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World No Tobacco Day — May 31, 2005

Tobacco use causes approximately 5 million deaths worldwide each year (*1*). Since 1987, the World Health Organization (WHO) has sponsored World No Tobacco Day to encourage countries to implement comprehensive programs to reduce tobacco use. The focus this year is on the role of health professionals in tobacco control. Studies indicate that smokers are more likely to quit smoking permanently if they receive physician assistance, behavioral counseling, and pharmacologic treatment (*2*).

In accordance with a code of practice proposed in 2004 (*3*), WHO is encouraging health-care professionals to provide patients with information about the health consequences of smoking, help their smoking patients quit, and act as role models who promote tobacco-free lifestyles. CDC, WHO, and the Canadian Public Health Association have developed and pilot-tested the Global Health Professionals Survey, which assesses health-care–professional tobacco use, attitudes about tobacco, and training to counsel patients in tobacco-cessation techniques (*4*). Additional information on WHO tobacco-control programs is available at http://www.who.int/tobacco.

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Tobacco Use and Cessation Counseling — Global Health Professionals Survey Pilot Study, 10 Countries, 2005

Tobacco use is projected to cause nearly 450 million deaths worldwide during the next 50 years (*1*). Health professionals can have a critical role in reducing tobacco use; even brief and simple advice from health professionals can substantially increase smoking cessation rates (*2–4*). Therefore, one of the strategies to reduce the number of smoking-related deaths is to encourage the involvement of health professionals in tobacco-use prevention and cessation counseling. Studies have collected information from health-profession students in various countries about their tobacco use and training as cessation counselors (*5–8*); however, no study has collected this information cross-nationally by using a consistent survey methodology. The World Health Organization (WHO), CDC, and the Canadian Public Health Association (CPHA) developed the Global Health Professionals Survey (GHPS) to collect data on tobacco use and cessation counseling among health-profession students in all WHO member states. This report summarizes findings from the GHPS Pilot Study, which consisted of 16 surveys conducted in 10 countries among third-year students in four health-profession disciplines (dentistry, medicine, nursing, and pharmacy) during the first quarter of 2005. The findings indicated that current cigarette smoking among these students was higher than 20% in seven of the 10 countries surveyed. Nevertheless, 87%–99% of the students surveyed believed they should have a role in counseling patients to quit smoking; only 5%–37% of these third-year

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students had actually received formal training in how to conduct such counseling. Schools for health professionals, public health organizations, and education officials should work together to design and implement training in smoking-cessation counseling for all health-profession students.

GHPS is part of the Global Tobacco Surveillance System (GTSS), which collects data through three surveys: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and GHPS. GHPS is a school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy. GHPS uses a core questionnaire on demographics, prevalence of cigarette smoking and other tobacco use, knowledge and attitudes about tobacco use, exposure to secondhand smoke, desire for smoking cessation, and training received regarding patient counseling on smoking-cessation techniques. GHPS has a standardized methodology for selecting participating schools and classes and uniform data processing procedures. The GHPS Pilot Study surveyed third-year students from Albania (dental [57], medical [138], nursing [356], and pharmacy [56]), Argentina (Buenos Aires) (medical [348]), Bangladesh (dental [205]), Croatia (medical [404]), Egypt (medical [1,770]), Federation of Bosnia and Herzegovina (nursing [874]), India (dental [1,499]), the Philippines (pharmacy [1,045]), the Republic of Serbia (Belgrade) (dental [160], medical [218], and pharmacy [118]), and Uganda (medical [162] and nursing [444]).

Depending on the number of schools and third-year students in participating countries and disciplines and the resources available, the 16 GHPS studies included a census of students and schools or a sample of schools and a sample of students. Albania, Argentina (Buenos Aires), Bangladesh, Croatia, Egypt, the Republic of Serbia (Belgrade), and Uganda conducted a census of schools and third-year students. The Federation of Bosnia and Herzegovina, India, and the Philippines drew a two-stage sample of schools and classes of third-year students in selected schools. For each of the 16 surveys, the school response rate was 100%, and the third-year student response rate ranged from 65.6% (Republic of Serbia [Belgrade] [pharmacy students]) to 100% (Albania [pharmacy students]). GHPS was conducted in schools during regular class sessions. GHPS follows an anonymous, self-administered format for data collection, and the questionnaires were translated into local languages as needed. Current cigarette smokers were defined as those who reported that they currently smoke daily or occasionally. Differences in rates for these indicators were considered statistically significant at the $p<0.05$ level.

Current cigarette smoking among third-year health-profession students was most prevalent in Albania, Argentina

(Buenos Aires), Bangladesh, Croatia, Federation of Bosnia and Herzegovina, the Philippines, and the Republic of Serbia (Belgrade), with rates ranging from 18.1% (Republic of Serbia [Belgrade] medical students) to 47.1% (Albania pharmacy students) (Table 1); the lowest current smoking prevalences were reported among Ugandan nursing (0.5%) and medical (2.8%) students, Egyptian medical students (7.9%), and Indian dental students (9.6%). Male students were significantly more likely than female students to currently smoke cigarettes in Albania, Bangladesh, Egypt, India, Philippines, Republic of Serbia (Belgrade) (medical students only), and Uganda. Only among Serbian dental students were females significantly more likely than males to currently smoke cigarettes.

The majority of third-year students (range: 86.6%–99.8%) in all four health disciplines and in all 10 countries believed health professionals should advise patients about smoking cessation (Table 2). However, the percentage of third-year students who had received formal training in tobacco cessation counseling ranged from 5.2% among medical students in Argentina (Buenos Aires) to 36.6% among pharmacy students in the Philippines. Formal training can include classroom lectures, special seminars, clinical practicum, and other problem-based learning opportunities, but training of health professionals varies among countries and across disciplines within countries.

Data on receipt of formal cessation-counseling training among third-year students of different disciplines within the same country were available for Albania, the Republic of Serbia (Belgrade), and Uganda. In Albania, nursing students (22.6%) were significantly more likely than medical students (10.3%) or pharmacy students (7.7%) to have received such training but not significantly more likely than dental students (14.2%). In the Republic of Serbia (Belgrade), medical (32.6%) and dental (20.7%) students were significantly more likely than pharmacy students (9.5%) to have received cessation training. In Uganda, nursing students (35.1%) were more than twice as likely as medical students (15.9%) to have received training. More than 90% of third-year students (range: 90.3%–99.0%) in every survey except medical students in Croatia

TABLE 1. Prevalence of current cigarette smoking* among third-year health-profession students, by sex, country, and discipline — Global Health Professionals Survey Pilot Study, 10 countries, 2005

	Total			Male			Female		
Country/Discipline	No.†	%	(95% CI§)	No.	%	(95% CI)	No.	%	(95% CI)
Albania									
Dental	**41**	**30.1**	**(23.2–38.1)**	12	38.0	(24.9–53.1)	29	27.1	(19.4–36.6)
Medical	**114**	**43.3**	**(40.7–45.9)**	28	65.1	(59.8–69.9)	85	35.7	(32.8–38.7)
Nursing	**271**	**41.5**	**(37.9–45.1)**	63	57.5	(49.8–64.8)	208	36.4	(32.5–40.5)
Pharmacy	**40**	**47.1**	**(42.8–51.4)**	12	65.8	(58.0–72.9)	28	38.9	(34.1–44.0)
Argentina (Buenos Aires)									
Medical	**296**	**35.5**	**(33.6–37.4)**	118	33.4	(30.4–36.4)	177	36.5	(34.1–39.1)
Bangladesh									
Dental	**192**	**22.2**	**(18.2–26.8)**	84	46.7	(39.0–54.7)	108	3.3	(1.6–6.7)
Federation of Bosnia and Herzegovina									
Nursing	**791**	**33.0**	**(28.8–37.6)**	212	27.3	(21.1–34.5)	576	34.8	(29.8–40.2)
Croatia									
Medical	**377**	**36.6**	**(34.1–39.2)**	120	35.9	(31.5–40.4)	256	37.1	(34.1–40.3)
Egypt									
Medical	**1,749**	**7.9**	**(5.7–10.7)**	993	12.9	(9.9–16.5)	756	1.2	(0.5–3.0)
India									
Dental	**1,266**	**9.6**	**(6.7–13.6)**	719	14.9	(10.7–20.4)	541	2.4	(0.8–6.9)
Philippines									
Pharmacy	**595**	**22.1**	**(16.8–28.5)**	119	37.8	(26.5–50.5)	469	18.1	(12.8–24.9)
Republic of Serbia (Belgrade)									
Dental	**152**	**42.5**	**(39.1–45.9)**	42	30.2	(24.6–36.4)	110	47.2	(43.2–51.2)
Medical	**187**	**18.1**	**(15.9–20.7)**	54	23.8	(19.3–29.1)	133	15.9	(13.3–18.8)
Pharmacy	**113**	**20.4**	**(16.2–25.2)**	24	16.7	(9.5–27.7)	89	21.3	(16.6–26.9)
Uganda									
Medical	**151**	**2.8**	**(1.8–4.2)**	101	4.1	(2.7–6.3)	49	0	
Nursing	**378**	**0.5**	**(0.3–0.9)**	60	3.3	(1.9–5.6)	316	0	

* Current smokers were defined as those who reported that they currently smoke daily or occasionally.
† The reported number is the unweighted number of cases in the denominator. The male and female numbers might not add to the total number because of nonresponse on the question that determines sex.
§ Confidence interval.

TABLE 2. Third-year health-profession students' attitudes toward and training in smoking-cessation counseling, by country and discipline — Global Health Professionals Survey Pilot Study, 10 countries, 2005

Discipline/Country	Believe health professionals should give advice or information about smoking cessation to patients			Received formal training in cessation counseling			Believe health professionals should be trained in cessation techniques		
	No.*	%	(95% CI†)	No.	%	(95% CI)	No.	%	(95% CI)
Albania									
Dental	51	95.6	(91.2–97.9)	53	14.2	(9.7–20.2)	53	97.9	(94.2–99.3)
Medical	135	95.0	(93.8–95.9)	133	10.3	(9.0–11.9)	135	97.1	(96.2–97.8)
Nursing	331	89.4	(87.2–91.4)	338	22.6	(16.8–24.3)	336	96.7	(95.3–97.7)
Pharmacy	52	86.6	(83.9–89.0)	52	7.7	(5.9–10.0)	52	98.1	(96.8–98.9)
Argentina (Buenos Aires)									
Medical	304	98.8	(98.3–99.1)	305	5.2	(4.4–6.1)	305	91.3	(90.1–92.3)
Bangladesh									
Dental	204	98.1	(96.1–99.1)	204	24.9	(20.7–29.5)	202	97.5	(95.4–98.7)
Croatia									
Medical	393	97.7	(96.8–98.4)	392	14.5	(12.8–16.4)	395	71.7	(69.3–73.9)
Egypt									
Medical	1,767	91.1	(89.6–92.4)	1,770	20.9	(18.4–23.6)	1,766	92.5	(90.4–94.2)
Federation of Bosnia and Herzegovina									
Nursing			NA§	851	28.6	(23.7–34.0)	851	90.3	(87.8–92.3)
India									
Dental	1,335	99.8	(99.8–99.9)	1,332	10.5	(5.8–18.1)	1,339	99.0	(97.9–99.6)
Philippines									
Pharmacy	632	99.3	(98.3–99.7)	629	36.6	(30.6–43.1)	631	93.9	(91.7–95.5)
Republic of Serbia (Belgrade)									
Dental			NA	156	20.7	(18.1–23.6)	157	91.5	(89.5–93.2)
Medical			NA	190	32.6	(29.8–35.6)	189	95.9	(94.5–97.0)
Pharmacy			NA	116	9.5	(6.7–13.2)	116	93.1	(89.7–95.9)
Uganda									
Medical	153	98.8	(97.7–99.3)	154	15.9	(13.5–18.6)	154	97.3	(95.9–98.2)
Nursing	394	98.4	(97.8–98.9)	391	35.1	(33.2–37.0)	388	97.1	(96.3–97.7)

* The reported number is the unweighted number of cases in the denominator.
† Confidence interval.
§ Question not asked.

(71.7%) thought health-profession students should receive cessation counseling training as part of their normal curriculum.

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Editorial Note: Health professionals who continue to smoke cigarettes send an inconsistent message to patients whom they counsel to quit smoking. Findings from the 2005 GHPS Pilot Study indicate that the current cigarette-smoking rate among third-year health-profession students is higher than 20% in seven of the 10 countries surveyed. The public health community should target cigarette smoking among health-profession students because this behavior endangers their own health and reduces their ability to deliver effective antitobacco counseling to their patients. The findings in this report also indicate that most third-year health-profession students in the countries surveyed did not receive formal training in smoking-cessation counseling, even though more than 90% of the same students want such training to be included in their formal curricula. All health-profession schools, public health organizations, and education officials should discourage tobacco use among health professionals and work together to design and implement programs that train all health professionals in effective cessation-counseling techniques.

The WHO Framework Convention for Tobacco Control (WHO-FCTC), adopted by the 56th World Health Assembly in May 2003, is the first international public health treaty on tobacco control (*9*). In addition to providing a blueprint for a global response to the pandemic of tobacco-induced death and disease, WHO-FCTC calls for countries to use standard methods and procedures for surveillance. GHPS provides

countries with a way to measure tobacco use among their third-year health-profession students, the desire for cessation among students who smoke, the extent to which students are being trained to provide tobacco-cessation counseling, and the willingness of students to use such training to reduce tobacco use among their patients. The GHPS Pilot Study proved successful in terms of school and student participation, fieldwork procedures, data collection, cost, and reliability of data. In light of these successes, GHPS will be expanded during academic year 2005–06 to include approximately 40 additional countries. The goal of WHO, CDC, and CPHA is to gather data from all four disciplines in as many of the 192 WHO member states by the end of academic year 2008.

The findings in this report are subject to at least four limitations. First, because GHPS respondents are third-year health-profession students who have not had substantial interaction with patients, survey results should not be extrapolated to account for practicing health professionals in any of the countries. Second, the GHPS did not survey students in all health professions whose members could provide patients with cessation counseling (e.g., chiropractors, traditional healers, psychologists, and counselors). Third, because adult smoking rates across countries are not collected by using a standardized and consistent methodology, comparison of the prevalence in this report with the prevalence in the general adult populations is not possible. Finally, a reliability study of the GHPS core questionnaire items has not been undertaken but is required before full expansion of the survey.

The theme of WHO's World No Tobacco Day (WNTD) 2005 is the role of health professionals in tobacco control. Organizations of health professionals are aware of members' potential role and responsibility in tobacco control, and several have already initiated specific activities. For example, the Doctors' Manifesto for Tobacco Control was launched in 2002 with the support of medical associations worldwide (*10*). In addition, several individual associations have adopted their own codes regarding tobacco control, such as the provision in the Pharmacists against Tobacco code of practice that bans smoking in pharmacies.* Countries in each of the six WHO regions will sponsor events for WNTD 2005, including the dissemination of GHPS findings. A list of the events is available at http://www.who.int/tobacco/communications/events/wntd/2005.

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* Additional information is available at http://www.fip.org/pharmacistsagainsttobacco.

Cigarette Smoking Among Adults — United States, 2003

One of the national health objectives for 2010 is to reduce the prevalence of cigarette smoking among adults to 12% (objective 27-1a) (*1*). To assess progress toward this objective, CDC analyzed self-reported data from the 2003 National Health Interview Survey (NHIS). The results of that analysis indicated that, in 2003, approximately 21.6% of U.S. adults were current smokers. Although this prevalence is lower than

the 22.5% prevalence among U.S. adults in 2002 and significantly lower than the 22.8% prevalence in 2001, the rate of decline is not sufficient to meet the national health objective for 2010 (*2*). Comprehensive, sustained interventions that reduce the rate of smoking initiation and increase the rate of cessation are needed to further the decline in cigarette smoking among adults (*3*).

Questions on smoking in the 2003 NHIS were included in the adult core questionnaire, which was administered by in-person interview to a nationally representative sample of 30,852 persons aged ≥18 years in the civilian, noninstitutionalized U.S. population; survey response rate for adults was 74.2%. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Ever smokers were defined as those who reported smoking ≥100 cigarettes during their lifetimes. Current smokers were defined as those who reported smoking ≥100 cigarettes during their lifetimes and currently smoking every day or some days. Former smokers were defined as ever smokers who no longer smoked. Poverty-level status was calculated on the basis of U.S. Census Bureau 2002 poverty thresholds. Data were adjusted for nonrespondents and weighted to provide national estimates of cigarette smoking prevalence; 95% confidence intervals (CIs) were calculated to account for the multistage probability sample design.

In 2003, an estimated 21.6% (45.4 million) of U.S. adults were current smokers; of these, 81.0% (36.8 million) smoked every day, and 19.0% (8.6 million) smoked some days. Among those who currently smoked every day, 41.1% (15.1 million) reported they had stopped smoking for at least 1 day during the preceding 12 months because they were trying to quit. Among the estimated 43.4% (91.5 million) of persons who had ever smoked, 50.3% (45.9 million) were former smokers.

Prevalence of current cigarette smoking varied substantially across populations and subpopulations (Table). More men (24.1%) than women (19.2%) reported current smoking. Among racial/ethnic populations, Asians (11.7%) and Hispanics (16.4%) had the lowest prevalence, and American Indians/Alaska Natives had the highest prevalence (39.7%). By education level, smoking prevalence was highest among adults who had earned a General Educational Development diploma (44.4%) and lowest among those with graduate degrees (7.5%). Among age groups, persons aged ≥65 years had the lowest prevalence of cigarette smoking (9.1%), and persons aged 25–44 years had the highest prevalence (25.6%). Current smoking prevalence was higher among adults living below the poverty level (30.5%) than among those at or above the poverty level (21.7%).

Persons in certain subpopulations had cigarette smoking prevalence rates below the 2010 health objective target of 12%. These subpopulations included women with undergraduate (11.0%) or graduate degrees (6.7%), men with graduate degrees (8.1%), Hispanic women (10.3%), Asian women (6.5%), and men and women aged ≥65 years (10.1% and 8.3%, respectively) (Table).

During 1983–2003, a sustained decline in cigarette smoking occurred in all age groups except persons aged 18–24 years (Figure). In this group, prevalence increased during 1993–2002, before declining significantly from 28.5% in 2002 to 23.9% in 2003, the lowest reported prevalence for persons aged 18–24 years since 1991 (*4*).

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Editorial Note: The findings in this report indicate that cigarette smoking continues to decline among adults in the United States. In 2003, for the first time since NHIS began collecting smoking data in 1965, the prevalence of cigarette smoking among women declined below 20%, to 19.2%. For the second consecutive year, more than half of U.S. adults who ever smoked reported they were no longer smokers. In addition, cigarette smoking among persons aged 18–24 years declined to the lowest level since 1991. The increase in smoking prevalence among young adults during 1991–2002 was similar to an increase in smoking among youths in 8th, 10th, and 12th grades during the early 1990s (*5*). Factors associated with the increase in smoking among adolescents (e.g., increased tobacco industry marketing to youths) might have had a similar influence on smoking prevalence among young adults (*6*). A cohort effect might also have contributed to the increase in smoking prevalence among young adults, as youths with high rates of smoking during the early 1990s entered the young adult age group during 1992–2002 (*5–7*).

Although tobacco use usually begins during adolescence, initiation also can occur during young adulthood (*6,7*). Preventing smoking initiation and tobacco use among youths and young adults is critical to reducing tobacco use in the United States. Young adults, who constitute the youngest legal market for the tobacco industry in the United States, and adolescents continue to be the target of intensive tobacco industry marketing efforts, including sponsorship of age-specific promotions and other marketing strategies that appeal to persons in these age groups (*7,8*).

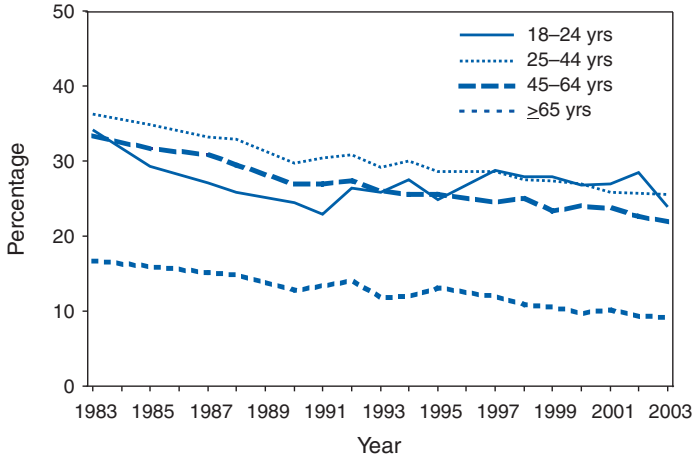
Efforts to reduce cigarette smoking prevalence among all adults include increasing the retail price of tobacco products and implementing complete smoking bans in all worksites, campuses, sports arenas, concert venues, bars, restaurants, and

TABLE. Percentage of persons aged ≥18 years who were current smokers,* by sex and selected characteristics — National Health Interview Survey, United States, 2003

Characteristic	Men (n = 13,427) %	Men (n = 13,427) (95% CI†)	Women (n = 17,425) %	Women (n = 17,425) (95% CI)	Total (N = 30,852) %	Total (N = 30,852) (95% CI)
Race/Ethnicity§						
White, non-Hispanic	24.3	(±1.0)	21.2	(±0.9)	**22.7**	**(±0.7)**
Black, non-Hispanic	25.5	(±2.5)	18.3	(±1.8)	**21.5**	**(±1.6)**
Hispanic	22.1	(±2.0)	10.3	(±1.1)	**16.4**	**(±1.2)**
American Indian/Alaska Native¶	42.0	(±15.9)	37.3	(±14.7)	**39.7**	**(±11.9)**
Asian**	17.5	(±4.5)	6.5	(±2.2)	**11.7**	**(±2.5)**
Education††						
0–12 (no diploma)	32.4	(±2.1)	21.2	(±1.9)	**26.6**	**(±1.4)**
<8 yrs	23.4	(±2.9)	11.8	(±2.0)	**17.6**	**(±1.8)**
9–11 yrs	40.6	(±3.4)	28.5	(±3.0)	**34.0**	**(±2.3)**
12 yrs (no diploma)	35.2	(±7.7)	23.7	(±5.8)	**29.3**	**(±4.6)**
GED (diploma)§§	43.4	(±5.9)	45.6	(±5.8)	**44.4**	**(±4.1)**
12 yrs (diploma)	29.2	(±2.0)	22.1	(±1.5)	**25.4**	**(±1.2)**
Associate degree	21.9	(±2.9)	18.2	(±2.1)	**19.8**	**(±1.7)**
Some college (no degree)	23.7	(±1.8)	20.4	(±1.3)	**21.9**	**(±1.1)**
Undergraduate degree	13.6	(±1.8)	11.0	(±1.5)	**12.3**	**(±1.1)**
Graduate degree	8.1	(±1.6)	6.7	(±1.5)	**7.5**	**(±1.1)**
Age group (yrs)						
18–24	26.3	(±2.6)	21.5	(±2.3)	**23.9**	**(±1.8)**
25–44	28.4	(±1.4)	22.8	(±1.2)	**25.6**	**(±1.0)**
45–64	23.9	(±1.5)	20.2	(±1.4)	**22.0**	**(±1.0)**
≥65	10.1	(±1.4)	8.3	(±1.1)	**9.1**	**(±0.9)**
Poverty level¶¶						
At or above	24.2	(±1.0)	19.1	(±0.9)	**21.7**	**(±0.7)**
Below	33.0	(±3.1)	28.8	(±2.5)	**30.5**	**(±2.1)**
Unknown	21.2	(±1.6)	16.0	(±1.3)	**18.4**	**(±1.0)**
Total	**24.1**	**(±0.8)**	**19.2**	**(±0.7)**	**21.6**	**(±0.6)**

* Persons who reported smoking at least 100 cigarettes during their lifetimes and who reported at the time of interview smoking every day or some days. Excludes 402 respondents whose smoking status was unknown.
† Confidence interval.
§ Excludes 310 respondents of unknown or multiple racial/ethnic categories or whose race/ethnicity was unknown.
¶ Wide variances among estimates reflect small sample sizes.
** Does not include Native Hawaiians or other Pacific Islanders.
†† Among persons aged ≥25 years; excludes 409 persons with unknown years of education.
§§ General Educational Development.
¶¶ Calculated on the basis of U.S. Census Bureau 2002 poverty thresholds.

FIGURE. Percentage of current cigarette smoking among persons aged ≥18 years, by age group and year — National Health Interview Survey, United States, 1983–2003



nightclubs. Strategies for reducing cigarette smoking prevalence among young adults include 1) providing effective smoking-cessation interventions and quitlines tailored to youths and young adults in school, work, and community settings; 2) conducting countermarketing campaigns designed to help young persons reject messages promoting cigarette use, reduce access by minors to tobacco products, and increase access to school programs for preventing tobacco use; and 3) monitoring smoking trends among youths and young adults (*6–10*). Ongoing surveillance of smoking patterns among young adults and evaluation of tobacco-control programs can identify those interventions that are most effective for this age group.

The findings in this report are subject to at least four limitations. First, the wording of questions about cigarette smoking and NHIS data collection procedures have changed since 1993. Before 1993, current smokers were defined as those

who had smoked at least 100 cigarettes and currently smoked. Starting in 1993, current smokers were defined as those who had smoked at least 100 cigarettes and currently smoked either every day or some days. Therefore, any comparison of data collected before 1993 with data collected since 1993 should be interpreted with caution. Second, many young adults view themselves as "social smokers" and might not identify themselves as smokers even on "some days" when completing the NHIS questionnaire, leading to underestimates of current smoking. Third, the NHIS questionnaire is administered only in English and Spanish, which might lead to imprecise estimates of smoking prevalence among other racial/ethnic populations who are unable to respond to the survey. Finally, because NHIS sample sizes for some subpopulations are minimal (e.g., Asians and American Indians/Alaska Natives), estimates derived from 1 year of data are less precise for these groups.

Effective interventions for tobacco-use prevention and cessation should be implemented in the United States among persons of all ages to accelerate the decline in smoking prevalence among adults and decrease the public health burden of tobacco-related diseases (*3,6–10*). In addition, tailored interventions for populations and subpopulations at high risk are needed to reduce disparities in cigarette smoking by age, race/ethnicity, and education level.

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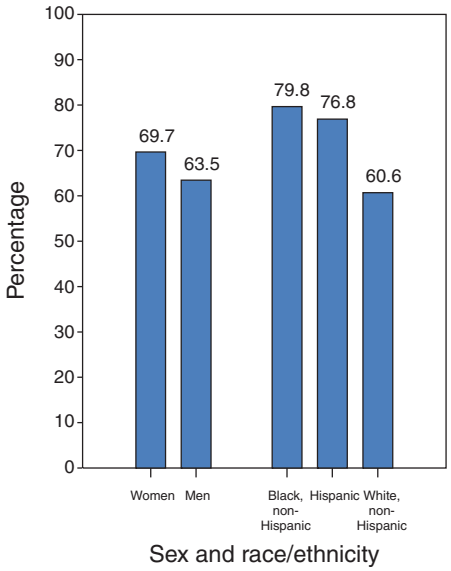
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged 18–24 Years Who Have Never Smoked Cigarettes*, by Sex and Race/Ethnicity — United States, 2002–2003



* Have not smoked 100 or more cigarettes during their lifetimes.

During 2002–2003, young women were more likely than young men to report having never smoked cigarettes. Among those aged 18–24 years, Hispanic and non-Hispanic black adults were more likely than non-Hispanic white adults to have never smoked.

Source: National Health Interview Surveys, 2002 and 2003. Available at http://www.cdc.gov/nchs/nhis.htm.

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Blood Lead Levels — United States, 1999–2002

Adverse health effects caused by lead exposure include intellectual and behavioral deficits in children and hypertension and kidney disease in adults (*1*). Exposure to lead is an important public health problem, particularly for young children (*2*). Eliminating blood lead levels (BLLs) ≥10 µg/dL in children is one of the national health objectives for 2010 (objective no. 8-11) (*3,4*). Findings of National Health and Nutrition Examination Surveys (NHANES) from the period 1976–1980 to 1991–1994 reveal a steep decline (from 77.8% to 4.4%) in the percentage of children aged 1–5 years with BLLs ≥10 µg/dL (*5,6*). However, BLLs remain higher for certain populations, especially children in minority populations, children from low-income families, and children who live in older homes (*5*). This report updates estimates of BLLs in the U.S. population with the latest NHANES data, collected during 1999–2002. The findings indicated that BLLs continued to decrease in all age groups and racial/ethnic populations. During 1999–2002, the overall prevalence of elevated BLLs for the U.S. population aged ≥1 year was 0.7%. BLLs in non-Hispanic black children remained higher than in non-Hispanic white or Mexican-American children, although the proportion of BLLs ≥10 µg/dL in this population decreased (72%) since 1991–1994. Approximately 310,000 children aged 1–5 years remained at risk for exposure to harmful lead levels. Public health agencies should continue efforts to eliminate or control sources of lead, screen persons at highest risk for exposure, and provide timely medical and environmental interventions for those identified with elevated BLLs.

NHANES is an ongoing series of cross-sectional surveys on health and nutrition designed to be nationally representative of the noninstitutionalized, U.S. civilian population by using a complex, multistage probability design. All NHANES surveys included a household interview followed by a detailed physical examination in a mobile examination center (MEC), at which time venous blood samples were obtained from persons aged ≥1 year. BLLs were measured by graphite furnace atomic absorption spectrophotometry in the inorganic toxicology laboratory at CDC.

Detailed analyses compared BLLs of 16,825 persons from the NHANES survey conducted during 1999–2002 with BLLs of 13,472 persons from the NHANES survey conducted during 1991–1994. Results were analyzed by age group, race/ethnicity (i.e., non-Hispanic white, non-Hispanic black, and Mexican American), and low-income status (with the threshold determined by multiplying the U.S. Census Bureau poverty level threshold for the year of the interview by 1.3). Elevated BLLs were defined as BLLs ≥10 µg/dL for all ages. Geometric mean (GM) BLLs and 95% confidence intervals were calculated. All analyses used MEC sample weights to account for the unequal probability of selection, oversampling, and survey nonresponse.

For 1999–2002, the overall prevalence of elevated BLLs for the U.S. population was 0.7% (Table 1), a decrease of 68% from 2.2% in the 1991–1994 survey. The largest decrease (72%) in elevated BLLs, from 11.2% to 3.1%, was among non-Hispanic black children aged 1–5 years, consistent with a previous decline from 1988–1991 to 1991–1994 (Figure).

During the 1999–2002 survey period, children aged 1–5 years had the highest prevalence of elevated BLLs (1.6%), indicating that approximately 310,000 children in that age group remained at risk for exposure to harmful lead levels. Youths aged 6–19 years had the lowest prevalence of elevated BLLs (0.2%), although this estimate was not statistically reliable. Overall, by race/ethnicity, non-Hispanic blacks and Mexican Americans had higher percentages of elevated BLLs (1.4% and 1.5%, respectively) than non-Hispanic whites (0.5%) (Table 1). Among subpopulations, non-Hispanic blacks aged 1–5 years and aged ≥60 years had the highest prevalence of elevated BLLs (3.1% and 3.4%, respectively). Although the prevalence of elevated BLLs among non-Hispanic black children was higher compared with children in the other two racial/ethnic populations, statistical power was not sufficient to examine these differences because of the small proportions and variability around the estimates.

GM BLLs declined significantly ($p<0.05$) from the 1991–1994 survey period in all populations and subpopulations (Table 2). Overall, the GM BLL declined from 2.3 µg/dL in 1991–1994 to 1.6 µg/dL in 1999–2002. The highest GM BLLs in 1999–2002 were among children aged 1–5 years (1.9 µg/dL) and adults aged ≥60 years (2.2 µg/dL), and the lowest were among youths aged 6–19 years (1.1 µg/dL). Males had significantly higher GM BLLs than females, except among children aged 1–5 years, which is consistent with the 1991–

TABLE 1. Percentage of persons with elevated blood lead levels*, by selected characteristics — National Health and Nutrition Examination Surveys (NHANES), United States, 1991–1994 and 1999–2002

Sex/Age (yrs)	No. in sample	NHANES 1991–1994 % (95% confidence interval) All racial/ethnic groups	White, non-Hispanic	Black, non-Hispanic	Mexican American
Both sexes					
≥1	13,472	2.2 (1.6–2.8)	1.5 (0.9–2.2)†§	5.3 (3.8–6.9)§¶	2.9 (2.0–4.0)†¶
1–5	*2,392*	*4.4 (2.7–6.5)*	*2.3 (0.8–4.5)††*	*11.2 (5.9–18.0)*	*4.0 (1.8–6.9)*
6–19	*2,960*	*1.3 (0.7–2.1)*	*0.6 (0.1–1.8)††*	*3.2 (2.3–4.3)*	*2.3 (0.7–4.7)††*
20–59	*5,596*	*1.7 (1.1–2.5)*	*1.1 (0.5–2.1)††*	*4.1 (2.7–5.7)*	*2.9 (1.9–4.0)*
≥60	*2,524*	*3.6 (2.8–4.5)*	*3.0 (2.2–3.9)†*	*10.5 (7.2–14.3)§¶*	*3.8 (1.8–6.6)†*
Male					
≥1	6,204	3.5 (2.5–4.6)	2.3 (1.3–3.7)†	8.4 (6.2–10.8)§¶	4.0 (2.6–5.7)†
1–5	*1,211*	*5.5 (3.1–8.4)*	*2.4 (0.7–5.3)††*	*13.8 (8.5–20.0)*	*4.7 (2.0–8.4)††*
6–19	*1,443*	*1.5 (0.8–2.5)*	*0.4 (0.0–1.7)††*	*4.5 (3.3–5.9)*	*2.4 (0.6–5.3)††*
20–59	*2,365*	*3.1 (1.9–4.6)*	*2.1 (0.8–4.0)††*	*7.0 (4.4–10.3)*	*4.3 (2.5–6.5)*
≥60	*1,185*	*6.5 (4.6–8.8)*	*5.2 (3.2–7.6)†*	*20.5 (13.2–28.9)§¶*	*7.5 (3.4–13.0)†*
Female					
≥1	7,268	0.9 (0.6–1.3)	0.7 (0.3–1.1)††	2.6 (1.4–4.1)	1.7 (0.9–2.9)
1–5	*1,181*	*3.3 (2.0– 4.9)*	*2.1 (0.6–4.3)††*	*8.7 (3.0–16.8)††*	*3.3 (1.2–6.4)††*
6–19	*1,517*	*1.1 (0.2–2.6)††*	*0.9 (0.0–3.3)††*	*1.9 (0.7–3.7)††*	*2.2 (0.6–4.8)††*
20–59	*3,231*	*0.4 (0.2–0.6)*	*0.2 (0.0–0.5)††*	*1.6 (0.7–2.8)††*	*1.3 (0.5–2.3)††*
≥60	*1,339*	*1.5 (0.7–2.6)*	*1.4 (0.5–2.7)††*	*3.5 (1.3–6.7)††*	*0.9 (0.1–2.3)††*

TABLE 1. (*Continued*) Percentage of persons with elevated blood lead levels*, by selected characteristics — National Health and Nutrition Examination Surveys (NHANES), United States, 1991–1994 and 1999–2002

Sex/Age (yrs)	No. in sample	NHANES 1999–2002 % (95% confidence interval) All racial/ethnic groups	White, non-Hispanic	Black, non-Hispanic	Mexican American
Both sexes					
≥1	16,825	0.7 (0.5–0.9)**	0.5 (0.4–0.7)†§**	1.4 (0.9–1.9)¶**	1.5 (1.0–2.1)¶**
1–5	*1,160*	*1.6 (1.1–2.2)***	*1.3 (0.6–2.5)††*	*3.1 (1.7–4.9)***	*2.0 (0.5–4.4)††*
6–19	*6,283*	*0.2 (0.0–0.4)††*	*0.2 (0.0–0.6)††*	*0.3 (0.1–0.6)††*	*0.3 (0.1–0.6)††*
20–59	*5,876*	*0.7 (0.5–1.0)***	*0.6 (0.4–0.9)§*	*1.3 (0.6–2.1)***	*2.0 (1.2–2.9)¶*
≥60	*3,056*	*0.8 (0.4–1.2)***	*0.4 (0.1–0.7)††*	*3.4 (1.9–5.3)***	*1.8 (0.9–3.1)*
Male					
≥1	8,202	1.1 (0.8–1.4)**	0.8 (0.6–1.1)†§**	2.2 (1.3–3.3)¶**	2.1 (1.3–3.1)¶**
1–5	*846*	*1.7 (0.8–2.9)***	*1.4 (0.3–3.3)††*	*2.5 (1.0–4.6)††*	*3.2 (0.7–7.2)††*
6–19	*3,158*	*0.2 (0.0–0.4)††*	*0.2 (0.0–0.6)††*	*0.3 (0.1–0.5)***	*0.1 (0.0–0.3)††*
20–59	*2,689*	*1.2 (0.8–1.7)***	*1.0 (0.5–1.5)§*	*2.3 (1.0–4.0)††*	*3.0 (1.8–4.5)¶*
≥60	*1,509*	*1.5 (0.8–2.4)***	*0.7 (0.2–1.5)††*	*7.5 (4.4–11.3)§**	*2.2 (1.0–3.7)†**
Female					
≥1	8,623	0.3 (0.2–0.5)**	0.3 (0.1–0.5)††	0.7 (0.4–1.0)**	0.8 (0.4–1.3)
1–5	*764*	*1.4 (0.7–2.4)***	*1.3 (0.2–3.5)††*	*3.7 (1.6–6.6)††*	*0.7 (0.0–2.3)††*
6–19	*3,125*	*0.2 (0.0–0.5)††*	*0.2 (0.0–0.8)††*	*0.3 (0.0–1.0)††*	*0.5 (0.1–1.1)††*
20–59	*3,187*	*0.3 (0.1–0.6)††*	*0.3 (0.0–0.7)††*	*0.5 (0.1–1.2)††*	*0.8 (0.3–1.7)††*
≥60	*1,547*	*0.2 (0.0–0.4)††*	*0.1 (0.0–0.3)††*	*0.8 (0.1–2.3)††*	*1.6 (0.6–3.1)††*

* ≥10 μg/dL.
† Significantly different from non-Hispanic blacks at p<0.05, with Bonferroni adjustment.
§ Significantly different from Mexican Americans at p<0.05, with Bonferroni adjustment.
¶ Significantly different from non-Hispanic whites at p<0.05, with Bonferroni adjustment.
** Significantly different between NHANES 1999–2002 and NHANES 1991–1994 at p<0.05.
†† Does not meet standard of statistical reliability and precision (i.e., relative standard error is >30%), and significant testing was not performed.

1994 survey. By racial/ethnic group, among children aged 1–5 years, the GM BLL was significantly higher for non-Hispanic blacks (2.8 μg/dL), compared with Mexican Americans (1.9 μg/dL) and non-Hispanic whites (1.8 μg/dL). Among children aged 1–5 years from families with low income, the GM BLL also declined significantly, from 3.7 μg/dL in the 1991–1994 survey to 2.5 μg/dL in 1999–2002.

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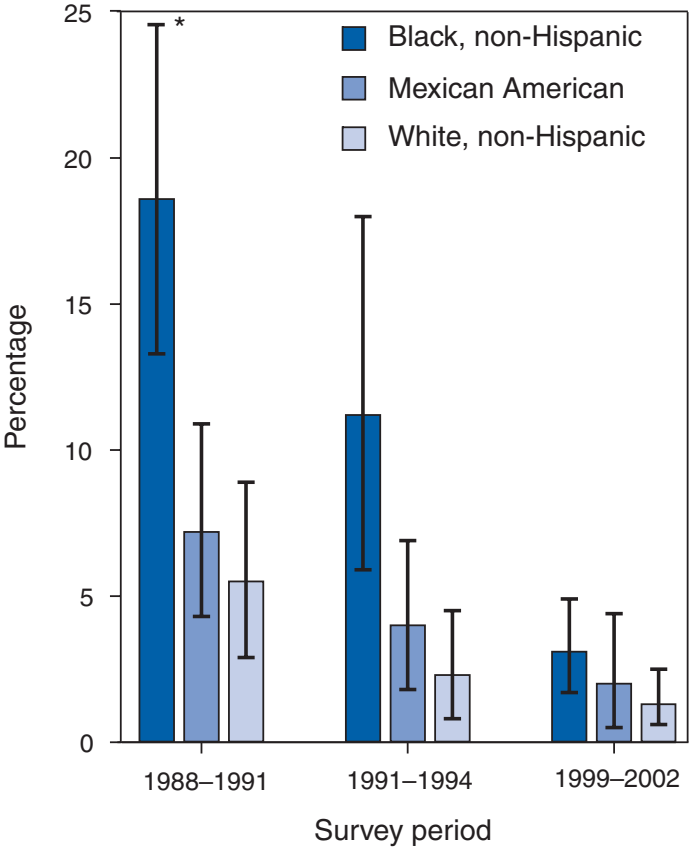
Editorial Note: The findings in this report indicate that BLLs continue to decline in the United States, as measured by NHANES, the only survey providing national data on lead

FIGURE. Percentage of children aged 1–5 years with blood lead levels ≥10 μg/dL, by race/ethnicity and survey period — National Health and Nutrition Examination Surveys, United States, 1988–1991, 1991–1994, and 1999–2002



* 95% confidence interval.

exposure. The GM BLL for the U.S. population aged ≥1 year decreased by 30% from 1991–1994 to 1999–2002, and the prevalence of elevated BLLs decreased by 68% overall and by 64% for children aged 1–5 years. Differences in proportions of elevated BLLs among children by race/ethnicity also were reduced, likely because of the substantial decline among non-Hispanic black children. However, the GM BLL for non-Hispanic black children remains higher than that for Mexican-American and non-Hispanic white children, indicating that differences in risk for exposure still persist. Exposure risk remains of particular concern in light of reported adverse health effects at BLLs <10μg/dL (*7*).

The decline in BLLs in the United States has resulted from coordinated, intensive efforts at the national, state, and local levels beginning with efforts to remove lead from gasoline, food cans, and residential paint products (*4*). Beginning in 2003, CDC and the U.S. Department of Housing and Urban Development (HUD) required funded programs to develop formal plans to eliminate lead poisoning in their jurisdictions. Key components of these plans include coordination of activities by state, local, and nongovernmental organizations, linking BLL surveillance and Medicaid claims data to identify gaps in screening of populations at high risk, and eliminating lead paint hazards in housing, particularly in homes with more than one child with an elevated BLL.

The findings in this report are subject to at least three limitations. First, although NHANES is a nationally representative survey, the current design does not allow for estimates in smaller geographic areas or for identifying risk in certain subpopulations such as recent immigrants. Second, NHANES does not identify specific sources of lead exposure. Finally, the low prevalence of elevated BLLs does not allow stratification by more than one factor that might be related to exposure, such as race/ethnicity or age of residence.

A critical factor in reducing BLLs in children has been the decline in the number of U.S. homes with lead-based paint, from an estimated 64 million in 1990 to 38 million in 2000 (*8*). This decline might be associated, in part, with federal appropriations to HUD of $700 million during fiscal years 1992–2002 for residential lead control in low-income, privately owned housing (*9*), and to investments in housing rehabilitation made by other government agencies and the private sector. Lead-control enforcement action by HUD, the U.S. Environmental Protection Agency, and the Department of Justice has resulted in approximately 200 on-site inspections and 30 settlements involving approximately 160,000 housing units nationwide (*10*). State and local governments have provided substantial additional funding for lead-poisoning–prevention activities and enforcement of local ordinances. However, an estimated 24 million housing units still contain substantial lead paint hazards, with 1.2 million of these units occupied by low-income families with young children (*8*). Findings in this report demonstrate progress toward achieving the national health objective for 2010 to eliminate elevated BLLs in children. Continued vigilance to identify remaining lead hazards and children at risk for lead exposure is necessary to meet this goal.

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TABLE 2. Geometric means (GMs) of blood lead levels (measured as μg/dL), by race/ethnicity, sex, and age group — National Health and Nutrition Examination Surveys (NHANES), United States, 1991–1994 and 1999–2002

Sex/Age (yrs)	No. in sample	NHANES 1991–1994* GM (95% confidence interval) All racial/ethnic groups	White, non-Hispanic	Black, non-Hispanic	Mexican American
Both sexes					
≥1	13,472	2.3 (2.1–2.4)	2.2 (2.0–2.3)†§	2.8 (2.5–3.0)¶	2.4 (2.3–2.6)¶
1–5	*2,392*	*2.7 (2.5–3.0)*	*2.3 (2.1–2.6)†§*	*4.3 (3.6–5.0)§¶*	*3.1 (2.7–3.5)†¶*
6–19	*2,960*	*1.7 (1.5–1.8)*	*1.5 (1.4–1.7)†§*	*2.3 (2.1–2.6)¶*	*2.0 (1.8–2.1)¶*
20–59	*5,596*	*2.2 (2.1–2.3)*	*2.1 (2.0–2.2)†§*	*2.6 (2.4–2.8)¶*	*2.5 (2.4–2.6)¶*
≥60	*2,524*	*3.4 (3.2–3.5)*	*3.3 (3.2–3.4)†*	*4.3 (3.7–4.9)§¶*	*3.1 (2.7–3.6)†*
Male					
≥1	6,204	2.8 (2.6–2.9)	2.6 (2.5–2.8)†§	3.6 (3.3–4.0)§¶	3.1 (2.9–3.3)†¶
1–5	*1,211*	*2.8 (2.5–3.1)*	*2.3 (2.1–2.6)†§*	*4.7 (3.9–5.5)§¶*	*3.3 (2.9–3.6)†¶*
6–19	*1,443*	*1.9 (1.7–2.1)*	*1.7 (1.5–1.9)†§*	*2.7 (2.4–3.1)¶*	*2.3 (2.0–2.5)¶*
20–59	*2,365*	*2.9 (2.7–3.1)*	*2.7 (2.5–3.0)†§*	*3.6 (3.2–3.9)¶*	*3.4 (3.2–3.6)¶*
≥60	*1,185*	*4.2 (4.0–4.4)*	*4.0 (3.8–4.2)†*	*6.3 (5.4–7.1)§¶*	*4.1 (3.5–4.8)†*
Female					
≥1	7,268	1.9 (1.8–2.0)	1.8 (1.7–1.9)†	2.2 (2.0–2.4)§¶	1.9 (1.8–2.1)†
1–5	*1,181*	*2.7 (2.4–2.9)*	*2.3 (2.0–2.6)†*	*4.0 (3.2–4.8)¶*	*2.9 (2.4–3.4)*
6–19	*1,517*	*1.5 (1.3–1.7)*	*1.4 (1.2–1.6)†*	*2.0 (1.7–2.2)¶*	*1.7 (1.5–1.9)*
20–59	*3,231*	*1.7 (1.6–1.8)*	*1.6 (1.5–1.7)†§*	*1.9 (1.8–2.1)¶*	*1.8 (1.7–1.9)¶*
≥60	*1,339*	*2.9 (2.7–3.0)*	*2.8 (2.7–3.0)*	*3.3 (2.8–3.8)*	*2.5 (2.1–2.9)*

TABLE 2. (*Continued*) Geometric (GMs) means of blood lead levels (measured as μg/dL), by race/ethnicity, sex, and age group — National Health and Nutrition Examination Surveys (NHANES), United States, 1991–1994 and 1999–2002

Sex/Age (yrs)	No. in sample	NHANES 1999–2002* GM (95% confidence interval) All racial/ethnic groups	White, non-Hispanic	Black, non-Hispanic	Mexican American
Both sexes					
≥1	16,825	1.6 (1.5–1.6)	1.5 (1.5–1.6)†	1.8 (1.7–1.9)¶	1.6 (1.6–1.7)
1–5	*1,610*	*1.9 (1.8–2.1)*	*1.8 (1.6–2.0)†*	*2.8 (2.5–3.1)§¶*	*1.9 (1.8–2.0)†*
6–19	*6,283*	*1.1 (1.1–1.2)*	*1.1 (1.0–1.1)†§*	*1.5 (1.4–1.6)§¶*	*1.3 (1.2–1.4)†¶*
20–59	*5,876*	*1.5 (1.5–1.6)*	*1.5 (1.4–1.5)†§*	*1.7 (1.6–1.8)¶*	*1.8 (1.6–1.9)¶*
≥60	*3,056*	*2.2 (2.1–2.3)*	*2.2 (2.1–2.3)†*	*2.7 (2.5–2.8)§¶*	*2.1 (1.9–2.3)†*
Male					
≥1	8,202	1.9 (1.8–2.0)	1.9 (1.8–1.9)†§	2.1 (2.0–2.3)¶	2.0 (1.9–2.2)¶
1–5	*846*	*1.9 (1.8–2.1)*	*1.8 (1.6–2.0)†*	*2.8 (2.5–3.1)§¶*	*2.0 (1.8–2.1)†*
6–19	*3,158*	*1.3 (1.3–1.4)*	*1.2 (1.1–1.3)†§*	*1.7 (1.5–1.8)¶*	*1.5 (1.4–1.6)¶*
20–59	*2,689*	*2.0 (1.9–2.0)*	*1.9 (1.8–2.0)§*	*2.1 (2.0–2.3)*	*2.3 (2.2–2.5)¶*
≥60	*1,509*	*2.7 (2.6–2.8)*	*2.6 (2.5–2.7)†*	*3.4 (3.1–3.6)§¶*	*2.6 (2.3–2.8)†*
Female					
≥1	8,623	1.3 (1.3–1.3)	1.3 (1.2–1.3)†	1.5 (1.4–1.6)§¶	1.3 (1.2–1.4)†
1–5	*764*	*1.9 (1.8–2.1)*	*1.8 (1.5–2.1)†*	*2.8 (2.5–3.2)§¶*	*1.8 (1.7–2.0)†*
6–19	*3,125*	*1.0 (0.9–1.0)*	*0.9 (0.8–1.0)†§*	*1.3 (1.2–1.5)§¶*	*1.1 (1.0–1.2)†¶*
20–59	*3,187*	*1.2 (1.2–1.2)*	*1.2 (1.1–1.2)†*	*1.4 (1.3–1.5)¶*	*1.3 (1.2–1.4)*
≥60	*1,547*	*1.9 (1.8–2.0)*	*1.9 (1.8–2.0)†*	*2.3 (2.1–2.4)§¶*	*1.8 (1.6–2.0)†*

* Differences in GMs between NHANES 1999–2002 and NHANES 1991–1994 are all significant at p<0.05.
† Significantly different from non-Hispanic blacks at p<0.05, with Bonferroni adjustment.
§ Significantly different from Mexican Americans at p<0.05, with Bonferroni adjustment.
¶ Significantly different from non-Hispanic whites at p<0.05, with Bonferroni adjustment.

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FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals May 21, 2005, with historical data

* No rubella cases were reported for the current 4-week period yielding a ratio for week 20 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending May 21, 2005 (20th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	43	27
Botulism:			HIV infection, pediatric†¶	116	117
foodborne	5	4	Influenza-associated pediatric mortality†**	34	—
infant	21	25	Measles	15††	14§§
other (wound & unspecified)	9	3	Mumps	96	82
Brucellosis	30	38	Plague	—	—
Chancroid	10	16	Poliomyelitis, paralytic	—	—
Cholera	1	4	Psittacosis†	7	4
Cyclosporiasis†	307	86	Q fever†	22	20
Diphtheria	—	—	Rabies, human	1	—
Domestic arboviral diseases			Rubella	4	7
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	—	4	SARS†**	—	—
eastern equine†§	—	—	Smallpox†	—	—
Powassan†§	—	—	*Staphylococcus aureus*:		
St. Louis†§	—	—	Vancomycin-intermediate (VISA)†	—	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	—
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	64	77
human granulocytic (HGE)†	30	36	Tetanus	5	4
human monocytic (HME)†	31	23	Toxic-shock syndrome	42	37
human, other and unspecified †	10	5	Trichinellosis¶¶	7	—
Hansen disease†	14	43	Tularemia†	13	15
Hantavirus pulmonary syndrome†	5	4	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 April 24, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 15 cases reported, nine were indigenous and six were imported from another country.
§§ Of 14 cases reported, five were indigenous and nine were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 21, 2005, and May 22, 2004 (20th 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	13,232	12,150	327,461	352,369	1,610	1,809	671	921
NEW ENGLAND	532	370	10,722	11,658	—	—	35	55
Maine	4	5	824	754	N	N	3	9
N.H.	7	19	705	661	—	—	5	14
Vt.¶	3	10	384	444	—	—	9	6
Mass.	275	119	5,507	5,221	—	—	12	19
R.I.	47	44	1,299	1,340	—	—	1	1
Conn.	196	173	2,003	3,238	N	N	5	6
MID. ATLANTIC	2,558	2,414	38,792	43,745	—	—	100	153
Upstate N.Y.	253	186	8,167	8,453	N	N	26	28
N.Y. City	1,476	1,134	11,959	13,511	—	—	23	48
N.J.	413	524	4,341	7,007	N	N	7	12
Pa.	416	570	14,325	14,774	N	N	44	65
E.N. CENTRAL	1,204	1,276	52,221	63,389	3	5	125	237
Ohio	185	231	13,987	16,055	N	N	45	53
Ind.	165	164	7,644	7,013	N	N	11	30
Ill.	661	606	14,836	18,072	—	—	2	40
Mich.	138	207	8,802	15,261	3	5	20	47
Wis.	55	68	6,952	6,988	N	N	47	67
W.N. CENTRAL	318	300	18,972	21,473	3	4	100	95
Minn.	88	66	3,030	4,399	3	N	28	39
Iowa	41	19	2,627	2,635	N	N	17	14
Mo.	132	125	7,756	7,921	—	3	39	18
N. Dak.	5	12	412	761	N	N	—	—
S. Dak.	9	5	1,076	966	—	—	7	10
Nebr.¶	5	20	1,498	2,004	—	1	1	3
Kans.	38	53	2,573	2,787	N	N	8	11
S. ATLANTIC	4,263	4,145	63,599	66,362	—	—	153	168
Del.	70	55	1,298	1,141	N	N	—	—
Md.	513	475	6,784	7,335	—	—	8	9
D.C.	276	149	1,459	1,407	—	—	2	3
Va.¶	223	209	7,944	8,705	—	—	12	22
W. Va.	22	29	886	1,093	N	N	4	2
N.C.	350	237	13,171	10,639	N	N	21	31
S.C.¶	215	267	7,900	6,838	—	—	7	7
Ga.	741	690	7,754	12,947	—	—	45	49
Fla.	1,853	2,034	16,403	16,257	N	N	54	45
E.S. CENTRAL	770	555	22,762	21,694	—	3	19	39
Ky.	91	68	4,269	2,121	N	N	7	9
Tenn.¶	313	208	8,471	8,773	N	N	3	12
Ala.¶	213	167	2,996	5,355	—	—	8	10
Miss.	153	112	7,026	5,445	—	3	1	8
W.S. CENTRAL	1,513	1,707	42,542	44,547	—	2	18	42
Ark.	71	88	3,413	3,125	—	1	1	7
La.	278	337	6,982	10,043	—	1	3	—
Okla.	112	68	4,116	4,155	N	N	7	8
Tex.¶	1,052	1,214	28,031	27,224	N	N	7	27
MOUNTAIN	537	485	20,534	19,806	1,079	1,121	39	36
Mont.	3	—	798	877	N	N	4	3
Idaho¶	5	3	731	1,190	N	N	2	4
Wyo.	—	5	427	425	—	—	2	2
Colo.	107	97	5,071	5,096	N	N	16	19
N. Mex.	56	51	1,478	3,244	2	9	2	1
Ariz.	227	197	8,018	5,550	1,045	1,085	4	5
Utah	25	29	1,645	1,270	2	6	4	1
Nev.¶	114	103	2,366	2,154	30	21	5	1
PACIFIC	1,537	898	57,317	59,695	525	674	82	96
Wash.	144	165	7,454	6,608	N	N	5	—
Oreg.¶	90	90	3,399	3,004	—	—	15	11
Calif.	1,250	592	43,262	46,298	525	674	62	84
Alaska	9	10	1,473	1,531	—	—	—	—
Hawaii	44	41	1,729	2,254	—	—	—	1
Guam	1	—	—	438	—	—	—	—
P.R.	335	208	1,631	1,144	N	N	N	N
V.I.	7	4	32	150	—	—	—	—
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 April 24, 2005.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 21, 2005, and May 22, 2004 (20th 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	386	412	55	71	61	46	5,513	5,994	109,189	121,669
NEW ENGLAND	28	20	15	18	6	5	453	527	1,949	2,722
Maine	2	—	2	—	—	—	44	52	52	102
N.H.	2	4	1	2	—	—	21	16	59	52
Vt.	1	—	—	—	—	—	59	39	15	35
Mass.	10	11	5	6	6	5	185	268	1,057	1,202
R.I.	1	2	—	—	—	—	30	37	192	358
Conn.	12	3	7	10	—	—	114	115	574	973
MID. ATLANTIC	47	36	3	9	5	10	1,028	1,341	11,027	13,947
Upstate N.Y.	18	10	3	2	2	3	332	379	2,384	2,792
N.Y. City	1	7	—	—	—	—	292	434	2,897	4,374
N.J.	11	7	—	3	—	4	135	175	1,607	2,579
Pa.	17	12	—	4	3	3	269	353	4,139	4,202
E.N. CENTRAL	79	85	7	13	3	4	777	913	20,633	25,726
Ohio	34	18	1	2	2	4	226	270	6,565	8,200
Ind.	8	12	—	—	—	—	N	N	2,972	2,390
Ill.	9	22	1	—	—	—	130	304	5,988	7,554
Mich.	14	14	—	2	1	—	239	200	3,199	5,872
Wis.	14	19	5	9	—	—	182	139	1,909	1,710
W.N. CENTRAL	53	62	12	11	9	9	713	653	6,006	6,308
Minn.	6	23	3	6	2	2	356	206	865	1,114
Iowa	10	11	—	—	—	—	74	94	579	475
Mo.	20	7	6	4	2	2	151	200	3,189	3,198
N. Dak.	1	2	—	—	—	3	1	11	19	57
S. Dak.	2	2	—	—	—	—	33	19	140	103
Nebr.	5	8	3	1	2	—	38	54	349	414
Kans.	9	9	—	—	3	2	60	69	865	947
S. ATLANTIC	61	41	8	11	30	7	925	928	26,930	29,392
Del.	—	—	N	N	N	N	8	20	313	364
Md.	6	5	2	2	—	2	57	34	2,525	3,059
D.C.	—	1	—	—	—	—	18	29	790	947
Va.	2	1	3	6	6	—	195	137	2,865	3,503
W. Va.	—	1	—	—	—	—	11	12	258	317
N.C.	—	—	—	—	16	4	N	N	6,263	5,796
S.C.	1	4	—	—	—	—	30	32	3,380	3,301
Ga.	7	11	1	1	—	—	316	286	3,391	5,472
Fla.	45	18	2	2	8	1	290	378	7,145	6,633
E.S. CENTRAL	22	23	—	2	5	6	141	130	8,370	9,444
Ky.	4	7	—	1	4	4	N	N	1,344	897
Tenn.	11	3	—	—	1	2	74	62	3,008	3,106
Ala.	7	6	—	—	—	—	67	68	1,910	3,041
Miss.	—	7	—	1	—	—	—	—	2,108	2,400
W.S. CENTRAL	8	40	1	2	2	5	83	102	16,651	16,578
Ark.	1	5	—	—	—	—	30	45	1,723	1,497
La.	1	1	1	—	2	—	10	15	3,858	4,557
Okla.	3	4	—	—	—	—	43	42	1,733	1,786
Tex.	3	30	—	2	—	5	N	N	9,337	8,738
MOUNTAIN	42	45	9	4	1	—	404	439	4,251	4,353
Mont.	3	3	—	—	—	—	11	15	44	30
Idaho	3	12	5	1	—	—	31	64	31	34
Wyo.	—	—	1	—	—	—	7	5	25	22
Colo.	11	9	1	1	—	—	139	149	1,076	1,220
N. Mex.	—	5	2	1	—	—	14	25	260	394
Ariz.	10	6	N	N	N	N	59	71	1,690	1,566
Utah	7	6	—	—	—	—	115	87	259	174
Nev.	8	4	—	1	1	—	28	23	866	913
PACIFIC	46	60	—	1	—	—	989	961	13,372	13,199
Wash.	9	17	—	—	—	—	61	91	1,295	982
Oreg.	4	8	—	1	—	—	84	148	618	369
Calif.	27	31	—	—	—	—	793	664	10,954	11,049
Alaska	3	1	—	—	—	—	28	26	188	262
Hawaii	3	3	—	—	—	—	23	32	317	537
Guam	N	N	—	—	—	—	—	—	—	70
P.R.	—	—	—	—	—	—	10	22	153	101
V.I.	—	—	—	—	—	—	—	—	2	53
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 May 21, 2005, and May 22, 2004 (20th 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	906	892	2	6	49	46	87	94
NEW ENGLAND	65	86	—	1	5	6	4	1
Maine	3	7	—	—	—	—	1	—
N.H.	3	12	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	24	43	—	1	—	2	1	—
R.I.	6	2	—	—	2	—	—	—
Conn.	23	17	—	—	3	2	—	—
MID. ATLANTIC	178	185	—	1	—	3	21	24
Upstate N.Y.	48	63	—	1	—	3	5	3
N.Y. City	27	38	—	—	—	—	6	8
N.J.	37	34	—	—	—	—	5	2
Pa.	66	50	—	—	—	—	5	11
E.N. CENTRAL	122	160	—	—	1	7	6	24
Ohio	61	57	—	—	—	2	5	10
Ind.	35	22	—	—	1	4	1	1
Ill.	9	47	—	—	—	—	—	10
Mich.	10	9	—	—	—	1	—	3
Wis.	7	25	—	—	—	—	—	—
W.N. CENTRAL	45	43	—	1	2	2	6	5
Minn.	18	14	—	—	2	2	—	—
Iowa	—	1	—	1	—	—	—	—
Mo.	20	18	—	—	—	—	4	4
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	3	2	—	—	—	—	1	—
Kans.	3	5	—	—	—	—	—	1
S. ATLANTIC	235	205	—	—	13	10	14	16
Del.	—	—	—	—	—	—	—	—
Md.	34	38	—	—	4	2	—	—
D.C.	—	1	—	—	—	—	—	1
Va.	18	17	—	—	—	—	—	1
W. Va.	14	10	—	—	1	3	2	—
N.C.	37	24	—	—	5	3	—	—
S.C.	10	5	—	—	—	—	1	—
Ga.	60	59	—	—	—	—	6	14
Fla.	62	51	—	—	3	2	5	—
E.S. CENTRAL	46	29	—	—	1	—	10	6
Ky.	4	—	—	—	1	—	1	—
Tenn.	32	20	—	—	—	—	6	4
Ala.	10	9	—	—	—	—	3	2
Miss.	—	—	—	—	—	—	—	—
W.S. CENTRAL	55	37	1	1	4	4	6	1
Ark.	—	1	—	—	—	—	—	—
La.	26	9	1	—	2	—	6	1
Okla.	29	26	—	—	2	4	—	—
Tex.	—	1	—	1	—	—	—	—
MOUNTAIN	121	105	—	2	14	10	17	12
Mont.	—	—	—	—	—	—	—	—
Idaho	3	4	—	—	—	—	1	2
Wyo.	1	—	—	—	—	—	—	—
Colo.	26	25	—	—	—	—	3	3
N. Mex.	13	23	—	—	4	3	1	4
Ariz.	55	43	—	—	8	6	4	1
Utah	10	8	—	2	—	1	6	1
Nev.	13	2	—	—	2	—	2	1
PACIFIC	39	42	1	—	9	4	3	5
Wash.	—	1	—	—	—	—	—	1
Oreg.	17	22	—	—	—	—	3	2
Calif.	16	12	1	—	9	4	—	1
Alaska	1	3	—	—	—	—	—	1
Hawaii	5	4	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	—	—	—	—
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 May 21, 2005, and May 22, 2004 (20th 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	1,412	2,329	2,112	2,175	235	281
NEW ENGLAND	189	319	114	141	6	4
Maine	—	7	4	1	—	—
N.H.	20	8	5	20	—	—
Vt.	1	5	1	2	6	1
Mass.	143	265	89	66	—	3
R.I.	5	6	—	1	—	—
Conn.	20	28	15	51	—	—
MID. ATLANTIC	222	279	481	298	41	46
Upstate N.Y.	34	33	44	33	9	2
N.Y. City	106	105	39	65	—	—
N.J.	38	60	317	77	—	—
Pa.	44	81	81	123	32	44
E.N. CENTRAL	141	180	146	193	45	28
Ohio	24	22	57	57	2	2
Ind.	20	18	10	9	7	2
Ill.	27	58	14	—	—	6
Mich.	56	62	65	106	36	18
Wis.	14	20	—	21	—	—
W.N. CENTRAL	48	56	105	136	14	1
Minn.	3	10	8	12	—	1
Iowa	9	17	9	7	—	—
Mo.	27	9	63	96	13	—
N. Dak.	—	1	—	1	1	—
S. Dak.	—	2	—	—	—	—
Nebr.	2	10	13	11	—	—
Kans.	7	7	12	9	—	—
S. ATLANTIC	209	388	616	686	51	70
Del.	—	4	26	17	—	2
Md.	20	57	76	60	12	1
D.C.	2	3	—	12	—	1
Va.	28	27	74	72	6	7
W. Va.	2	1	14	2	5	8
N.C.	29	25	57	57	7	6
S.C.	8	20	41	47	1	6
Ga.	41	157	113	212	3	7
Fla.	79	94	215	207	17	32
E.S. CENTRAL	85	65	125	187	27	27
Ky.	4	9	29	21	1	13
Tenn.	60	45	56	87	7	6
Ala.	9	6	23	29	7	1
Miss.	12	5	17	50	12	7
W.S. CENTRAL	87	443	101	102	25	65
Ark.	2	46	17	50	—	—
La.	28	11	20	23	6	3
Okla.	3	16	7	23	—	2
Tex.	54	370	57	6	19	60
MOUNTAIN	144	169	202	159	9	17
Mont.	6	3	2	—	—	2
Idaho	12	10	5	6	—	1
Wyo.	—	—	—	3	—	—
Colo.	15	14	12	21	—	4
N. Mex.	7	6	5	9	—	5
Ariz.	86	117	146	78	—	2
Utah	12	17	20	17	6	1
Nev.	6	2	12	25	3	2
PACIFIC	287	430	222	273	17	23
Wash.	16	26	17	22	3	6
Oreg.	17	33	39	40	8	7
Calif.	242	359	161	200	6	10
Alaska	3	2	4	8	—	—
Hawaii	9	10	1	3	—	—
Guam	—	1	—	4	—	—
P.R.	2	11	3	21	—	—
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 May 21, 2005, and May 22, 2004 (20th 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	388	462	168	192	1,910	3,043	348	450
NEW ENGLAND	19	9	6	11	108	401	15	31
Maine	1	—	—	2	2	20	—	2
N.H.	3	—	1	1	18	14	3	—
Vt.	—	—	—	—	2	11	—	1
Mass.	11	4	2	3	69	234	10	19
R.I.	1	1	1	1	3	32	2	2
Conn.	3	4	2	4	14	90	—	7
MID. ATLANTIC	109	84	31	44	1,315	2,100	94	111
Upstate N.Y.	30	18	8	12	217	758	19	13
N.Y. City	12	10	7	6	—	68	40	55
N.J.	22	13	7	15	597	476	24	23
Pa.	45	43	9	11	501	798	11	20
E.N. CENTRAL	83	93	19	27	33	129	19	31
Ohio	42	39	7	9	21	15	3	8
Ind.	5	9	1	5	2	1	—	4
Ill.	9	15	—	5	—	19	5	9
Mich.	23	25	6	6	2	—	8	6
Wis.	4	5	5	2	8	94	3	4
W.N. CENTRAL	11	10	11	3	68	38	16	24
Minn.	1	—	2	1	54	12	6	9
Iowa	—	3	4	1	8	10	2	1
Mo.	8	4	2	1	5	13	7	5
N. Dak.	1	1	2	—	—	—	—	2
S. Dak.	—	1	—	—	—	—	—	1
Nebr.	—	—	—	—	—	3	—	1
Kans.	1	1	1	—	1	—	1	5
S. ATLANTIC	83	99	40	26	328	307	84	113
Del.	1	2	N	N	77	44	—	2
Md.	19	14	5	5	171	189	26	26
D.C.	1	3	—	—	3	2	2	5
Va.	5	7	1	3	28	11	8	10
W. Va.	4	2	—	1	3	2	1	—
N.C.	9	8	9	4	18	34	13	5
S.C.	2	2	1	—	7	3	3	6
Ga.	6	14	8	6	—	6	14	20
Fla.	36	47	16	7	21	16	17	39
E.S. CENTRAL	10	20	9	9	11	12	11	13
Ky.	2	4	1	2	—	5	2	1
Tenn.	3	9	4	5	11	5	6	3
Ala.	5	6	3	1	—	2	3	7
Miss.	—	1	1	1	—	—	—	2
W.S. CENTRAL	11	98	5	32	15	26	22	57
Ark.	1	—	—	1	2	—	1	2
La.	4	5	3	1	3	1	—	3
Okla.	1	2	—	—	—	—	2	1
Tex.	5	91	2	30	10	25	19	51
MOUNTAIN	37	25	1	3	2	5	15	15
Mont.	2	—	—	—	—	—	—	—
Idaho	1	1	—	1	—	2	—	1
Wyo.	2	4	—	—	—	2	1	—
Colo.	7	4	1	1	—	—	8	6
N. Mex.	1	—	—	—	—	—	—	1
Ariz.	12	5	—	—	—	1	2	2
Utah	5	8	—	—	2	—	4	3
Nev.	7	3	—	1	—	—	—	2
PACIFIC	25	24	46	37	30	25	72	55
Wash.	—	4	2	5	—	2	3	1
Oreg.	N	N	3	4	2	13	1	8
Calif.	25	20	41	28	27	10	62	44
Alaska	—	—	—	—	1	—	2	—
Hawaii	—	—	—	—	N	N	4	2
Guam	—	—	—	—	—	—	—	—
P.R.	—	1	—	—	N	N	—	—
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 May 21, 2005, and May 22, 2004 (20th 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	518	617	42	39	26	24	1	—	449	554
NEW ENGLAND	36	29	1	4	—	2	—	—	35	23
Maine	1	8	—	—	—	1	—	—	1	7
N.H.	3	3	—	—	—	—	—	—	3	3
Vt.	3	1	—	—	—	—	—	—	3	1
Mass.	18	17	—	4	—	1	—	—	18	12
R.I.	2	—	—	—	—	—	—	—	2	—
Conn.	9	—	1	—	—	—	—	—	8	—
MID. ATLANTIC	74	86	21	23	4	5	—	—	49	58
Upstate N.Y.	19	25	2	4	3	3	—	—	14	18
N.Y. City	10	15	—	—	—	—	—	—	10	15
N.J.	20	17	—	—	—	—	—	—	20	17
Pa.	25	29	19	19	1	2	—	—	5	8
E.N. CENTRAL	51	57	13	8	4	4	—	—	34	45
Ohio	23	34	—	3	4	4	—	—	19	27
Ind.	8	8	—	—	—	—	—	—	8	8
Ill.	2	1	—	—	—	—	—	—	2	1
Mich.	13	5	13	5	—	—	—	—	—	—
Wis.	5	9	—	—	—	—	—	—	5	9
W.N. CENTRAL	31	37	2	—	1	3	—	—	28	34
Minn.	6	9	1	—	—	—	—	—	5	9
Iowa	9	8	—	—	1	2	—	—	8	6
Mo.	9	11	1	—	—	1	—	—	8	10
N. Dak.	—	1	—	—	—	—	—	—	—	1
S. Dak.	1	1	—	—	—	—	—	—	1	1
Nebr.	2	3	—	—	—	—	—	—	2	3
Kans.	4	4	—	—	—	—	—	—	4	4
S. ATLANTIC	92	121	2	2	4	2	—	—	86	117
Del.	—	1	—	—	—	—	—	—	—	1
Md.	8	6	1	—	2	—	—	—	5	6
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	11	7	—	—	—	—	—	—	11	7
W. Va.	4	4	—	—	—	—	—	—	4	4
N.C.	11	18	1	—	2	2	—	—	8	16
S.C.	11	12	—	—	—	—	—	—	11	12
Ga.	8	7	—	—	—	—	—	—	8	7
Fla.	39	61	—	—	—	—	—	—	39	61
E.S. CENTRAL	27	29	—	—	2	—	—	—	25	29
Ky.	8	3	—	—	2	—	—	—	6	3
Tenn.	13	10	—	—	—	—	—	—	13	10
Ala.	2	6	—	—	—	—	—	—	2	6
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	41	56	1	1	3	1	—	—	37	54
Ark.	8	10	—	—	—	—	—	—	8	10
La.	19	20	—	1	2	—	—	—	17	19
Okla.	6	3	1	—	1	1	—	—	4	2
Tex.	8	23	—	—	—	—	—	—	8	23
MOUNTAIN	41	30	1	—	3	3	1	—	36	27
Mont.	—	1	—	—	—	—	—	—	—	1
Idaho	1	4	—	—	—	—	—	—	1	4
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	10	9	1	—	—	—	1	—	8	9
N. Mex.	1	4	—	—	—	2	—	—	1	2
Ariz.	21	5	—	—	2	—	—	—	19	5
Utah	5	2	—	—	1	—	—	—	4	2
Nev.	3	2	—	—	—	1	—	—	3	1
PACIFIC	125	172	1	1	5	4	—	—	119	167
Wash.	20	15	1	1	4	4	—	—	15	10
Oreg.	23	35	—	—	—	—	—	—	23	35
Calif.	75	115	—	—	—	—	—	—	75	115
Alaska	1	2	—	—	—	—	—	—	1	2
Hawaii	6	5	—	—	1	—	—	—	5	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	3	5	—	—	—	—	—	—	3	5
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	—	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 21, 2005, and May 22, 2004 (20th 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	5,935	3,772	1,887	2,614	219	212	8,927	10,479	3,520	4,978
NEW ENGLAND	304	572	287	183	1	5	539	481	68	86
Maine	12	3	19	19	N	N	26	29	2	1
N.H.	13	21	4	6	—	—	39	30	4	3
Vt.	46	38	22	6	—	—	33	18	4	2
Mass.	211	484	174	79	—	5	289	266	38	55
R.I.	8	9	6	10	1	—	19	31	2	4
Conn.	14	17	62	63	—	—	133	107	18	21
MID. ATLANTIC	583	862	204	271	15	25	1,142	1,333	395	464
Upstate N.Y.	199	620	152	130	—	1	292	310	98	194
N.Y. City	28	63	9	5	1	8	292	388	163	139
N.J.	98	58	N	N	5	6	190	234	105	83
Pa.	258	121	43	136	9	10	368	401	29	48
E.N. CENTRAL	1,436	804	38	14	4	10	950	1,420	228	324
Ohio	627	163	21	5	3	4	291	336	23	66
Ind.	132	22	3	2	—	1	112	151	33	53
Ill.	83	152	8	4	—	4	108	431	24	131
Mich.	98	39	6	2	1	1	231	255	96	33
Wis.	496	428	—	1	—	—	208	247	52	41
W.N. CENTRAL	805	213	127	213	24	10	647	664	262	135
Minn.	140	41	28	17	—	—	163	163	23	17
Iowa	277	32	26	21	—	—	101	132	38	29
Mo.	165	112	19	6	22	9	195	181	157	49
N. Dak.	48	6	6	23	—	—	11	13	2	1
S. Dak.	1	8	12	43	—	—	45	23	8	6
Nebr.	72	4	—	58	1	1	48	49	20	7
Kans.	102	10	36	45	1	—	84	103	14	26
S. ATLANTIC	450	197	631	959	130	115	2,500	2,132	617	1,127
Del.	12	—	—	9	1	2	13	19	4	3
Md.	73	44	109	112	10	5	196	185	27	44
D.C.	3	5	—	—	—	—	14	15	6	21
Va.	74	48	224	176	4	—	255	238	33	34
W. Va.	22	3	13	28	1	—	33	46	—	—
N.C.	27	33	189	250	87	78	410	247	63	129
S.C.	161	30	5	58	6	10	161	136	35	205
Ga.	15	9	86	121	13	17	407	366	175	253
Fla.	63	25	5	205	8	3	1,011	880	274	438
E.S. CENTRAL	161	47	50	54	14	26	469	574	493	221
Ky.	49	7	6	11	—	—	90	98	43	31
Tenn.	65	26	15	17	11	15	173	174	302	87
Ala.	34	7	29	21	3	5	147	168	115	78
Miss.	13	7	—	5	—	6	59	134	33	25
W.S. CENTRAL	149	139	438	812	8	16	591	1,481	665	1,816
Ark.	74	12	13	23	2	—	122	102	20	18
La.	13	7	—	—	1	3	175	174	41	123
Okla.	—	13	41	54	5	13	90	93	281	166
Tex.	62	107	384	735	—	—	204	1,112	323	1,509
MOUNTAIN	1,447	405	70	43	19	2	605	706	212	272
Mont.	307	11	—	5	1	—	32	51	2	3
Idaho	46	17	—	—	—	1	30	55	—	5
Wyo.	13	3	9	—	1	—	12	20	—	1
Colo.	595	215	3	4	1	1	155	162	34	48
N. Mex.	52	59	—	—	—	—	48	73	28	50
Ariz.	261	71	58	34	13	—	201	229	107	132
Utah	155	28	—	—	3	—	72	76	16	15
Nev.	18	1	—	—	—	—	55	40	25	18
PACIFIC	600	533	42	65	4	3	1,484	1,688	580	533
Wash.	135	160	—	—	—	—	106	118	22	28
Oreg.	245	181	—	—	—	2	97	139	23	26
Calif.	160	175	41	54	4	1	1,162	1,280	519	459
Alaska	15	9	1	11	—	—	17	28	5	4
Hawaii	45	8	—	—	—	—	102	123	11	16
Guam	—	—	—	—	—	—	—	15	—	16
P.R.	—	1	28	18	N	N	29	75	—	1
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 21, 2005, and May 22, 2004 (20th 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	1,951	2,323	1,135	1,181	352	392	2,558	2,863	97	150
NEW ENGLAND	70	165	11	57	32	57	73	68	—	—
Maine	2	3	N	N	—	1	1	—	—	—
N.H.	5	11	—	—	2	N	5	1	—	—
Vt.	7	5	5	5	3	1	—	—	—	—
Mass.	50	77	—	9	27	36	56	43	—	—
R.I.	6	16	6	7	—	3	2	6	—	—
Conn.	—	53	U	36	U	16	9	18	—	—
MID. ATLANTIC	433	381	121	87	58	53	330	385	15	21
Upstate N.Y.	155	114	46	39	36	34	27	31	11	1
N.Y. City	63	65	U	U	U	U	215	225	3	9
N.J.	85	82	N	N	11	4	44	74	1	10
Pa.	130	120	75	48	11	15	44	55	—	1
E.N. CENTRAL	391	518	286	264	94	93	216	342	15	22
Ohio	99	130	186	196	44	45	76	97	2	1
Ind.	42	48	98	68	22	18	28	21	1	1
Ill.	82	155	2	—	24	—	72	130	3	2
Mich.	160	147	—	N	—	N	32	78	7	18
Wis.	8	38	N	N	4	30	8	16	2	—
W.N. CENTRAL	137	163	28	10	43	32	68	77	—	2
Minn.	52	72	—	—	24	18	12	12	—	1
Iowa	N	N	N	N	—	N	1	4	—	—
Mo.	43	40	26	9	4	8	46	44	—	1
N. Dak.	2	6	—	—	1	—	—	—	—	—
S. Dak.	9	8	2	1	—	—	—	—	—	—
Nebr.	9	11	—	—	4	4	2	5	—	—
Kans.	22	26	N	N	10	2	7	12	—	—
S. ATLANTIC	398	434	488	576	43	26	674	706	20	24
Del.	—	2	1	3	—	N	6	2	—	—
Md.	110	66	—	—	29	18	119	134	7	3
D.C.	5	4	13	5	2	4	46	20	—	1
Va.	27	37	N	N	—	N	35	25	3	1
W. Va.	7	13	49	65	12	4	2	3	—	—
N.C.	63	56	N	N	U	U	89	57	3	1
S.C.	11	43	—	58	—	N	26	52	—	7
Ga.	75	114	155	147	—	N	74	129	—	1
Fla.	100	99	270	298	—	N	277	284	7	10
E.S. CENTRAL	79	114	87	73	3	9	139	145	11	7
Ky.	19	35	14	18	N	N	12	22	—	—
Tenn.	60	79	73	53	—	N	60	54	8	1
Ala.	—	—	—	—	—	N	56	54	3	4
Miss.	—	—	—	2	3	9	11	15	—	2
W.S. CENTRAL	84	266	75	36	51	97	468	427	20	30
Ark.	7	5	8	5	10	5	22	13	—	3
La.	5	1	67	31	16	19	92	93	2	2
Okla.	61	32	N	N	16	23	16	12	1	2
Tex.	11	228	N	N	9	50	338	309	17	23
MOUNTAIN	319	246	39	17	28	25	136	147	12	11
Mont.	—	—	—	—	—	—	5	—	—	—
Idaho	1	4	N	N	—	N	9	10	—	2
Wyo.	2	5	16	4	—	—	—	1	—	—
Colo.	124	48	N	N	27	25	15	27	—	—
N. Mex.	23	52	—	5	—	—	18	39	1	2
Ariz.	127	116	N	N	—	N	56	61	11	7
Utah	41	21	22	6	1	—	4	2	—	—
Nev.	1	—	1	2	—	—	29	7	—	—
PACIFIC	40	36	—	61	—	—	454	566	4	33
Wash.	N	N	N	N	N	N	56	31	—	—
Oreg.	N	N	N	N	—	N	12	14	—	—
Calif.	—	—	N	N	N	N	380	518	4	33
Alaska	—	—	—	—	—	N	4	—	—	—
Hawaii	40	36	—	61	—	—	2	3	—	—
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	N	N	N	N	—	N	55	50	6	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 May 21, 2005, and May 22, 2004 (20th 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	3,343	4,618	68	96	9,332	10,689	—	14	—
NEW ENGLAND	102	140	6	10	355	1,232	—	—	—
Maine	7	8	—	—	101	43	—	—	—
N.H.	4	6	—	—	52	—	—	—	—
Vt.	—	—	—	—	24	315	—	—	—
Mass.	68	78	5	9	178	15	—	—	—
R.I.	6	15	—	1	—	—	—	—	—
Conn.	17	33	1	—	—	859	—	—	—
MID. ATLANTIC	741	695	18	27	2,157	29	—	1	—
Upstate N.Y.	85	81	3	2	—	—	—	—	—
N.Y. City	384	353	3	9	—	—	—	—	—
N.J.	165	148	5	11	—	—	—	—	—
Pa.	107	113	7	5	2,157	29	—	1	—
E.N. CENTRAL	486	394	3	11	3,114	3,342	—	—	—
Ohio	93	64	—	2	733	862	—	—	—
Ind.	48	50	—	—	119	N	—	—	—
Ill.	242	183	1	5	17	1	—	—	—
Mich.	71	70	1	3	2,024	2,127	—	—	—
Wis.	32	27	1	1	221	352	—	—	—
W.N. CENTRAL	172	150	1	2	72	120	—	1	—
Minn.	69	60	1	1	—	—	—	—	—
Iowa	17	15	—	—	N	N	—	—	—
Mo.	43	41	—	1	3	2	—	—	—
N. Dak.	2	3	—	—	10	68	—	—	—
S. Dak.	5	4	—	—	59	50	—	1	—
Nebr.	15	6	—	—	—	—	—	—	—
Kans.	21	21	—	—	—	—	—	—	N
S. ATLANTIC	714	911	9	8	878	1,222	—	1	—
Del.	2	9	—	—	6	4	—	—	—
Md.	81	81	1	2	—	—	—	—	—
D.C.	27	4	—	—	15	17	—	—	—
Va.	94	72	2	2	141	316	—	—	—
W. Va.	8	10	—	—	539	628	—	—	N
N.C.	72	85	1	2	—	N	—	—	—
S.C.	80	72	—	—	177	257	—	—	—
Ga.	58	265	2	—	—	—	—	—	—
Fla.	292	313	3	2	—	—	—	1	—
E.S. CENTRAL	192	170	1	4	—	—	—	—	—
Ky.	40	29	1	2	N	N	—	—	—
Tenn.	92	48	—	2	—	—	—	—	—
Ala.	60	60	—	—	—	—	—	—	—
Miss.	—	33	—	—	—	—	—	—	—
W.S. CENTRAL	276	817	3	9	1,348	3,382	—	1	—
Ark.	36	52	—	—	—	—	—	—	—
La.	—	—	—	—	96	42	—	—	—
Okla.	52	55	—	—	—	—	—	—	—
Tex.	188	710	3	9	1,252	3,340	—	1	—
MOUNTAIN	81	192	3	3	1,408	1,362	—	10	—
Mont.	—	—	—	—	—	—	—	—	—
Idaho	—	—	—	—	—	—	—	—	—
Wyo.	—	1	—	—	42	17	—	—	—
Colo.	16	51	—	1	994	1,041	—	1	—
N. Mex.	4	14	—	—	78	35	—	—	—
Ariz.	56	80	1	1	—	—	—	9	—
Utah	5	15	1	1	294	269	—	—	—
Nev.	—	31	1	—	—	—	—	—	—
PACIFIC	579	1,149	24	22	—	—	—	—	—
Wash.	76	78	1	1	N	N	—	—	—
Oreg.	38	36	2	—	—	—	—	—	—
Calif.	405	981	17	15	—	—	—	—	—
Alaska	13	12	—	—	—	—	—	—	—
Hawaii	47	42	4	6	—	—	—	—	—
Guam	—	14	—	—	—	95	—	—	—
P.R.	—	21	—	—	76	134	—	—	—
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 May 21, 2005 (20th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	558	391	117	34	11	5	61
Boston, Mass.	137	90	37	6	4	—	11
Bridgeport, Conn.	54	40	9	4	1	—	7
Cambridge, Mass.	14	9	3	2	—	—	3
Fall River, Mass.	17	13	3	1	—	—	—
Hartford, Conn.	61	45	11	2	3	—	7
Lowell, Mass.	19	16	2	1	—	—	—
Lynn, Mass.	9	5	3	1	—	—	1
New Bedford, Mass.	21	16	2	3	—	—	7
New Haven, Conn.	42	27	10	4	—	1	6
Providence, R.I.	60	48	9	2	1	—	5
Somerville, Mass.	6	5	1	—	—	—	—
Springfield, Mass.	31	14	8	5	2	2	5
Waterbury, Conn.	27	19	6	2	—	—	—
Worcester, Mass.	60	44	13	1	—	2	9
MID. ATLANTIC	2,107	1,520	413	115	33	25	112
Albany, N.Y.	46	29	11	2	2	2	1
Allentown, Pa.	27	23	1	1	—	2	1
Buffalo, N.Y.	78	51	21	4	—	2	4
Camden, N.J.	2	1	—	1	—	—	2
Elizabeth, N.J.	13	7	2	4	—	—	1
Erie, Pa.	39	31	7	1	—	—	1
Jersey City, N.J.	36	23	8	2	1	2	—
New York City, N.Y.	1,036	752	206	55	17	6	53
Newark, N.J.	42	22	9	7	1	3	4
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	380	262	81	22	9	5	20
Pittsburgh, Pa.§	31	25	5	1	—	—	1
Reading, Pa.	18	11	4	3	—	—	—
Rochester, N.Y.	139	114	21	4	—	—	16
Schenectady, N.Y.	18	13	5	—	—	—	1
Scranton, Pa.	29	24	2	3	—	—	1
Syracuse, N.Y.	107	84	17	3	1	2	5
Trenton, N.J.	26	19	4	—	2	1	—
Utica, N.Y.	21	14	6	1	—	—	—
Yonkers, N.Y.	19	15	3	1	—	—	1
E.N. CENTRAL	2,054	1,370	455	126	56	45	120
Akron, Ohio	39	27	7	3	1	1	7
Canton, Ohio	30	28	2	—	—	—	3
Chicago, Ill.	318	187	83	32	6	8	18
Cincinnati, Ohio	99	58	30	5	4	2	4
Cleveland, Ohio	203	138	46	13	3	3	6
Columbus, Ohio	218	152	48	12	2	4	14
Dayton, Ohio	117	82	29	5	1	—	10
Detroit, Mich.	174	91	52	16	11	4	7
Evansville, Ind.	36	30	3	3	—	—	1
Fort Wayne, Ind.	77	50	19	2	5	1	8
Gary, Ind.	17	8	6	3	—	—	—
Grand Rapids, Mich.	62	40	11	2	5	4	3
Indianapolis, Ind.	210	136	40	15	8	11	13
Lansing, Mich.	55	35	16	1	2	1	2
Milwaukee, Wis.	104	81	16	4	—	3	10
Peoria, Ill.	39	30	4	4	1	—	2
Rockford, Ill.	54	43	10	1	—	—	1
South Bend, Ind.	54	39	10	1	2	2	—
Toledo, Ohio	91	67	16	3	4	1	5
Youngstown, Ohio	57	48	7	1	1	—	6
W.N. CENTRAL	601	395	137	37	15	15	37
Des Moines, Iowa	53	42	10	1	—	—	5
Duluth, Minn.	28	23	5	—	—	—	5
Kansas City, Kans.	40	25	8	5	—	2	1
Kansas City, Mo.	91	62	20	6	2	1	4
Lincoln, Nebr.	32	17	11	3	1	—	—
Minneapolis, Minn.	56	36	12	3	2	3	3
Omaha, Nebr.	76	47	25	1	—	3	8
St. Louis, Mo.	99	51	26	8	7	5	4
St. Paul, Minn.	50	37	6	5	2	—	5
Wichita, Kans.	76	55	14	5	1	1	2
S. ATLANTIC	1,209	787	270	94	26	31	69
Atlanta, Ga.	137	84	38	12	3	—	4
Baltimore, Md.	150	84	46	13	5	2	15
Charlotte, N.C.	109	78	14	10	3	4	6
Jacksonville, Fla.	157	99	35	15	4	3	5
Miami, Fla.	134	102	18	11	2	1	8
Norfolk, Va.	61	37	13	2	1	8	6
Richmond, Va.	50	33	12	2	2	1	5
Savannah, Ga.	60	45	8	4	—	3	4
St. Petersburg, Fla.	56	38	7	6	2	3	3
Tampa, Fla.	179	123	40	10	2	4	12
Washington, D.C.	102	55	36	7	2	2	1
Wilmington, Del.	14	9	3	2	—	—	—
E.S. CENTRAL	936	606	213	64	29	23	70
Birmingham, Ala.	193	117	49	13	11	2	12
Chattanooga, Tenn.	73	49	13	7	2	2	7
Knoxville, Tenn.	100	73	21	4	2	—	1
Lexington, Ky.	99	58	21	12	3	5	9
Memphis, Tenn.	183	123	38	12	5	5	19
Mobile, Ala.	72	48	18	1	2	3	4
Montgomery, Ala.	59	44	12	1	—	2	6
Nashville, Tenn.	157	94	41	14	4	4	12
W.S. CENTRAL	2,461	1,565	589	170	65	72	123
Austin, Tex.	85	59	17	7	—	2	4
Baton Rouge, La.	82	52	12	5	3	10	—
Corpus Christi, Tex.	70	50	12	5	2	1	8
Dallas, Tex.	166	91	52	9	7	7	17
El Paso, Tex.	93	65	22	4	—	2	4
Ft. Worth, Tex.	113	74	27	5	4	3	1
Houston, Tex.	347	206	99	23	5	14	17
Little Rock, Ark.	87	48	29	3	3	4	—
New Orleans, La.	965	632	213	78	26	16	59
San Antonio, Tex.	238	150	59	17	7	5	12
Shreveport, La.	76	42	22	3	6	3	1
Tulsa, Okla.	139	96	25	11	2	5	—
MOUNTAIN	1,138	737	255	81	38	27	72
Albuquerque, N.M.	155	102	33	16	3	1	8
Boise, Idaho	37	21	8	—	5	3	2
Colo. Springs, Colo.	56	38	12	4	2	—	—
Denver, Colo.	104	60	27	10	3	4	5
Las Vegas, Nev.	243	156	53	21	9	4	20
Ogden, Utah	25	18	5	—	2	—	2
Phoenix, Ariz.	198	111	52	22	4	9	12
Pueblo, Colo.	36	27	8	1	—	—	3
Salt Lake City, Utah	101	75	21	3	—	2	10
Tucson, Ariz.	183	129	36	4	10	4	10
PACIFIC	1,668	1,187	326	90	33	32	169
Berkeley, Calif.	11	6	2	1	—	2	—
Fresno, Calif.	108	77	22	6	3	—	11
Glendale, Calif.	25	19	6	—	—	—	4
Honolulu, Hawaii	84	67	11	3	1	2	11
Long Beach, Calif.	70	46	16	6	2	—	11
Los Angeles, Calif.	339	240	67	20	6	6	35
Pasadena, Calif.	12	9	3	—	—	—	2
Portland, Oreg.	135	92	28	9	3	3	7
Sacramento, Calif.	178	126	38	7	4	3	21
San Diego, Calif.	164	113	30	14	3	4	15
San Francisco, Calif.	59	37	15	5	1	1	10
San Jose, Calif.	181	141	31	4	2	3	18
Santa Cruz, Calif.	28	18	5	2	1	2	3
Seattle, Wash.	110	74	26	5	4	1	8
Spokane, Wash.	50	38	7	1	2	2	6
Tacoma, Wash.	114	84	19	7	1	3	7
TOTAL	12,732¶	8,558	2,775	811	306	275	833

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

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