carapace size, should be handled as though they are infected with *Salmonella*.

In 1980, CDC estimated that the 1975 federal prohibition of the sale of small turtles in the United States had prevented an estimated 100,000 cases of turtle-associated salmonellosis in children aged 1–9 years in 1976 (*4*). These additional cases might have resulted in approximately 1,500 hospitalizations and 40 deaths that year (*4–6*). Reductions in human illnesses associated with turtle-associated *Salmonella* strains were observed in other countries when similar small turtle sale prohibitions were enacted (*9,10*). When Sweden joined the European Union in 1996 and sale prohibitions were repealed, the number of human salmonellosis cases from reptile-associated *Salmonella* strains increased substantially, with children being most affected (*9*).

The recent cases of turtle-associated human salmonellosis described in this report emphasize the need for improved prevention measures. Public education aimed at preventing reptile-acquired *Salmonella* infections is ongoing in the United States (Box). After identification of the cluster of *Salmonella* Pomona infections and the fatal case in the infant described in this report, the Food and Drug Administration issued a consumer advisory update, available at http://www.fda.gov/consumer/updates/turtles042307.html, emphasizing the risks for salmonellosis associated with small pet turtles. Consumers were reminded of recommendations for reducing the risk for *Salmonella* infection from all reptiles, which include washing hands with soap and water after handling reptiles or their cages and keeping reptiles out of food-preparation areas. CDC has published similar recommendations, available at http://www.cdc.gov/healthypets/spotlight_an_turtles.htm. Such education measures are helpful, but prohibiting the sale of small turtles likely remains the most effective public health action to prevent turtle-associated salmonellosis.

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BOX. Recommendations for preventing transmission of *Salmonella* from reptiles and amphibians to humans

- Pet store owners, health-care practitioners, and veterinarians should provide information to owners and potential purchasers of reptiles and amphibians about the risk for acquiring salmonellosis from their pets.
- Persons should always wash their hands with soap and water after handling reptiles and amphibians or their cages.
- Persons at increased risk for infection with serious complications from salmonellosis (e.g., children aged <5 years and immunocompromised persons) should avoid contact with reptiles and amphibians.
- Reptiles and amphibians should be kept out of households with children aged <5 years or immunocompromised persons. Families expecting a new child should give away their pet reptiles and amphibians away before the infant arrives.
- Reptiles and amphibians should not be kept in child-care centers.
- Reptiles and amphibians should not be allowed to roam freely throughout the house.
- Reptiles and amphibians should be kept out of kitchens and other food-preparation areas to prevent contamination. Kitchen sinks should not be used to bathe pets or to wash their dishes, cages, or aquariums. If bathtubs are used for these purposes, they should be thoroughly cleaned afterward.

SOURCE: Mermin J, Hutwagner L, Vugia D, et al. Reptiles, amphibians, and human *Salmonella* infection: a population-based, case-control study. Clin Infect Dis 2004;38(Suppl 3):S253–61.

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Advanced Pneumoconiosis Among Working Underground Coal Miners — Eastern Kentucky and Southwestern Virginia, 2006

Current regulations for U.S. underground coal mines, mandated by federal legislation in 1969 and amended in 1977, include provisions to prevent the occurrence of pneumoconiosis* (*1*). However, in 2005 and 2006, clusters of rapidly progressing and potentially disabling pneumoconiosis were reported in certain geographic areas (*2,3*). In response to these reports, CDC's National Institute for Occupational Safety and Health (NIOSH) instituted field surveys conducted under the Enhanced Coal Workers' Health Surveillance Program (ECWHSP).† This report describes the results of those surveys, which were conducted in three counties in eastern Kentucky (Knott, Letcher, and Pike) and four counties in southwestern Virginia (Buchanan, Dickenson, Tazewell, and Wise). A total of 37 cases of advanced pneumoconiosis (including four cases reported previously) were identified. Measures are needed to prevent further occurrence of this disease among underground coal miners.

The ECWHSP team visited 26 sites in the seven counties. All 4,897 miners listed on the rosters of active underground coal mines were notified of the field survey program by mail and told when and where the ECWHSP mobile examination unit would be in operation. During the medical surveys, standardized questionnaires, spirometry (lung-capacity testing), and chest radiography were administered according to NIOSH-specified procedures. Radiographs were classified by NIOSH-certified B Readers according to international

* Pneumoconiosis refers to either coal workers' pneumoconiosis (CWP) or silicosis, two similar, chronic fibrotic diseases of the lungs that can result from inhalation of coal-mine dust or silica dust, respectively. Silica dust is more toxic than coal-mine dust, and silicosis historically has developed at a more rapid rate than CWP. Both diseases can advance to progressive massive fibrosis (PMF), resulting in impairment, severe disability, and premature death.

† ECWHSP is the outreach component of a national program operated by NIOSH that offers periodic chest radiographs to underground coal miners.

standards[§] (*4*). A total of 975 (20%) of the 4,897 miners were tested; 37 (4%) of those tested had advanced pneumoconiosis.

The national chest radiograph program recommends that all miners receive an initial radiograph upon hire, a second radiograph after 3 years, and additional radiographs at 5-year intervals for the remainder of their careers. However, medical record data indicated that all 37 miners had worked underground for at least one interval of ≥10 years without a chest radiograph. Twenty-two (59%) of the miners had worked for at least a 20-year interval without a chest radiograph, and two had worked for >30 years without a radiograph. The following descriptions of four of the 37 cases exemplify the different patterns of exposure to coal-mine dust and development of advanced pneumoconiosis observed among the miners surveyed.

Case Descriptions

Case 1. A man from Wise County, Virginia, began work as an underground coal miner in 1970, at age 22 years. He worked underground for 31 years, all but 2 years in coal-face[¶] jobs. In 2001, he began work in other areas underground, and his chest radiograph indicated category 2/1 small opacities (*4*). In 2006, at age 58 years, his ECWHSP radiograph indicated progression to 2/3. His exposure history (i.e., limited exposure to silica dust) and slow disease progression were consistent with coal workers' pneumoconiosis (CWP).

Case 2. A man from Pike County, Kentucky, began work as an underground coal miner in 1976, at age 18 years. After 23 years in coal-face jobs, in 1999, his chest radiograph indicated no evidence of pneumoconiosis. Seven years later, at age 48 years, he participated in a health survey through ECWHSP, and his radiograph revealed category 2/2 small opacities and stage B progressive massive fibrosis (PMF). This rapid disease development is atypical of the usual clinical progression of CWP, which can take 20–40 years to develop, and is more consistent with silicosis. However, the man's disease developed without apparent exposure to silica dust.

Case 3. A man from Letcher County, Kentucky, began work as an underground coal miner in 1972, at age 18 years. By 2003, at age 49 years, he had spent 6 years at the coal face and 25 years as a roofbolter,** and a chest radiograph indicated category 1/2 small opacities, suggesting simple pneumoconiosis. During 2003–2006, the man continued to work at the coal face. In 2006, he participated in ECWHSP, and his chest radiograph indicated progression to category 2/2 small opacities. Although he had spent most of his mining years as a roofbolter, a job generally associated with silica-dust exposure, his disease development pattern was more consistent with CWP than silicosis.

Case 4. A man from Buchanan County, Virginia, began work as an underground coal miner in 1971, at age 20 years. In 2001, after 30 years working in jobs at the coal face and roofbolting, he had category 0/1 small opacities. After 5 more years of similar work, at age 55 years, he participated in ECWHSP, and his disease had progressed to category 1/2 simple small opacities and stage B PMF. This exposure pattern and accelerated clinical course is more consistent with silicosis development than CWP.

Field Survey Findings

Silica dust is more toxic to lungs than coal-mine dust, and categorization by exposure to these two types of dust can be a useful way to differentiate lung disease and identify causative factors. The 37 miners with advanced pneumoconiosis were categorized into two groups according to their occupation exposures: those who had worked in jobs with known exposure to silica dust (roofbolters or drillers) and those who had worked in jobs not typically associated with silica-dust exposure (coal-face jobs only) (Table). Job information was summarized from self-reported work histories collected at each medical examination. Eleven miners (more likely at risk for CWP) reported working only in coal-face jobs and other mining jobs not historically associated with the high silica-dust levels that might result in silicosis. Twenty-six miners (more likely at risk for silicosis) included 25 who had worked as roofbolters and one who had not been a roofbolter but had worked for 8 years as a driller at a surface coal mine; both jobs are historically associated with exposure to higher levels of silica dust.

Miners in both groups (coal-face workers and roofbolters) had worked underground in coal mining for similar periods

§ Radiographs are classified for pneumoconiosis according to the profusion of small opacities (associated with simple pneumoconiosis) and the size of large opacities (associated with PMF) when compared with standard radiographs developed by the International Labour Office. The profusion of small opacities is classified into four major categories (0, 1, 2, or 3), with subdivisions reflecting variation within the major category; category 1/0 or higher is considered radiographic evidence of pneumoconiosis. Large opacities are classified into three categories (A, B, or C). The 37 miners in this report all had either large opacities (PMF) or simple pneumoconiosis that was classified as category 2/1 or greater (advanced pneumoconiosis), or both.

¶ The coal face is the area of the mine where the coal is cut from the seam.

** Roofbolters drill holes into the roof of mine passageways, often through siliceous rock, and insert bolts to prevent rock falls. Surface coal-mine drillers often drill into siliceous rock.

TABLE. Advanced pneumoconiosis among working underground coal miners, by type of occupational exposure and medical and work history — eastern Kentucky and southwestern Virginia, 2006

Medical history/Work history	Occupational exposure: Worked coal-face jobs only* (n = 11)		Occupational exposure: Worked as a roofbolter or driller† (n = 26)		Total (N = 37)	
Progressive massive fibrosis (PMF) (% of miners)	7	(64)	11	(42)	**18**	**(49)**
Mean no. of yrs worked underground (range)	31.2	(25–43)	29.1	(16–42)	**29.7**	**(16–43)**
Mean no. of yrs to detection of pneumoconiosis§ (range)	28.9	(18–43)	27.1	(17–38)	**27.6**	**(17–43)**
Mean no. of yrs to detection of PMF (range)	28.9	(25–33)	29.5	(17–42)	**29.2**	**(17–42)**
Rapid disease development¶ (% of miners)	2	(18)	1	(4)	**3**	**(8)**

* The coal face is the area of the mine where the coal is cut from the seam.
† Twenty-five miners had worked as roofbolters, and one had worked as a driller at a surface coal mine. Roofbolters drill holes into the roof of mine passageways, often through siliceous rock, and insert bolts to prevent rock falls. Surface coal-mine drillers often drill into siliceous rock.
§ Defined as the first chest radiograph classified as category 1/0 or greater, or diagnosis of PMF. International Labour Office. Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses. 2000 ed. Geneva, Switzerland: International Labour Office; 2002 (Occupational Safety and Health Series, no. 22, rev. 2000).
¶ Defined as chest radiograph progression from category 0 to PMF in <10 years.

(means of 31.2 years and 29.1 years, respectively) (Table). PMF was identified in 64% of the coal-face workers and 42% of the roofbolters. Because silicosis usually develops more rapidly than CWP, examination of disease development patterns can aid in differentiation between CWP and silicosis. However, in this survey, the results were atypical; one of 26 roofbolters (4%) progressed to PMF rapidly (in <10 years), compared with two of 11 coal-face workers (18%) (Table). In addition, the mean number of years to detection of PMF was similar between the two groups (28.9 years for coal-face workers, compared with 29.5 years for roofbolters).[††]

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Editorial Note: The Federal Coal Mine Health and Safety Act of 1969 brought about a reduction in pneumoconiosis among underground coal miners. Largely as a result of the new limit on coal-mine dust and launch of the periodic chest radiograph program, prevalence of all pneumoconiosis (category 1/0 or greater) among underground miners with ≥25 years on the job dropped from approximately 30% in the early 1970s to <5% in the late 1990s (*5*). However, this report and others (*2,3*) document the persistent occurrence of advanced pneumoconiosis among miners in certain locations. Identification of advanced cases among miners aged <50 years is particularly concerning, because they were exposed to coal-mine dust in the years after implementation of the disease prevention measures mandated by the 1969 federal legislation.

Various explanations might be considered for the continued occurrence of advanced pneumoconiosis. These include 1) inadequacies in the mandated coal-mine–dust regulations, 2) failure to comply with or adequately enforce those regulations, 3) lack of disease prevention innovations to accommodate changes in mining practices (e.g., thin-seam mining) brought about by depletion of richer coal reserves, and 4) missed opportunities by miners to be screened for early disease and take action to reduce dust exposure.

With respect to the adequacy of coal-mine–dust regulations, NIOSH concluded in 1995 that the current 2 mg/m^3 exposure limit was insufficiently protective (*6*). Based on United Kingdom and U.S. exposure-response model predictions published after 1969, NIOSH recommended a 1 mg/m^3 limit in 1995. In addition, regional differences in coal-dust toxicity might also be a factor in development of pneumoconiosis, possibly affecting the findings in this report. Coal rank,[§§] which varies widely among coalfields, has been suggested as a factor in disease prevalence (*6*). NIOSH is examining coal rank to determine whether it was a factor in the 37 cases of advanced pneumoconiosis described in this report.

The effectiveness of methods used to enforce compliance with legal exposure limits has been challenged previously (*7*). NIOSH currently is assessing the use of real-time personal dust-monitoring instruments to help enhance exposure assessment and dust control.[¶¶] Such instruments can provide immediate evidence of overexposure to coal-mine dust, facilitating rapid action to ameliorate adverse conditions.

Depletion of richer coal reserves is resulting in increased mining of thin seams of coal, posing difficulties for dust control, including cutting through rock at the roof and floor of the seam, which can elevate silica-dust levels. In thin-seam mining, both coal-face and roofbolter work might be associated with high exposure to silica dust. Thin-seam mines are

†† Sporadic participation in programs offering periodic chest radiographs limits the ability to ascertain rapid disease development.

§§ A measure of the age, hardness, and other properties of coal.
¶¶ Information available at http://www.cdc.gov/niosh/nas/mining/intermediateoutcome1.htm.

common in the seven counties surveyed in this report, which might explain the lack of any major differences in findings between the coal-face and roofbolter groups.

Finally, although underground coal miners are eligible for periodic chest radiographs at no cost, their participation is sporadic. Irregular participation leads to missed opportunities to diagnose early disease in miners and to counsel them to take action to reduce their dust exposures. Interviews with miners have indicated that reasons for nonparticipation are manifold, including concerns that a positive finding might be disclosed to their employers and lead to job loss or affect future receipt of compensation for disability (NIOSH, unpublished data, 2006). Moreover, of those miners eligible, only a minority exercise their legal right for transfer to a job with reduced exposure to coal-mine dust (*8*).

Because pneumoconiosis is entirely preventable through stringent and effective coal-mine–dust control, the cases reported point to gaps in one or more aspects of regulations or procedures used to control dust. The Mine Safety and Health Administration has begun a national education and training campaign to increase awareness and enhance prevention of pneumoconiosis (*9*). In addition, NIOSH is examining mining environments to evaluate current exposures and improve guidance on dust control, and field investigations are continuing to gather data on disease clusters in other locations. The results of these investigations are being used to inform ongoing activities aimed at preventing pneumoconiosis among coal miners.

Acknowledgments

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Deportation of Tuberculosis Patients Complicated by a Medication Shortage — Honduras, May–August 2006

The Division of Immigration Health Services (DIHS), within the Bureau of Primary Health Care of the Health Resources and Services Administration, provides health-care and public health services to undocumented persons who are detained by Immigration and Customs Enforcement (ICE) of the U.S. Department of Homeland Security. Detainees in ICE custody are screened for active tuberculosis (TB) disease and, if medically indicated, TB treatment is initiated or continued. Approximately 84% of detainees identified with TB while in ICE custody are deported to their countries of origin before their treatment has been completed (*1,2*). These patients are only allowed to travel after they have been determined to be noninfectious in accordance with CDC guidelines (*3*). Patients with active TB who are deported before treatment completion are at high risk for interrupting or not completing treatment (which typically lasts at least 6 months), developing drug-resistant TB, and transmitting TB disease to others; in addition, these patients often illegally reenter the United States after deportation (*1*).

To facilitate treatment completion in this population, DIHS routinely collaborates with ICE, local and state health departments and health authorities in the United States, local public health authorities in foreign countries, U.S.-Mexico border health offices, binational health programs, foreign national TB programs, the Migrant Clinicians Network (MCN), and the CureTB* program to arrange for TB treatment to continue in the patient's home country after deportation. During May–August 2006, Honduras experienced a shortage of TB medication. This report describes the joint U.S.-Honduras public health actions taken to facilitate treatment completion for 30 detainees who had active TB disease and were awaiting deportation to Honduras during this shortage, highlighting a

* CureTB and MCN are U.S.-based programs that provide international services for detainees who are receiving TB treatment while awaiting deportation.

potentially effective approach, the "meet-and-greet" process, for promoting continuity of TB care among deported persons. Successful global TB control must address the challenges of treating highly mobile populations (e.g., persons who are being deported) and requires multiagency collaboration and support, including partners outside the public health field.

Medication Shortage and Plan of Action

On May 23, 2006, an official from the Honduras National TB Program (NTP) notified MCN and DIHS that procurement problems had resulted in a national shortage of first-line TB medications (i.e., isoniazid, rifampin, ethambutol, and pyrazinamide). Because of the shortage, initiation of treatment for newly identified TB patients in Honduras had been suspended to avoid interruptions in TB therapy for patients already receiving treatment. DIHS officials notified ICE leadership of the medication shortage and proposed two possible solutions: 1) hold detainees receiving TB treatment in the United States until the medication shortage was resolved, or 2) deport the detainees with a medication supply that would allow them to complete treatment in Honduras. The first solution would have resulted in prolonged detention of Honduran nationals, for medical reasons, who were otherwise cleared for deportation. Although federal immigration statutes allow ICE to detain persons to facilitate deportation, it generally must occur within 90 days of issuing a final order of removal (*4*); health status is not usually considered during deportation. The second solution required collaboration among U.S. local and state health departments, TB-referral programs, ICE officials, Honduran public health and customs authorities, and the U.S. Marshals Service Justice Prisoner and Alien Transportation System (JPATS), which transports detainees who are being deported.

Because of the legal and ethical implications of prolonged detention for medical reasons, the second option was chosen. Preparations were made to 1) deport Honduran detainees who were cleared for deportation and receiving TB treatment, sending them with a 2-week supply of medication, and 2) send the remainder of the patients' individual treatment medications (1-month to 5-months' supply) directly to the Honduras NTP at the time of deportation. Each transfer of medication from one health official to another would be documented to ensure that patients continued treatment with appropriate supervision by health-care professionals.

To facilitate tracking of deportees and medications, a medical "meet-and-greet" process was used with the Honduras NTP, in which deportees were met at the international airport in Tegucigalpa, Honduras, by a Honduras NTP official. The purpose of the meet-and-greet process, which was modeled after a procedure developed by the Arizona State Department of Health Services TB Control Program and involved coordination with ICE officials and Sonora (Mexico) state public health authorities (*5*), was threefold: 1) to explain to deportees how to access health-care services in their home countries; 2) to provide the Honduras NTP with an opportunity to verify the final destination (i.e., residence) of the deportees on arrival, and occasionally to provide ancillary support services (e.g., social services or transportation from arrival destination to residence); and 3) to provide an opportunity for public health authorities in Honduras to educate deportees about the importance of continuing and completing TB treatment without interruption. This was the first instance in which the meet-and-greet process was used specifically to facilitate medication transfers and deportation of persons with TB during a medication shortage.

Continuing TB Treatment During and After Deportation

Under normal circumstances, detainees generally are not deported with a large supply of medications for self-administration. Typically, DIHS and ICE provide a 2-week supply of prescribed medications to prevent treatment interruptions during the transition period from deportation until follow-up at the clinic to which patients are referred in their country of origin. However, TB treatment is complex; patients can experience adverse effects from medications or acquire resistance to TB medications if they are not taken properly. Therefore, treatment must be supervised by a team of health-care professionals during the entire treatment course (*6*). The preferred supervision method for TB treatment is directly observed therapy (i.e., a health-care professional watches the patient swallow each dose of medication during the entire course of treatment) (*6*).

Two packages of medications were prepared by DIHS for each patient: 1) a package with a 2-week supply (to be sent with the patient) for the transition between departure from the United States and follow-up in Honduras; and 2) a second package (transferred to the NTP) with the remaining medication needed to complete treatment after arrival. Before leaving the United States, patients were provided information on taking TB medication during the 2-week transition period and on symptoms of adverse medication effects. The second package of medication was transferred to ICE deportation officers, then to JPATS flight nurses, and finally to a Honduras NTP representative at the airport in Tegucigalpa, Honduras. Officials from the Honduras NTP received each deportee's medical summary in advance from TBNet† and assumed the responsibility for transferring each deportee's medication package to the deportee's assigned local clinic. Signed medication-transfer summaries were faxed to DIHS. Treatment was monitored by the Honduras NTP directly observed therapy, short-course program.

During the 3-month TB medication shortage, 30 Honduran detainees in ICE custody were receiving or needed treatment initiated for TB. Of these, during May 23–August 8, 2006, 16 (53%) were deported with the remainder of their TB medications. Of the 14 who were not, 10 were still awaiting deportation, one had completed treatment before deportation, one had treatment stopped because TB was ruled out by a DIHS physician, one refused treatment, and one requested political asylum and remained in ICE custody. None of the detainees were known to have drug-resistant TB, as determined through cultures and susceptibility tests performed in the United States on specimens collected during initial examinations.

In collaboration with the Honduras NTP and the local clinics to which the deportees were referred, TBNet continued to monitor deportees who received treatment in Honduras. The Honduras NTP notified TBNet when a TB treatment course was completed, and TBNet sent the information to DIHS and relevant U.S. state and local health departments.

On August 8, 2006, DIHS was informed that all first-line TB medications again had become available in Honduras, and the usual practice of deporting patients with a 2-week supply of medications resumed. Of the 16 patients deported with the remainder of their TB treatment medications, two had nonmycobacterium TB and did not continue treatment. Of the remaining 14 deportees, 13 (93%) completed treatment, and one (7%) was lost to follow-up 1 week before treatment completion in Honduras.

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Editorial Note: Persons born in Honduras, a country with high TB incidence, are at risk for TB disease (*7,8*). In 2005, the year before the medication shortage, 142 ICE detainees with TB disease were identified; 58 (41%) were from Honduras, 55 of whom were deported to Honduras before their TB treatment was complete. Because TB requires at least 6 months of supervised treatment (*2*), prolonged detention of patients cleared for deportation solely because they require medical treatment usually is not legally possible or ethically acceptable. Under normal circumstances, ICE detainees who are scheduled to be deported before their TB treatment is complete are placed on short-term medical holds to allow time for health-care arrangements and international referrals by DIHS, CureTB, TBNet, or all of these agencies. The referral process includes verifying deportee addresses and identifying clinics where deportees will be monitored until treatment is complete.

In 2002, the federal Advisory Council for the Elimination of Tuberculosis (ACET) made specific recommendations to address continuity and completion of TB therapy for patients with verified or suspected TB disease who are in the custody of the former Immigration and Naturalization Service (*1*). In response to the ACET recommendations, with guidance from a governmental working group established in 2002, ICE and DIHS established policies and procedures to collaborate with state and local TB control programs, foreign national TB programs, and governmental and nongovernmental programs that coordinate international TB referrals and continuity of care.

Because of experience gained during the Honduran TB medication shortage, medical meet-and-greets are now used frequently for detainees being deported to Honduras, Guatemala, El Salvador, Nicaragua, and Mexico and are considered an option for detainees being deported to any country in which public health authorities can provide support. DIHS is evaluating the ICE TB continuity-of-care program to assess whether the program, including the meet-and-greet process, promotes TB treatment completion among persons who have been deported.

† TBNet, a multinational TB patient tracking and referral project of MCN, is designed to assist mobile, underserved populations with completing their TB treatment. Additional information is available at http://www.migrantclinician.org/network/tbnet.

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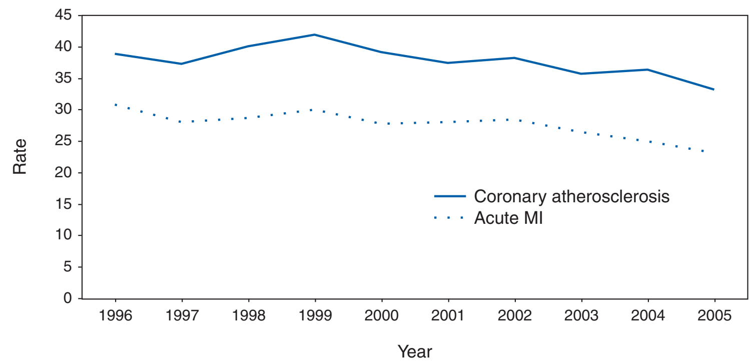
Erratum: Vol. 56, No. SS-6

In the *MMWR Surveillance Summaries*, "Assisted Reproductive Technology Surveillance—United States, 2004," on page 2, the penultimate sentence of the third paragraph of the "Methods" section should read, "Only ART procedures involving freshly fertilized eggs include an egg-retrieval stage; ART procedures using thawed **embryos** do not include egg retrieval because eggs were fertilized during a previous procedure and the resulting embryos were frozen until the current procedure."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Rate* of Hospitalizations† for Coronary Atherosclerosis and Acute Myocardial Infarction (MI),§ by Year — National Hospital Discharge Survey, United States, 1996–2005



* Per 10,000 population.

† Hospitalizations in general hospitals, children's general hospitals, and hospitals with an average stay of <30 days.

§ Coronary atherosclerosis hospitalizations were those with a first-listed diagnosis code 414.0 based on the *International Classification of Diseases, 9th Revision, Clinical Modification.* Acute MI hospitalizations were those with a first-listed diagnosis code 410.0–410.9.

During 1996–2005, the hospitalization rate per 10,000 population decreased 25% for acute MI (from 30.8 to 23.1 hospitalizations) and 15% for coronary atherosclerosis (from 38.9 to 33.2).

SOURCE: CDC. National Hospital Discharge Survey annual files, 1996–2005. Available at http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 30, 2007 (26th Week)*

Disease	Current week	Cum 2007	5-year weekly average[†]	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	0	1	—	—	—	2	
Botulism:									
foodborne	—	2	0	20	19	16	20	28	
infant	2	37	2	97	85	87	76	69	NY (1), WA (1)
other (wound & unspecified)	2	10	1	48	31	30	33	21	CA (2)
Brucellosis	—	53	2	121	120	114	104	125	
Chancroid	—	11	1	33	17	30	54	67	
Cholera	—	—	0	9	8	5	2	2	
Cyclosporiasis[§]	1	39	10	136	543	171	75	156	GA (1)
Diphtheria	—	—	0	—	—	—	1	1	
Domestic arboviral diseases[§,¶]:									
California serogroup	—	—	3	67	80	112	108	164	
eastern equine	—	—	0	8	21	6	14	10	
Powassan	—	—	0	1	1	1	—	1	
St. Louis	—	—	0	11	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis[§]:									
human granulocytic	2	60	19	646	786	537	362	511	NY (1), MO (1)
human monocytic	3	103	12	576	506	338	321	216	MO (2), FL (1)
human (other & unspecified)	1	39	7	231	112	59	44	23	MO (1)
Haemophilus influenzae,[**]									
invasive disease (age <5 yrs):									
serotype b	—	6	0	27	9	19	32	34	
nonserotype b	1	48	2	146	135	135	117	144	MN (1)
unknown serotype	1	125	3	209	217	177	227	153	GA (1)
Hansen disease[§]	—	23	2	66	87	105	95	96	
Hantavirus pulmonary syndrome[§]	—	8	1	39	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal[§]	4	57	5	288	221	200	178	216	NY (1), OH (1), CA (2)
Hepatitis C viral, acute	7	312	19	813	652	713	1,102	1,835	MO (1), WV (1), NC (1), FL (1), OK (1), WA (1), CA (1)
HIV infection, pediatric (age <13 yrs)[††]	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality[§,§§]	—	66	1	41	45	—	N	N	
Listeriosis	4	239	16	873	896	753	696	665	MN (1), FL (1), AZ (1), WA (1)
Measles[¶¶]	—	18	2	56	66	37	56	44	
Meningococcal disease, invasive[***]:									
A, C, Y, & W-135	3	143	4	309	297	—	—	—	CT (1), NY (1), NC (1)
serogroup B	1	57	3	190	156	—	—	—	NY (1)
other serogroup	—	10	0	31	27	—	—	—	
unknown serogroup	10	338	11	650	765	—	—	—	NYC (1), OH (1), MN (1), MO (1), FL (1), KY (1), CA (4)
Mumps	2	454	19	6,583	314	258	231	270	KS (1), NC (1)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	1	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic[§]	—	—	—	N	N	N	N	N	
Psittacosis[§]	—	2	0	21	16	12	12	18	
Q fever[§]	2	86	3	169	136	70	71	61	NC (1), FL (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella[†††]	—	10	0	10	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV[§,§§§]	—	—	—	—	—	—	8	N	
Smallpox[§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome[§]	1	58	2	125	129	132	161	118	NC (1)
Syphilis, congenital (age <1 yr)	—	133	8	380	329	353	413	412	
Tetanus	—	6	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)[§]	3	38	2	101	90	95	133	109	NC (1), CA (2)
Trichinellosis	1	3	0	15	16	5	6	14	CA (1)
Tularemia	2	29	4	95	154	134	129	90	MO (2)
Typhoid fever	1	129	6	353	324	322	356	321	CA (1)
Vancomycin-intermediate *Staphylococcus aureus*[§]	—	5	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*[§]	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)[§]	3	81	1	N	N	N	N	N	FL (2), CA (1)
Yellow fever	—	—	—	—	—	—	—	1	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 66 cases were reported for the 2006–07 flu season.

¶¶ No measles cases were reported for the current week.

*** Data for meningococcal disease (all serogroups) are available in Table II.

††† No rubella cases were reported for the current week.

§§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
Reporting area	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	8,556	20,377	25,327	484,732	500,755	162	152	658	4,120	4,254	39	68	319	1,269	1,391
New England	534	692	1,357	16,904	15,767	—	0	1	1	—	—	4	27	67	106
Connecticut	96	221	829	4,844	4,436	N	0	0	N	N	—	0	11	11	38
Maine§	49	48	74	1,257	1,063	—	0	0	—	—	—	0	6	11	13
Massachusetts	372	309	600	7,903	7,043	—	0	0	—	—	—	1	19	18	36
New Hampshire	—	39	71	946	918	—	0	1	1	—	—	1	4	12	12
Rhode Island§	7	63	108	1,548	1,691	—	0	0	—	—	—	0	5	5	3
Vermont§	10	20	45	406	616	N	0	0	N	N	—	1	4	10	4
Mid. Atlantic	1,813	2,606	4,284	67,244	61,211	—	0	0	—	—	9	10	37	168	219
New Jersey	—	370	541	6,751	9,602	N	0	0	N	N	—	0	5	—	12
New York (Upstate)	501	509	2,758	12,405	11,437	N	0	0	N	N	5	3	14	56	47
New York City	932	802	1,505	22,043	20,672	N	0	0	N	N	—	2	10	28	66
Pennsylvania	380	818	1,793	26,045	19,500	N	0	0	N	N	4	4	18	84	94
E.N. Central	339	3,176	6,276	81,858	85,251	—	1	3	14	21	7	15	110	276	312
Illinois	—	1,013	1,310	22,655	26,953	—	0	0	—	—	—	2	22	28	42
Indiana	—	382	644	9,868	10,359	—	0	0	—	—	2	1	18	29	25
Michigan	260	742	1,225	17,806	16,275	—	0	3	10	17	—	2	10	63	51
Ohio	79	640	3,654	22,673	20,923	—	0	2	4	4	5	4	33	87	97
Wisconsin	—	367	528	8,856	10,741	N	0	0	N	N	—	5	53	69	97
W.N. Central	292	1,201	1,448	28,242	30,427	—	0	54	3	—	5	12	77	193	215
Iowa	116	165	243	4,174	4,136	N	0	0	N	N	—	2	28	37	21
Kansas	170	147	295	4,080	4,053	N	0	0	N	N	4	1	8	32	28
Minnesota	—	242	314	4,773	6,399	—	0	54	—	—	1	2	25	48	79
Missouri	—	455	628	10,938	11,170	—	0	1	3	—	—	2	21	33	41
Nebraska§	—	105	184	2,504	2,492	N	0	0	N	N	—	1	16	7	17
North Dakota	6	31	69	590	883	N	0	0	N	N	—	0	11	1	4
South Dakota	—	49	84	1,183	1,294	N	0	0	N	N	—	1	7	35	25
S. Atlantic	2,573	3,905	6,760	92,740	95,704	—	0	1	1	2	17	18	70	318	309
Delaware	—	69	115	1,630	1,778	N	0	0	N	N	—	0	3	2	1
District of Columbia	82	83	167	2,790	1,528	—	0	0	—	—	—	0	2	3	8
Florida	1,029	1,051	1,651	26,113	23,894	N	0	0	N	N	7	9	32	158	121
Georgia	1	673	3,822	11,312	17,058	N	0	0	N	N	6	3	17	59	97
Maryland§	370	412	697	9,892	10,103	—	0	1	1	2	—	0	2	13	9
North Carolina	530	624	1,233	14,624	17,823	—	0	0	—	—	4	1	11	39	36
South Carolina§	—	436	2,105	12,515	10,208	N	0	0	N	N	—	1	14	20	18
Virginia§	530	490	685	12,465	11,853	N	0	0	N	N	—	1	5	20	17
West Virginia	31	54	87	1,399	1,459	N	0	0	N	N	—	0	3	4	2
E.S. Central	257	1,408	2,044	32,340	37,651	—	0	0	—	—	—	3	15	58	50
Alabama§	37	329	539	4,135	11,956	N	0	0	N	N	—	0	12	21	19
Kentucky	—	130	691	3,841	4,551	N	0	0	N	N	—	1	3	19	13
Mississippi	220	391	959	10,772	8,825	N	0	0	N	N	—	0	8	8	7
Tennessee§	—	531	697	13,592	12,319	N	0	0	N	N	—	1	5	10	11
W.S. Central	510	2,205	3,028	53,439	56,172	—	0	1	—	—	—	4	45	65	82
Arkansas§	—	168	337	3,654	3,709	N	0	0	N	N	—	0	3	4	8
Louisiana	313	330	610	8,037	8,803	—	0	1	—	—	—	1	9	16	15
Oklahoma	197	261	471	6,187	5,892	N	0	0	N	N	—	0	9	16	18
Texas§	—	1,452	1,911	35,561	37,768	N	0	0	N	N	—	2	36	29	41
Mountain	87	1,349	2,026	26,645	32,943	71	98	293	2,608	2,997	—	5	40	91	63
Arizona	69	486	993	8,962	10,063	71	97	293	2,553	2,914	—	0	6	18	11
Colorado	—	292	416	4,527	7,935	N	0	0	N	N	—	1	7	25	16
Idaho§	—	36	253	1,263	1,730	N	0	0	N	N	—	0	5	5	5
Montana§	—	52	144	1,145	1,163	N	0	0	N	N	—	0	26	6	7
Nevada§	—	169	397	4,056	3,872	—	1	3	20	35	—	0	3	4	4
New Mexico§	—	165	396	3,843	5,093	—	0	2	11	11	—	1	6	23	11
Utah	—	99	200	2,236	2,349	—	1	4	24	35	—	0	3	3	6
Wyoming§	18	26	45	613	738	—	0	0	—	2	—	0	11	7	3
Pacific	2,151	3,375	4,362	85,320	85,629	91	55	311	1,493	1,234	1	1	5	33	35
Alaska	81	87	157	2,155	2,118	N	0	0	N	N	1	0	1	1	1
California	1,596	2,663	3,627	66,940	66,800	91	55	311	1,493	1,234	—	0	0	—	—
Hawaii	—	106	130	2,539	2,862	N	0	0	N	N	—	0	1	—	1
Oregon§	248	166	394	4,660	4,722	N	0	0	N	N	—	1	5	32	33
Washington	226	345	621	9,026	9,127	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	16	18	—	463	—	0	0	—	—	—	0	0	—	—
Puerto Rico	42	122	234	3,614	2,363	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	8	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	141	303	1,513	6,196	7,403	2,440	6,922	8,941	156,195	171,378	24	47	184	1,160	1,167
New England	1	23	67	433	533	107	114	259	2,753	2,726	—	3	19	75	78
Connecticut	1	5	25	129	120	20	45	204	1,009	1,067	—	0	6	24	20
Maine§	—	4	14	65	43	6	2	8	57	60	—	0	4	6	7
Massachusetts	—	9	26	157	249	77	49	96	1,367	1,214	—	2	5	36	36
New Hampshire	—	0	3	4	13	—	3	8	80	111	—	0	2	6	6
Rhode Island§	—	0	17	25	42	3	9	19	216	244	—	0	10	3	2
Vermont§	—	3	12	53	66	1	1	5	24	30	—	0	1	—	7
Mid. Atlantic	33	60	127	1,086	1,507	482	707	1,537	17,678	16,107	8	10	27	242	243
New Jersey	—	6	17	36	234	—	103	155	2,126	2,615	—	1	5	22	40
New York (Upstate)	23	24	108	420	488	227	111	1,035	2,906	2,986	5	3	15	70	71
New York City	2	16	32	357	468	164	186	376	4,711	5,017	1	2	6	49	46
Pennsylvania	8	14	34	273	317	91	251	611	7,935	5,489	2	3	10	101	86
E.N. Central	18	44	100	869	1,178	111	1,276	2,607	32,434	34,409	5	7	15	136	204
Illinois	—	10	30	151	297	—	361	494	8,161	9,820	—	2	6	24	64
Indiana	N	0	0	N	N	—	156	293	4,054	4,506	3	1	10	31	35
Michigan	3	14	38	277	317	63	285	880	7,188	6,626	—	0	5	14	19
Ohio	15	15	32	324	338	48	317	1,571	9,965	9,938	2	2	5	59	46
Wisconsin	—	9	27	117	226	—	128	181	3,066	3,519	—	1	4	8	40
W.N. Central	7	20	553	393	839	47	388	514	9,046	9,311	1	3	24	68	64
Iowa	1	5	16	91	117	14	40	63	890	879	—	0	1	1	—
Kansas	2	3	11	64	76	32	43	86	1,129	1,122	—	0	2	7	13
Minnesota	—	0	514	12	343	—	66	87	1,262	1,528	1	1	17	26	28
Missouri	4	9	28	160	218	—	201	268	4,933	4,932	—	1	5	25	18
Nebraska§	—	2	9	39	42	—	28	57	679	609	—	0	2	8	4
North Dakota	—	0	16	5	8	1	2	7	35	58	—	0	2	1	1
South Dakota	—	1	6	22	35	—	6	15	118	183	—	0	0	—	—
S. Atlantic	34	54	106	1,141	1,107	793	1,644	3,209	36,428	41,564	6	11	34	303	289
Delaware	—	1	4	15	18	—	27	44	650	729	—	0	3	5	1
District of Columbia	—	1	7	34	35	59	40	63	1,129	880	—	0	2	3	2
Florida	24	24	44	552	443	372	481	717	11,074	11,670	3	3	8	91	93
Georgia	10	10	27	206	251	—	316	2,068	4,733	7,925	1	2	7	59	68
Maryland§	—	5	12	105	98	100	131	228	3,103	3,538	—	2	5	48	36
North Carolina	—	0	0	—	—	108	317	676	7,044	8,556	2	1	9	38	23
South Carolina§	—	1	8	35	54	—	181	1,026	5,276	4,635	—	1	4	28	23
Virginia§	—	9	28	181	197	139	124	236	3,021	3,248	—	1	6	18	32
West Virginia	—	0	21	13	11	15	18	44	398	383	—	0	6	13	11
E.S. Central	—	9	34	191	181	89	544	879	11,987	15,013	—	2	9	69	64
Alabama§	—	4	22	100	85	26	152	271	1,894	5,494	—	0	3	16	14
Kentucky	N	0	0	N	N	—	52	268	1,432	1,569	—	0	1	2	4
Mississippi	N	0	0	N	N	63	156	434	3,947	3,297	—	0	1	5	6
Tennessee§	—	5	12	91	96	—	195	240	4,714	4,653	—	1	6	46	40
W.S. Central	1	7	55	138	123	297	943	1,490	22,076	24,304	1	2	34	56	50
Arkansas§	—	3	13	57	35	—	79	142	1,739	2,071	—	0	2	4	4
Louisiana	—	1	6	26	41	235	211	366	4,892	5,178	—	0	3	4	11
Oklahoma	1	2	42	55	47	62	91	236	2,355	2,187	1	1	29	45	32
Texas§	N	0	0	N	N	—	560	938	13,090	14,868	—	0	3	3	3
Mountain	—	30	67	598	680	25	259	454	5,095	7,258	—	4	11	143	125
Arizona	—	3	11	82	70	24	108	220	1,918	2,450	—	2	6	61	46
Colorado	—	9	26	186	221	—	66	93	1,089	1,817	—	1	4	30	35
Idaho§	—	3	12	51	73	—	1	20	84	99	—	0	1	4	3
Montana§	—	2	10	36	31	—	3	20	43	84	—	0	0	—	—
Nevada§	—	1	8	50	60	—	48	135	991	1,400	—	0	2	6	9
New Mexico§	—	2	6	47	29	—	29	64	603	901	—	0	4	20	18
Utah	—	7	27	127	189	—	16	28	330	437	—	0	3	20	12
Wyoming§	—	1	4	19	7	1	2	5	37	70	—	0	1	2	2
Pacific	47	57	558	1,347	1,255	489	753	935	18,698	20,686	3	2	16	68	50
Alaska	1	1	17	31	21	7	10	27	217	277	—	0	2	5	5
California	28	43	93	939	1,020	433	624	804	15,837	17,037	3	0	10	19	14
Hawaii	—	1	4	37	28	—	14	26	313	496	—	0	2	5	9
Oregon§	—	8	14	174	186	25	25	46	523	726	—	1	6	39	22
Washington	18	0	449	166	—	24	72	142	1,808	2,150	—	0	5	—	—
American Samoa	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	2	6	—	46	—	0	1	—	3
Puerto Rico	—	5	19	96	73	5	6	16	164	144	—	0	2	1	1
U.S. Virgin Islands	U	0	0	U	U	U	0	3	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)***

	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	34	55	201	1,223	1,780	26	78	405	1,805	2,117	28	42	113	702	816
New England	—	2	6	30	103	—	2	5	33	62	—	2	13	28	44
Connecticut	—	0	3	8	19	—	0	5	18	27	—	0	9	5	10
Maine§	—	0	2	—	5	—	0	2	2	11	—	0	2	—	3
Massachusetts	—	1	4	8	50	—	0	2	2	12	—	1	8	13	25
New Hampshire	—	0	2	7	18	—	0	1	5	7	—	0	2	—	4
Rhode Island§	—	0	2	5	5	—	0	4	5	4	—	0	6	9	—
Vermont§	—	0	1	2	6	—	0	1	1	1	—	0	2	1	2
Mid. Atlantic	2	7	20	174	187	1	10	21	218	261	10	13	55	194	246
New Jersey	—	2	5	41	61	—	2	6	44	85	—	2	10	19	38
New York (Upstate)	1	1	11	34	40	—	1	13	43	31	8	5	30	68	78
New York City	—	2	10	58	55	—	2	6	44	59	—	2	24	28	44
Pennsylvania	1	1	5	41	31	1	3	8	87	86	2	5	19	79	86
E.N. Central	1	6	17	108	153	1	9	23	207	252	4	9	31	133	167
Illinois	—	2	7	30	35	—	2	6	45	79	—	1	13	1	34
Indiana	—	0	7	5	15	—	0	21	20	22	—	1	6	10	10
Michigan	—	2	8	32	50	—	2	8	55	72	—	3	10	48	38
Ohio	1	1	4	34	36	1	3	10	76	60	4	3	19	70	66
Wisconsin	—	0	4	7	17	—	0	3	11	19	—	0	3	4	19
W.N. Central	1	2	17	78	71	1	2	15	62	70	2	1	16	28	22
Iowa	—	0	4	15	6	—	0	3	10	12	—	0	3	3	2
Kansas	—	0	1	2	21	—	0	1	5	8	—	0	3	1	1
Minnesota	—	0	17	42	6	1	0	13	9	6	—	0	11	5	—
Missouri	1	0	2	10	22	—	1	5	31	37	2	0	2	15	10
Nebraska§	—	0	2	5	9	—	0	3	5	6	—	0	1	3	5
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	4	7	—	0	1	2	1	—	0	1	1	4
S. Atlantic	17	10	27	230	236	17	21	56	479	597	10	8	25	157	177
Delaware	—	0	1	2	9	—	0	3	6	26	—	0	2	3	4
District of Columbia	—	0	5	14	2	—	0	2	1	4	—	0	5	1	6
Florida	5	3	13	69	86	9	7	14	176	207	5	2	9	67	73
Georgia	3	1	4	35	23	1	3	10	52	101	2	1	3	14	11
Maryland§	—	1	6	34	31	—	2	7	45	81	—	2	8	28	35
North Carolina	9	0	11	20	45	7	0	16	70	85	3	0	4	21	19
South Carolina§	—	0	3	5	11	—	2	5	34	39	—	0	2	6	3
Virginia§	—	1	5	48	25	—	2	8	68	21	—	1	4	14	22
West Virginia	—	0	1	3	4	—	0	23	27	33	—	0	4	3	4
E.S. Central	—	2	7	43	63	3	6	20	139	184	—	2	7	40	43
Alabama§	—	0	2	7	6	—	2	10	50	51	—	0	1	5	7
Kentucky	—	0	2	9	24	3	1	3	17	39	—	1	6	18	12
Mississippi	—	0	4	6	4	—	0	8	11	23	—	0	2	—	1
Tennessee§	—	1	5	21	29	—	3	8	61	71	—	1	3	17	23
W.S. Central	—	5	43	79	172	—	18	169	329	379	—	1	16	30	24
Arkansas§	—	0	2	4	34	—	1	7	10	33	—	0	2	3	1
Louisiana	—	1	4	12	9	—	1	6	20	31	—	0	2	1	6
Oklahoma	—	0	3	3	4	—	1	24	17	13	—	0	6	1	1
Texas§	—	4	39	60	125	—	15	135	282	302	—	1	13	25	16
Mountain	3	5	17	148	151	—	3	9	103	66	—	2	8	38	48
Arizona	3	4	14	119	84	—	0	5	43	—	—	0	4	12	16
Colorado	—	1	3	14	25	—	0	2	16	20	—	0	2	6	7
Idaho§	—	0	1	2	7	—	0	2	5	7	—	0	3	3	6
Montana§	—	0	3	2	5	—	0	3	—	—	—	0	1	1	3
Nevada§	—	0	2	6	8	—	1	5	22	18	—	0	2	3	4
New Mexico§	—	0	2	2	11	—	0	2	5	9	—	0	2	2	1
Utah	—	0	1	2	10	—	0	4	12	12	—	0	2	8	11
Wyoming§	—	0	1	1	1	—	0	1	—	—	—	0	1	3	—
Pacific	10	13	92	333	644	3	10	106	235	246	2	1	11	54	45
Alaska	—	0	1	2	1	—	0	3	4	1	—	0	1	—	—
California	9	12	40	299	613	2	8	31	180	200	1	1	11	42	45
Hawaii	—	0	1	2	8	—	0	1	—	5	—	0	1	1	—
Oregon§	—	1	3	16	22	—	1	5	30	40	—	0	1	3	—
Washington	1	0	52	14	—	1	0	74	21	—	1	0	2	8	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	27	26	—	1	9	27	27	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	296	226	1,177	4,098	5,917	8	21	105	409	614	14	18	87	548	675
New England	95	36	409	513	1,222	—	1	5	13	35	1	1	3	22	22
Connecticut	95	12	227	328	322	—	0	3	1	8	1	0	1	5	8
Maine§	—	2	38	32	38	—	0	1	3	3	—	0	3	4	2
Massachusetts	—	1	145	2	630	—	0	2	8	17	—	0	2	10	10
New Hampshire	—	6	70	123	214	—	0	1	1	6	—	0	1	—	1
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	1	—
Vermont§	—	1	15	28	17	—	0	0	—	1	—	0	1	2	1
Mid. Atlantic	194	110	560	2,140	2,964	1	6	18	103	140	3	2	8	69	109
New Jersey	—	24	192	402	1,146	—	0	7	—	44	—	0	2	1	11
New York (Upstate)	142	50	426	646	730	1	1	7	27	11	2	1	2	21	22
New York City	—	2	23	7	81	—	3	9	65	71	1	0	4	19	42
Pennsylvania	52	44	223	1,085	1,007	—	1	4	11	14	—	1	5	28	34
E.N. Central	2	5	162	67	827	—	2	10	44	69	1	3	9	73	100
Illinois	—	0	16	4	45	—	1	6	14	33	—	0	3	18	28
Indiana	—	0	3	10	7	—	0	2	4	6	—	0	4	14	13
Michigan	2	1	5	13	9	—	0	2	7	8	—	0	3	14	16
Ohio	—	0	5	4	18	—	0	2	12	16	1	1	3	21	28
Wisconsin	—	3	154	36	748	—	0	3	7	6	—	0	3	6	15
W.N. Central	1	4	195	105	149	—	0	12	19	22	2	1	5	36	39
Iowa	—	1	8	28	55	—	0	1	2	1	—	0	3	9	9
Kansas	—	0	2	6	3	—	0	2	1	—	—	0	1	1	1
Minnesota	—	2	188	63	83	—	0	12	11	14	1	0	3	10	10
Missouri	1	0	3	6	1	—	0	1	2	3	1	0	3	10	11
Nebraska§	—	0	2	2	6	—	0	1	2	2	—	0	1	2	6
North Dakota	—	0	7	—	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	2	1
S. Atlantic	1	47	134	1,168	714	2	5	14	98	164	2	3	11	85	113
Delaware	—	9	23	274	234	—	0	1	2	4	—	0	1	1	4
District of Columbia	—	0	7	13	8	—	0	2	3	2	—	0	1	—	—
Florida	1	1	3	19	8	2	1	4	22	22	1	1	7	29	46
Georgia	—	0	1	1	4	—	0	5	9	53	—	0	3	9	10
Maryland§	—	23	106	609	395	—	1	4	28	39	—	0	2	16	7
North Carolina	—	0	6	19	11	—	0	4	12	13	1	0	6	11	19
South Carolina§	—	0	2	8	5	—	0	2	4	4	—	0	2	9	11
Virginia§	—	9	36	219	49	—	1	4	17	26	—	0	2	10	13
West Virginia	—	0	14	6	—	—	0	1	1	1	—	0	2	—	3
E.S. Central	—	1	4	20	7	1	0	3	18	12	1	1	4	30	25
Alabama§	—	0	3	7	2	—	0	2	3	6	—	0	2	6	4
Kentucky	—	0	2	—	—	1	0	1	4	1	1	0	2	6	7
Mississippi	—	0	1	—	—	—	0	1	1	3	—	0	4	7	3
Tennessee§	—	0	3	13	5	—	0	2	10	2	—	0	2	11	11
W.S. Central	—	1	5	21	6	—	1	29	28	39	—	2	15	52	66
Arkansas§	—	0	0	—	—	—	0	2	—	1	—	0	2	6	6
Louisiana	—	0	1	2	—	—	0	2	12	2	—	0	4	15	28
Oklahoma	—	0	0	—	—	—	0	3	3	2	—	0	4	11	8
Texas§	—	1	5	19	6	—	1	25	13	34	—	0	11	20	24
Mountain	—	0	3	9	5	—	1	6	26	31	—	1	5	43	42
Arizona	—	0	1	—	4	—	0	3	5	11	—	0	3	12	11
Colorado	—	0	0	—	—	—	0	2	9	10	—	0	2	14	14
Idaho§	—	0	2	3	—	—	0	1	—	—	—	0	1	3	1
Montana§	—	0	1	1	—	—	0	1	2	1	—	0	1	1	3
Nevada§	—	0	2	5	—	—	0	1	1	—	—	0	1	3	4
New Mexico§	—	0	1	—	1	—	0	1	1	2	—	0	1	2	2
Utah	—	0	1	—	—	—	0	3	8	7	—	0	2	7	5
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	1	2
Pacific	3	2	16	55	23	4	3	45	60	102	4	4	48	138	159
Alaska	—	0	1	2	—	—	0	4	2	14	—	0	1	1	2
California	3	2	8	52	23	2	2	6	42	78	4	2	10	100	126
Hawaii	N	0	0	N	N	—	0	1	2	3	—	0	1	2	4
Oregon§	—	0	1	1	—	—	0	3	9	7	—	0	3	21	27
Washington	—	0	8	—	—	2	0	43	5	—	—	0	43	14	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	5	4
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	50	235	1,480	3,578	6,635	37	94	168	2,021	2,440	10	29	211	526	705
New England	—	32	77	474	774	8	11	22	280	185	—	0	10	—	6
Connecticut	—	2	10	18	31	8	4	14	114	75	—	0	0	—	—
Maine†	—	2	15	36	24	—	2	8	38	45	N	0	0	N	N
Massachusetts	—	21	46	369	493	—	0	0	—	—	—	0	1	—	5
New Hampshire	—	2	9	30	125	—	1	4	20	15	—	0	0	—	1
Rhode Island†	—	0	31	1	22	—	0	3	18	14	—	0	9	—	—
Vermont†	—	1	9	20	79	—	2	13	90	36	—	0	0	—	—
Mid. Atlantic	10	34	155	561	826	—	13	38	303	219	—	1	6	25	29
New Jersey	—	4	16	60	153	—	0	0	—	—	—	0	4	—	17
New York (Upstate)	5	18	146	304	309	—	—	—	—	—	—	0	1	1	—
New York City	—	2	6	51	46	—	1	5	24	8	—	0	3	11	5
Pennsylvania	5	8	20	146	318	—	11	37	279	211	—	0	3	13	7
E.N. Central	16	41	80	739	964	2	2	18	74	48	—	0	9	8	27
Illinois	—	7	23	73	251	—	0	7	21	10	—	0	4	1	16
Indiana	—	2	45	25	105	1	0	2	6	3	—	0	1	2	3
Michigan	—	9	39	124	191	—	0	5	21	23	—	0	1	2	—
Ohio	16	14	54	402	300	1	0	12	26	12	—	0	4	3	7
Wisconsin	—	3	20	115	117	—	0	0	—	—	—	0	0	—	1
W.N. Central	3	16	151	242	680	10	6	19	126	139	4	3	13	81	70
Iowa	—	4	16	71	173	—	0	7	16	21	—	0	1	3	2
Kansas	3	3	14	79	137	1	2	8	72	38	—	0	1	—	—
Minnesota	—	0	119	—	102	4	0	6	10	22	—	0	2	1	1
Missouri	—	3	10	37	183	3	1	6	12	19	4	3	12	71	58
Nebraska†	—	1	4	15	66	—	0	0	—	—	—	0	5	4	9
North Dakota	—	0	18	4	4	2	0	6	11	13	—	0	0	—	—
South Dakota	—	0	6	36	15	—	0	2	5	26	—	0	1	2	—
S. Atlantic	17	18	163	451	539	11	40	63	954	1,097	6	14	67	280	429
Delaware	—	0	2	5	3	—	0	0	—	—	—	0	2	5	11
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	6	4	18	118	106	—	0	24	67	176	1	0	4	9	8
Georgia	—	1	7	6	44	—	4	9	81	120	1	0	5	8	19
Maryland†	—	2	7	59	80	—	6	12	128	155	—	1	7	19	32
North Carolina	11	1	112	170	101	11	11	21	251	210	4	8	61	182	327
South Carolina†	—	3	11	40	76	—	3	11	46	74	—	1	5	16	8
Virginia†	—	2	17	42	106	—	12	31	343	309	—	2	12	39	23
West Virginia	—	0	19	9	20	—	1	8	38	53	—	0	2	1	1
E.S. Central	—	5	24	92	144	1	3	11	62	130	—	6	27	93	104
Alabama†	—	1	18	28	33	—	0	8	—	43	—	1	9	25	23
Kentucky	—	0	5	2	27	1	0	4	10	7	—	0	1	2	—
Mississippi	—	0	10	14	20	—	0	0	—	4	—	0	1	2	2
Tennessee†	—	3	9	48	64	—	2	8	52	76	—	4	22	64	79
W.S. Central	—	17	226	222	350	—	13	35	57	447	—	1	168	27	28
Arkansas†	—	2	17	61	38	—	0	5	12	19	—	0	53	1	18
Louisiana	—	0	2	6	16	—	0	1	—	2	—	0	1	—	—
Oklahoma	—	0	36	2	10	—	0	22	45	34	—	0	108	21	5
Texas†	—	14	174	153	286	—	9	34	—	392	—	0	7	5	5
Mountain	—	28	62	562	1,580	—	3	28	60	79	—	0	4	11	10
Arizona	—	6	17	142	343	—	2	10	46	61	—	0	2	—	3
Colorado	—	6	18	141	515	—	0	0	—	—	—	0	1	1	1
Idaho†	—	1	6	21	43	—	0	24	—	—	—	0	3	2	—
Montana†	—	1	8	30	61	—	0	2	1	7	—	0	2	—	—
Nevada†	—	0	9	3	44	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	2	8	23	53	—	0	2	4	6	—	0	1	2	3
Utah	—	8	48	188	487	—	0	1	5	3	—	0	0	—	—
Wyoming†	—	1	8	14	34	—	0	2	4	2	—	0	2	6	3
Pacific	4	21	547	235	778	5	4	13	105	96	—	0	1	1	2
Alaska	3	1	8	19	36	—	0	6	35	14	N	0	0	N	N
California	—	16	225	99	604	5	3	12	69	80	—	0	0	—	—
Hawaii	—	0	5	10	62	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	49	76	—	0	4	1	2	—	0	1	1	2
Washington	1	0	377	58	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	2	7	—	16	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	1	4	20	55	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	428	778	2,339	15,142	16,273	37	64	336	1,184	1,224	199	294	1,287	6,127	5,169
New England	—	33	176	678	1,168	—	3	22	66	132	—	4	16	84	162
Connecticut	—	0	162	162	503	—	0	17	17	75	—	0	13	13	67
Maine§	—	2	14	49	41	—	1	8	16	6	—	0	5	12	2
Massachusetts	—	20	60	335	489	—	1	6	21	39	—	2	11	50	81
New Hampshire	—	3	15	53	81	—	0	3	5	7	—	0	2	3	4
Rhode Island§	—	2	20	48	38	—	0	2	2	2	—	0	3	4	5
Vermont§	—	2	6	31	16	—	0	4	5	3	—	0	2	2	3
Mid. Atlantic	55	94	189	1,981	1,971	10	7	63	125	155	6	12	47	220	469
New Jersey	—	15	50	148	421	—	1	20	9	41	—	2	12	22	201
New York (Upstate)	23	28	112	574	419	8	3	15	55	57	4	3	42	51	101
New York City	3	23	45	515	521	—	0	4	13	19	—	5	12	109	124
Pennsylvania	29	33	66	744	610	2	3	47	48	38	2	1	6	38	43
E.N. Central	52	99	203	2,111	2,356	5	8	63	139	180	39	27	75	592	511
Illinois	—	30	65	563	698	—	1	8	17	28	—	12	53	161	172
Indiana	10	16	55	280	254	—	1	8	16	22	1	2	17	30	68
Michigan	3	18	35	361	454	—	1	6	27	34	—	1	5	19	89
Ohio	39	25	56	562	532	5	3	18	54	53	38	4	68	303	85
Wisconsin	—	17	49	345	418	—	2	41	25	43	—	4	14	79	97
W.N. Central	52	49	104	1,148	1,086	9	12	45	203	206	30	41	156	985	672
Iowa	3	9	26	184	182	—	2	38	41	45	—	2	14	35	37
Kansas	11	7	20	187	162	1	0	4	22	9	—	1	10	16	54
Minnesota	21	13	44	290	286	5	4	26	76	57	5	5	24	122	44
Missouri	16	15	35	310	296	3	2	13	35	59	25	14	72	777	406
Nebraska§	—	3	11	88	90	—	1	11	21	20	—	1	14	11	39
North Dakota	1	0	23	17	7	—	0	12	1	2	—	0	127	4	4
South Dakota	—	3	11	72	63	—	0	5	7	14	—	5	24	20	88
S. Atlantic	141	220	401	3,912	3,782	1	14	32	253	190	86	80	161	2,244	1,239
Delaware	—	2	10	45	47	—	0	3	8	1	—	0	2	4	2
District of Columbia	—	1	4	16	30	—	0	1	1	—	—	0	5	4	6
Florida	102	95	176	1,707	1,629	1	2	8	72	38	46	43	76	1,325	558
Georgia	27	27	73	602	569	—	2	7	29	32	38	27	85	768	448
Maryland§	—	14	32	287	248	—	3	9	42	32	—	2	10	36	39
North Carolina	10	29	130	560	560	—	2	11	37	33	2	1	14	33	92
South Carolina§	—	18	47	299	334	—	0	3	5	4	—	1	4	34	66
Virginia§	—	20	58	336	321	—	3	11	56	50	—	2	9	39	28
West Virginia	2	1	31	60	44	—	0	5	3	—	—	0	2	1	—
E.S. Central	7	53	140	992	959	—	4	21	56	93	16	17	89	585	324
Alabama§	—	13	78	274	293	—	0	4	11	11	—	6	67	216	88
Kentucky	7	9	23	200	183	—	1	12	14	20	16	2	32	127	148
Mississippi	—	12	101	207	217	—	0	3	2	2	—	2	76	154	35
Tennessee§	—	17	32	311	266	—	2	9	29	60	—	4	14	88	53
W.S. Central	12	79	595	1,084	1,696	—	4	73	70	75	4	39	655	591	733
Arkansas§	—	13	45	187	348	—	1	7	15	10	—	2	10	47	39
Louisiana	—	16	48	174	357	—	0	2	—	10	—	5	25	128	69
Oklahoma	12	9	103	178	159	—	0	17	12	5	4	2	63	48	48
Texas§	—	42	470	545	832	—	2	68	43	50	—	26	580	368	577
Mountain	13	48	91	1,061	1,185	3	8	34	144	159	5	21	84	344	405
Arizona	13	17	44	382	338	3	2	9	51	35	5	10	37	185	220
Colorado	—	10	21	253	342	—	1	8	21	37	—	3	15	46	63
Idaho§	—	3	9	49	77	—	1	8	20	30	—	0	3	4	6
Montana§	—	2	6	42	66	—	0	0	—	—	—	1	12	13	3
Nevada§	—	4	20	83	86	—	0	5	10	15	—	1	20	15	45
New Mexico§	—	5	15	93	105	—	1	5	19	13	—	2	15	45	42
Utah	—	4	14	121	138	—	2	14	23	23	—	1	4	11	23
Wyoming§	—	1	4	38	33	—	0	3	—	6	—	0	19	25	3
Pacific	96	106	890	2,175	2,070	9	4	164	128	34	13	33	256	482	654
Alaska	3	1	5	42	38	N	0	0	N	N	1	0	2	7	5
California	68	90	260	1,660	1,729	9	0	8	79	N	12	27	84	390	558
Hawaii	—	5	16	102	105	—	0	3	7	5	—	1	3	15	22
Oregon§	—	7	17	129	197	—	1	9	15	29	—	1	6	27	69
Washington	25	0	625	242	1	—	0	162	27	—	—	0	170	43	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	14	66	274	208	—	0	0	—	—	—	1	6	13	12
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	62	89	261	2,876	3,256	8	29	108	824	753
New England	—	5	29	218	211	—	2	11	57	66
Connecticut	—	0	23	70	57	—	0	6	—	22
Maine§	—	0	3	18	9	—	0	1	1	—
Massachusetts	—	3	10	95	109	—	1	6	42	38
New Hampshire	—	0	5	22	23	—	0	2	7	6
Rhode Island§	—	0	12	—	4	—	0	3	5	—
Vermont§	—	0	2	13	9	—	0	1	2	—
Mid. Atlantic	8	15	41	552	618	1	4	20	98	108
New Jersey	—	2	8	69	110	—	1	4	14	40
New York (Upstate)	7	5	27	182	191	1	2	15	61	58
New York City	—	3	12	131	111	—	1	3	23	10
Pennsylvania	1	6	11	170	206	N	0	0	N	N
E.N. Central	4	16	32	511	658	—	5	14	118	199
Illinois	—	4	13	125	199	—	1	6	11	54
Indiana	—	2	12	70	75	—	0	10	13	25
Michigan	1	4	10	127	136	—	1	4	49	51
Ohio	3	4	14	163	170	—	1	7	37	40
Wisconsin	—	1	6	26	78	—	0	2	8	29
W.N. Central	10	5	32	211	220	3	2	8	67	56
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	1	3	25	39	—	0	1	2	9
Minnesota	10	0	29	107	107	3	1	6	46	31
Missouri	—	2	6	50	39	—	0	2	13	10
Nebraska§	—	0	3	15	20	—	0	2	5	4
North Dakota	—	0	2	9	8	—	0	2	1	2
South Dakota	—	0	2	5	7	—	0	0	—	—
S. Atlantic	35	21	48	683	688	2	3	14	170	48
Delaware	—	0	2	5	7	—	0	0	—	—
District of Columbia	—	0	3	8	9	—	0	1	—	—
Florida	8	6	16	171	143	2	0	5	38	—
Georgia	5	5	11	128	155	—	0	5	44	—
Maryland§	—	4	8	117	136	—	1	6	41	39
North Carolina	22	0	17	95	93	—	0	0	—	—
South Carolina§	—	1	7	60	46	—	0	3	19	—
Virginia§	—	2	11	81	81	—	0	3	24	—
West Virginia	—	0	3	18	18	—	0	4	4	9
E.S. Central	—	4	9	114	138	—	1	6	50	11
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	29	33	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	11
Tennessee§	—	3	6	85	105	—	0	6	48	—
W.S. Central	1	6	90	172	235	1	4	43	124	123
Arkansas§	—	0	2	14	18	—	0	2	7	16
Louisiana	—	0	1	6	11	—	0	4	25	16
Oklahoma	1	2	23	45	64	1	1	13	31	23
Texas§	—	3	64	107	142	—	1	27	61	68
Mountain	4	10	23	342	436	1	4	12	119	129
Arizona	4	5	11	142	224	1	2	7	66	73
Colorado	—	2	9	98	75	—	1	4	33	32
Idaho§	—	0	1	6	7	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	—	1	5	31	82	—	0	4	17	21
Utah	—	1	7	59	45	—	0	0	—	—
Wyoming§	—	0	1	4	3	—	0	0	—	—
Pacific	—	3	9	73	52	—	1	4	21	13
Alaska	—	0	3	18	N	—	0	2	19	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	3	9	55	52	—	0	2	2	13
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant† All ages Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Age <5 years Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Syphilis, primary and secondary Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	16	45	254	1,339	1,479	4	8	35	235	229	83	194	310	4,598	4,509
New England	—	1	12	27	86	—	0	3	5	2	1	4	13	107	100
Connecticut	—	0	5	—	66	—	0	0	—	—	—	0	10	13	19
Maine§	—	0	2	6	5	—	0	2	1	1	—	0	1	2	7
Massachusetts	—	0	0	—	—	—	0	0	—	—	1	2	7	68	59
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	11	6
Rhode Island§	—	0	4	10	6	—	0	1	2	—	—	0	5	12	7
Vermont§	—	0	2	11	9	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	2	2	9	82	90	1	0	5	20	11	22	25	44	774	574
New Jersey	—	0	0	—	—	—	0	0	—	—	—	3	8	75	85
New York (Upstate)	1	1	5	28	28	—	0	4	7	5	4	2	14	66	76
New York City	—	0	0	—	—	—	0	0	—	—	17	15	35	515	278
Pennsylvania	1	2	6	54	62	1	0	2	13	6	1	4	12	118	135
E.N. Central	8	9	40	343	334	1	1	7	43	52	—	15	32	348	454
Illinois	—	0	2	6	18	—	0	1	1	5	—	7	13	149	239
Indiana	6	2	31	92	86	—	0	5	10	14	—	1	5	21	39
Michigan	—	0	1	2	15	—	0	1	1	2	—	2	10	54	53
Ohio	2	5	38	243	215	1	1	5	31	31	—	4	9	95	99
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	29	24
W.N. Central	—	1	124	93	25	—	0	15	6	1	—	5	14	148	137
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	5	9
Kansas	—	0	10	48	—	—	0	2	2	—	—	0	3	8	12
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	35	28
Missouri	—	1	5	37	25	—	0	1	—	1	—	3	12	96	85
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	—	—	0	1	4	—	—	0	3	3	—
S. Atlantic	6	20	59	598	708	2	4	15	126	107	45	42	180	1,070	982
Delaware	—	0	1	5	—	—	0	1	1	—	—	0	3	6	13
District of Columbia	—	0	2	5	17	—	0	0	—	2	1	2	12	93	54
Florida	3	12	29	348	368	1	2	8	72	68	23	15	25	385	357
Georgia	3	6	16	197	245	1	1	10	45	37	6	6	153	113	133
Maryland§	—	0	1	1	—	—	0	0	—	—	7	5	15	144	162
North Carolina	—	0	0	—	—	—	0	0	—	—	5	5	23	175	156
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	10	47	37
Virginia§	N	0	0	N	N	—	0	0	—	—	3	4	17	103	68
West Virginia	—	1	17	42	78	—	0	1	8	—	—	0	2	4	2
E.S. Central	—	2	9	86	112	—	0	3	16	21	5	15	29	366	303
Alabama§	N	0	0	N	N	—	0	0	—	—	4	6	17	134	122
Kentucky	—	0	2	17	26	—	0	1	2	5	—	1	7	36	34
Mississippi	—	0	0	—	—	—	0	0	—	—	1	2	9	56	32
Tennessee§	—	2	8	69	86	—	0	3	14	16	—	5	12	140	115
W.S. Central	—	1	9	76	61	—	0	2	10	6	7	32	55	765	693
Arkansas§	—	0	1	1	8	—	0	0	—	2	—	1	7	49	36
Louisiana	—	1	3	31	53	—	0	1	2	4	6	6	29	182	103
Oklahoma	—	0	8	44	—	—	0	2	8	—	1	1	5	38	36
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	31	496	518
Mountain	—	1	5	34	63	—	0	5	9	29	—	7	27	136	245
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	16	48	96
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	15	42
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	2
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	15	15	—	0	2	5	1	—	2	12	39	66
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	27	33
Utah	—	0	5	9	26	—	0	4	3	20	—	0	2	4	5
Wyoming§	—	0	2	10	22	—	0	1	1	8	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	3	38	57	884	1,021
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5
California	N	0	0	N	N	—	0	0	—	—	3	36	54	809	901
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	5	13
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	8	9
Washington	N	0	0	N	N	—	0	0	—	—	—	2	11	57	93
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	1	3	11	75	77
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 30, 2007, and July 1, 2006 (26th Week)*

	Varicella (chickenpox)					West Nile virus disease† Neuroinvasive					West Nile virus disease† Nonneuroinvasive§				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	137	786	2,813	22,796	29,628	—	1	178	3	41	—	1	417	3	44
New England	—	22	124	407	2,968	—	0	3	—	—	—	0	2	—	—
Connecticut	—	5	76	1	1,041	—	0	3	—	—	—	0	1	—	—
Maine¶	—	0	7	—	167	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	34	—	1,071	—	0	1	—	—	—	0	1	—	—
New Hampshire	—	7	17	168	225	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	9	66	238	464	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	40	105	195	2,767	3,074	—	0	11	—	1	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	40	105	195	2,767	3,074	—	0	2	—	1	—	0	1	—	—
E.N. Central	56	227	568	6,632	9,992	—	0	42	—	2	—	0	33	—	3
Illinois	—	2	11	83	81	—	0	24	—	1	—	0	22	—	—
Indiana	—	0	0	—	—	—	0	5	—	1	—	0	12	—	1
Michigan	37	93	258	2,666	2,973	—	0	10	—	—	—	0	4	—	1
Ohio	19	107	449	3,208	6,210	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	17	72	675	728	—	0	2	—	—	—	0	2	—	1
W.N. Central	5	32	136	1,174	1,192	—	0	37	—	7	—	0	78	2	13
Iowa	N	0	0	N	N	—	0	3	—	1	—	0	4	1	2
Kansas	—	9	52	424	232	—	0	3	—	1	—	0	3	—	1
Minnesota	—	0	0	—	—	—	0	7	—	—	—	0	7	—	—
Missouri	5	17	78	611	903	—	0	14	—	3	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	2	—	0	38	—	6
North Dakota	—	0	60	84	25	—	0	5	—	—	—	0	28	—	2
South Dakota	—	2	15	55	32	—	0	7	—	—	—	0	22	1	2
S. Atlantic	36	95	239	2,961	2,794	—	0	2	—	1	—	0	7	—	—
Delaware	—	1	6	20	44	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	21	—	0	0	—	—	—	0	1	—	—
Florida	24	13	89	764	N	—	0	1	—	1	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	—	18	72	647	773	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	27	190	821	997	—	0	0	—	—	—	0	2	—	—
West Virginia	12	25	50	695	959	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	1	571	307	25	—	0	15	3	4	—	0	17	1	3
Alabama¶	—	1	571	305	25	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	3	4	—	0	16	1	3
Tennessee¶	N	0	0	N	N	—	0	5	—	—	—	0	2	—	—
W.S. Central	—	190	1,640	6,821	7,784	—	0	59	—	22	—	0	27	—	5
Arkansas¶	—	8	105	224	540	—	0	5	—	—	—	0	2	—	—
Louisiana	—	1	11	67	173	—	0	13	—	2	—	0	10	—	3
Oklahoma	—	0	0	—	—	—	0	6	—	1	—	0	4	—	—
Texas¶	—	168	1,534	6,530	7,071	—	0	39	—	19	—	0	16	—	2
Mountain	—	56	133	1,703	1,799	—	0	63	—	3	—	0	245	—	13
Arizona	—	0	0	—	—	—	0	10	—	—	—	0	14	—	1
Colorado	—	22	62	631	936	—	0	11	—	2	—	0	51	—	3
Idaho¶	N	0	0	N	N	—	0	32	—	1	—	0	174	—	6
Montana¶	—	4	40	256	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	1	1	9	—	0	9	—	—	—	0	17	—	2
New Mexico¶	—	5	39	267	295	—	0	1	—	—	—	0	1	—	—
Utah	—	15	73	532	528	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	16	31	—	0	7	—	—	—	0	10	—	1
Pacific	—	0	9	24	—	—	0	15	—	1	—	0	51	—	7
Alaska	—	0	9	24	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	1	—	0	37	—	6
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	1
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	3	14	—	147	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	12	27	346	312	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE III. Deaths in 122 U.S. cities,* week ending June 30, 2007 (26th Week)

Reporting Area	All causes, by age (years) All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	445	299	99	25	15	7	47
Boston, MA	110	65	27	9	5	4	7
Bridgeport, CT	24	14	9	1	—	—	3
Cambridge, MA	12	10	2	—	—	—	1
Fall River, MA	25	21	4	—	—	—	4
Hartford, CT	38	24	7	2	5	—	10
Lowell, MA	24	16	6	2	—	—	1
Lynn, MA	6	4	1	1	—	—	1
New Bedford, MA	27	20	5	2	—	—	3
New Haven, CT	17	12	4	—	1	—	3
Providence, RI	67	50	8	6	1	2	6
Somerville, MA	U	U	U	U	U	U	U
Springfield, MA	26	17	8	1	—	—	1
Waterbury, CT	24	15	7	—	1	1	1
Worcester, MA	45	31	11	1	2	—	6
Mid. Atlantic	816	532	183	50	21	30	59
Albany, NY	39	22	11	3	2	1	5
Allentown, PA	28	22	5	—	1	—	4
Buffalo, NY	46	36	5	4	1	—	2
Camden, NJ	17	8	6	2	—	1	—
Elizabeth, NJ	15	10	4	1	—	—	—
Erie, PA	50	35	9	5	1	—	3
Jersey City, NJ	19	13	4	2	—	—	1
New York City, NY	U	U	U	U	U	U	U
Newark, NJ	53	17	15	2	3	16	6
Paterson, NJ	23	10	8	4	—	1	1
Philadelphia, PA	161	102	39	7	8	5	5
Pittsburgh, PA§	34	23	8	2	—	1	3
Reading, PA	16	11	3	1	—	1	1
Rochester, NY	120	82	31	5	1	1	15
Schenectady, NY	20	18	—	1	1	—	1
Scranton, PA	22	18	4	—	—	—	3
Syracuse, NY	85	57	16	7	2	3	9
Trenton, NJ	40	27	10	2	1	—	—
Utica, NY	14	10	3	1	—	—	—
Yonkers, NY	14	11	2	1	—	—	—
E.N. Central	1,863	1,205	410	135	61	52	132
Akron, OH	32	16	8	3	5	—	2
Canton, OH	32	19	9	1	3	—	2
Chicago, IL	258	151	68	27	9	3	24
Cincinnati, OH	87	56	18	6	5	2	16
Cleveland, OH	260	189	45	15	4	7	9
Columbus, OH	171	108	47	12	1	3	13
Dayton, OH	107	77	17	8	1	4	9
Detroit, MI	161	75	55	19	7	5	8
Evansville, IN	48	37	7	1	2	1	3
Fort Wayne, IN	60	41	13	—	4	2	4
Gary, IN	15	8	2	3	1	1	—
Grand Rapids, MI	43	31	4	2	4	2	2
Indianapolis, IN	209	128	43	21	6	11	15
Lansing, MI	37	32	5	—	—	—	2
Milwaukee, WI	89	55	26	3	—	5	8
Peoria, IL	31	22	4	1	3	1	2
Rockford, IL	46	31	7	6	2	—	2
South Bend, IN	34	23	10	—	1	—	—
Toledo, OH	93	66	17	4	3	3	8
Youngstown, OH	50	40	5	3	—	2	3
W.N. Central	611	412	125	29	25	19	34
Des Moines, IA	70	46	17	3	2	1	9
Duluth, MN	34	28	4	1	1	—	2
Kansas City, KS	33	21	8	1	1	2	4
Kansas City, MO	71	52	14	4	1	—	2
Lincoln, NE	47	40	6	1	—	—	1
Minneapolis, MN	52	29	15	1	2	5	1
Omaha, NE	69	46	10	6	5	2	7
St. Louis, MO	103	62	23	6	6	6	4
St. Paul, MN	47	34	7	2	4	—	1
Wichita, KS	85	54	21	4	3	3	3

Reporting Area	All causes, by age (years) All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
S. Atlantic	1,093	647	289	94	47	16	38
Atlanta, GA	19	7	9	1	2	—	—
Baltimore, MD	142	71	37	21	9	4	9
Charlotte, NC	113	78	21	10	2	2	7
Jacksonville, FL	171	103	48	14	6	—	—
Miami, FL	114	63	28	12	11	—	6
Norfolk, VA	40	27	7	1	2	3	—
Richmond, VA	66	29	22	10	5	—	1
Savannah, GA	47	28	14	3	—	2	4
St. Petersburg, FL	55	39	10	4	2	—	—
Tampa, FL	197	123	57	11	5	1	7
Washington, D.C.	113	69	32	5	3	4	3
Wilmington, DE	16	10	4	2	—	—	1
E.S. Central	860	560	199	47	35	19	62
Birmingham, AL	151	102	35	9	3	2	12
Chattanooga, TN	96	67	17	6	2	4	8
Knoxville, TN	81	52	20	6	3	—	6
Lexington, KY	65	45	14	2	2	2	2
Memphis, TN	210	128	58	10	9	5	14
Mobile, AL	89	54	26	1	7	1	6
Montgomery, AL	35	29	4	2	—	—	3
Nashville, TN	133	83	25	11	9	5	11
W.S. Central	1,418	895	342	101	35	44	71
Austin, TX	98	60	21	10	4	3	7
Baton Rouge, LA	24	19	3	2	—	—	—
Corpus Christi, TX	57	41	11	3	—	2	3
Dallas, TX	185	101	53	16	6	8	18
El Paso, TX	74	59	8	4	—	3	—
Fort Worth, TX	104	66	29	3	1	5	1
Houston, TX	378	222	102	28	12	14	21
Little Rock, AR	71	42	19	6	2	2	1
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	225	154	52	13	4	2	11
Shreveport, LA	64	47	12	4	1	—	5
Tulsa, OK	138	84	32	12	5	5	4
Mountain	944	566	246	73	30	29	52
Albuquerque, NM	129	82	32	12	1	2	2
Boise, ID	56	37	14	4	—	1	2
Colorado Springs, CO	55	39	9	6	—	1	3
Denver, CO	76	40	21	7	5	3	1
Las Vegas, NV	273	165	73	20	9	6	22
Ogden, UT	27	15	6	4	1	1	4
Phoenix, AZ	158	87	47	8	7	9	9
Pueblo, CO	28	21	6	—	1	—	2
Salt Like City, UT	142	80	38	12	6	6	7
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,236	844	261	70	36	25	72
Berkeley, CA	15	10	4	1	—	—	1
Fresno, CA	97	69	19	5	4	—	3
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	72	52	14	4	—	2	5
Long Beach, CA	62	34	18	4	2	4	7
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	26	20	6	—	—	—	7
Portland, OR	113	75	25	9	2	2	9
Sacramento, CA	234	165	45	11	9	4	10
San Diego, CA	159	107	31	11	7	3	12
San Francisco, CA	U	U	U	U	U	U	U
San Jose, CA	137	89	30	10	2	6	2
Santa Cruz, CA	44	24	14	2	4	—	3
Seattle, WA	104	67	27	6	2	2	5
Spokane, WA	48	36	11	—	—	1	4
Tacoma, WA	125	96	17	7	4	1	4
Total	9,286**	5,960	2,154	624	305	241	567

U: Unavailable. —:No reported cases.

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

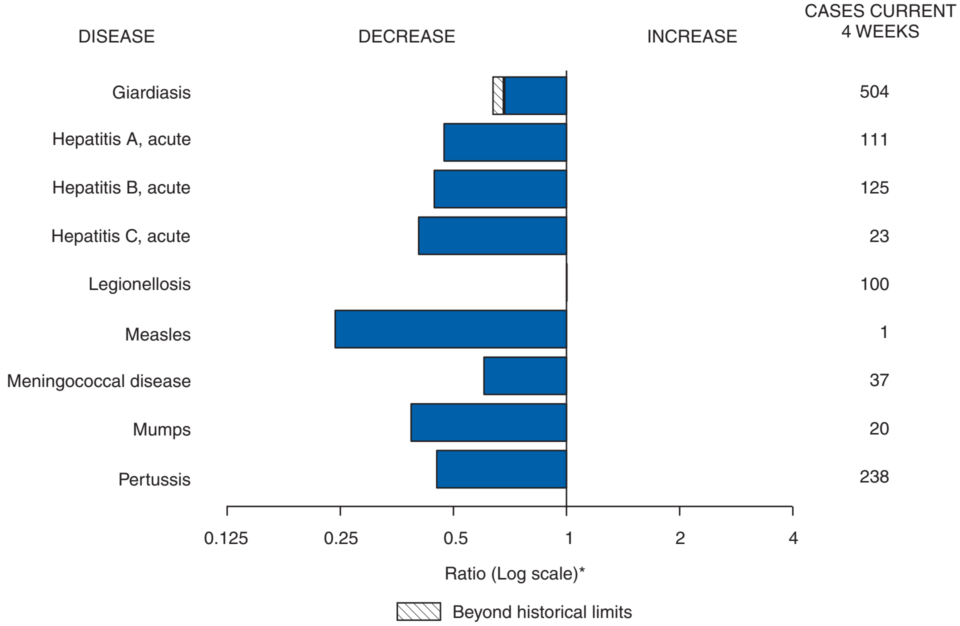
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 30, 2007, with historical data



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

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