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# Direct and Indirect Effects of Routine Vaccination of Children with 7-Valent Pneumococcal Conjugate Vaccine on Incidence of Invasive Pneumococcal Disease — United States, 1998–2003

*Streptococcus pneumoniae* (pneumococcus) is a leading cause of pneumonia and meningitis in the United States and disproportionately affects young children and the elderly. In 2000, a 7-valent pneumococcal conjugate vaccine (PCV7) was licensed in the United States for routine use in children aged <5 years (*1*). Surveillance data from 2001 and 2002 indicated substantial declines in invasive pneumococcal disease (IPD) in children and adults compared with prevaccine years (*2,3*). This report updates assessment of the impact of PCV7 on IPD through 2003 by using population-based data from the Active Bacterial Core surveillance (ABCs) of the Emerging Infections Program Network, a cooperative surveillance program conducted by several state health departments and CDC.* The results of this analysis indicated that 1) routine vaccination of young children with PCV7 continued to result in statistically significant declines in incidence of IPD through 2003 in the age group targeted for vaccination and among older children and adults, 2) the vaccine prevented more than twice as many IPD cases in 2003 through indirect effects on pneumococcal transmission (i.e., herd immunity) than through its direct effect of protecting vaccinated children, and 3) increases in disease caused by pneumococcal serotypes not included in the vaccine (i.e., replacement disease) occurred in certain populations but were small compared with overall declines in vaccine-serotype disease. Ongoing surveillance is needed to assess whether reductions in vaccine-serotype IPD are sustained and whether replacement disease will erode the substantial benefits of routine vaccination.

ABCs conducted active surveillance for IPD cases through regular contact with all clinical microbiology laboratories in defined surveillance areas; periodic audits of laboratory records ensured complete case finding. Pneumococcal isolates were sent to reference laboratories for serotyping by the quellung reaction and were categorized as vaccine-type (VT) (serotypes included in PCV7) or nonvaccine-type (NT) (all other serotypes). A case of IPD was defined as isolation of pneumococcus from a normally sterile body site (e.g., blood or cerebrospinal fluid) in an ABCs area resident. Participating areas during 1998–2003 included in this analysis were the state of Connecticut and selected counties in California, Georgia, Maryland, Minnesota, New York, and Oregon, representing a total surveillance population of approximately 16 million persons in 2000. Annual incidence rates were calculated for 1998–1999 by using U.S. Census Bureau population estimates for those years; incidence rates for 2001–2003 were based on National Center for Health Statistics (NCHS) bridged-race postcensal population estimates for those years (*4*). For national projections of annual numbers of IPD cases, age- and race-specific rates of disease were applied from the aggregate ABCs surveillance area to the age and racial distribution of the U.S. population.

The impact of PCV7 introduction on IPD was assessed in three ways. First, to assess the change in incidence of IPD after PCV7 introduction, IPD rates for 2001–2003 were

*Available at http://www.cdc.gov/ncidod/dbmd/abcs.

INSIDE



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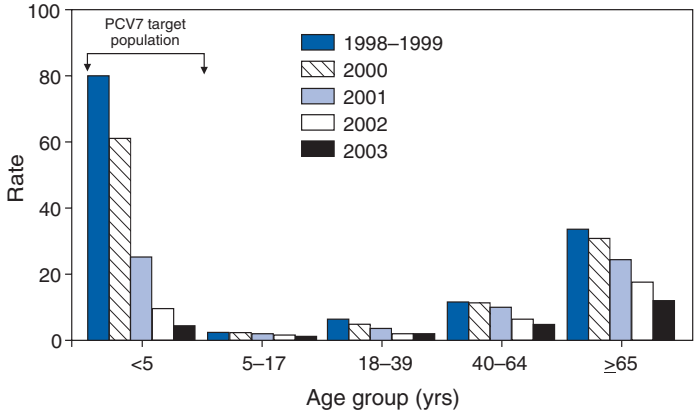
compared with the average rate for 1998–1999 (baseline). Second, the projected number of VT IPD cases directly prevented by PCV7 in 2003 was calculated as the product of 1) the nationally projected number of VT IPD cases at baseline among children aged <5 years, 2) the 3-dose coverage of PCV7 in 2003 among all U.S. children aged 19–35 months identified from National Immunization Survey (NIS) data (68.1%) (*5*), and 3) vaccine efficacy against VT IPD from a large clinical trial (93.9%) (*6*). Third, the projected number of VT IPD cases indirectly prevented by PCV7 in 2003 was estimated across all ages aggregately by calculating the difference between the average annual projected number of VT cases in 1998–1999 and the projected number of VT cases in 2003, and then subtracting the number of VT cases directly prevented by the vaccine.

From 1998–1999 to 2003, the incidence of VT IPD among children aged <5 years decreased from 80.0 cases per 100,000 population to 4.6, a decline of 94% (95% confidence interval [CI] = 92%–96%) (Figure 1). The total incidence of IPD (VT and NT) in this age group declined 75% (CI = 72%–78%), from 96.7 at baseline to 23.9 in 2003. Incidence rates of VT IPD also declined substantially among persons outside of the PCV7 target population (Figure 1). For persons aged ≥5 years, VT disease decreased 62% (CI = 59%–66%) from 1998–1999 to 2003, with the largest absolute rate reduction occurring among those aged ≥65 years (rate difference: 21.7 cases per 100,000 [rate 33.6 during 1998–1999 and 11.9 during 2003]). Total IPD incidence declined 29% (CI = 25%–33%), again with the majority of the absolute rate reduction occurring among those aged ≥65 years (rate difference: 18.4 cases per 100,000 [rate 60.1 during 1998–1999 and 41.7

**FIGURE 1. Rate* of vaccine-type (VT) invasive pneumococcal disease (IPD) before and after introduction of pneumococcal conjugate vaccine (PCV7), by age group and year — Active Bacterial Core surveillance, United States, 1998–2003**




* Per 100,000 population.
† For each age group, the decrease in VT IPD rate for 2003 compared with the 1998–1999 baseline is statistically significant (p<0.05).

during 2003]). The incidence of IPD caused by the 16 serotypes included in the 23-valent polysaccharide pneumococcal vaccine (PPV23) and not in PCV7 among persons aged ≥5 years increased 11% (CI = 3%–21%) from 1998–1999 to 2003.

Analysis of the projected 29,599 VT IPD cases prevented nationally by PCV7 in 2003 compared with 1998–1999 (Table) revealed that the majority (69%) of cases were prevented through indirect effects of the vaccine. An estimated 9,140 cases of VT IPD were directly prevented by vaccinating children aged <5 years with PCV7; an additional 20,459 cases of VT IPD were prevented through indirect effects of the vaccine across all ages (Figure 2). Incidence of IPD caused by pneumococcal serotypes not included in PCV7 increased among children aged <5 years and adults aged ≥40 years, with a total of 4,721 projected additional cases of NT IPD in 2003 compared with the 1998–1999 baseline (Table). After accounting for this increase, 24,878 net cases of IPD were prevented in 2003; net prevented cases were evenly distributed between the age group targeted for vaccination with PCV7 (12,786 prevented cases [51%]) and older children and adults outside the target population (12,092 prevented cases [49%]) (Table).

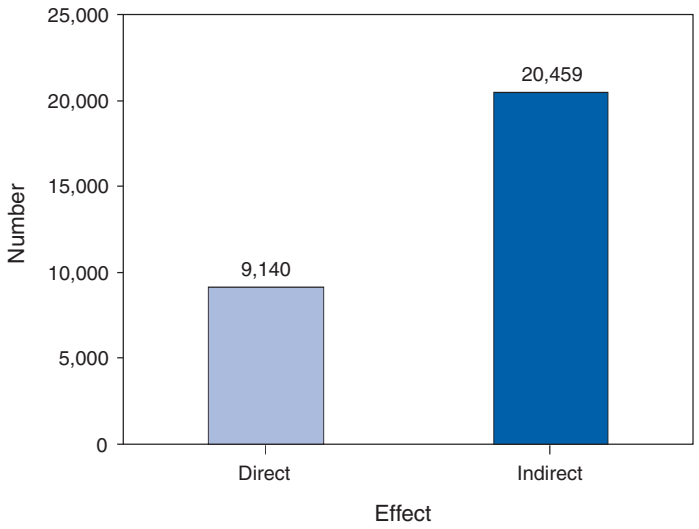
**TABLE. Changes in projected numbers of invasive pneumococcal disease (IPD) cases, by age group and serotype category — Active Bacterial Core surveillance (ABCs), United States, 1998–1999 and 2003**

| Age group (yrs) | Serotype category* | 1998–1999 average projected no. of cases† | 2003 projected no. of cases† | Change in annual projected no. of cases |
|---|---|---|---|---|
| **<5** | | | | |
| | Vaccine | 14,293 | 876 | -13,417 |
| | Nonvaccine | 2,947 | 3,578 | 631 |
| | Total | 17,240 | 4,454 | -12,786 |
| **5–17** | | | | |
| | Vaccine | 1,195 | 569 | -626 |
| | Nonvaccine | 880 | 824 | -56 |
| | Total | 2,075 | 1,393 | -682 |
| **18–39** | | | | |
| | Vaccine | 5,023 | 1,610 | -3,413 |
| | Nonvaccine | 3,419 | 3,407 | -12 |
| | Total | 8,442 | 5,017 | -3,425 |
| **40–64** | | | | |
| | Vaccine | 8,945 | 4,167 | -4,778 |
| | Nonvaccine | 7,545 | 10,237 | 2,692 |
| | Total | 16,490 | 14,404 | -2,086 |
| **≥65** | | | | |
| | Vaccine | 11,595 | 4,230 | -7,365 |
| | Nonvaccine | 9,169 | 10,635 | 1,466 |
| | Total | 20,764 | 14,865 | -5,899 |
| **All ages** | | | | |
| | Vaccine | 41,051 | 11,452 | -29,599 |
| | Nonvaccine | 23,960 | 28,681 | 4,721 |
| | **Total** | **65,011** | **40,133** | **-24,878** |

* Serotypes included in the 7-valent pneumococcal conjugate vaccine are defined as vaccine serotypes (4, 6B, 9V, 14, 18C, 19F, and 23F). All other serotypes are considered nonvaccine serotypes.

† Annual national projections of IPD cases were calculated by applying age- and race-specific disease rates for the aggregate ABCs surveillance area to the age and racial distribution of the U.S. population on the basis of 2000 U.S. Census data.

**FIGURE 2. Estimated number of cases of vaccine-type (VT) invasive pneumococcal disease (IPD) prevented by direct* and indirect† effects of pneumococcal conjugate vaccine (PCV7) — Active Bacterial Core surveillance, United States, 2003**




* Direct VT IPD cases prevented in 2003 = 1998–1999 average number of VT IPD cases in children aged <5 years x 2003 PCV7 coverage with 3 doses (68.1%) x PCV7 effectiveness for VT IPD (93.9%).

† Indirect VT IPD cases prevented in 2003 = (1998–1999 average number of VT IPD cases across all age groups – 2003 number of VT IPD cases across all age groups) – 2003 direct VT IPD cases prevented. Calculation of indirect cases prevented does not account for replacement disease.

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**Editorial Note:** Routine use of PCV7 in young children has reduced the incidence of VT and overall IPD in children and adults, and these reductions have increased since 2001 (*2*).

The most substantial decline in the rate of VT disease has been in the target population of children aged <5 years. Data from 2003 also demonstrate statistically significant reductions in the rates of both VT IPD and total IPD for children aged 5–17 years, whereas no statistically significant change in disease rate was observed among persons aged 5–19 years in 2001 (*2*). As of 2003, the total incidence of IPD in persons aged ≥65 years declined to 41.7 cases per 100,000 population in ABCs surveillance areas, meeting the *Healthy People 2010* objective of no more than 42 cases per 100,000 for this age group (*7*).

Indirect benefits of PCV7 (i.e., cases prevented in unvaccinated persons) exceeded direct protective benefits among immunized children, with more than twice as many cases of VT IPD prevented indirectly as directly in 2003. The indirect effects of PCV7 are believed to be caused by decreased nasopharyngeal carriage of VT strains among immunized children, which results in decreased transmission to nonimmunized children and adults (i.e., herd immunity) (*2,8*). On the basis of this mechanism, indirect benefits from PCV7 might be expected to increase as its vaccination coverage increases. In certain populations (e.g., children aged <5 years and adults aged ≥40 years), the reduction in VT IPD attributable to PCV7 was partially offset by an increase in disease caused by non-VT strains. However, during 2003, the overall magnitude of this replacement disease was small compared with the reduction in VT disease.

The findings in this report are subject to at least two limitations. First, secular trends cannot be excluded as a factor in the changing pattern of IPD in the United States. However, these trends would be expected to affect disease caused by all serotypes; the reductions in IPD after introduction of PCV7 have been specific to vaccine serotypes, suggesting a vaccine effect. The decline in adult IPD likely is not attributable to PPV23, given that no decline occurred in the incidence of IPD caused by serotypes included in PPV23 but not in PCV7, and given that the slight increase in vaccine coverage of PPV23 since 1998 (*9*) would not be expected to cause a measurable change in IPD rate. Second, the calculations of direct and indirect effects of the conjugate vaccine were based on data estimates from several sources, each with an associated margin of error; the calculations in this report provide only crude estimates of the relative magnitudes of direct and indirect vaccine effects. In addition, the number of doses of vaccine needed to provide direct protection is unknown, and partial protection might be provided by fewer than 3 doses.

The robustness of the direct and indirect effects of PCV7 has important implications for cost-benefit analyses of similar vaccines in the United States and internationally. Initial estimates of cost-effectiveness for the United States (*10*) did not account for indirect effects and therefore underestimated the cost-effectiveness of PCV7. In addition, ongoing surveillance will be required to monitor the balance of disease reduction versus replacement in the conjugate vaccine era, particularly in vulnerable populations (e.g., the elderly and immunocompromised persons), who might be more susceptible to less virulent non-VT strains of pneumococci. Such information will be critical for determining whether the composition of conjugate vaccines should be revised or expanded over time.


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## References


1. CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(No. RR-9).
2. Whitney CG, Farley MM, Hadler J, et al. Decline in invasive pneumococcal disease after introduction of protein-polysaccharide conjugate vaccine. N Engl J Med 2003;348:1737–46.
3. Flannery B, Schrag S, Bennett NM, et al. Impact of childhood vaccination on racial disparities in invasive *Streptococcus pneumoniae* infections. JAMA 2004;291:2197–203.
4. National Center for Health Statistics. Bridged-race vintage 2003 postcensal population estimates for July 1, 2000–July 1, 2003, by year, county, single-year of age, bridged-race, Hispanic origin, and sex. Available at http://www.cdc.gov/nchs/about/major/dvs/popbridge/datadoc.htm.
5. National Immunization Program. Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19–35 months of age by state and immunization action plan area, US, National Immunization Survey (NIS), 2003. Available at http://www.cdc.gov/nip/coverage/NIS/03/toc-03.htm.
6. Black S, Shinefield H, Fireman B, et al. Efficacy, safety and immunogenicity of heptavalent pneumococcal conjugate vaccine in children. Pediatr Infect Dis J 2000;19:187–95.
7. US Department of Health and Human Services. Healthy people 2010, 2nd ed. Understanding and improving health and objectives for improving health (2 vols.). Washington, DC: US Department of Health and Human Services; 2000.

8. O'Brien KL, Dagan R. The potential indirect effect of conjugate pneumococcal vaccines. Vaccine 2003;21:1815–25.
9. CDC. Behavioral Risk Factor Surveillance System (BRFSS). Available at http://www.cdc.gov/brfss/index.htm.
10. Lieu TA, Ray GT, Black SB, et al. Projected cost-effectiveness of pneumococcal conjugate vaccination of healthy infants and young children. JAMA 2000;283:1460–8.

# Improper Disposal of Hazardous Substances and Resulting Injuries — Selected States, January 2001–March 2005

Many consumer and industrial products, including fuels, solvents, fertilizers, pesticides, paints, and household cleaning disinfectants, contain hazardous substances. Improper disposal of these materials can lead to unexpected releases of toxins that are hazardous to humans and harmful to the environment. This report summarizes all known events involving improper disposal of hazardous substances reported to the Agency for Toxic Substances and Disease Registry (ATSDR) during January 2001–March 2005, describes four illustrative case reports, and provides recommendations for preventing injury resulting from improper disposal.

ATSDR maintains the Hazardous Substances Emergency Events Surveillance (HSEES) system to collect and analyze data about the public health consequences (i.e., morbidity, mortality, and evacuation) of hazardous-substance–release events.* The information in this report is based on events reported to HSEES from 18 participating state health departments† during January 2001–March 2005.§ Improper disposal events are defined as events in which a hazardous substance is placed in municipal waste and subsequently causes a release or potential release that requires (or would have required) removal, clean-up, or neutralization according to federal, state, or local law.

## Summary of HSEES Data

A total of 36,784 events involving release of hazardous substances were reported to HSEES during January 2001–March 2005. Of these, 107 (0.3%) were associated with improper disposal. All 18 states reported this type of event, with New York (47 [44%] events) and Washington (13 [12%]) reporting the most events. Sixteen (15%) events involved fires or explosions. Of the 159¶ known improper disposal locations, releases occurred most frequently in residential (59 [37%]) and commercial settings (53 [33%]). Of the 284** total substances involved in improper disposal events, the most common substances were hydrochloric acid (24 [8%]), acid not otherwise specified (15 [5%]), and iodine-131 (six [2%]).

Of the 107 events, 35 (33%) resulted in injuries to 69 persons, 64 (93%) of whom were categorized as employees. HSEES does not collect specific information on type of employee injured (e.g., sanitation worker). However, evaluation of the comment field on incidence reports indicated that more than half (39 [57%]) of the 64 injured employees were sanitation workers.

The 69 injured persons had a total of 101 reported injuries, most frequently respiratory irritation (46 [46%]), dizziness or other central nervous system symptoms (12 [12%]), eye irritation (11 [11%]), and burns (nine [9%]). Forty-two (61%) injured persons were treated at hospitals but not admitted, 11 (16%) were treated at the scene, four (6%) were examined by private physicians, three (4%) were treated at hospitals and admitted, and three (4%) were sent to hospitals for observation. The remaining six (9%) persons experienced adverse health effects within 24 hours of exposure; these injuries were reported through official channels (e.g., fire or police departments, emergency medical services, or poison control centers). No deaths occurred.

Evacuation was ordered for 13 (12%) of the 107 events. The number of evacuees was known for nine of the events, for which 74 persons were known to have evacuated; the number of persons per event ranged from two to 25 (median: six persons per event). The median length of evacuation was 3 hours (range: 1–82 hours).

Of the 97 (91%) events for which decontamination status was known, decontamination of potentially exposed persons was necessary in 31 (32%) events. Ninety-two persons were decontaminated; of these, 61 (66%) were emergency responders, 29 (32%) were employees (i.e., sanitation workers or

* An HSEES event is the acute release or threatened release of a hazardous substance into the environment in an amount that requires (or would have required) removal, cleanup, or neutralization according to federal, state, or local law (*1*). A hazardous substance is one that can reasonably be expected to cause an adverse health effect upon exposure.
† Alabama, Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, Utah, Washington, and Wisconsin.
§ Data through March 31, 2005, were the most recent available when the analysis was conducted; data for 2004 and 2005 are provisional.

¶ Exceeds the number of events because some events may occur in mixed-use locations (e.g., in a residential and commercial area).
** Exceeds the number of events because certain events involved multiple substances.

employees of the industry involved in the release), and two (2%) were members of the general public.

## Case Reports

The following case reports illustrate the danger involved in improper disposal of hazardous substances.

**New York.** In June 2004, a sanitation truck compacted an improperly disposed of container of hydrochloric acid, releasing approximately 10 gallons of the hazardous substance into a commercial/residential area. Two male sanitation workers sustained chemical burns and were decontaminated on the scene, treated at a hospital, and released. A hazardous materials (HazMat) team, law enforcement officials, fire department officials, and emergency medical services personnel responded to the event.

**Colorado.** In March 2003, a hospital employee improperly disposed of an unknown quantity of radioactive waste in a dumpster. The dumpster contents were picked up by a garbage truck. Later, as the garbage truck approached the landfill, the contents activated radiation detectors at the landfill. No injuries were reported; however, four first responders were decontaminated at the site. Access to the landfill was restricted until the radioactive waste was removed. A company emergency response team, fire department officials, and hospital personnel responded to the event.

**Washington.** In June 2002, hydrochloric acid used in an illicit methamphetamine laboratory was disposed of in an apartment building dumpster. Later, a male sanitation worker sustained respiratory irritation when the acid was dumped into the back of his truck. After the exposure occurred, his supervisor took the worker to a physician for observation. Law enforcement officials, fire department officials, emergency medical services personnel, and an environmental agency responded to the event.

**Wisconsin.** In August 2001, a sanitation truck compacted an improperly disposed of container of hydrochloric acid, releasing approximately 1 gallon of the hazardous substance into a residential area. The sanitation truck driver sustained chemical burns after coming into contact with the acid. He was transported to a hospital, treated for his injury, and released. A HazMat response team responded to the event.

**Reported by:** *DK Horton, MSPH, S Rossiter, MPH, MF Orr, MS, Div of Health Studies, Agency for Toxic Substances and Disease Registry.*

**Editorial Note:** This report illustrates the dangers associated with improper disposal of hazardous substances. Although improper disposal events accounted for a limited number of hazardous-substance–release events overall, HSEES has been recording approximately 25 such events per year, and the potential for additional events appears substantial. Persons in the United States generate approximately 1.6 million tons of household hazardous waste each year (*2*). An average household can accumulate as much as 100 pounds of hazardous waste in basements, garages, and storage closets (*2*). In addition, industries and businesses in the United States generate more than 40 million tons of hazardous waste annually (*3*).

Because many hazardous substances are toxic, flammable, corrosive, explosive, or even radioactive, they can be dangerous when disposed of improperly. Of particular concern is the hazard to sanitation workers because sanitation trucks, especially those with compactors, can easily breach hazardous substance containers, resulting in releases and mixing of substances. During this reporting period, more than half the injured persons were sanitation workers.

At least five of the events were caused by improper disposal of hazardous substances used in illicit methamphetamine laboratories (e.g., hydrochloric acid, ether, and acetone). Substances used in methamphetamine production, many of which are volatile, are often disposed of in municipal waste containers. When these substances are discarded and compacted, the potential for a hazardous release, fire, and explosion is increased.

The majority of the 101 reported injuries examined in this analysis were not life threatening, and no deaths occurred during the reporting period. However, a previous HSEES analysis described the death of a sanitation worker exposed to an improperly disposed of container of hydrofluoric acid (*4*).

The findings in this report are subject to at least two limitations. Reporting of events to HSEES is not mandatory; therefore, participating state health departments might not be informed about every event. Second, only 18 state health departments provided data to HSEES during the reporting period; therefore, these data underrepresent the total hazardous-substance–release events in the United States.

The findings suggest the need for development and implementation of effective public health strategies to prevent improper disposal practices or injuries resulting from those practices (*2,5–7*). Such strategies include educating the public regarding proper methods for disposing of hazardous substances, promoting the use of alternative products that do not contain hazardous substances, and organizing community collection days for disposal of hazardous substances (Box).

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**BOX. Preventing improper disposal of hazardous substances and resulting injuries**

*General public*
- Learn the proper methods for disposing of hazardous substances.
- Understand the dangers associated with improper disposal of hazardous substances.
- Read container labels for proper use and disposal recommendations.
- Be certain a toxic product is needed before using it.
- Use alternative products that do not contain hazardous substances.
- Purchase the smallest possible quantity of a product.
- Use leftover chemicals for other projects, or share them with other persons (e.g., neighbors).

*Community leaders*
- Place waste containers (e.g., dumpsters) in well-lit, secured areas.
- Train sanitation workers to recognize discarded methamphetamine laboratory chemicals and equipment.
- Establish collection days for hazardous substances.

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### References

1. Agency for Toxic Substances and Disease Registry. Hazardous Substances Emergency Events Surveillance System (HSEES), 2001 annual report. Atlanta, GA: US Department of Health and Human Services, Agency for Toxic Substances and Disease Registry; 2001. Available at http://www.atsdr.cdc.gov/HS/HSEES/annual2001.html.
2. US Environmental Protection Agency. Household hazardous waste. Washington, DC: US Environmental Protection Agency; 2005. Available at http://www.epa.gov/epaoswer/non-hw/muncpl/hhw.htm.
3. US Environmental Protection Agency. Basic facts about waste. Washington, DC: US Environmental Protection Agency; 2004. Available at http://www.epa.gov/epaoswer/osw/facts.htm.
4. Horton DK, Berkowitz Z, Kaye WE. Secondary contamination of emergency department personnel from hazardous materials events, 1995–2001. Am J Emerg Med 2003;21:28–33.
5. Minnesota Pollution Control Agency. Household hazardous waste disposal. St. Paul, MN: Minnesota Pollution Control Agency; 1993. Available at http://www.moea.state.mn.us/hhw/w-hhw2-02.pdf.
6. CDC. Acute public health consequences from illicit methamphetamine laboratories—selected states, January 2000–June 2004. MMWR 2005;54:356–9.
7. Ruckart PZ, Orr MF, Kaye WE. Hazardous-chemical releases in the home. J Environ Health 2004;67:14–9.

# Update: Influenza Activity — United States and Worldwide, May 22–September 3, 2005, and 2005–06 Season Vaccination Recommendations

Influenza A (H3N2) viruses circulated worldwide, and Influenza A (H1)* and B viruses were reported less frequently during May 22–September 3, 2005. In North America, isolates of influenza A (H3N2), A (H1), and influenza B were identified sporadically. This report summarizes influenza activity in the United States and worldwide since the last *MMWR* update.†

## United States

In the United States, CDC uses seven systems for national influenza surveillance, including the following four that operate year-round: 1) collaborating laboratories of the World Health Organization (WHO) and the National Respiratory and Enteric Virus Surveillance System (NREVSS) report the number, types, and subtypes of influenza viruses detected; 2) approximately 2,250 sentinel health-care providers report patient visits for influenza-like illness (ILI), and approximately 500 of these providers continue regular reporting throughout the summer; 3) 122 U.S. cities report mortality attributed to influenza and pneumonia on a weekly basis; and 4) a national surveillance system records pediatric deaths associated with laboratory-confirmed influenza (*1*).

During May 22–September 3,§ WHO and NREVSS collaborating laboratories tested 14,016 respiratory specimens; 120 (0.9%) were positive for influenza. Of the positive results, 66 (55%) were influenza B viruses, 33 (28%) were influenza A (H3N2) viruses, one (0.8%) was an influenza A (H1) virus, and 20 (17%) were influenza A viruses that were not subtyped. The majority (78%) of these isolates were tested from mid-May through late June, during which time 1.3% of specimens tested were positive for influenza. Since July, 0.4% of specimens tested were positive for influenza.

* Includes both the A (H1N1) and A (H1N2) influenza virus types. Although H1N2 viruses have not been identified since February 2004, not all isolated H1 viruses have been tested for the subtype of their neuraminidase. Thus, H1N2 viruses might continue to circulate in some parts of the world. Influenza A (H1N2) viruses appear to have resulted from reassortment of the genes of the circulating influenza A (H1N1) and A (H3N2) subtypes. Because the hemagglutinin proteins of the A (H1N2) viruses are similar to those of the circulating A (H1N1) viruses, and the neuraminidase proteins are similar to the circulating A (H3N2) viruses, the 2005–06 influenza vaccine should provide protection against A (H1N2) viruses.

† CDC. Update: influenza activity—United States and worldwide, 2004–05 season. MMWR 2005;54:631–4.

§ As of September 9, 2005; reporting is incomplete.

During May 22–September 3, the weekly percentage of patient visits to sentinel providers for ILI remained below the national baseline of 2.5%[¶] and ranged from 0.7% to 1.3%. The percentage of deaths attributable to pneumonia and influenza (P&I) as reported by the 122 Cities Mortality Reporting System remained below the epidemic threshold,[**] and no influenza-related pediatric deaths were reported as occurring during this period.

## Worldwide

During May 22–September 3, influenza A (H3N2) viruses predominated in Asia (China, Hong Kong, Japan, Korea, and Thailand). Influenza A (H3N2) viruses were also identified in Oman and Singapore. Influenza A (H1) viruses were reported in China, Hong Kong, India, Indonesia, Japan, Korea, and Malaysia. Influenza B viruses were reported in China, Hong Kong, Indonesia, Korea, Nepal, Philippines, and Thailand.

In Oceania, during the same period, influenza A (H3N2 and non-subtyped) viruses predominated in Australia; influenza B viruses were responsible for outbreaks in New Zealand. Influenza B viruses were also reported in Australia and New Caledonia. In Africa, both influenza A virus subtypes (H3N2 and H1) and influenza B viruses were reported in South Africa, and influenza A (H3N2) and influenza B viruses were reported in Madagascar. Influenza B viruses also were reported in Kenya.

In South America, influenza A (H3N2 and non-subtyped) viruses were associated with regional outbreaks in Argentina and Chile during May 22–September 3 and were reported in Brazil, Colombia, Peru, and Uruguay. Influenza B viruses were associated with an outbreak in Colombia in July and also were reported in Argentina, Brazil, Chile, and Uruguay. Influenza A (H1) viruses were reported in Peru. In North America, influenza A viruses (H3N2 and non-subtyped) and influenza B viruses were reported in Canada, Mexico, and the United States. The United States reported one influenza A (H1) virus. Influenza A (H3N2) viruses also were reported in El Salvador and Panama (*2–4*).

[¶] The national baseline was calculated as the mean percentage of patient visits for ILI during noninfluenza weeks plus two standard deviations. Wide variability in regional data precludes calculating region-specific baselines and makes applying the national baseline to regional data inappropriate. National and regional percentages of patient visits for ILI are weighted on the basis of state population.

[**] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected by using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the previous 5 years. The epidemic threshold is 1.654 standard deviations above the seasonal baseline.

## Characterization of Influenza Virus Isolates

The WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, located at CDC, analyzes influenza-virus isolates received from laboratories worldwide. During May 22–September 3, a total of 77 influenza A (H3N2) viruses (47 from Latin America, 21 from Asia, eight from the United States, and one from Oceania) were collected and characterized antigenically. All 77 influenza A (H3N2) viruses were antigenically related to the A/California/07/2004 reference virus. However, four South American viruses and nine Asian viruses had reduced titers to A/California/07/2004. An A/California/07/2004-like virus was recommended as the H3 component for the 2005–06 Northern Hemisphere vaccine. No influenza A (H1) viruses collected during this period were received and characterized by CDC.

Influenza B viruses circulating worldwide can be divided into two antigenically distinct lineages: B/Yamagata/16/88 and B/Victoria/2/87. Before 1991, B/Victoria lineage viruses circulated worldwide; from late 1991 to early 2001, no viruses of the B/Victoria lineage were identified outside Asia. However, since March 2001, B/Victoria-lineage viruses have been identified in many countries outside Asia, including the United States. Viruses of the B/Yamagata lineage began circulating worldwide in 1990 and continue to be identified. The type-B component of the 2005–06 influenza vaccine (B/Shanghai/361/2002-like) belongs to the B/Yamagata lineage. Of the 46 influenza B isolates collected during May 22–September 3 and characterized antigenically at CDC, three belonged to the B/Yamagata lineage, and 43 belonged to the B/Victoria lineage. All three of the B/Yamagata-lineage viruses had reduced titers to B/Shanghai/361/2002. Two of the B/Yamagata-lineage viruses were from Asia, and one was from the United States. Of the 43 B/Victoria-lineage viruses, 18 came from Asia, 18 from South America, and seven from the United States.

## Avian Influenza A (H5N1)

Since December 2003, a total of 11 countries (Cambodia, China, Indonesia, Japan, Kazakhstan, Laos, Malaysia, Russia, South Korea, Thailand, and Vietnam) have reported outbreaks of highly pathogenic avian influenza A (H5N1) virus affecting poultry. Russia and Kazakhstan reported outbreaks of H5N1 virus among poultry for the first time in late July 2005 (*5*). Mongolia reported detection of H5N1 virus in migratory birds in August (*6*). In Southeast Asia, where H5N1 continues to be detected among poultry, approximately 150 million birds have died or been culled since 2003 (*5*).

Since December 2003, a total of 112 H5N1 cases in humans have been reported to WHO in four countries (Cambodia, Indonesia, Thailand, and Vietnam); 57 (51%) persons died. In August 2005, three cases (including two deaths) were reported in Vietnam. In July, one fatal case was reported in Indonesia (*5*).

## Influenza Vaccine Supply and Recommendations

Vaccination is the primary method for preventing influenza (*1*). For the 2005–06 influenza vaccine, four manufacturers expect to provide influenza vaccine to the U.S. population. Sanofi Pasteur, Inc., projects production of up to 60 million doses of trivalent inactivated influenza vaccine (TIV). Chiron Corporation projects production of 18–26 million doses of TIV. GlaxoSmithKline, Inc. projects production of 8 million doses of TIV. MedImmune Vaccines, Inc., producer of the nasal-spray, live attenuated influenza vaccine (LAIV), projects production of approximately 3 million doses (*7*).

Because of the uncertainties regarding production of influenza vaccine, the exact number of available doses and timing of vaccine distribution for the 2005–06 influenza season remain unknown. As a result, CDC recommends that only the following priority groups receive TIV before October 24, 2005:

- persons aged ≥65 years with comorbid conditions
- residents of long-term–care facilities
- persons aged 2–64 years with comorbid conditions
- persons aged ≥65 years without comorbid conditions
- children aged 6–23 months
- pregnant women
- health-care personnel who provide direct patient care
- household contacts and out-of-home caregivers of children aged <6 months

These groups correspond to tiers 1A–1C in the previously published table of TIV priority groups in the event of vaccination supply disruption (*8*). Beginning October 24, 2005, influenza vaccine should be made available to all persons. Healthy persons aged 5–49 years who are not pregnant, including health-care workers who are not caring for severely immunocompromised patients in special-care units, can receive LAIV at any time (*1*).

## Vaccination Recommendations for Persons Displaced by Hurricane Katrina

On September 6, 2005, CDC issued interim vaccination recommendations for persons displaced by Hurricane Katrina (*9*). Any displaced persons aged ≥6 months living in crowded group settings should be administered influenza vaccine; children aged ≤8 years should be administered 2 doses, at least 1 month apart.

**Reported by:** *WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza; L Brammer, MPH, A Postema, MPH, R Dhara, MPH, A Balish, T Wallis, H Hall, A Klimov, PhD, T Uyeki, MD, N Cox, PhD, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; M Katz, MD, EIS Officer, CDC.*

**Editorial Note:** During May 22–September 3, 2005, influenza A (H3N2) viruses were the most frequently reported virus worldwide; however, influenza A (H1) and influenza B viruses also circulated. In North America, sporadic cases of influenza were identified each month. The identification of influenza isolates and even sporadic outbreaks in the summer in North America is not unusual. Neither the influenza virus that will predominate in the United States nor the severity and timing of the 2005–06 season can be predicted.

The ongoing widespread epizootic of highly pathogenic avian influenza A (H5N1) viruses in Asia remains a major public health concern. Since December 2003, a total of 12 countries have reported H5N1 outbreaks in poultry or migratory birds, with human cases reported from four of these countries. Since July 2005, H5N1 infections in poultry and migratory birds have spread beyond their initial focus in Southeast Asia to Kazakhstan, Mongolia, and Russia; a human case was reported in Indonesia for the first time. No evidence of sustained person-to-person transmission has been identified to date, although probable limited person-to-person transmission has been reported (*10*). To date, no evidence has indicated genetic reassortment among avian influenza A (H5N1) and human influenza A viruses. CDC recommends enhanced surveillance for suspected H5N1 cases among travelers with unexplained severe respiratory illness returning from H5N1-affected countries. Additional information about avian influenza is available at http://www.cdc.gov/flu/avian.

Influenza surveillance reports for the United States are posted online weekly during October–May and are available at http://www.cdc.gov/flu/weekly/fluactivity.htm. Additional information about influenza viruses, influenza surveillance, and the influenza vaccine is available at http://www.cdc.gov/flu.

### Acknowledgments

This report is based, in part, on data contributed by WHO collaborating laboratories; National Respiratory and Enteric Virus Surveillance System laboratories; Sentinel Providers Influenza Surveillance System; 122 Cities Mortality Reporting System; WHO National Influenza Centers, Communicable Diseases, Surveillance and Response, WHO, Geneva, Switzerland. A Hay, PhD, WHO Collaborating Centre for Reference and Research on Influenza,

National Institute for Medical Research, London, England. I Gust, MD, A Hampson, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia. M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan.

### References

1. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-8).
2. World Health Organization. Influenza. Wkly Epidemiol Rec 2005;80:239–40.
3. World Health Organization. Global influenza surveillance. Geneva, Switzerland: World Health Organization; 2005. Available at http://www.who.int/csr/disease/influenza/influenzanetwork/en.
4. Public Health Agency of Canada. FluWatch. Ottawa, Canada: Public Health Agency of Canada; 2005. Available at http://www.phac-aspc.gc.ca/fluwatch/index.html.
5. World Health Organization. Communicable disease surveillance and response: avian influenza. Geographical spread of H5N1 avian influenza in birds—Update 28. Geneva, Switzerland: World Health Organization; 2005. Available at http://www.who.int/csr/don/2005_08_18/en.
6. World Organisation for Animal Health (OIE). Highly pathogenic avian influenza in Mongolia in migratory birds. Paris, France: World Organisation for Animal Health (OIE); 2005. Available at http://www.oie.int/eng/info/hebdo/ais_55.htm.
7. CDC. Update: influenza vaccine supply and recommendations for prioritization during the 2005–06 influenza season. MMWR 2005;54:850.
8. CDC. Tiered use of inactivated influenza vaccine in the event of a vaccine shortage. MMWR 2005;54:749–50.
9. CDC. Interim immunization recommendations for individuals displaced by Hurricane Katrina. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccrecdisplaced.asp.
10. Ungchusak K, Auewarakul P, Dowell SF, et al. Probable person-to-person transmission of avian influenza A (H5N1). N Engl J Med 2005;352:333–40.

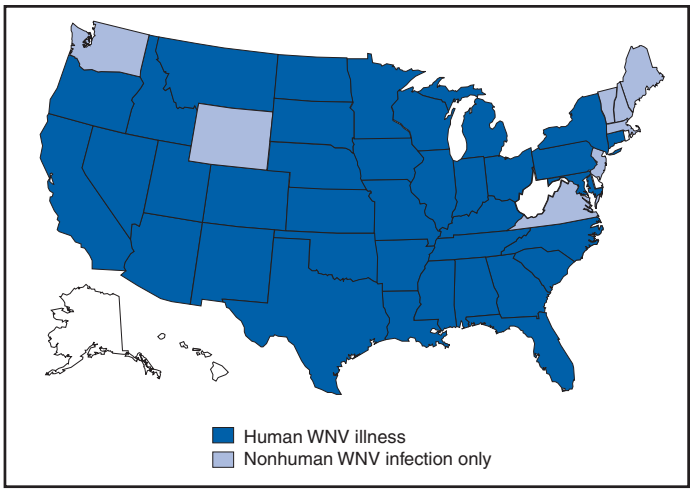
## Update: West Nile Virus Activity — United States, 2005

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, September 13, 2005.

Thirty-seven states have reported 1,299 cases of human WNV illness in 2005 (Figure and Table 1). By comparison, in 2004, a total of 1,386 WNV cases had been reported as of September 14, 2004 (Table 2). A total of 671 (56%) of the 1,193 cases for which such data were available occurred in males; the median age of patients was 50 years (range: 3 months–98 years). Date of illness onset ranged from January 2 to September 8; a total of 29 cases were fatal.

During 2005, a total of 230 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET. Of these, 71 were reported from California; 37 from Nebraska; 32 from Texas; 20 from South Dakota; 15 from Louisiana; nine from Kansas; seven from Iowa; six each from Arizona and Illinois; five from New Mexico; four from Minnesota; three from Oregon; two each from Alabama, Colorado, Mississippi, and Utah; and one each from Idaho, Michigan, Montana, Nevada, North Carolina, North Dakota, and Pennsylvania. Of the 230 PVDs, four persons aged 35, 53, 56, and 71 years subsequently had neuroinvasive illness; three persons aged 17, 41, and 51 years subsequently had other illnesses; and 60 persons (median age: 47 years [range: 17–78 years]) subsequently had West Nile fever.

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




* As of September 13, 2005.

In addition, 2,926 dead corvids and 627 other dead birds with WNV infection have been reported from 39 states. WNV infections have been reported in horses from 28 states, three dogs from Minnesota and Nebraska, four squirrels from Arizona, and two unidentified animal species in two states (Arizona and Illinois). WNV seroconversions have been reported in 675 sentinel chicken flocks from 12 states. One seropositive sentinel horse was reported from Minnesota. A total of 7,822 WNV-positive mosquito pools have been reported from 38 areas (Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin).

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

**TABLE 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 | 3 | 2 | 0 | **5** | 0 |
| Arizona | 14 | 10 | 5 | **29** | 0 |
| Arkansas | 1 | 5 | 0 | **6** | 0 |
| California | 175 | 319 | 54 | **548** | 9 |
| Colorado | 5 | 36 | 0 | **41** | 0 |
| Connecticut | 2 | 0 | 0 | **2** | 0 |
| Florida | 4 | 7 | 1 | **12** | 0 |
| Georgia | 1 | 1 | 1 | **3** | 0 |
| Idaho | 2 | 5 | 2 | **9** | 0 |
| Illinois | 71 | 42 | 10 | **123** | 2 |
| Indiana | 1 | 0 | 0 | **1** | 0 |
| Iowa | 2 | 3 | 1 | **6** | 1 |
| Kansas | 2 | 2 | 0 | **4** | 0 |
| Kentucky | 1 | 0 | 0 | **1** | 0 |
| Louisiana | 50 | 16 | 0 | **66** | 4 |
| Maryland | 1 | 0 | 0 | **1** | 0 |
| Michigan | 5 | 1 | 1 | **7** | 0 |
| Minnesota | 7 | 13 | 0 | **20** | 1 |
| Mississippi | 12 | 11 | 0 | **23** | 2 |
| Missouri | 3 | 4 | 2 | **9** | 1 |
| Montana | 5 | 6 | 0 | **11** | 0 |
| Nebraska | 18 | 39 | 0 | **57** | 1 |
| Nevada | 6 | 11 | 0 | **17** | 0 |
| New Mexico | 10 | 4 | 0 | **14** | 1 |
| New York | 2 | 1 | 0 | **3** | 0 |
| North Carolina | 1 | 1 | 0 | **2** | 0 |
| North Dakota | 2 | 14 | 0 | **16** | 0 |
| Ohio | 10 | 2 | 0 | **12** | 0 |
| Oklahoma | 1 | 0 | 0 | **1** | 0 |
| Oregon | 0 | 3 | 0 | **3** | 0 |
| Pennsylvania | 6 | 5 | 0 | **11** | 0 |
| South Carolina | 1 | 0 | 0 | **1** | 1 |
| South Dakota | 28 | 140 | 1 | **169** | 1 |
| Tennessee | 2 | 1 | 0 | **3** | 0 |
| Texas | 30 | 6 | 0 | **36** | 4 |
| Utah | 10 | 13 | 0 | **23** | 1 |
| Wisconsin | 3 | 1 | 0 | **4** | 0 |
| **Total** | **497** | **724** | **78** | **1,299** | **29** |

* As of September 13, 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**

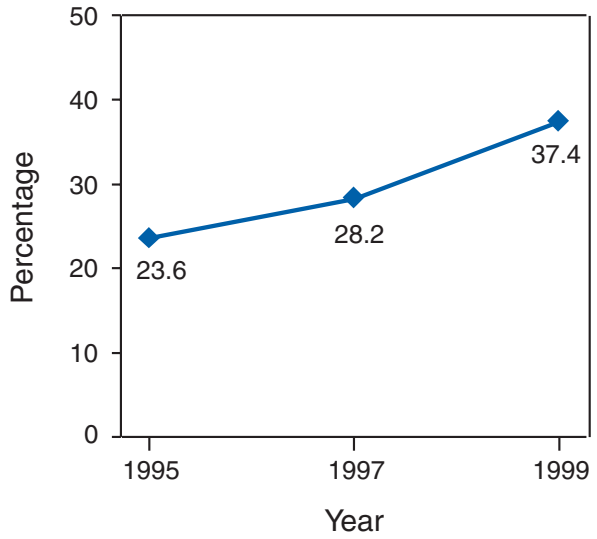
| Year | Human cases | Deaths |
|---|---|---|
| 2002* | 1,201 | 43 |
| 2003† | 2,923 | 54 |
| 2004§ | 1,386 | 35 |
| 2005¶ | 1,299 | 29 |

* Data through September 11, 2002.
† Data through September 10, 2003.
§ Data through September 14, 2004.
¶ Data through September 13, 2005.

# QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

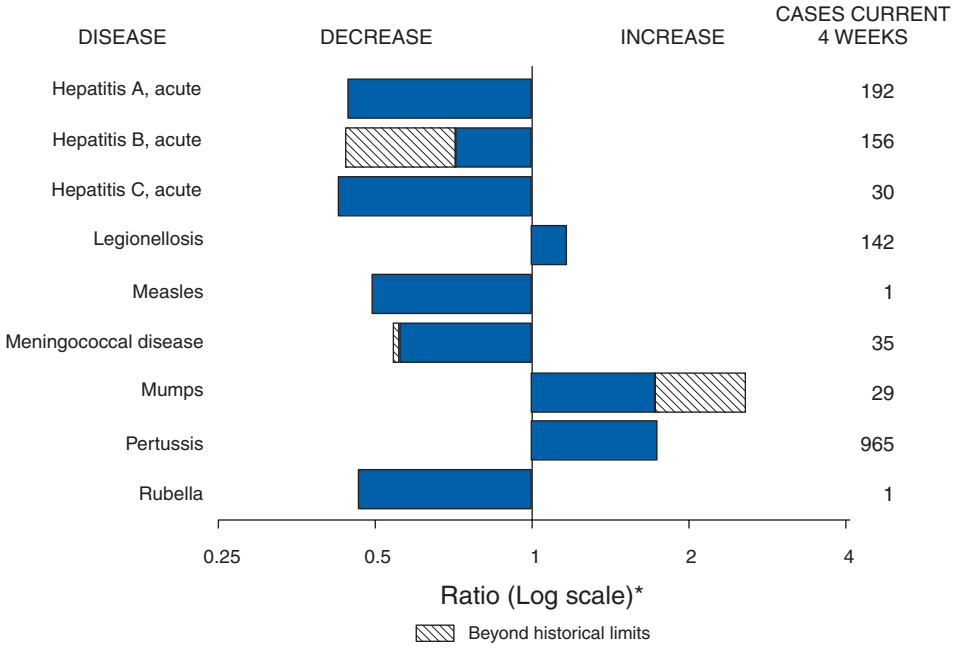
## Percentage of Nursing Home Residents Aged ≥65 Years Who Received Pneumococcal Vaccinations — United States, 1995, 1997, and 1999




From 1995 to 1999, the percentage of nursing home residents aged ≥65 years who received 23-valent pneumococcal polysaccharide vaccine (PPV23) increased by 58.5%. This increase might be attributable, in part, to a 36% increase in the number of residents living in nursing homes with pneumococcal immunization programs. The Advisory Committee on Immunization Practices continues to recommend PPV23 vaccination for all persons aged ≥65 years and all residents of nursing homes and other long-term–care facilities (CDC. Recommended adult immunization schedule—United States, October 2004–September 2005. MMWR 2004;53:Q1–Q4.)

**SOURCES**: Bardenheier B, Shefer A, Tiggle RB, Marsteller J, Remsburg RE. Nursing home resident and facility characteristics associated with pneumococcal vaccination: National Nursing Home Survey, 1995–1999. J Am Geriatr Soc 2005;53:1543–51.

**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 10, 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 September 10, 2005 (36th Week)***

| Disease | Cum. 2005 | Cum. 2004 | Disease | Cum. 2005 | Cum. 2004 |
|---|---|---|---|---|---|
| Anthrax | — | — | Hemolytic uremic syndrome, postdiarrheal† | 110 | 116 |
| Botulism: | | | HIV infection, pediatric†¶ | 181 | 273 |
| foodborne | 9 | 6 | Influenza-associated pediatric mortality†** | 43 | — |
| infant | 56 | 56 | Measles | 57†† | 25§§ |
| other (wound & unspecified) | 19 | 10 | Mumps | 193 | 146 |
| Brucellosis | 73 | 63 | Plague | 3 | 1 |
| Chancroid | 17 | 19 | Poliomyelitis, paralytic | — | — |
| Cholera | 3 | 4 | Psittacosis† | 15 | 8 |
| Cyclosporiasis† | 673 | 189 | Q fever† | 83 | 47 |
| Diphtheria | — | — | Rabies, human | 1 | 4 |
| Domestic arboviral diseases | | | Rubella | 9 | 9 |
| (neuroinvasive & non-neuroinvasive): | — | — | Rubella, congenital syndrome | 1 | — |
| California serogroup†§ | 14 | 84 | SARS†** | — | — |
| eastern equine†§ | 11 | 3 | Smallpox† | — | — |
| Powassan†§ | — | 1 | *Staphylococcus aureus*: | | |
| St. Louis†§ | 2 | 11 | Vancomycin-intermediate (VISA)† | — | — |
| western equine†§ | — | — | Vancomycin-resistant (VRSA)† | — | 1 |
| Ehrlichiosis: | — | — | Streptococcal toxic-shock syndrome† | 91 | 102 |
| human granulocytic (HGE)† | 359 | 276 | Tetanus | 15 | 14 |
| human monocytic (HME)† | 246 | 206 | Toxic-shock syndrome | 71 | 63 |
| human, other and unspecified † | 51 | 50 | Trichinellosis¶¶ | 13 | 1 |
| Hansen disease† | 54 | 70 | Tularemia† | 88 | 74 |
| 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 57 cases reported, 46 were indigenous and 11 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 September 10, 2005, and September 11, 2004 (36th 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 | 26,653 | 623,560 | 633,821 | 3,101 | 3,954 | 3,457 | 2,332 |
| NEW ENGLAND | 778 | 865 | 22,054 | 20,625 | — | — | 158 | 127 |
| Maine | 11 | 20 | 1,509 | 1,400 | N | N | 14 | 16 |
| N.H. | 20 | 29 | 1,283 | 1,163 | — | — | 20 | 21 |
| Vt.¶ | 4 | 13 | 674 | 780 | — | — | 23 | 21 |
| Mass. | 368 | 283 | 9,864 | 9,038 | — | — | 58 | 51 |
| R.I. | 68 | 98 | 2,254 | 2,367 | — | — | 5 | 4 |
| Conn. | 307 | 422 | 6,470 | 5,877 | N | N | 38 | 14 |
| MID. ATLANTIC | 4,352 | 5,934 | 77,907 | 78,183 | — | — | 1,502 | 329 |
| Upstate N.Y. | 800 | 723 | 15,376 | 15,552 | N | N | 1,290 | 75 |
| N.Y. City | 2,327 | 3,242 | 24,501 | 24,283 | — | — | 53 | 85 |
| N.J. | 574 | 1,017 | 12,841 | 12,313 | N | N | 16 | 37 |
| Pa. | 651 | 952 | 25,189 | 26,035 | N | N | 143 | 132 |
| E.N. CENTRAL | 1,938 | 2,339 | 96,088 | 112,120 | 5 | 10 | 639 | 743 |
| Ohio | 312 | 465 | 24,139 | 27,789 | N | N | 326 | 169 |
| Ind. | 236 | 264 | 12,923 | 12,699 | N | N | 34 | 55 |
| Ill. | 983 | 1,106 | 29,604 | 32,779 | — | — | 52 | 128 |
| Mich. | 322 | 383 | 16,703 | 25,946 | 5 | 10 | 64 | 110 |
| Wis. | 85 | 121 | 12,719 | 12,907 | N | N | 163 | 281 |
| W.N. CENTRAL | 463 | 578 | 38,634 | 38,572 | 5 | 5 | 391 | 284 |
| Minn. | 123 | 141 | 7,120 | 8,110 | 3 | N | 80 | 91 |
| Iowa | 50 | 47 | 4,830 | 4,630 | N | N | 76 | 59 |
| Mo. | 198 | 254 | 15,380 | 14,221 | 1 | 3 | 188 | 55 |
| N. Dak. | 5 | 15 | 830 | 1,236 | N | N | — | 9 |
| S. Dak. | 10 | 7 | 1,881 | 1,685 | — | — | 16 | 23 |
| Nebr.¶ | 18 | 35 | 3,837 | 3,560 | 1 | 2 | 4 | 24 |
| Kans. | 59 | 79 | 4,756 | 5,130 | N | N | 27 | 23 |
| S. ATLANTIC | 6,473 | 8,273 | 121,873 | 119,223 | 1 | — | 344 | 351 |
| Del. | 100 | 105 | 2,259 | 1,954 | N | N | — | — |
| Md. | 812 | 988 | 12,807 | 13,043 | 1 | — | 23 | 14 |
| D.C. | 467 | 523 | 2,573 | 2,417 | — | — | 7 | 13 |
| Va.¶ | 307 | 472 | 14,310 | 15,266 | — | — | 22 | 38 |
| W. Va. | 36 | 55 | 1,808 | 1,949 | N | N | 9 | 4 |
| N.C. | 531 | 416 | 22,985 | 20,104 | N | N | 44 | 54 |
| S.C.¶ | 386 | 504 | 15,058 | 13,348 | — | — | 9 | 17 |
| Ga. | 1,103 | 1,161 | 20,655 | 22,242 | — | — | 65 | 122 |
| Fla. | 2,731 | 4,049 | 29,418 | 28,900 | N | N | 165 | 89 |
| E.S. CENTRAL | 1,093 | 1,322 | 45,391 | 41,119 | — | 5 | 72 | 97 |
| Ky. | 135 | 157 | 6,446 | 3,891 | N | N | 33 | 29 |
| Tenn.¶ | 434 | 533 | 16,560 | 15,521 | N | N | 22 | 29 |
| Ala.¶ | 295 | 305 | 8,258 | 9,394 | — | — | 15 | 16 |
| Miss. | 229 | 327 | 14,127 | 12,313 | — | 5 | 2 | 23 |
| W.S. CENTRAL | 2,206 | 3,151 | 75,337 | 78,744 | 1 | 2 | 59 | 72 |
| Ark. | 72 | 135 | 5,872 | 5,578 | — | 1 | 3 | 13 |
| La.** | 436 | 639 | 12,572 | 16,217 | 1 | 1 | 3 | 3 |
| Okla. | 167 | 130 | 7,710 | 7,735 | N | N | 33 | 17 |
| Tex.¶ | 1,531 | 2,247 | 49,183 | 49,214 | N | N | 20 | 39 |
| MOUNTAIN | 789 | 933 | 36,237 | 38,605 | 2,136 | 2,470 | 90 | 129 |
| Mont. | 4 | 4 | 1,377 | 1,674 | N | N | 14 | 34 |
| Idaho¶ | 9 | 16 | 1,655 | 1,946 | N | N | 6 | 18 |
| Wyo. | 2 | 13 | 765 | 747 | 3 | 2 | 2 | 3 |
| Colo. | 163 | 162 | 9,229 | 9,783 | N | N | 32 | 43 |
| N. Mex. | 72 | 138 | 3,272 | 6,140 | 9 | 18 | 3 | 11 |
| Ariz. | 329 | 356 | 12,440 | 11,286 | 2,089 | 2,392 | 10 | 15 |
| Utah | 33 | 51 | 2,976 | 2,559 | 4 | 13 | 15 | 3 |
| Nev.¶ | 177 | 193 | 4,523 | 4,470 | 31 | 45 | 8 | 2 |
| PACIFIC | 2,313 | 3,258 | 110,039 | 106,630 | 953 | 1,462 | 202 | 200 |
| Wash. | 229 | 288 | 12,787 | 12,084 | N | N | 30 | 23 |
| Oreg.¶ | 136 | 216 | 5,641 | 5,635 | — | — | 45 | 28 |
| Calif. | 1,874 | 2,658 | 86,219 | 82,469 | 953 | 1,462 | 125 | 147 |
| Alaska | 14 | 29 | 2,683 | 2,638 | — | — | 1 | — |
| Hawaii | 60 | 67 | 2,709 | 3,804 | — | — | 1 | 2 |
| Guam | 1 | 1 | — | 789 | — | — | — | — |
| P.R. | 537 | 396 | 2,584 | 2,532 | N | N | N | N |
| V.I. | 10 | 10 | 119 | 259 | — | — | — | — |
| 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 September 10, 2005, and September 11, 2004 (36th Week)***

| Reporting area | *Escherichia coli*, 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 | 1,336 | 1,639 | 186 | 183 | 170 | 119 | 11,081 | 12,712 | 212,703 | 222,870 |
| NEW ENGLAND | 96 | 114 | 35 | 38 | 17 | 10 | 1,018 | 1,186 | 4,085 | 4,810 |
| Maine | 12 | 9 | 6 | — | — | — | 136 | 99 | 93 | 154 |
| N.H. | 11 | 14 | 2 | 5 | — | — | 38 | 26 | 114 | 87 |
| Vt. | 10 | 11 | 3 | — | — | — | 107 | 121 | 38 | 61 |
| Mass. | 36 | 51 | 6 | 13 | 17 | 10 | 425 | 524 | 1,788 | 2,136 |
| R.I. | 3 | 6 | — | 1 | — | — | 70 | 68 | 308 | 604 |
| Conn. | 24 | 23 | 18 | 19 | — | — | 242 | 348 | 1,744 | 1,768 |
| MID. ATLANTIC | 171 | 190 | 19 | 28 | 26 | 28 | 2,051 | 2,692 | 22,149 | 25,259 |
| Upstate N.Y. | 73 | 81 | 11 | 12 | 8 | 14 | 737 | 875 | 4,390 | 5,085 |
| N.Y. City | 7 | 33 | — | — | — | — | 523 | 762 | 6,458 | 7,835 |
| N.J. | 27 | 36 | 2 | 5 | 5 | 6 | 240 | 348 | 3,864 | 4,736 |
| Pa. | 64 | 40 | 6 | 11 | 13 | 8 | 551 | 707 | 7,437 | 7,603 |
| E.N. CENTRAL | 266 | 317 | 17 | 38 | 8 | 19 | 1,748 | 1,989 | 38,651 | 46,777 |
| Ohio | 80 | 66 | 4 | 7 | 3 | 10 | 504 | 541 | 11,476 | 14,330 |
| Ind. | 37 | 36 | — | — | — | — | N | N | 5,175 | 4,570 |
| Ill. | 45 | 71 | 1 | 7 | 1 | 6 | 354 | 572 | 11,910 | 14,228 |
| Mich. | 57 | 58 | — | 7 | 4 | 3 | 491 | 455 | 6,506 | 10,355 |
| Wis. | 47 | 86 | 12 | 17 | — | — | 399 | 421 | 3,584 | 3,294 |
| W.N. CENTRAL | 222 | 347 | 22 | 25 | 29 | 20 | 1,270 | 1,393 | 12,405 | 11,650 |
| Minn. | 54 | 79 | 7 | 10 | 17 | 4 | 562 | 504 | 2,010 | 2,023 |
| Iowa | 50 | 95 | — | — | — | — | 173 | 199 | 1,080 | 827 |
| Mo. | 57 | 56 | 9 | 12 | 5 | 6 | 290 | 381 | 6,397 | 6,070 |
| N. Dak. | 3 | 11 | — | — | — | 6 | 7 | 18 | 50 | 80 |
| S. Dak. | 16 | 27 | 3 | — | — | — | 63 | 42 | 252 | 186 |
| Nebr. | 14 | 53 | 3 | 3 | 4 | — | 58 | 98 | 890 | 738 |
| Kans. | 28 | 26 | — | — | 3 | 4 | 117 | 151 | 1,726 | 1,726 |
| S. ATLANTIC | 120 | 114 | 48 | 20 | 67 | 25 | 1,567 | 1,972 | 52,625 | 53,984 |
| Del. | 3 | 2 | N | N | N | N | 31 | 34 | 563 | 616 |
| Md. | 22 | 20 | 19 | 3 | 6 | 3 | 123 | 81 | 4,795 | 5,598 |
| D.C. | — | 1 | — | — | — | — | 35 | 51 | 1,443 | 1,775 |
| Va. | 19 | 23 | 16 | 9 | 12 | — | 323 | 334 | 5,101 | 6,149 |
| W. Va. | 1 | 2 | — | — | 1 | — | 30 | 27 | 491 | 622 |
| N.C. | — | — | — | — | 38 | 16 | N | N | 10,811 | 10,643 |
| S.C. | 4 | 9 | — | — | — | — | 67 | 79 | 6,602 | 6,605 |
| Ga. | 17 | 15 | 9 | 6 | — | — | 318 | 615 | 9,515 | 9,721 |
| Fla. | 54 | 42 | 4 | 2 | 10 | 6 | 640 | 751 | 13,304 | 12,255 |
| E.S. CENTRAL | 90 | 75 | 1 | 3 | 16 | 13 | 268 | 261 | 17,480 | 17,905 |
| Ky. | 28 | 18 | — | 1 | 13 | 7 | N | N | 2,139 | 1,700 |
| Tenn. | 35 | 33 | 1 | — | 3 | 6 | 136 | 142 | 5,957 | 5,715 |
| Ala. | 22 | 14 | — | — | — | — | 132 | 119 | 4,851 | 5,699 |
| Miss. | 5 | 10 | — | 2 | — | — | — | — | 4,533 | 4,791 |
| W.S. CENTRAL | 34 | 64 | 4 | 3 | 3 | 4 | 193 | 215 | 30,592 | 30,259 |
| Ark. | 6 | 11 | — | — | — | — | 58 | 84 | 3,072 | 2,896 |
| La. | 3 | 3 | 3 | 1 | 2 | — | 27 | 37 | 6,950 | 7,516 |
| Okla. | 16 | 14 | — | — | — | — | 108 | 94 | 3,125 | 3,289 |
| Tex. | 9 | 36 | 1 | 2 | 1 | 4 | N | N | 17,445 | 16,558 |
| MOUNTAIN | 119 | 160 | 34 | 27 | 4 | — | 888 | 1,036 | 7,879 | 8,100 |
| Mont. | 12 | 12 | — | — | — | — | 47 | 43 | 75 | 56 |
| Idaho | 10 | 37 | 8 | 7 | 2 | — | 53 | 123 | 68 | 57 |
| Wyo. | 4 | 6 | 2 | 1 | — | — | 17 | 16 | 49 | 40 |
| Colo. | 25 | 41 | 1 | 1 | 1 | — | 344 | 368 | 2,095 | 2,091 |
| N. Mex. | 6 | 10 | 5 | 5 | — | — | 43 | 56 | 628 | 816 |
| Ariz. | 26 | 14 | N | N | N | N | 97 | 130 | 2,750 | 2,610 |
| Utah | 27 | 26 | 18 | 12 | — | — | 246 | 217 | 457 | 401 |
| Nev. | 9 | 14 | — | 1 | 1 | — | 41 | 83 | 1,757 | 2,029 |
| PACIFIC | 218 | 258 | 6 | 1 | — | — | 2,078 | 1,968 | 26,837 | 24,126 |
| Wash. | 56 | 88 | — | — | — | — | 234 | 224 | 2,496 | 1,829 |
| Oreg. | 50 | 50 | 6 | 1 | — | — | 244 | 309 | 993 | 782 |
| Calif. | 91 | 114 | — | — | — | — | 1,490 | 1,319 | 22,479 | 20,197 |
| Alaska | 12 | 1 | — | — | — | — | 67 | 57 | 375 | 423 |
| Hawaii | 9 | 5 | — | — | — | — | 43 | 59 | 494 | 895 |
| Guam | N | N | — | — | — | — | — | 2 | — | 122 |
| P.R. | 1 | 1 | — | — | — | — | 97 | 181 | 245 | 184 |
| V.I. | — | — | — | — | — | — | — | — | 35 | 76 |
| 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 September 10, 2005, and September 11, 2004 (36th Week)***

| Reporting area | *Haemophilus influenzae*, 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 | 1,484 | 1,412 | 3 | 9 | 81 | 80 | 145 | 135 |
| NEW ENGLAND | 120 | 126 | — | 1 | 10 | 8 | 5 | 1 |
| Maine | 6 | 10 | — | — | — | — | 1 | — |
| N.H. | 6 | 14 | — | — | — | 2 | — | — |
| Vt. | 6 | 5 | — | — | — | — | 2 | 1 |
| Mass. | 56 | 62 | — | 1 | 3 | 3 | 1 | — |
| R.I. | 7 | 3 | — | — | 2 | — | — | — |
| Conn. | 39 | 32 | — | — | 5 | 3 | 1 | — |
| MID. ATLANTIC | 293 | 287 | — | 1 | — | 4 | 37 | 32 |
| Upstate N.Y. | 85 | 98 | — | 1 | — | 4 | 8 | 5 |
| N.Y. City | 53 | 65 | — | — | — | — | 10 | 12 |
| N.J. | 55 | 53 | — | — | — | — | 9 | 2 |
| Pa. | 100 | 71 | — | — | — | — | 10 | 13 |
| E.N. CENTRAL | 214 | 268 | 1 | — | 3 | 8 | 15 | 41 |
| Ohio | 91 | 78 | — | — | — | 2 | 9 | 14 |
| Ind. | 52 | 38 | — | — | 3 | 4 | — | 1 |
| Ill. | 35 | 94 | — | — | — | — | 3 | 20 |
| Mich. | 15 | 17 | 1 | — | — | 2 | 2 | 4 |
| Wis. | 21 | 41 | — | — | — | — | 1 | 2 |
| W.N. CENTRAL | 81 | 77 | — | 2 | 3 | 3 | 9 | 8 |
| Minn. | 36 | 34 | — | 1 | 3 | 3 | 2 | — |
| Iowa | 1 | 1 | — | 1 | — | — | — | — |
| Mo. | 28 | 29 | — | — | — | — | 5 | 6 |
| N. Dak. | 1 | 3 | — | — | — | — | 1 | — |
| S. Dak. | — | — | — | — | — | — | — | — |
| Nebr. | 7 | 4 | — | — | — | — | 1 | 1 |
| Kans. | 8 | 6 | — | — | — | — | — | 1 |
| S. ATLANTIC | 356 | 323 | 1 | — | 22 | 21 | 20 | 22 |
| Del. | — | — | — | — | — | — | — | — |
| Md. | 52 | 50 | — | — | 5 | 5 | — | — |
| D.C. | — | 2 | — | — | — | — | — | 1 |
| Va. | 34 | 30 | — | — | — | — | 1 | 3 |
| W. Va. | 22 | 15 | — | — | 1 | 4 | 4 | — |
| N.C. | 63 | 44 | 1 | — | 7 | 5 | — | 1 |
| S.C. | 20 | 10 | — | — | — | — | 1 | 1 |
| Ga. | 71 | 89 | — | — | — | — | 10 | 16 |
| Fla. | 94 | 83 | — | — | 9 | 7 | 4 | — |
| E.S. CENTRAL | 85 | 57 | — | 1 | 1 | — | 14 | 7 |
| Ky. | 8 | 5 | — | — | 1 | — | 2 | — |
| Tenn. | 59 | 38 | — | — | — | — | 8 | 5 |
| Ala. | 18 | 12 | — | 1 | — | — | 4 | 2 |
| Miss. | — | 2 | — | — | — | — | — | — |
| W.S. CENTRAL | 84 | 55 | 1 | 1 | 7 | 6 | 6 | 1 |
| Ark. | 4 | 1 | — | — | 1 | — | — | — |
| La. | 28 | 10 | 1 | — | 2 | — | 6 | 1 |
| Okla. | 51 | 43 | — | — | 4 | 6 | — | — |
| Tex. | 1 | 1 | — | 1 | — | — | — | — |
| MOUNTAIN | 167 | 148 | — | 3 | 13 | 20 | 29 | 17 |
| Mont. | — | — | — | — | — | — | — | — |
| Idaho | 3 | 5 | — | — | — | — | 1 | 2 |
| Wyo. | 4 | — | — | — | — | — | 1 | — |
| Colo. | 34 | 36 | — | — | — | — | 9 | 4 |
| N. Mex. | 16 | 31 | — | — | 4 | 6 | 2 | 6 |
| Ariz. | 84 | 53 | — | — | 7 | 9 | 8 | 2 |
| Utah | 13 | 12 | — | 2 | — | 2 | 6 | 2 |
| Nev. | 13 | 11 | — | 1 | 2 | 3 | 2 | 1 |
| PACIFIC | 84 | 71 | — | — | 22 | 10 | 10 | 6 |
| Wash. | 3 | 1 | — | — | — | — | 2 | 1 |
| Oreg. | 29 | 32 | — | — | — | — | 5 | 2 |
| Calif. | 39 | 25 | — | — | 22 | 10 | 2 | 1 |
| Alaska | 5 | 5 | — | — | — | — | 1 | 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 September 10, 2005, and September 11, 2004 (36th 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 | 2,588 | 4,062 | 3,712 | 4,027 | 556 | 525 |
| NEW ENGLAND | 353 | 688 | 194 | 251 | 9 | 12 |
| Maine | 1 | 11 | 12 | 1 | — | — |
| N.H. | 69 | 15 | 16 | 26 | — | — |
| Vt. | 5 | 8 | 2 | 5 | 9 | 4 |
| Mass. | 231 | 579 | 135 | 133 | — | 7 |
| R.I. | 10 | 17 | 1 | 3 | — | — |
| Conn. | 37 | 58 | 28 | 83 | U | 1 |
| MID. ATLANTIC | 439 | 514 | 737 | 530 | 74 | 85 |
| Upstate N.Y. | 69 | 57 | 57 | 51 | 13 | 5 |
| N.Y. City | 200 | 216 | 74 | 108 | — | — |
| N.J. | 93 | 120 | 453 | 152 | — | — |
| Pa. | 77 | 121 | 153 | 219 | 61 | 80 |
| E.N. CENTRAL | 242 | 328 | 324 | 392 | 91 | 74 |
| Ohio | 36 | 37 | 98 | 84 | 3 | 4 |
| Ind. | 36 | 39 | 31 | 31 | 19 | 7 |
| Ill. | 55 | 107 | 79 | 63 | — | 13 |
| Mich. | 98 | 107 | 116 | 183 | 69 | 50 |
| Wis. | 17 | 38 | — | 31 | — | — |
| W.N. CENTRAL | 62 | 118 | 190 | 243 | 30 | 18 |
| Minn. | 3 | 28 | 20 | 37 | 5 | 15 |
| Iowa | 16 | 34 | 18 | 14 | — | — |
| Mo. | 28 | 25 | 111 | 147 | 23 | 3 |
| N. Dak. | — | 1 | — | 4 | 1 | — |
| S. Dak. | — | 3 | 3 | 1 | — | — |
| Nebr. | 4 | 10 | 19 | 27 | 1 | — |
| Kans. | 11 | 17 | 19 | 13 | — | — |
| S. ATLANTIC | 447 | 746 | 951 | 1,245 | 170 | 126 |
| Del. | 4 | 5 | 38 | 30 | 82 | 8 |
| Md. | 45 | 84 | 108 | 114 | 16 | 3 |
| D.C. | 2 | 5 | 10 | 15 | — | 2 |
| Va. | 53 | 82 | 99 | 166 | 10 | 12 |
| W. Va. | 4 | 3 | 27 | 28 | 13 | 18 |
| N.C. | 57 | 70 | 112 | 129 | 10 | 10 |
| S.C. | 23 | 37 | 95 | 98 | 2 | 13 |
| Ga. | 75 | 258 | 115 | 326 | 6 | 12 |
| Fla. | 184 | 202 | 347 | 339 | 31 | 48 |
| E.S. CENTRAL | 187 | 122 | 242 | 348 | 72 | 70 |
| Ky. | 25 | 29 | 49 | 43 | 13 | 23 |
| Tenn. | 124 | 75 | 90 | 169 | 14 | 23 |
| Ala. | 22 | 6 | 57 | 56 | 10 | 4 |
| Miss. | 16 | 12 | 46 | 80 | 35 | 20 |
| W.S. CENTRAL | 140 | 496 | 286 | 240 | 49 | 70 |
| Ark. | 6 | 59 | 28 | 85 | — | 2 |
| La. | 44 | 37 | 31 | 42 | 9 | 3 |
| Okla. | 4 | 18 | 25 | 49 | 3 | 3 |
| Tex. | 86 | 382 | 202 | 64 | 37 | 62 |
| MOUNTAIN | 231 | 317 | 375 | 315 | 32 | 33 |
| Mont. | 7 | 5 | 3 | 1 | 1 | 2 |
| Idaho | 15 | 14 | 7 | 10 | 1 | 1 |
| Wyo. | — | 4 | 1 | 7 | — | 2 |
| Colo. | 30 | 38 | 34 | 44 | 16 | 8 |
| N. Mex. | 18 | 18 | 7 | 14 | — | U |
| Ariz. | 137 | 193 | 268 | 158 | — | 5 |
| Utah | 17 | 31 | 33 | 27 | 7 | 3 |
| Nev. | 7 | 14 | 22 | 54 | 7 | 12 |
| PACIFIC | 487 | 733 | 413 | 463 | 29 | 37 |
| Wash. | 30 | 40 | 50 | 39 | U | U |
| Oreg. | 33 | 52 | 69 | 79 | 13 | 14 |
| Calif. | 404 | 617 | 283 | 327 | 16 | 22 |
| Alaska | 3 | 4 | 7 | 10 | — | — |
| Hawaii | 17 | 20 | 4 | 8 | — | 1 |
| Guam | — | 1 | — | 12 | — | 9 |
| P.R. | 52 | 30 | 30 | 59 | — | — |
| 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 September 10, 2005, and September 11, 2004 (36th 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 | 1,179 | 1,340 | 464 | 475 | 13,355 | 12,863 | 791 | 999 |
| NEW ENGLAND | 71 | 57 | 36 | 28 | 1,423 | 2,238 | 49 | 72 |
| Maine | 3 | 1 | 1 | 5 | 99 | 29 | 5 | 6 |
| N.H. | 6 | 4 | 5 | 2 | 138 | 155 | 5 | 4 |
| Vt. | 3 | 3 | 1 | 1 | 21 | 39 | 1 | 3 |
| Mass. | 25 | 26 | 10 | 9 | 714 | 1,248 | 24 | 44 |
| R.I. | 12 | 8 | 5 | 1 | 25 | 152 | 2 | 2 |
| Conn. | 22 | 15 | 14 | 10 | 426 | 615 | 12 | 13 |
| MID. ATLANTIC | 408 | 352 | 123 | 114 | 9,343 | 7,985 | 211 | 264 |
| Upstate N.Y. | 109 | 66 | 37 | 31 | 2,508 | 2,497 | 32 | 30 |
| N.Y. City | 50 | 49 | 21 | 19 | — | 282 | 102 | 137 |
| N.J. | 79 | 54 | 27 | 24 | 3,176 | 2,129 | 51 | 59 |
| Pa. | 170 | 183 | 38 | 40 | 3,659 | 3,077 | 26 | 38 |
| E.N. CENTRAL | 204 | 337 | 47 | 88 | 585 | 1,087 | 63 | 95 |
| Ohio | 102 | 159 | 21 | 31 | 53 | 40 | 16 | 24 |
| Ind. | 13 | 31 | 2 | 16 | 18 | 19 | — | 10 |
| Ill. | 12 | 35 | 1 | 18 | — | 77 | 23 | 32 |
| Mich. | 64 | 95 | 17 | 21 | 31 | 16 | 18 | 17 |
| Wis. | 13 | 17 | 6 | 2 | 483 | 935 | 6 | 12 |
| W.N. CENTRAL | 55 | 41 | 23 | 9 | 500 | 313 | 34 | 48 |
| Minn. | 16 | 6 | 6 | 2 | 422 | 242 | 11 | 18 |
| Iowa | 3 | 4 | 7 | 1 | 57 | 37 | 5 | 3 |
| Mo. | 21 | 19 | 4 | 3 | 15 | 23 | 14 | 15 |
| N. Dak. | 2 | 2 | 2 | — | — | — | — | 3 |
| S. Dak. | 10 | 3 | — | — | — | 1 | — | 1 |
| Nebr. | 1 | 2 | 1 | 3 | — | 7 | 1 | 2 |
| Kans. | 2 | 5 | 3 | — | 6 | 3 | 3 | 6 |
| S. ATLANTIC | 256 | 269 | 91 | 74 | 1,337 | 1,093 | 192 | 231 |
| Del. | 12 | 9 | N | N | 406 | 174 | 3 | 6 |
| Md. | 75 | 59 | 14 | 10 | 699 | 651 | 73 | 46 |
| D.C. | 8 | 10 | — | 3 | 8 | 7 | 9 | 11 |
| Va. | 30 | 31 | 7 | 13 | 113 | 99 | 17 | 32 |
| W. Va. | 11 | 7 | 3 | 2 | 7 | 16 | 1 | — |
| N.C. | 21 | 25 | 18 | 15 | 40 | 87 | 22 | 14 |
| S.C. | 9 | 8 | 4 | 5 | 12 | 16 | 5 | 10 |
| Ga. | 18 | 35 | 17 | 12 | 4 | 12 | 27 | 47 |
| Fla. | 72 | 85 | 28 | 14 | 48 | 31 | 35 | 65 |
| E.S. CENTRAL | 50 | 70 | 21 | 20 | 29 | 35 | 18 | 27 |
| Ky. | 15 | 26 | 3 | 4 | 4 | 13 | 4 | 4 |
| Tenn. | 22 | 29 | 8 | 10 | 25 | 18 | 10 | 7 |
| Ala. | 10 | 12 | 7 | 4 | — | 4 | 4 | 11 |
| Miss. | 3 | 3 | 3 | 2 | — | — | — | 5 |
| W.S. CENTRAL | 24 | 104 | 23 | 31 | 46 | 37 | 49 | 109 |
| Ark. | 4 | — | — | 3 | 4 | 8 | 4 | 7 |
| La. | 4 | 7 | 7 | 2 | 4 | 2 | 2 | 5 |
| Okla. | 3 | 3 | 3 | — | — | — | 3 | 7 |
| Tex. | 13 | 94 | 13 | 26 | 38 | 27 | 40 | 90 |
| MOUNTAIN | 65 | 63 | 8 | 17 | 14 | 15 | 35 | 38 |
| Mont. | 5 | 1 | — | — | — | — | — | — |
| Idaho | 3 | 7 | — | 1 | 1 | 5 | — | 1 |
| Wyo. | 3 | 5 | — | — | 3 | 3 | 1 | — |
| Colo. | 17 | 15 | 3 | 8 | 4 | — | 18 | 14 |
| N. Mex. | 2 | 4 | 3 | — | 1 | — | 2 | 2 |
| Ariz. | 17 | 11 | — | — | 2 | 6 | 6 | 10 |
| Utah | 11 | 16 | — | 1 | 2 | 1 | 6 | 6 |
| Nev. | 7 | 4 | 2 | 7 | 1 | — | 2 | 5 |
| PACIFIC | 46 | 47 | 92 | 94 | 78 | 60 | 140 | 115 |
| Wash. | — | 8 | 7 | 8 | 6 | 8 | 11 | 11 |
| Oreg. | N | N | 6 | 5 | 15 | 21 | 7 | 14 |
| Calif. | 45 | 39 | 79 | 78 | 54 | 29 | 106 | 87 |
| Alaska | — | — | — | — | 3 | 2 | 3 | — |
| Hawaii | 1 | — | — | 3 | N | N | 13 | 3 |
| 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 September 10, 2005, and September 11, 2004 (36th 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 | 864 | 875 | 63 | 70 | 44 | 35 | — | 1 | 757 | 769 |
| NEW ENGLAND | 60 | 52 | 1 | 5 | — | 6 | — | 1 | 59 | 40 |
| Maine | 2 | 9 | — | — | — | 1 | — | — | 2 | 8 |
| N.H. | 10 | 4 | — | — | — | — | — | — | 10 | 4 |
| Vt. | 6 | 2 | — | — | — | — | — | — | 6 | 2 |
| Mass. | 28 | 30 | — | 5 | — | 5 | — | — | 28 | 20 |
| R.I. | 2 | 1 | — | — | — | — | — | — | 2 | 1 |
| Conn. | 12 | 6 | 1 | — | — | — | — | 1 | 11 | 5 |
| MID. ATLANTIC | 116 | 123 | 31 | 35 | 5 | 5 | — | — | 80 | 83 |
| Upstate N.Y. | 30 | 33 | 4 | 5 | 3 | 3 | — | — | 23 | 25 |
| N.Y. City | 17 | 22 | — | — | — | — | — | — | 17 | 22 |
| N.J. | 30 | 25 | — | — | — | — | — | — | 30 | 25 |
| Pa. | 39 | 43 | 27 | 30 | 2 | 2 | — | — | 10 | 11 |
| E.N. CENTRAL | 87 | 97 | 18 | 22 | 9 | 6 | — | — | 60 | 69 |
| Ohio | 31 | 48 | — | 3 | 5 | 5 | — | — | 26 | 40 |
| Ind. | 16 | 15 | — | 1 | 4 | 1 | — | — | 12 | 13 |
| Ill. | 12 | 1 | — | — | — | — | — | — | 12 | 1 |
| Mich. | 18 | 18 | 18 | 18 | — | — | — | — | — | — |
| Wis. | 10 | 15 | — | — | — | — | — | — | 10 | 15 |
| W.N. CENTRAL | 56 | 61 | 2 | — | 1 | 4 | — | — | 53 | 57 |
| Minn. | 11 | 18 | 1 | — | — | — | — | — | 10 | 18 |
| Iowa | 13 | 13 | — | — | 1 | 2 | — | — | 12 | 11 |
| Mo. | 18 | 17 | 1 | — | — | 1 | — | — | 17 | 16 |
| N. Dak. | — | 2 | — | — | — | — | — | — | — | 2 |
| S. Dak. | 2 | 2 | — | — | — | 1 | — | — | 2 | 1 |
| Nebr. | 4 | 4 | — | — | — | — | — | — | 4 | 4 |
| Kans. | 8 | 5 | — | — | — | — | — | — | 8 | 5 |
| S. ATLANTIC | 165 | 163 | 4 | 2 | 9 | 2 | — | — | 152 | 159 |
| Del. | 3 | 3 | — | — | — | — | — | — | 3 | 3 |
| Md. | 18 | 8 | 2 | — | 2 | — | — | — | 14 | 8 |
| D.C. | — | 5 | — | 2 | — | — | — | — | — | 3 |
| Va. | 21 | 12 | — | — | — | — | — | — | 21 | 12 |
| W. Va. | 6 | 5 | 1 | — | — | — | — | — | 5 | 5 |
| N.C. | 27 | 26 | 1 | — | 7 | 2 | — | — | 19 | 24 |
| S.C. | 14 | 13 | — | — | — | — | — | — | 14 | 13 |
| Ga. | 15 | 11 | — | — | — | — | — | — | 15 | 11 |
| Fla. | 61 | 80 | — | — | — | — | — | — | 61 | 80 |
| E.S. CENTRAL | 42 | 44 | 1 | 1 | 3 | 1 | — | — | 38 | 42 |
| Ky. | 14 | 8 | — | 1 | 3 | 1 | — | — | 11 | 6 |
| Tenn. | 18 | 14 | — | — | — | — | — | — | 18 | 14 |
| Ala. | 6 | 11 | 1 | — | — | — | — | — | 5 | 11 |
| Miss. | 4 | 11 | — | — | — | — | — | — | 4 | 11 |
| W.S. CENTRAL | 72 | 50 | 1 | 1 | 5 | 1 | — | — | 66 | 48 |
| Ark. | 11 | 13 | — | — | — | — | — | — | 11 | 13 |
| La. | 25 | 27 | — | 1 | 2 | — | — | — | 23 | 26 |
| Okla. | 12 | 7 | 1 | — | 3 | 1 | — | — | 8 | 6 |
| Tex. | 24 | 3 | — | — | — | — | — | — | 24 | 3 |
| MOUNTAIN | 69 | 51 | 4 | 1 | 5 | 5 | — | — | 60 | 45 |
| Mont. | — | 3 | — | — | — | — | — | — | — | 3 |
| Idaho | 2 | 6 | — | — | — | — | — | — | 2 | 6 |
| Wyo. | — | 3 | — | — | — | — | — | — | — | 3 |
| Colo. | 16 | 12 | 3 | — | — | — | — | — | 13 | 12 |
| N. Mex. | 2 | 6 | — | 1 | — | 3 | — | — | 2 | 2 |
| Ariz. | 35 | 10 | — | — | 2 | 1 | — | — | 33 | 9 |
| Utah | 9 | 4 | 1 | — | 2 | — | — | — | 6 | 4 |
| Nev. | 5 | 7 | — | — | 1 | 1 | — | — | 4 | 6 |
| PACIFIC | 197 | 234 | 1 | 3 | 7 | 5 | — | — | 189 | 226 |
| Wash. | 38 | 21 | 1 | 3 | 4 | 5 | — | — | 33 | 13 |
| Oreg. | 28 | 46 | — | — | — | — | — | — | 28 | 46 |
| Calif. | 119 | 158 | — | — | — | — | — | — | 119 | 158 |
| Alaska | 1 | 4 | — | — | — | — | — | — | 1 | 4 |
| Hawaii | 11 | 5 | — | — | 3 | — | — | — | 8 | 5 |
| Guam | — | — | — | — | — | — | — | — | — | — |
| 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 September 10, 2005, and September 11, 2004 (36th 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 | 13,039 | 11,776 | 3,817 | 4,589 | 1,064 | 1,002 | 25,540 | 28,001 | 8,339 | 8,987 |
| NEW ENGLAND | 755 | 1,226 | 516 | 440 | 3 | 12 | 1,520 | 1,488 | 207 | 210 |
| Maine | 17 | 5 | 40 | 39 | N | N | 105 | 77 | 8 | 5 |
| N.H. | 41 | 42 | 11 | 19 | 1 | — | 130 | 103 | 6 | 6 |
| Vt. | 73 | 60 | 40 | 17 | — | — | 79 | 39 | 14 | 2 |
| Mass. | 571 | 1,058 | 272 | 183 | 1 | 10 | 803 | 875 | 129 | 138 |
| R.I. | 21 | 16 | 15 | 31 | 1 | 1 | 74 | 75 | 12 | 13 |
| Conn. | 32 | 45 | 138 | 151 | — | 1 | 329 | 319 | 38 | 46 |
| MID. ATLANTIC | 914 | 1,958 | 669 | 680 | 72 | 58 | 3,191 | 4,176 | 822 | 881 |
| Upstate N.Y. | 355 | 1,385 | 374 | 369 | 3 | 1 | 832 | 847 | 196 | 347 |
| N.Y. City | 57 | 135 | 20 | 11 | 4 | 20 | 690 | 952 | 258 | 283 |
| N.J. | 154 | 134 | N | N | 24 | 10 | 532 | 800 | 214 | 173 |
| Pa. | 348 | 304 | 275 | 300 | 41 | 27 | 1,137 | 1,577 | 154 | 78 |
| E.N. CENTRAL | 2,483 | 3,908 | 152 | 132 | 33 | 29 | 3,451 | 3,698 | 582 | 785 |
| Ohio | 810 | 387 | 56 | 53 | 26 | 8 | 939 | 892 | 76 | 120 |
| Ind. | 208 | 75 | 29 | 7 | 2 | 5 | 383 | 351 | 105 | 134 |
| Ill. | 494 | 768 | 17 | 36 | 1 | 12 | 963 | 1,187 | 128 | 313 |
| Mich. | 165 | 142 | 31 | 31 | 4 | 2 | 613 | 592 | 162 | 82 |
| Wis. | 806 | 2,536 | 19 | 5 | — | 2 | 553 | 676 | 111 | 136 |
| W.N. CENTRAL | 2,021 | 1,235 | 335 | 470 | 134 | 99 | 1,660 | 1,685 | 995 | 303 |
| Minn. | 868 | 157 | 55 | 59 | 2 | — | 389 | 411 | 62 | 45 |
| Iowa | 372 | 104 | 94 | 79 | 3 | 1 | 262 | 341 | 56 | 56 |
| Mo. | 305 | 264 | 59 | 42 | 111 | 82 | 529 | 452 | 663 | 117 |
| N. Dak. | 81 | 626 | 21 | 49 | — | — | 24 | 30 | 2 | 3 |
| S. Dak. | 1 | 22 | 43 | 80 | 5 | 4 | 106 | 75 | 25 | 9 |
| Nebr. | 152 | 11 | — | 81 | 4 | 12 | 99 | 113 | 43 | 19 |
| Kans. | 242 | 51 | 63 | 80 | 9 | — | 251 | 263 | 144 | 54 |
| S. ATLANTIC | 890 | 465 | 1,147 | 1,622 | 528 | 474 | 6,936 | 7,208 | 1,335 | 2,127 |
| Del. | 5 | — | — | 9 | 2 | 4 | 56 | 78 | 8 | 6 |
| Md. | 119 | 87 | 214 | 225 | 62 | 47 | 560 | 604 | 60 | 103 |
| D.C. | 7 | 7 | — | — | 2 | — | 39 | 43 | 8 | 30 |
| Va. | 237 | 107 | 378 | 348 | 35 | 17 | 615 | 789 | 75 | 106 |
| W. Va. | 36 | 17 | 39 | 50 | 5 | 4 | 104 | 172 | — | 5 |
| N.C. | 64 | 62 | 356 | 439 | 329 | 269 | 1,005 | 912 | 133 | 225 |
| S.C. | 253 | 83 | 5 | 111 | 32 | 49 | 731 | 729 | 61 | 457 |
| Ga. | 27 | 17 | 151 | 235 | 48 | 69 | 1,029 | 1,315 | 312 | 455 |
| Fla. | 142 | 85 | 4 | 205 | 13 | 15 | 2,797 | 2,566 | 678 | 740 |
| E.S. CENTRAL | 373 | 221 | 103 | 102 | 192 | 148 | 1,763 | 1,782 | 915 | 579 |
| Ky. | 106 | 51 | 7 | 18 | 2 | 2 | 309 | 240 | 215 | 53 |
| Tenn. | 167 | 134 | 36 | 34 | 144 | 81 | 496 | 487 | 449 | 293 |
| Ala. | 65 | 23 | 58 | 41 | 42 | 39 | 482 | 459 | 190 | 189 |
| Miss. | 35 | 13 | 2 | 9 | 4 | 26 | 476 | 596 | 61 | 44 |
| W.S. CENTRAL | 863 | 514 | 614 | 845 | 67 | 159 | 2,058 | 2,669 | 1,759 | 2,373 |
| Ark. | 203 | 51 | 26 | 41 | 44 | 83 | 492 | 362 | 47 | 51 |
| La. | 30 | 13 | — | 1 | 5 | 5 | 458 | 615 | 83 | 221 |
| Okla. | — | 17 | 61 | 87 | 7 | 70 | 274 | 284 | 488 | 330 |
| Tex. | 630 | 433 | 527 | 716 | 11 | 1 | 834 | 1,408 | 1,141 | 1,771 |
| MOUNTAIN | 2,801 | 944 | 168 | 151 | 27 | 19 | 1,565 | 1,624 | 483 | 552 |
| Mont. | 500 | 32 | 12 | 20 | 1 | 3 | 63 | 130 | 5 | 4 |
| Idaho | 94 | 25 | — | 3 | 1 | 3 | 70 | 121 | 2 | 9 |
| Wyo. | 33 | 16 | 14 | 4 | 2 | 4 | 63 | 42 | 2 | 4 |
| Colo. | 917 | 466 | 14 | 38 | 5 | 4 | 437 | 407 | 81 | 117 |
| N. Mex. | 107 | 124 | 6 | 4 | 1 | 2 | 159 | 195 | 56 | 94 |
| Ariz. | 752 | 155 | 105 | 76 | 13 | 2 | 458 | 457 | 277 | 268 |
| Utah | 370 | 113 | 12 | 3 | 4 | 1 | 239 | 157 | 34 | 27 |
| Nev. | 28 | 13 | 5 | 3 | — | — | 76 | 115 | 26 | 29 |
| PACIFIC | 1,939 | 1,305 | 113 | 147 | 8 | 4 | 3,396 | 3,671 | 1,241 | 1,177 |
| Wash. | 569 | 447 | U | U | — | — | 359 | 352 | 72 | 76 |
| Oreg. | 517 | 324 | 4 | 6 | 1 | 2 | 264 | 335 | 90 | 56 |
| Calif. | 694 | 506 | 108 | 130 | 7 | 2 | 2,531 | 2,685 | 1,047 | 998 |
| Alaska | 59 | 11 | 1 | 11 | — | — | 39 | 41 | 7 | 6 |
| Hawaii | 100 | 17 | — | — | — | — | 203 | 258 | 25 | 41 |
| Guam | — | — | — | — | — | — | — | 48 | — | 41 |
| P.R. | 5 | 3 | 52 | 40 | N | N | 323 | 292 | 2 | 22 |
| 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 September 10, 2005, and September 11, 2004 (36th 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 | 3,153 | 3,346 | 1,615 | 1,584 | 618 | 543 | 5,338 | 5,309 | 172 | 274 |
| NEW ENGLAND | 120 | 223 | 82 | 101 | 47 | 75 | 145 | 141 | 1 | 4 |
| Maine | 9 | 9 | N | N | — | 4 | 1 | 2 | — | — |
| N.H. | 13 | 15 | — | — | 4 | N | 12 | 3 | — | 3 |
| Vt. | 9 | 8 | 10 | 6 | 4 | 1 | 1 | — | — | — |
| Mass. | 81 | 101 | 59 | 26 | 39 | 41 | 92 | 87 | — | — |
| R.I. | 8 | 17 | 13 | 14 | — | 6 | 8 | 19 | — | 1 |
| Conn. | — | 73 | U | 55 | U | 23 | 31 | 30 | 1 | — |
| MID. ATLANTIC | 699 | 573 | 155 | 114 | 108 | 80 | 695 | 690 | 20 | 27 |
| Upstate N.Y. | 207 | 188 | 60 | 48 | 48 | 55 | 60 | 66 | 5 | 1 |
| N.Y. City | 126 | 90 | U | U | 19 | U | 427 | 418 | 5 | 12 |
| N.J. | 153 | 122 | N | N | 19 | 7 | 96 | 111 | 10 | 13 |
| Pa. | 213 | 173 | 95 | 66 | 22 | 18 | 112 | 95 | — | 1 |
| E.N. CENTRAL | 625 | 775 | 434 | 356 | 159 | 128 | 533 | 622 | 25 | 36 |
| Ohio | 156 | 181 | 276 | 249 | 62 | 60 | 149 | 161 | 2 | 2 |
| Ind. | 81 | 78 | 148 | 107 | 42 | 26 | 43 | 44 | 1 | 2 |
| Ill. | 116 | 208 | 10 | — | 48 | 1 | 262 | 258 | 9 | 9 |
| Mich. | 243 | 237 | — | N | — | N | 56 | 133 | 11 | 23 |
| Wis. | 29 | 71 | N | N | 7 | 41 | 23 | 26 | 2 | — |
| W.N. CENTRAL | 205 | 238 | 33 | 17 | 66 | 73 | 170 | 120 | 1 | 3 |
| Minn. | 79 | 119 | — | — | 40 | 49 | 45 | 17 | — | 1 |
| Iowa | N | N | N | N | — | N | 2 | 5 | — | — |
| Mo. | 52 | 52 | 27 | 12 | 7 | 10 | 102 | 72 | 1 | 1 |
| N. Dak. | 9 | 10 | 1 | — | 2 | 2 | — | — | — | — |
| S. Dak. | 19 | 12 | 3 | 5 | — | — | 1 | — | — | — |
| Nebr. | 14 | 15 | 2 | — | 6 | 6 | 4 | 6 | — | — |
| Kans. | 32 | 30 | N | N | 11 | 6 | 16 | 20 | — | 1 |
| S. ATLANTIC | 651 | 663 | 642 | 818 | 63 | 37 | 1,341 | 1,322 | 30 | 46 |
| Del. | 1 | 3 | 1 | 4 | — | N | 8 | 6 | — | 1 |
| Md. | 144 | 102 | — | — | 41 | 25 | 229 | 252 | 10 | 7 |
| D.C. | 7 | 7 | 15 | 8 | 2 | 4 | 72 | 41 | — | 1 |
| Va. | 60 | 59 | N | N | — | N | 88 | 69 | 3 | 2 |
| W. Va. | 21 | 20 | 95 | 90 | 20 | 8 | 3 | 3 | — | — |
| N.C. | 96 | 95 | N | N | U | U | 189 | 133 | 8 | 8 |
| S.C. | 24 | 50 | — | 79 | — | N | 42 | 88 | 3 | 10 |
| Ga. | 126 | 161 | 112 | 201 | — | N | 220 | 233 | 1 | 3 |
| Fla. | 172 | 166 | 419 | 436 | — | N | 490 | 497 | 5 | 14 |
| E.S. CENTRAL | 128 | 172 | 125 | 111 | 7 | 12 | 294 | 284 | 16 | 19 |
| Ky. | 27 | 51 | 24 | 22 | N | N | 31 | 30 | — | 1 |
| Tenn. | 101 | 121 | 101 | 87 | — | N | 143 | 88 | 12 | 7 |
| Ala. | — | — | — | — | — | N | 92 | 126 | 3 | 9 |
| Miss. | — | — | — | 2 | 7 | 12 | 28 | 40 | 1 | 2 |
| W.S. CENTRAL | 195 | 261 | 94 | 46 | 122 | 108 | 864 | 815 | 50 | 54 |
| Ark. | 14 | 16 | 12 | 6 | 13 | 7 | 33 | 37 | — | 3 |
| La. | 6 | 2 | 82 | 40 | 22 | 23 | 176 | 194 | 6 | 3 |
| Okla. | 87 | 49 | N | N | 19 | 32 | 29 | 19 | 1 | 2 |
| Tex. | 88 | 194 | N | N | 68 | 46 | 626 | 565 | 43 | 46 |
| MOUNTAIN | 459 | 364 | 50 | 20 | 38 | 30 | 270 | 276 | 15 | 35 |
| Mont. | — | — | — | — | — | — | 5 | 1 | — | — |
| Idaho | 1 | 8 | N | N | — | N | 20 | 15 | 1 | 2 |
| Wyo. | 3 | 7 | 21 | 8 | — | — | — | 1 | — | — |
| Colo. | 173 | 75 | N | N | 37 | 30 | 29 | 48 | — | — |
| N. Mex. | 37 | 78 | — | N | — | — | 34 | 64 | 2 | 2 |
| Ariz. | 183 | 164 | N | N | — | N | 104 | 119 | 12 | 30 |
| Utah | 61 | 30 | 28 | 10 | 1 | — | 5 | 7 | — | 1 |
| Nev. | 1 | 2 | 1 | 2 | — | — | 73 | 21 | — | — |
| PACIFIC | 71 | 77 | — | 1 | 8 | — | 1,026 | 1,039 | 14 | 50 |
| Wash. | N | N | N | N | N | N | 96 | 83 | — | — |
| Oreg. | N | N | N | N | 6 | N | 19 | 22 | — | — |
| Calif. | — | — | N | N | N | N | 901 | 929 | 14 | 50 |
| Alaska | — | — | — | — | — | N | 6 | — | — | — |
| Hawaii | 71 | 77 | — | 1 | 2 | — | 4 | 5 | — | — |
| Guam | — | — | — | — | — | — | — | 1 | — | — |
| P.R. | N | N | N | N | — | N | 141 | 95 | 8 | 3 |
| 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 September 10, 2005, and September 11, 2004 (36th Week)***

| Reporting area | Tuberculosis | | Typhoid fever | | Varicella (chickenpox) | | West Nile virus disease† | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Neuroinvasive | | Non-neuroinvasive§ |
| | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 | Cum. 2004 | Cum. 2005 |
| UNITED STATES | 7,336 | 8,876 | 157 | 222 | 16,390 | 19,598 | 497 | 964 | 725 |
| NEW ENGLAND | 227 | 299 | 18 | 17 | 990 | 2,065 | 2 | — | — |
| Maine | 10 | 13 | 1 | — | 213 | 181 | — | — | — |
| N.H. | 4 | 10 | — | — | 203 | — | — | — | — |
| Vt. | 4 | 2 | — | — | 36 | 413 | — | — | — |
| Mass. | 141 | 172 | 10 | 14 | 538 | 177 | — | — | — |
| R.I. | 18 | 40 | 1 | 1 | — | — | — | — | — |
| Conn. | 50 | 62 | 6 | 2 | U | 1,294 | 2 | — | — |
| MID. ATLANTIC | 1,338 | 1,386 | 32 | 55 | 3,161 | 73 | 8 | 9 | 6 |
| Upstate N.Y. | 171 | 191 | 5 | 7 | — | — | — | 1 | — |
| N.Y. City | 651 | 697 | 10 | 20 | — | — | 2 | 2 | 1 |
| N.J. | 322 | 299 | 9 | 16 | — | — | — | 1 | — |
| Pa. | 194 | 199 | 8 | 12 | 3,161 | 73 | 6 | 5 | 5 |
| E.N. CENTRAL | 895 | 808 | 12 | 28 | 4,501 | 8,454 | 90 | 53 | 46 |
| Ohio | 171 | 141 | 1 | 6 | 1,005 | 1,048 | 10 | 8 | 2 |
| Ind. | 88 | 86 | — | — | 482 | N | 1 | 6 | — |
| Ill. | 435 | 360 | 3 | 12 | 64 | 4,328 | 71 | 23 | 42 |
| Mich. | 143 | 159 | 4 | 8 | 2,654 | 2,576 | 5 | 12 | 1 |
| Wis. | 58 | 62 | 4 | 2 | 296 | 502 | 3 | 4 | 1 |
| W.N. CENTRAL | 300 | 309 | 2 | 7 | 301 | 136 | 62 | 69 | 216 |
| Minn. | 128 | 114 | 2 | 3 | — | — | 7 | 10 | 13 |
| Iowa | 32 | 26 | — | — | N | N | 2 | 9 | 3 |
| Mo. | 68 | 82 | — | 2 | 210 | 5 | 3 | 23 | 4 |
| N. Dak. | 2 | 3 | — | — | 13 | 75 | 2 | 2 | 14 |
| S. Dak. | 9 | 8 | — | — | 78 | 56 | 28 | 5 | 140 |
| Nebr. | 22 | 23 | — | 2 | — | — | 18 | 4 | 39 |
| Kans. | 39 | 53 | — | — | — | — | 2 | 16 | 3 |
| S. ATLANTIC | 1,634 | 1,835 | 26 | 31 | 1,397 | 1,734 | 8 | 53 | 9 |
| Del. | 7 | 17 | — | — | 21 | 4 | — | — | — |
| Md. | 184 | 185 | 9 | 11 | — | — | 1 | 7 | — |
| D.C. | 38 | 66 | — | — | 24 | 20 | — | 1 | — |
| Va. | 214 | 148 | 5 | 5 | 284 | 411 | — | 3 | — |
| W. Va. | 17 | 14 | — | — | 716 | 976 | — | — | N |
| N.C. | 185 | 214 | 2 | 3 | — | N | 1 | 3 | 1 |
| S.C. | 147 | 131 | — | — | 352 | 323 | 1 | — | — |
| Ga. | 254 | 409 | 2 | 4 | — | — | 1 | 11 | 1 |
| Fla. | 588 | 651 | 8 | 8 | — | — | 4 | 28 | 7 |
| E.S. CENTRAL | 362 | 434 | 5 | 6 | — | 34 | 18 | 53 | 14 |
| Ky. | 72 | 72 | 2 | 2 | N | N | 1 | 1 | — |
| Tenn. | 161 | 146 | — | 4 | — | — | 2 | 9 | 1 |
| Ala. | 129 | 134 | 1 | — | — | 34 | 3 | 15 | 2 |
| Miss. | — | 82 | 2 | — | — | — | 12 | 28 | 11 |
| W.S. CENTRAL | 776 | 1,366 | 9 | 20 | 4,245 | 5,464 | 82 | 175 | 27 |
| Ark. | 70 | 83 | — | — | — | — | 1 | 12 | 5 |
| La. | — | — | — | — | 107 | 48 | 50 | 57 | 16 |
| Okla. | 92 | 112 | — | 1 | — | — | 1 | 10 | — |
| Tex. | 614 | 1,171 | 9 | 19 | 4,138 | 5,416 | 30 | 96 | 6 |
| MOUNTAIN | 256 | 355 | 8 | 6 | 1,795 | 1,638 | 52 | 301 | 85 |
| Mont. | 8 | 4 | — | — | — | — | 5 | 1 | 6 |
| Idaho | — | 3 | — | — | — | — | 2 | 1 | 5 |
| Wyo. | — | 2 | — | — | 45 | 26 | — | 2 | — |
| Colo. | 46 | 86 | 3 | 1 | 1,268 | 1,300 | 5 | 39 | 36 |
| N. Mex. | 14 | 21 | — | — | 123 | U | 10 | 28 | 4 |
| Ariz. | 149 | 146 | 3 | 2 | — | — | 14 | 203 | 10 |
| Utah | 21 | 28 | 1 | 1 | 359 | 312 | 10 | 5 | 13 |
| Nev. | 18 | 65 | 1 | 2 | — | — | 6 | 22 | 11 |
| PACIFIC | 1,548 | 2,084 | 45 | 52 | — | — | 175 | 251 | 322 |
| Wash. | 172 | 151 | 5 | 4 | N | N | — | — | — |
| Oreg. | 54 | 69 | 2 | 1 | — | — | — | — | 3 |
| Calif. | 1,227 | 1,751 | 31 | 41 | — | — | 175 | 251 | 319 |
| Alaska | 18 | 27 | — | — | — | — | — | — | — |
| Hawaii | 77 | 86 | 7 | 6 | — | — | — | — | — |
| Guam | — | 41 | — | — | — | 108 | — | — | — |
| P.R. | — | 74 | — | — | 499 | 300 | — | — | — |
| 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 September 10, 2005 (36th Week)**

| Reporting Area | All causes, by age (years) | | | | | | P&I† Total |
|---|---|---|---|---|---|---|---|
| | All Ages | ≥65 | 45–64 | 25–44 | 1–24 | <1 | |
| NEW ENGLAND | 430 | 296 | 88 | 30 | 6 | 10 | 43 |
| Boston, Mass. | 115 | 68 | 23 | 15 | 2 | 7 | 16 |
| Bridgeport, Conn. | 22 | 20 | 2 | — | — | — | 2 |
| Cambridge, Mass. | 11 | 7 | 2 | 1 | 1 | — | — |
| Fall River, Mass. | 16 | 11 | 5 | — | — | — | 1 |
| Hartford, Conn. | 51 | 31 | 15 | 3 | 1 | 1 | 6 |
| Lowell, Mass. | 13 | 11 | 1 | 1 | — | — | 3 |
| Lynn, Mass. | 10 | 5 | 3 | 2 | — | — | 2 |
| New Bedford, Mass. | 15 | 12 | 2 | 1 | — | — | — |
| New Haven, Conn. | U | U | U | U | U | U | U |
| Providence, R.I. | 53 | 44 | 5 | 4 | — | — | 3 |
| Somerville, Mass. | 4 | 2 | 2 | — | — | — | — |
| Springfield, Mass. | 28 | 17 | 9 | 1 | 1 | — | 2 |
| Waterbury, Conn. | 34 | 22 | 9 | 2 | 1 | — | 2 |
| Worcester, Mass. | 58 | 46 | 10 | — | — | 2 | 6 |
| MID. ATLANTIC | 1,891 | 1,305 | 389 | 136 | 30 | 31 | 84 |
| Albany, N.Y. | 56 | 42 | 9 | 3 | — | 2 | 3 |
| Allentown, Pa. | 13 | 9 | 3 | 1 | — | — | — |
| Buffalo, N.Y. | 110 | 79 | 21 | 7 | 1 | 2 | 8 |
| Camden, N.J. | 18 | 10 | 6 | 1 | — | 1 | 2 |
| Elizabeth, N.J. | 17 | 14 | 1 | 2 | — | — | 3 |
| Erie, Pa. | 48 | 37 | 10 | — | — | 1 | 4 |
| Jersey City, N.J. | 35 | 19 | 10 | 5 | 1 | — | — |
| New York City, N.Y. | 910 | 623 | 186 | 70 | 13 | 18 | 34 |
| Newark, N.J. | 47 | 19 | 17 | 5 | 2 | 4 | — |
| Paterson, N.J. | 18 | 14 | 4 | — | — | — | 1 |
| Philadelphia, Pa. | 259 | 170 | 57 | 26 | 6 | — | 6 |
| Pittsburgh, Pa.§ | 24 | 15 | 7 | 2 | — | — | 1 |
| Reading, Pa. | 24 | 21 | 3 | — | — | — | — |
| Rochester, N.Y. | 138 | 104 | 25 | 3 | 3 | 3 | 13 |
| Schenectady, N.Y. | 26 | 18 | 6 | 1 | 1 | — | — |
| Scranton, Pa. | 20 | 16 | 3 | 1 | — | — | 2 |
| Syracuse, N.Y. | 67 | 55 | 8 | 3 | 1 | — | 7 |
| Trenton, N.J. | 26 | 16 | 6 | 3 | 1 | — | — |
| Utica, N.Y. | 13 | 10 | 3 | — | — | — | — |
| Yonkers, N.Y. | 22 | 14 | 4 | 3 | 1 | — | — |
| E.N. CENTRAL | 1,685 | 1,109 | 383 | 129 | 40 | 24 | 104 |
| Akron, Ohio | 48 | 30 | 7 | 4 | 4 | 3 | 2 |
| Canton, Ohio | 24 | 17 | 6 | 1 | — | — | 4 |
| Chicago, Ill. | 277 | 166 | 69 | 35 | 5 | 2 | 18 |
| Cincinnati, Ohio | 46 | 31 | 6 | 6 | 3 | — | 3 |
| Cleveland, Ohio | 182 | 132 | 37 | 10 | 2 | 1 | 12 |
| Columbus, Ohio | 192 | 114 | 58 | 13 | 5 | 2 | 13 |
| Dayton, Ohio | 114 | 82 | 22 | 4 | 3 | 3 | 6 |
| Detroit, Mich. | 141 | 70 | 54 | 9 | 6 | 2 | 5 |
| Evansville, Ind. | 46 | 39 | 5 | 1 | 1 | — | 6 |
| Fort Wayne, Ind. | 40 | 29 | 10 | 1 | — | — | 3 |
| Gary, Ind. | 23 | 12 | 6 | 2 | 2 | 1 | 2 |
| Grand Rapids, Mich. | 39 | 26 | 5 | 4 | 1 | 3 | 6 |
| Indianapolis, Ind. | 134 | 84 | 37 | 9 | 2 | 2 | 2 |
| Lansing, Mich. | 43 | 37 | 5 | 1 | — | — | — |
| Milwaukee, Wis. | 85 | 54 | 14 | 12 | 2 | 3 | 8 |
| Peoria, Ill. | 34 | 25 | 5 | 4 | — | — | 5 |
| Rockford, Ill. | 63 | 44 | 13 | 5 | 1 | — | 1 |
| South Bend, Ind. | 45 | 34 | 8 | 1 | 1 | 1 | — |
| Toledo, Ohio | 74 | 56 | 11 | 4 | 2 | 1 | 6 |
| Youngstown, Ohio | 35 | 27 | 5 | 3 | — | — | 2 |
| W.N. CENTRAL | 449 | 307 | 93 | 21 | 15 | 13 | 32 |
| Des Moines, Iowa | 73 | 50 | 19 | 1 | — | 3 | 4 |
| Duluth, Minn. | 31 | 23 | 5 | — | 2 | 1 | 2 |
| Kansas City, Kans. | 19 | 14 | 2 | 3 | — | — | 1 |
| Kansas City, Mo. | 72 | 42 | 17 | 3 | 6 | 4 | 5 |
| Lincoln, Nebr. | 45 | 37 | 6 | 2 | — | — | 7 |
| Minneapolis, Minn. | 43 | 28 | 12 | 2 | — | 1 | 6 |
| Omaha, Nebr. | 62 | 36 | 17 | 6 | 2 | 1 | 5 |
| St. Louis, Mo. | 1 | 1 | — | — | — | — | — |
| St. Paul, Minn. | 46 | 37 | 6 | 1 | 1 | 1 | — |
| Wichita, Kans. | 57 | 39 | 9 | 3 | 4 | 2 | 2 |
| S. ATLANTIC | 1,099 | 669 | 270 | 106 | 27 | 27 | 60 |
| Atlanta, Ga. | 103 | 65 | 26 | 8 | 3 | 1 | 6 |
| Baltimore, Md. | 159 | 83 | 51 | 18 | 5 | 2 | 11 |
| Charlotte, N.C. | 101 | 68 | 17 | 11 | 3 | 2 | 9 |
| Jacksonville, Fla. | 138 | 92 | 27 | 12 | 4 | 3 | 6 |
| Miami, Fla. | 144 | 81 | 41 | 17 | 5 | — | 9 |
| Norfolk, Va. | 36 | 18 | 10 | 2 | 1 | 5 | 1 |
| Richmond, Va. | 59 | 31 | 12 | 3 | 4 | 9 | 4 |
| Savannah, Ga. | 37 | 26 | 5 | 5 | 1 | — | 5 |
| St. Petersburg, Fla. | 40 | 31 | 8 | 1 | — | — | 1 |
| Tampa, Fla. | 164 | 110 | 37 | 15 | 1 | 1 | 6 |
| Washington, D.C. | 100 | 55 | 31 | 10 | — | 4 | 1 |
| Wilmington, Del. | 18 | 9 | 5 | 4 | — | — | 1 |
| E.S. CENTRAL | 669 | 423 | 154 | 57 | 15 | 20 | 36 |
| Birmingham, Ala. | 124 | 73 | 29 | 8 | 2 | 12 | 7 |
| Chattanooga, Tenn. | 57 | 34 | 20 | 1 | — | 2 | 4 |
| Knoxville, Tenn. | 89 | 64 | 15 | 8 | 2 | — | 1 |
| Lexington, Ky. | 65 | 45 | 11 | 5 | 3 | 1 | 6 |
| Memphis, Tenn. | 135 | 79 | 33 | 18 | 4 | 1 | 6 |
| Mobile, Ala. | 44 | 26 | 12 | 2 | 2 | 2 | 2 |
| Montgomery, Ala. | 40 | 33 | 5 | 2 | — | — | 4 |
| Nashville, Tenn. | 115 | 69 | 29 | 13 | 2 | 2 | 6 |
| W.S. CENTRAL | 1,015 | 660 | 213 | 83 | 30 | 29 | 57 |
| Austin, Tex. | 46 | 28 | 10 | 5 | 2 | 1 | 2 |
| Baton Rouge, La. | 15 | 12 | 2 | 1 | — | — | — |
| Corpus Christi, Tex. | 31 | 22 | 4 | 1 | 1 | 3 | 1 |
| Dallas, Tex. | 137 | 88 | 24 | 16 | 5 | 4 | 3 |
| El Paso, Tex. | 46 | 33 | 13 | — | — | — | 5 |
| Ft. Worth, Tex. | 79 | 47 | 22 | 5 | — | 5 | 4 |
| Houston, Tex. | 269 | 161 | 62 | 27 | 12 | 7 | 22 |
| Little Rock, Ark. | 57 | 37 | 13 | 2 | 2 | 3 | — |
| New Orleans, La.¶ | U | U | U | U | U | U | U |
| San Antonio, Tex. | 189 | 129 | 38 | 14 | 4 | 4 | 10 |
| Shreveport, La. | 55 | 40 | 10 | 5 | — | — | 5 |
| Tulsa, Okla. | 91 | 63 | 15 | 7 | 4 | 2 | 5 |
| MOUNTAIN | 704 | 455 | 145 | 64 | 21 | 19 | 46 |
| Albuquerque, N.M. | 105 | 63 | 23 | 15 | 3 | 1 | 7 |
| Boise, Idaho | 45 | 36 | 6 | 3 | — | — | 6 |
| Colo. Springs, Colo. | 50 | 41 | 7 | 1 | — | 1 | 1 |
| Denver, Colo. | 80 | 45 | 19 | 7 | 3 | 6 | 5 |
| Las Vegas, Nev. | 227 | 146 | 48 | 23 | 6 | 4 | 16 |
| Ogden, Utah | 31 | 24 | 6 | 1 | — | — | 3 |
| Phoenix, Ariz. | 56 | 33 | 11 | 5 | 5 | 2 | 2 |
| Pueblo, Colo. | 17 | 14 | 3 | — | — | — | 2 |
| Salt Lake City, Utah | 93 | 53 | 22 | 9 | 4 | 5 | 4 |
| Tucson, Ariz. | U | U | U | U | U | U | U |
| PACIFIC | 1,299 | 928 | 250 | 75 | 27 | 19 | 102 |
| Berkeley, Calif. | 14 | 9 | 4 | 1 | — | — | 2 |
| Fresno, Calif. | 78 | 58 | 14 | 5 | 1 | — | 5 |
| Glendale, Calif. | 10 | 6 | 3 | 1 | — | — | 1 |
| Honolulu, Hawaii | 70 | 52 | 12 | 3 | 1 | 2 | 6 |
| Long Beach, Calif. | 48 | 33 | 12 | 3 | — | — | 3 |
| Los Angeles, Calif. | 198 | 145 | 31 | 11 | 5 | 6 | 33 |
| Pasadena, Calif. | 22 | 16 | 4 | 1 | — | 1 | 3 |
| Portland, Oreg. | 103 | 74 | 22 | 5 | 1 | 1 | 4 |
| Sacramento, Calif. | 167 | 112 | 42 | 10 | 3 | — | 6 |
| San Diego, Calif. | 120 | 86 | 20 | 8 | 2 | 4 | 7 |
| San Francisco, Calif. | 81 | 54 | 17 | 7 | 2 | 1 | 2 |
| San Jose, Calif. | 149 | 112 | 28 | 6 | 3 | — | 12 |
| Santa Cruz, Calif. | 13 | 10 | 3 | — | — | — | 1 |
| Seattle, Wash. | 103 | 69 | 18 | 8 | 5 | 3 | 12 |
| Spokane, Wash. | 41 | 34 | 6 | — | — | 1 | 4 |
| Tacoma, Wash. | 82 | 58 | 14 | 6 | 4 | — | 1 |
| TOTAL | 9,241** | 6,152 | 1,985 | 701 | 211 | 192 | 564 |

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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