MMWR™
Morbidity and Mortality Weekly Report
Weekly April 7, 2006 / Vol. 55 / No. 13

Homicides Among Children and Young Adults — Puerto Rico, 1999–2003

Interpersonal violence causes substantial morbidity and mortality worldwide and poses a considerable economic burden, equivalent to 4%–5% of the gross national product in certain countries (*1*). The Commonwealth of Puerto Rico is a U.S. territory with a 2004 population of approximately 3.9 million (*2*). In Puerto Rico, homicides were the 12th leading cause of death overall in 2003, ranking fifth among males and 15th among females (*3*). This report summarizes an analysis of death certificate data on violent deaths of children and young adults in Puerto Rico during 1999–2003, which determined that 93% of homicide victims aged <30 years were young males, the most common method of homicide was assault by firearm discharge, and the rate of homicide among males aged 25–29 years increased during the period. To address this problem, the Puerto Rican government has initiated a comprehensive strategy that includes enhancing an integrated surveillance system for fatal and nonfatal assault, supporting research on interpersonal violence, and establishing local prevention programs (e.g., violence prevention curricula in selected schools).

The University of Puerto Rico Center for Hispanic Youth Violence Prevention obtained annual data from the Puerto Rico Health Department, Division of Statistics (*3*) on homicides among persons aged <30 years in Puerto Rico during 1999–2003 and examined the data by age group, sex, and method (e.g., assault by firearm discharge or assault by sharp object) for each year (*4*). Homicide was defined as death resulting from an injury purposefully inflicted by another person (including legal intervention) for which the underlying cause listed on the death certificate corresponded to codes X85–Y09, Y35, and Y89.0* of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (*5*). Death rates were determined on the basis of the decedent's county of residence. Categorization of rural versus urban was based on application of codes developed by the U.S. Department of Agriculture to the 2000 U.S. Census population assessment. Intercensal population estimates for 1999–2003 obtained from the Census Office of the Puerto Rico Planning Board were used to calculate rates (*6*). Rates based on

* X85: assault (homicide) by drugs, medicaments, and biological substances; X86: assault (homicide) by corrosive substance; X87: assault (homicide) by pesticides; X88: assault (homicide) by gases and vapors; X89: assault (homicide) by other specified chemicals and noxious substances; X90: assault (homicide) by unspecified chemical or noxious substance; X91: assault (homicide) by hanging, strangulation, and suffocation; X92: assault (homicide) by drowning and submersion; X93: assault (homicide) by handgun discharge; X94: assault (homicide) by rifle, shotgun, and larger firearm discharge; X95: assault (homicide) by other and unspecified firearm discharge; X96: assault (homicide) by explosive material; X97: assault (homicide) by smoke, fire, and flames; X98: assault (homicide) by steam, hot vapors, and hot objects; X99: assault (homicide) by sharp object; Y00: assault (homicide) by blunt object; Y01: assault (homicide) by pushing from high place; Y02: assault (homicide) by pushing or placing victim before moving object; Y03: assault (homicide) by crashing of motor vehicle; Y04: assault (homicide) by bodily force; Y05: sexual assault (homicide) by bodily force; Y06: neglect and abandonment; Y07: other maltreatment syndromes; Y08: assault (homicide) by other specified means; Y09: assault (homicide) by unspecified means; Y35: legal intervention; Y89.0: sequelae of legal intervention.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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

SUGGESTED CITATION
Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

fewer than 20 deaths or with a coefficient of variation of >30% are considered unstable and should be interpreted with caution.

During 1999–2003, of 3,613 total homicides in Puerto Rico, 2,303 (64%) occurred among persons aged <30 years. Of these homicides, 2,148 (93%) were among males. The homicide rate for males was 14 times the rate for females (47.7 per 100,000 population versus 3.5, respectively) (Table). For both males and females, the homicide rate was highest among persons aged 20–24 years (126.8 and 7.6, respectively).

Among both male and female homicide victims aged <30 years, firearms were the most common method (90.1% of males, 65.4% of females), followed by assault with a sharp object (4.6% of males, 21.2% of females), and all other methods (5.3% of males, 13.5% of females). Among persons aged 15–29 years, homicides were most common during July and August; 91.2% of homicides occurred in urban areas, although only 60.3% of homicide victims were urban residents.

Homicide rates varied by age group. Although homicide rates among persons aged 15–19 years declined slightly (from 36.3 per 100,000 in 1999 to 31.2 per 100,000 in 2003), rates among persons aged 25–29 years increased 47.6% (from 45.0 to 66.4) (Figure), especially among males (from 82.9 to 129.8, an increase of 56.7%).

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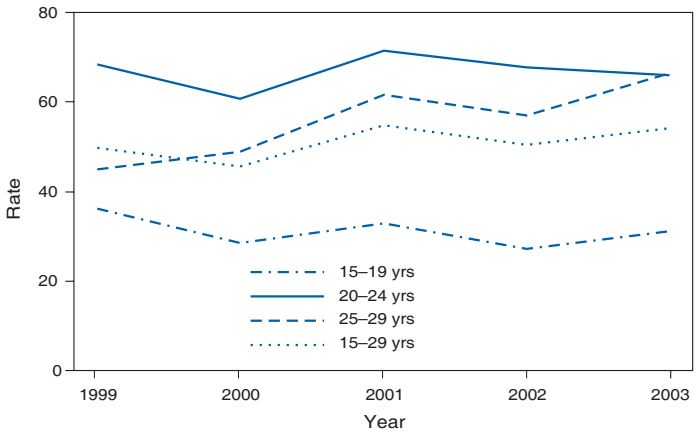
Editorial Note: Homicide rates among persons aged 15–29 years in the United States declined from 1993 to 2003 (from 21.6 per 100,000 to 13.4 per 100,000) but remain the second leading cause of death in this age group (*1*). In Puerto Rico, however, homicides are the leading cause of death for the same age group, and the rate increased during 1999–2003 (from 49.8 in 1999 to 54.1 in 2003) (*3*). During 1999–2003, persons aged <30 years accounted for 43% of the population of Puerto Rico but approximately 64% of all homicide vic-

TABLE. Number and rate* of homicides among children and young adults, by sex and age group of victim — Puerto Rico, 1999–2003

	Male		Female		Total	
Age group (yrs)	No.	Rate	No.	Rate	No.	Rate
0–9	19	1.3	16	1.1	**35**	**1.1**
10–14	10	1.3	6	0.8	**16**	**1.1**
15–19	455	57.9	27	3.6	**482**	**31.2**
20–24	945	126.8	57	7.6	**1,002**	**66.8**
25–29	719	106.8	49	7.0	**768**	**55.8**
Total	**2,148**	**47.7**	**155**	**3.5**	**2,303**	**27.3**

* Per 100,000 population. Rates based on fewer than 20 deaths are considered unstable.

FIGURE. Homicide rate* among persons aged 15–29 years, by age group of victim — Puerto Rico, 1999–2003



* Per 100,000 population.

tims. Homicides occurred predominantly among males and in urban areas, and by firearms. The persistence of high homicide rates among young persons in Puerto Rico indicates a critical need for addressing potential contributors to interpersonal violence.

The findings in this report are subject to at least three limitations. First, the data were obtained from death certificates, which lack information about the circumstances, perpetrator, and victim/perpetrator relationship. This limits the ability to describe certain types of homicides (e.g., child maltreatment versus peer assault) and their unique risk factors; age and sex distributions of homicides are likely to differ by type of homicide. Second, death certificates provide little or no information about socioeconomic status, an important risk factor for interpersonal violence (*1*). Finally, death certificates might misclassify some homicides as other causes of death (*7*).

Recent studies indicate that approximately 90% of the estimated 520,000 homicides worldwide in 2000 occurred in low- to middle-income countries, including in Central and South America and the Caribbean (*1*). In these regions, high levels of poverty and income inequality between communities are major contributors to social and family violence (*7*). A recent study of homicides in Puerto Rico during 1990–1999 concluded that the risk of dying from homicide in Puerto Rico was among the highest in the world (23.2 per 100,000, compared with a worldwide average of 10.7 per 100,000) (*1,8*); homicide rates in Puerto Rico correlated directly with high population density (*8*).

Research on risk and protective factors has identified several potential contributors to youth interpersonal violence in Puerto Rico, including neighborhood environment, rapid urbanization, political violence, organized criminal activity, illegal drug use, and drug trafficking (*7*). Studies of violence in Central and South America also have demonstrated the influence of individual factors (e.g., age, sex, or exposure to aggression) and household factors (e.g., history of family violence or household beliefs that support violent solutions to conflict) on interpersonal violence (*7*). An understanding of these factors should aid in the development of violence prevention programs for Puerto Rican communities.

Multiple efforts have been initiated in Puerto Rico to address the problem of interpersonal violence. Since 2000, the Center for Hispanic Youth Violence Prevention has participated in the development, implementation, and evaluation of strategies to address violence among Hispanic youth from a public health perspective. Activities include conducting research on risk and protective factors, training health and education professionals in youth violence prevention competencies (e.g., recognizing at-risk youth), and adapting an evidence-based violence prevention curriculum for cultural appropriateness and evaluating its implementation with students in a high-risk community in San Juan (*9*).

The Puerto Rican government also has implemented several strategies to address the problem of violence, including distributing the World Report on Violence and Health (*1*) to community leaders and government health organizations, instituting increased police surveillance in high-crime neighborhoods, installing video equipment to monitor streets and alert law enforcement to criminal activity, and allocating resources to enhance forensic investigations. In addition, the governor-appointed Commission for Violence Prevention and the Puerto Rico Health Department are designing and implementing a pilot surveillance project that merges public health and criminal justice data on violent deaths, especially those among adolescents and young adults; the findings will be used to guide future public health initiatives to reduce and prevent violent deaths in Puerto Rico. These monitoring and data analysis activities will need to be integrated with comprehensive prevention strategies that include ongoing assessment of community needs, multisectoral collaboration, youth participation, and early intervention in the lives of at-risk youth to address risk and protective factors regarding interpersonal violence.

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Update: Guillain-Barré Syndrome Among Recipients of Menactra® Meningococcal Conjugate Vaccine — United States, October 2005–February 2006

In October 2005, a possible association between Guillain-Barré Syndrome (GBS) and receipt of meningococcal conjugate vaccine (i.e., meningococcal polysaccharide diphtheria toxoid conjugate vaccine [Menactra®])* (MCV4) was reported (*1*). GBS is a serious neurologic disorder involving inflammatory demyelination of the peripheral nerves. At the time of the first report, five confirmed cases of GBS after receipt of MCV4 had been reported to the Vaccine Adverse Events Reporting System (VAERS). During the 4 months since, three additional confirmed cases of GBS have been reported. This report describes two of these recent cases and provides additional data collected through February 2006. Because available evidence neither proves nor disproves a causal relation between MCV4 and GBS, further monitoring and studies are ongoing within VAERS and the Vaccine Safety Datalink (VSD). CDC continues to recommend use of MCV4 for persons for whom vaccination is indicated (*1*); the additional reported cases have not resulted in any change to that recommendation.

Case Reports

Brief clinical and epidemiologic descriptions of two of the newly reported cases follow. The third case is undergoing detailed clinical investigation but meets the provisional case definition for GBS.†

Case 1. On August 8, 2005, a male aged 19 years from Arizona was vaccinated with MCV4. Approximately 25 days later, he experienced numbness and tingling in his hands and feet, followed by weakness in his legs, difficulty running, and decreased dexterity in his hands. In the month before neurologic symptom onset, he had no defined episode of respiratory or gastrointestinal illness. He had traveled to Mexico twice during the preceding 3 months. Electrophysiology studies revealed a diffuse neuropathic process with both demyelinating and axonal features, consistent with GBS. Testing for Epstein-Barr virus capsid IgG and IgM antibodies was negative. Testing for cytomegalovirus IgG and IgM antibodies also was negative, as were serologic studies for hepatitis A, B, and C to rule out other probable causes of GBS. The patient was treated with intravenous immunoglobulin. At follow-up examination 8 weeks after onset, he had fully recovered.

Case 2. On November 4, 2005, a male aged 17 years from Ohio received MCV4. Eleven days later, he experienced numbness and tingling in his right foot, followed by the same symptoms in the left foot, which progressed proximally during the next 5 days. He also described a neck hyperextension injury sustained while playing sports 2 days before the start of sensory symptoms and sore throat and congestion 1 day before sensory symptoms. He had no gastrointestinal illness during the 6 weeks before hospital admission, which occurred 6 days after symptom onset. Cervical spine radiographs revealed no fractures; magnetic resonance imaging (MRI) of the spine revealed mild enhancement along the surface of distal cord and lumbar nerve roots, consistent with GBS. Nerve conduction studies also were consistent with GBS. Polymerase chain reaction (PCR) assays for enterovirus were negative, as were tests for *Mycoplasma pneumoniae* IgG and IgM. The patient was treated with intravenous immunoglobulin. At follow-up examination 2 weeks after admission, he had completely recovered.

In the two cases described in this report, the period from MCV4 vaccination to symptom onset was less than 6 weeks. This is the time window of elevated risk noted for GBS after administration of certain other vaccines (*2*).

To determine whether the reporting rate of GBS after MCV4 vaccination was higher than the expected incidence rate of GBS for the appropriate age group population, the reporting rate was calculated by dividing the eight confirmed GBS cases with onset within 6 weeks of vaccination by the number of vaccine doses distributed as provided by the manufacturer (approximately 3.77 million doses of MCV4 were distributed during March 2005–February 2006). The eight cases were divided by the 3.77 million distributed doses to provide the reporting rate for GBS after MCV4. The expected incidence rate of GBS was estimated from a multistate hospital discharge

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† Available at http://www.cdc.gov/nip/vacsafe/concerns/gbs/gbs_case_defs.pdf.

database (Health Care Utilization Project).[§] For the years 2000–2003, the incidence rate of GBS among persons aged 11–19 years was estimated to be 1.4 per 100,000 population per year or 0.17 per 100,000 population during a 6-week period. Therefore, the ratio of the reporting rate of GBS after MCV4 vaccination to the expected incidence rate was 1.4 (95% confidence interval = 0.7–2.8), suggesting that the occurrence of eight cases of GBS within 6 weeks of MCV4 administration is similar to what might be expected to occur by chance alone.

As part of the investigation, other possible causes of GBS, such as *Campylobacter jejuni*, were assessed. *C. jejuni* is a leading cause of gastroenteritis globally and the most frequent antecedent pathogen in GBS (*3*). No evidence of *C. jejuni* was observed in any of the eight cases reported; however, many *C. jejuni* infections are asymptomatic. No serum samples from GBS cases reported after MCV4 vaccination were available for testing. To further assess the possibility that *C. jejuni* was a precipitating cause, unpublished data were collected and analyzed from all five state health departments involved in initial GBS case reports to VAERS (Arizona, New Jersey, New York, Ohio, and Pennsylvania). Despite an expected seasonal peak of GBS cases from June to October 2005 (CDC, unpublished data, 2005), none of the involved states reported outbreaks of *C. jejuni* during this period.

Reported by: *Center for Biologics Evaluation and Research, Food and Drug Admin. Arizona State Health Dept. New Jersey Dept of Health and Senior Svcs. New York State Dept of Health. Columbus City Health Dept, Columbus, Ohio. Pennsylvania Dept Health. Immunization Safety Office, National Immunization Program; National Center for Infectious Diseases; F Soud, PhD, EIS Officer, CDC.*

Editorial Note: In October 2005, CDC and the Food and Drug Administration (FDA) alerted health-care providers about a possible association between GBS and MCV4 and encouraged reporting of adverse events to VAERS (

clinically significant adverse events. Reports may be submitted securely online at http://www.vaers.hhs.gov or by fax at 877-721-0366. Reporting forms and additional information is available at telephone, 800-822-7967.

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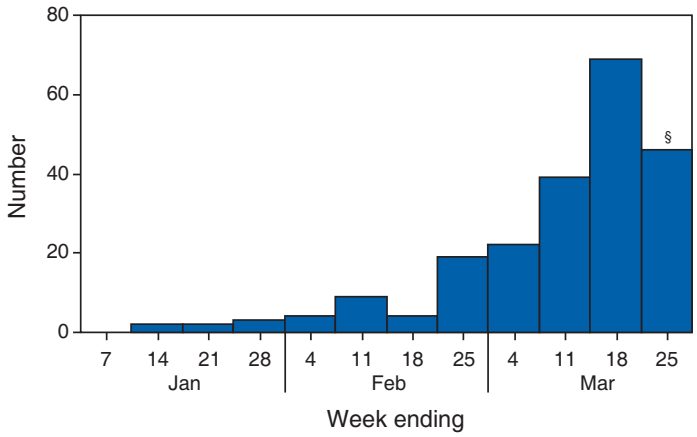
Mumps Epidemic — Iowa, 2006

On March 30, this report was posted as an MMWR Dispatch *on the* MMWR *website* (http://www.cdc.gov/mmwr).

In the United States, since 2001, an average of 265 mumps cases (range: 231–293 cases) have been reported each year,* and in Iowa, an average of five cases have been reported annually since 1996.† However, in 2006, by March 28, a total of 219 mumps cases§ had been reported in Iowa (Figure 1), and an additional 14 persons with clinically compatible symptoms were being investigated in three neighboring states (11 in Illinois, two in Nebraska, and one in Minnesota) in what has become the largest epidemic of mumps in the United States since 1988 (*1*). This report summarizes and characterizes the ongoing mumps epidemic in Iowa, the public health response, and recommendations for preventing further transmission.

FIGURE 1. Number* of mumps cases,† by week of onset — Iowa, 2006



* N = 219.
† Includes confirmed, probable, and suspect cases. Case definitions were modified from Council of State and Territorial Epidemiologists/CDC mumps case definitions for use in this outbreak. *Confirmed:* case that meets the clinical case definition (i.e., unilateral or bilateral tender, self-limited, swelling of the parotid or other salivary gland, lasting >2 days and without other apparent cause) and is laboratory confirmed (i.e., by a positive IgM test result or positive viral culture) or epidemiologically linked to a confirmed case. A confirmed case can be asymptomatic if a mumps viral culture is positive. *Probable:* case that meets the clinical case definition but has noncontributory or no serologic or virologic testing and is not epidemiologically linked to a confirmed or probable case. *Suspect:* case with a positive IgM test result but no confirmation of the clinical definition.
§ Provisional data; cases being assessed for the week ending March 25, 2006.

Mumps is an acute viral infection characterized by fever and nonsuppurative swelling of the salivary glands; an estimated 20%–30% of cases are asymptomatic. Complications can include inflammation of the testicles or ovaries, meningitis/encephalitis, spontaneous abortion, and deafness. During the prevaccine era, nearly everyone in the United States experienced mumps, and 90% of cases occurred among children aged <15 years. In 1977, Iowa law mandated 1 dose of measles, mumps, and rubella (MMR) vaccine for entry to public schools; in 1991, the mandate became 2 doses. For the 2004–05 school year, 97% of children entering school in Iowa had received 2 doses of MMR vaccine (*2*).

The first reports to the Iowa Department of Public Health (IDPH) of mumps-like illness occurred in December 2005 at a university in eastern Iowa, where several students with glandular swelling were tested; two tested positive for mumps-specific IgM antibodies. In mid-January 2006, an isolate from an unrelated patient was cultured and identified as mumps virus at the University Hygienic Laboratory (Iowa's state public health laboratory). Viral isolates were sent to CDC, and the mumps strain was identified as genotype G. By mid-February, active surveillance had been initiated in seven geographic areas, including the campuses of the three largest universities in Iowa.

* Data available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511md.htm#tab1.
† Data available at http://www.idph.state.ia.us/adper/common/pdf/cade/decades.pdf.
§ Includes 150 confirmed, nine probable, and 60 suspect cases. Case definitions were modified from Council of State and Territorial Epidemiologists/CDC mumps case definitions for use in this outbreak. *Confirmed:* case that meets the clinical case definition (i.e., unilateral or bilateral tender, self-limited, swelling of the parotid or other salivary gland, lasting >2 days and without other apparent cause) and is laboratory confirmed (i.e., by a positive IgM test result or positive viral culture) or epidemiologically linked to a confirmed case. A confirmed case can be asymptomatic if a mumps viral culture is positive. *Probable:* case that meets the clinical case definition but has noncontributory or no serologic or virologic testing and is not epidemiologically linked to a confirmed or probable case. *Suspect:* case with a positive IgM test result but no confirmation of the clinical definition.

Of the 219 cases reported in Iowa, the median patient age was 21 years (range: 3–85 years), with 48% of patients aged 17–25 years (Figure 2); 30% (34 of 114) were known to be college students. Of the 133 patients with investigated vaccine history, 87 (65%) had documentation of receiving 2 doses, 19 (14%) 1 dose, and eight (6%) no doses; vaccine status could not be documented in 19 (14%) patients. Among the 114 patients for whom symptomatic information was available, the most common symptoms were parotitis in 94 (83%) patients, submaxillary/sublingual gland swelling in 46 (40%), fever in 41 (36%), and sore throat in 36 (32%); average duration of illness was 5.1 days. Six (5%) patients reported complications (e.g., orchitis); one suspected case of encephalitis is being investigated. As of March 28, 2006, investigators had determined that only 36 (16%) of the 219 cases were linked epidemiologically (i.e., a source of infection was identified), suggesting frequent unapparent transmission.

The source of the Iowa epidemic is unknown; however, the United Kingdom (UK) experienced a recent mumps epidemic that peaked during 2005 with approximately 56,000 cases and a high attack rate among young adults (*3*). The mumps strain in the UK epidemic also was identified as genotype G (*4*), and the UK epidemic has been linked to a 2005 mumps outbreak in the United States (*5*).

To educate health-care professionals in Iowa regarding the epidemic and mumps, information has been distributed via Iowa's Health Alert Network (HAN), in weekly electronic newsletters, and via frequent conference calls. The IDPH website[¶] has provided biweekly updates, county case counts, fact sheets, and guidance to local health departments and health-care facilities on case investigations. IDPH recommendations include 1) requesting at least 5 days of isolation for all patients (quarantine is not being used), 2) ensuring that students and staff members on all Iowa college campuses have had 2 doses of MMR or are immune from mumps (*6*), 3) assessing vaccination status of all health-care professionals in Iowa and offering vaccination where appropriate (*7*), and 4) sending all specimens collected from possible cases to University Hygienic Laboratory for testing.

Despite control efforts and a highly vaccinated population, this epidemic has spread across Iowa and potentially to neighboring states. Ongoing investigations will focus on identifying actual vaccine coverage on college campuses, potential modes of mumps transmission, and the effectiveness of 1 or 2 doses of MMR.

Reported by: *Local Iowa public health departments; University Hygienic Laboratory, Iowa City; P Quinlisk, MD, M Harris, MPH, T Thornton, Iowa Dept of Public Health. L Flamigni, MD, EIS Officer, CDC.*

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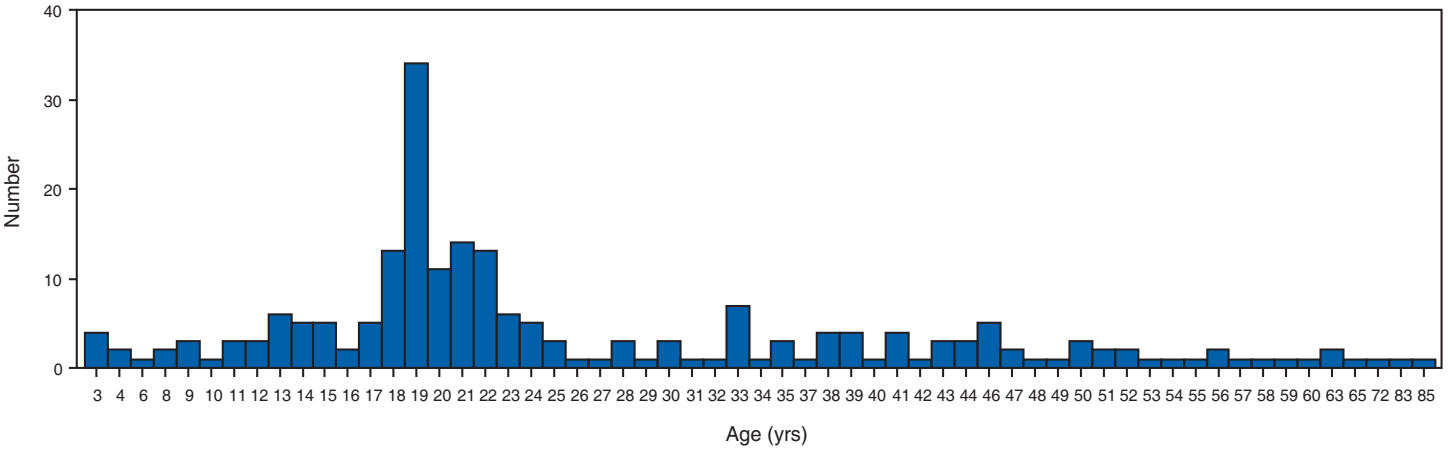
[¶] Available at http://www.idph.state.ia.us.

FIGURE 2. Number* of mumps cases,† by age of patient — Iowa, 2006



*N = 215; ages of four patients are unknown.
†Includes confirmed, probable, and suspect cases. Case definitions were modified from Council of State and Territorial Epidemiologists/CDC mumps case definitions for use in this outbreak. *Confirmed:* case that meets the clinical case definition (i.e., unilateral or bilateral tender, self-limited, swelling of the parotid or other salivary gland, lasting >2 days and without other apparent cause) and is laboratory confirmed (i.e., by a positive IgM test result or positive viral culture) or epidemiologically linked to a confirmed case. A confirmed case can be asymptomatic if a mumps viral culture is positive. *Probable:* case that meets the clinical case definition but has noncontributory or no serologic or virologic testing and is not epidemiologically linked to a confirmed or probable case. *Suspect:* case with a positive IgM test result but no confirmation of the clinical definition.

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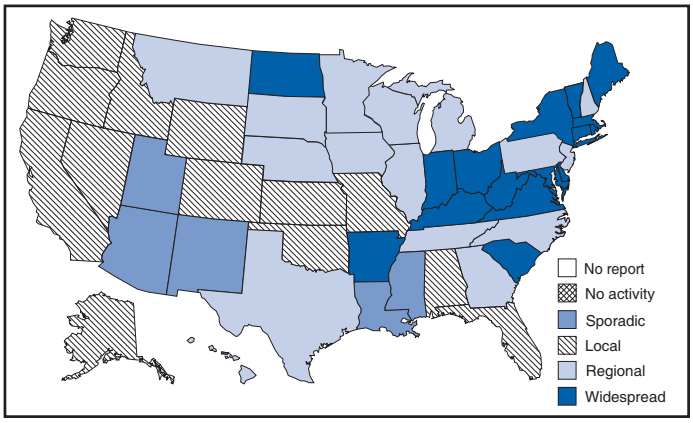
Update: Influenza Activity — United States, March 19–25, 2006

During March 19–25, 2006,* the number of states reporting widespread influenza activity† decreased to 16. Sixteen states reported regional activity, 13 reported local activity, and five reported sporadic activity (Figure 1).§

The percentage of specimens testing positive for influenza remained at the same level as recent weeks in the United States. During the preceding 3 weeks (weeks 10–12), the percentage of specimens testing positive for influenza ranged from 30.6% and 28.6% in the South Atlantic and East South Central regions, respectively, to 9.7% in the Pacific region. During this period, 60.3% of isolates from the Mountain region have been influenza B. Other regions reporting >30.0% of recent isolates as influenza B include the East North Central, West North Central, West South Central, and Pacific regions. The percentage of outpatient visits for influenza-like illness (ILI)¶ during the week ending March 25 remains above the national baseline.** The percentage of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold for the week ending March 25.

FIGURE 1. Estimated influenza activity levels reported by state epidemiologists, by state and level of activity* — United States, March 19–25, 2006



* Levels of activity are 1) *widespread:* outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic:* small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity*.

Laboratory Surveillance

During March 19–25, World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States reported testing 3,158 specimens for influenza viruses, of which 681 (21.6%) were positive. Of these, 77 were influenza A (H3N2) viruses, 70 were influenza A (H1N1) viruses, 347 were influenza A viruses that were not subtyped, and 187 were influenza B viruses.

Since October 2, 2005, WHO and NREVSS laboratories have tested 110,066 specimens for influenza viruses, of which 13,532 (12.3%) were positive. Of these, 11,989 (88.6%) were influenza A viruses, and 1,543 (11.4%) were influenza B viruses. Of the 11,989 influenza A viruses, 4,875 (40.7%) have been subtyped; 4,629 (95.0%) were influenza A (H3N2) viruses, and 246 (5.0%) were influenza A (H1N1) viruses.

* Provisional data reported as of March 24. Additional information about influenza activity is updated each Friday and is available from CDC at http://www.cdc.gov/flu.
† Levels of activity are 1) *widespread*: outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional*: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local*: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic*: small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity*.
§ *Widespread*: Arkansas, Connecticut, Delaware, Indiana, Kentucky, Maine, Maryland, Massachusetts, New York, North Dakota, Ohio, Rhode Island, South Carolina, Vermont, Virginia, and West Virginia; *regional*: Georgia, Hawaii, Illinois, Iowa, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin; *local*: Alabama, Alaska, California, Colorado, Florida, Idaho, Kansas, Missouri, Nevada, Oklahoma, Oregon, Washington, and Wyoming; *sporadic*: Arizona, Louisiana, Mississippi, New Mexico, and Utah; *no activity*: none; *no report*: none.
¶ Temperature of >100.0°F (>37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza.

** The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

P&I Mortality and ILI Surveillance

During the week ending March 25, P&I accounted for 7.7% of all deaths reported through the 122 Cities Mortality Reporting System. This percentage is below the epidemic threshold[††] of 8.2% (Figure 2).

The percentage of patient visits for ILI was 2.5%, which is above the national baseline of 2.2% (Figure 3). The percentage of patient visits for ILI ranged from 1.4% in the East South Central region to 3.5% in the West South Central region.

Pediatric Deaths and Hospitalizations

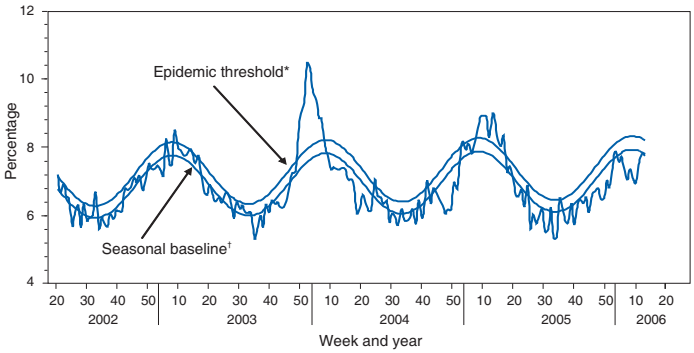
During October 2, 2005–March 25, 2006, CDC received reports of 19 influenza-associated deaths in U.S. residents aged <18 years. Sixteen of the deaths occurred during the current influenza season, and three occurred during the 2004–05 influenza season.

During October 1, 2005–March 18, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate reported by the Emerging Infections Program[§§] for children aged 0–17 years was 0.79 per 10,000. For children aged 0–4 years and 5–17 years, the rate was 1.88 per 10,000 and 0.22 per 10,000, respectively. During October 30, 2005–March 18, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years in the New Vaccine Surveillance Network[¶¶] was 3.0 per 10,000.

Human Avian Influenza A (H5N1)

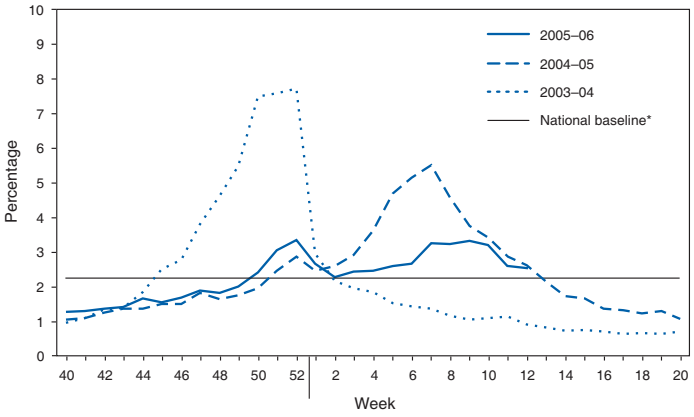
No human avian influenza A (H5N1) virus infection has ever been identified in the United States. From December 2003 through April 4, 2006, a total of 191 laboratory-confirmed human avian influenza A (H5N1) infections were reported to WHO from Azerbaijan, Cambodia, China, Egypt, Indonesia, Iraq, Thailand, Turkey, and Vietnam.[***] Of these, 108 (57%) were fatal (Table). This represents an increase of one case and one death in Indonesia and four cases and two deaths in Egypt since March 24 and the first human infections with avian influenza A (H5N1) reported in Egypt. The majority of infections appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare instances of human-to-human transmission likely have occurred (*1*).

FIGURE 2. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2006



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline.
† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

FIGURE 3. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

Reference

1. 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.

†† The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

§§ The Emerging Infections Program Influenza Project conducts surveillance in 60 counties associated with 12 metropolitan areas: San Francisco, California; Denver, Colorado; New Haven, Connecticut; Atlanta, Georgia; Baltimore, Maryland; Minneapolis/St. Paul, Minnesota; Albuquerque, New Mexico; Las Cruces, New Mexico; Albany, New York; Rochester, New York; Portland, Oregon; and Nashville, Tennessee.

¶¶ The New Vaccine Surveillance Network conducts surveillance in Monroe County, New York; Hamilton County, Ohio; and Davidson County, Tennessee.

*** Available at http://www.who.int/csr/disease/avian_influenza/en.

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization, by country — worldwide, 2003–2006*

	Year of onset									
	2003		2004		2005		2006		Total	
Country	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths
Azerbaijan	0	0	0	0	0	0	7	5	7	5
Cambodia	0	0	0	0	4	4	1	1	5	5
China	0	0	0	0	8	5	8	6	16	11
Egypt	0	0	0	0	0	0	4	2	4	2
Indonesia	0	0	0	0	17	11	13	12	30	23
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	**3**	**3**	**46**	**32**	**95**	**41**	**47**	**32**	**191**	**108**

* As of April 4, 2006.

Notice to Readers

Discontinuation of Spectinomycin

In January 2006, CDC learned that Pfizer, Inc. (New York, New York) had discontinued U.S. distribution of spectinomycin (Trobicin®) in November 2005; remaining inventory will expire in May 2006. No other pharmaceutical company manufactures or sells spectinomycin in the United States. Pfizer is continuing to distribute spectinomycin outside the United States for the international market. CDC and the Food and Drug Administration are working with Pfizer to make spectinomycin available again in the United States and will update this information as soon as possible.

Historically, spectinomycin has been used to treat persons infected with *Neisseria gonorrhoeae* who cannot receive one of the two first-line treatments (i.e., fluoroquinolones or third-generation cephalosporins) currently recommended for treatment of uncomplicated gonococcal infection (*1*). Relatively few indications exist for which spectinomycin is the preferred treatment option for *N. gonorrhoeae*; these include 1) pregnant women with penicillin or cephalosporin allergy (fluoroquinolones are contraindicated during pregnancy), 2) persons with penicillin or cephalosporin allergies who reside in areas with a high prevalence of quinolone-resistant *N. gonorrhoeae* (*1,2*), and 3) men with penicillin or cephalosporin allergies who have sex with men (*3*). No acceptable alternatives to spectinomycin therapy are currently available. Persons with penicillin or cephalosporin allergies who cannot receive fluoroquinolones can be desensitized to cephalosporins before treatment (*4*). Although 2 grams of azithromycin orally in a single dose is effective against uncomplicated gonococcal infection, no data are available to assess the safety and efficacy of this regimen in pregnant women. Moreover, concerns exist regarding the emergence of antimicrobial resistance if azithromycin is used widely in the treatment of *N. gonorrhoeae*.

References

1. CDC. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002;51(No. RR-6).
2. CDC. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae*—Hawaii and California, 2001. MMWR 2002;51:1041–4.
3. CDC. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae* among men who have sex with men—United States, 2003, and revised recommendations for gonorrhea treatment, 2004. MMWR 2004;53:335–8.
4. Park Miguel A, Li JTC. Diagnosis and management of penicillin allergy. Mayo Clin Proc 2005;80:405–10.

Notice to Readers

National Child Abuse Prevention Month — April 2006

April is National Child Abuse Prevention Month (NCAPM). This year's theme is Safe Children and Healthy Families are a Shared Responsibility. Communities throughout the United States will be holding blue ribbon campaigns to promote healthy families, organizing educational fairs, and honoring parenting heroes.

Many cases of child maltreatment go unreported to authorities. However, approximately 906,000 children in the United States were confirmed by child protective services as being abused or neglected in 2003, a rate of 12.4 per 1,000 children (*1*). Of the reported cases, 5% involved emotional or psychological abuse, 10% involved sexual abuse, 9% involved physical abuse, and 61% involved neglect (*1*).

Persistent stress resulting from child maltreatment can disrupt early brain development and impair development of the nervous and immune response systems (*2*). Children who experience maltreatment are at increased risk for adverse health effects throughout their lives (e.g., suicide, obesity, smoking, alcoholism, drug abuse, depression, eating disorders, sexual promiscuity, and certain chronic diseases) (*3,4*). In addition, persons who are abused as children are twice as likely to be assaulted as adults (*5*).

NCAPM is an opportunity to raise awareness about child maltreatment and its devastating effects. Information about child maltreatment is available online from CDC at

http://www.cdc.gov/injury. NCAPM materials are available online from the U.S. Department of Health and Human Services, Administration for Children and Families, at http://nccanch.acf.hhs.gov.

References

1. US Department of Health and Human Services, Administration for Children and Families. Child maltreatment 2003. Washington, DC: Government Printing Office; 2005. Available at http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm.
2. National Scientific Council on the Developing Child. Excessive stress disrupts the architecture of the developing brain. Working paper no. 3. Waltham, MA: National Scientific Council on the Developing Child; 2005. Available at http://www.developingchild.net/reports.shtml.
3. Felitti V, Anda R, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. Am J Prev Med 1998;14:245–58.
4. Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. Child abuse and neglect by parents and caregivers. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002:59–86.
5. Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC: National Institute of Justice; 2000. Report no. NCJ 183781.

Notice to Readers

Sexual Assault Awareness Month — April 2006

April is Sexual Assault Awareness Month (SAAM). Throughout the month, CDC encourages communities to promote healthy relationships and to increase awareness about the devastating impact of sexual violence.

Sexual violence affects persons at all stages of life. In 2003, approximately two out of 1,000 children in the United States were confirmed by child protective services as having been sexually assaulted (*1*). Many sexually abused children, however, are not identified by child protective services. In 2003, approximately 9% of high school students reported having been forced to have sexual intercourse (*2*). At least one in six women and one in 33 men in the United States have been victims of rape or attempted rape in their lifetime (*3*).

The consequences of sexual violence can be severe. Survivors can suffer short-term physical injuries, including genital tearing, bruises, and broken bones (*4*). Long-term health consequences can include sexually transmitted diseases, irritable bowel syndrome, gastrointestinal problems, and chronic neck, back, and facial pain (*5*). In addition, survivors often face serious mental health problems, including post-traumatic stress disorder (*4*). Many survivors do not tell friends and family about the assault and consequently suffer the physical and psychological consequences alone (*4*). Those who do disclose their abuse might be stigmatized by their family, friends, and communities.

Communities are encouraged to plan activities in recognition of SAAM. A calendar of national, state, and local events is available at http://www.nsvrc.org. Information about sexual violence is available at http://www.cdc.gov/injury. SAAM materials are available from the National Sexual Violence Resource Center, 123 North Enola Drive, Enola, PA 17025; telephone 877-739-3895 and at http://www.nsvrc.org.

References

1. US Department of Health and Human Services, Administration on Children, Youth, and Families. Child maltreatment 2003. Washington, DC: Government Printing Office; 2005. Available at http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm.
2. CDC. Youth Risk Behavior Surveillance—United States, 2003. MMWR 2004;53(No. SS-2).
3. Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC: National Institute of Justice; 2000. Report no. NCJ 183781.
4. Basile K. Sexual violence in the lives of girls and women. In: Kendall-Tackett K, ed. Handbook of women, stress, and trauma. New York, NY: Brunner-Routledge; 2005:101–22.
5. Jewkes R, Sen P, Garcia-Moreno C. Sexual violence. In: Krug E, Dahlberg LL, Mercy JA, et al., eds. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002:213–39.

Notice to Readers

Autism Awareness Month — April 2006

Autism spectrum disorders (ASDs) are lifelong developmental disabilities characterized by unusual social and communication development and the presence of unusual or repetitive behaviors and interests (*1*). These conditions affect an estimated 2–6 per 1,000 children (*2*), making autism a serious public health concern. Early identification and intervention can help children progress in their development and show improvements in their language, cognitive, social, motor, and other developmental skills (*3*).

April is Autism Awareness Month. In collaboration with partners, CDC is conducting a public awareness campaign to educate health-care and child-care providers regarding potential early warning signs of autism and other developmental disabilities. Additional information about autism and the CDC campaign are available at http://www.cdc.gov/autism and http://www.cdc.gov/actearly.

References

1. American Psychiatric Association. Criteria for the pervasive developmental disorders. Diagnostic and statistical manual of mental disorders, fourth edition, text revision. Washington, DC: American Psychiatric Association; 2000.
2. CDC. How common are Autism Spectrum Disorders (ASDs)? Atlanta, GA: CDC, National Center on Birth Defects and Developmental Disabilities; 2005. Available at http://www.cdc.gov/ncbddd/autism/asd_common.htm.
3. National Research Council's Committee on Educational Interventions for Children with Autism. Educating children with autism. Washington, DC: National Academies Press; 2001.

Notice to Readers

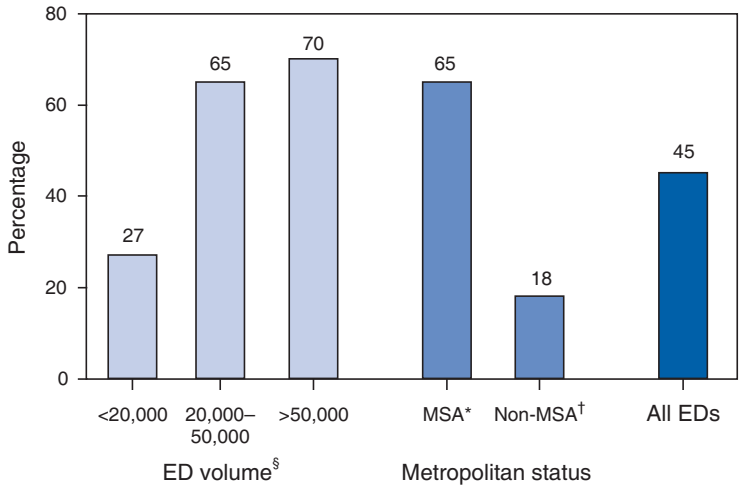
Introduction of New Table IV Postponed

Because of technical problems, introduction of the new quarterly Table IV with data from the National Notifiable Diseases Surveillance System has been postponed. Table IV presents quarterly data on cases of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), AIDS, and tuberculosis.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Hospital Emergency Departments (EDs) Having to Divert Ambulances, by Selected Characteristics — United States, 2003



* MSA = Metropolitan Statistical Area, defined by the U.S. Census Bureau.
† Estimate does not meet standard of reliability or precision because the relative standard error is >30%.
§ Number of visits annually.

Ambulance diversion occurs when EDs are too crowded to handle any more critically ill or injured patients and request that ambulances bypass them for another hospital. In 2003, an estimated 45% of hospital EDs were on diversion status at some time during the previous year. Ambulance diversions were more common in EDs with larger volumes of patients and those in metropolitan areas.

SOURCES: 2003 National Hospital Ambulatory Medical Care Survey. Available at http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm; Burt C, McCaig L, Valverde R. Analysis of ambulance transports and diversions among US emergency departments. Ann Emerg Med 2006;47:317–26.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 1, 2006 (13th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	—	0	18	16	20	28	39	
infant	1	16	1	90	87	76	69	97	NY (1)
other (wound & unspecified)	1	11	0	25	30	33	21	19	CA (1)
Brucellosis	—	18	2	121	114	104	125	136	
Chancroid	3	9	1	27	30	54	67	38	SC (3)
Cholera	—	—	0	6	5	2	2	3	
Cyclosporiasis§	—	11	2	737	171	75	156	147	
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	77	112	108	164	128	
eastern equine	—	—	—	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	8	2	735	537	362	511	261	
human monocytic	2	40	1	456	338	321	216	142	MD (1), NC (1)
human (other & unspecified)	—	3	0	121	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	2	0	8	19	32	34	—	
nonserotype b	2	22	3	118	135	117	144	—	FL (2)
unknown serotype	4	53	4	217	177	227	153	—	OH (1), VA (1), GA (1), UT (1)
Hansen disease§	—	10	2	85	105	95	96	79	
Hantavirus pulmonary syndrome§	1	4	0	22	24	26	19	8	TX (1)
Hemolytic uremic syndrome, postdiarrheal§	1	13	2	205	200	178	216	202	CO (1)
Hepatitis C viral, acute	5	182	35	784	713	1,102	1,835	3,976	NY (1), MI (1), MO (1), TX (1), CA (1)
HIV infection, pediatric (age <13 yrs)§††	—	—	5	382	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	13	1	51	—	N	N	N	RI (1)
Listeriosis	6	110	9	870	753	696	665	613	OH (2), IN (2), NE (1), AL (1)
Measles	—	4***	2	64	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	4	65	6	301	—	—	—	—	OH (1), IN (2), FL (1)
serogroup B	6	41	3	178	—	—	—	—	NY (1), OH (1), IN (2), TX (1), WA (1)
other serogroup	1	6	1	25	—	—	—	—	OH (1)
Mumps	11	246	5	298	258	231	270	266	IA (3), KS (4), FL (1), WA (2), CA (1)
Plague	—	1	—	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	1	0	23	12	12	18	25	
Q fever§	2	28	1	125	70	71	61	26	FL (1), CA (1)
Rabies, human	—	—	0	2	7	2	3	1	
Rubella	—	1	0	10	10	7	18	23	
Rubella, congenital syndrome	—	—	0	1	—	1	1	3	
SARS-CoV§,§§	—	—	0	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	36	4	104	132	161	118	77	OH (2)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	16	267	16	1,107	1,162	845	513	498	MA (1), NY (6), PA (2), OH (2), IN (3), CO (1), AZ (1)
Syphilis, congenital (age <1 yr)	—	46	8	342	353	413	412	441	
Tetanus	—	3	0	20	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	6	32	2	92	95	133	109	127	OH (2), MI (1), CA (3)
Trichinellosis	—	2	0	21	5	6	14	22	
Tularemia§	—	3	0	137	134	129	90	129	
Typhoid fever	3	49	5	305	322	356	321	368	CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

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

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

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

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ Of the 20 cases reported since October 2, 2005 (week 40), only 17 occurred during the current 2005–06 season.

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

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	12,484	18,452	25,241	204,070	236,883	195	107	1,203	2,221	1,059	27	70	852	532	448
New England	467	616	1,536	6,646	6,643	—	0	0	—	—	—	4	34	32	24
Connecticut	—	156	1,199	913	928	N	0	0	N	N	—	0	14	4	3
Maine	—	41	74	465	562	N	0	0	N	N	—	0	3	6	3
Massachusetts	358	277	441	3,708	3,574	—	0	0	—	—	—	2	15	15	7
New Hampshire	19	34	64	415	474	—	0	0	—	—	—	0	3	5	4
Rhode Island	74	64	99	828	845	—	0	0	—	—	—	0	6	—	1
Vermont§	16	19	43	317	260	N	0	0	N	N	—	0	5	2	6
Mid. Atlantic	1,771	2,202	3,702	19,482	28,353	—	0	0	—	—	5	10	598	77	69
New Jersey	150	356	527	3,016	4,501	N	0	0	N	N	—	0	8	—	5
New York (Upstate)	521	499	1,715	4,999	4,907	N	0	0	N	N	5	3	562	22	16
New York City	474	631	1,167	2,308	9,617	N	0	0	N	N	—	2	15	7	22
Pennsylvania	626	714	1,084	9,159	9,328	N	0	0	N	N	—	4	21	48	26
E.N. Central	2,136	3,193	4,146	40,777	38,332	—	0	3	9	2	13	13	162	116	86
Illinois	422	959	1,784	10,077	9,612	—	0	0	—	—	—	1	16	8	13
Indiana	319	393	558	5,061	5,117	N	0	0	N	N	3	1	13	9	5
Michigan	1,206	577	1,928	12,369	6,153	—	0	3	5	2	3	2	7	23	12
Ohio	97	812	1,445	8,464	12,284	—	0	1	4	—	7	5	109	56	26
Wisconsin	92	396	531	4,806	5,166	N	0	0	N	N	—	4	38	20	30
W.N. Central	766	1,119	1,449	13,649	14,883	—	0	1	—	3	—	9	51	69	61
Iowa	105	143	225	2,059	1,764	N	0	0	N	N	—	1	11	5	13
Kansas	216	151	269	2,102	1,882	N	0	0	N	N	—	0	5	13	7
Minnesota	1	228	294	2,128	3,221	—	0	0	—	3	—	2	10	30	15
Missouri	208	435	525	5,049	5,675	—	0	1	—	—	—	2	37	15	24
Nebraska§	175	97	150	1,290	1,311	N	0	1	N	N	—	0	2	3	—
North Dakota	—	32	50	362	337	N	0	0	N	N	—	0	1	—	—
South Dakota	61	52	118	659	693	N	0	0	N	N	—	0	4	3	2
S. Atlantic	3,429	3,246	4,928	39,858	45,664	—	0	1	2	—	6	14	53	164	87
Delaware	84	69	92	948	777	N	0	0	N	N	—	0	2	—	—
District of Columbia	32	64	103	478	995	—	0	0	—	—	—	0	3	5	1
Florida	674	868	1,032	11,254	11,024	N	0	0	N	N	6	6	28	62	28
Georgia	14	585	2,057	3,670	7,377	—	0	0	—	—	—	3	12	54	25
Maryland	195	364	525	4,367	4,371	—	0	1	2	—	—	0	4	7	4
North Carolina	555	548	1,743	8,789	8,718	N	0	0	N	N	—	1	10	23	12
South Carolina§	1,306	312	1,418	4,013	5,673	—	0	0	—	—	—	0	4	3	4
Virginia§	480	425	841	5,226	6,175	N	0	0	N	N	—	1	8	9	9
West Virginia	89	48	353	1,113	554	N	0	0	N	N	—	0	3	1	4
E.S. Central	1,184	1,374	2,188	17,153	17,022	—	0	0	—	—	1	3	21	11	8
Alabama§	398	351	1,048	4,925	2,446	N	0	0	N	N	1	0	3	5	4
Kentucky	280	150	323	2,343	3,087	N	0	0	N	N	—	1	20	2	1
Mississippi	—	381	801	3,524	5,731	—	0	0	—	—	—	0	1	—	1
Tennessee§	506	457	624	6,361	5,758	N	0	0	N	N	—	1	4	4	2
W.S. Central	592	1,939	3,373	20,610	29,134	—	0	1	—	—	1	3	30	27	15
Arkansas	130	170	340	1,967	2,183	—	0	0	—	—	1	0	1	2	—
Louisiana	267	221	760	1,417	4,500	N	0	1	N	N	—	0	21	4	3
Oklahoma	195	226	2,160	2,527	2,588	N	0	0	N	N	—	0	10	11	6
Texas§	—	1,319	1,699	14,699	19,863	N	0	0	N	N	—	1	14	10	6
Mountain	355	1,098	1,705	9,980	15,424	185	77	229	1,779	626	—	2	9	18	31
Arizona	320	311	536	4,072	5,475	185	76	225	1,755	596	—	0	1	2	3
Colorado	—	273	480	1,396	3,711	N	0	0	N	N	—	1	3	4	8
Idaho§	—	45	235	450	413	N	0	0	N	N	—	0	2	1	3
Montana	10	42	181	283	583	N	0	0	N	N	—	0	3	4	—
Nevada§	—	134	448	1,102	1,869	—	1	4	14	23	—	0	1	1	5
New Mexico§	—	149	338	1,766	2,001	—	0	2	—	5	—	0	3	—	6
Utah	25	87	138	639	1,096	—	0	3	8	2	—	0	3	6	4
Wyoming	—	23	43	272	276	—	0	2	2	—	—	0	1	—	2
Pacific	1,784	3,156	4,914	35,915	41,428	10	27	1,114	431	428	1	6	50	18	67
Alaska	77	77	121	859	947	—	0	0	—	—	—	0	2	—	—
California	1,137	2,450	4,148	27,109	31,873	10	27	1,114	431	428	—	3	14	—	54
Hawaii	—	106	134	1,282	1,352	N	0	0	N	N	—	0	1	—	—
Oregon§	278	171	315	2,075	2,269	N	0	0	N	N	1	1	20	18	8
Washington	292	359	604	4,590	4,987	N	0	0	N	N	—	0	36	—	5
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	64	—	0	0	—	—	—	0	0	—	—
Puerto Rico	39	79	141	1,185	1,024	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	4	8	—	105	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	212	320	770	3,014	3,817	4,344	6,255	8,242	71,833	79,343	32	37	97	507	645
New England	7	27	90	195	273	57	105	285	1,086	1,251	1	3	12	33	42
Connecticut	—	1	65	23	21	—	39	238	253	319	—	0	8	8	14
Maine	1	4	11	14	39	—	2	6	31	38	—	0	1	4	2
Massachusetts	1	11	34	103	150	46	49	78	611	715	1	1	5	16	18
New Hampshire	—	1	7	6	11	2	4	9	59	32	—	0	3	2	—
Rhode Island	1	0	25	13	17	7	8	25	118	138	—	0	5	1	4
Vermont†	4	3	9	36	35	2	1	4	14	9	—	0	1	2	4
Mid. Atlantic	32	63	242	433	743	456	632	1,013	5,777	8,248	11	7	28	89	110
New Jersey	1	7	17	3	129	51	106	150	1,012	1,432	—	1	4	1	17
New York (Upstate)	22	22	216	198	211	170	122	445	1,397	1,555	9	2	25	31	33
New York City	1	15	33	69	214	111	168	405	584	2,504	—	1	4	8	20
Pennsylvania	8	16	29	163	189	124	214	390	2,784	2,757	2	3	8	49	40
E.N. Central	22	55	102	431	608	748	1,359	1,887	17,933	14,610	2	6	14	65	105
Illinois	—	13	32	24	159	149	393	761	3,938	3,635	—	1	5	14	29
Indiana	N	0	0	N	N	129	161	234	2,239	1,994	—	1	6	12	18
Michigan	1	15	29	150	171	383	258	822	6,268	2,028	—	0	3	12	8
Ohio	21	16	34	190	131	48	378	681	3,798	5,540	2	2	6	21	40
Wisconsin	—	12	33	67	147	39	119	171	1,690	1,413	—	1	3	6	10
W.N. Central	11	34	142	307	460	212	362	461	4,225	4,677	1	1	9	26	29
Iowa	—	5	14	51	61	20	31	54	410	383	—	0	0	—	1
Kansas	1	4	9	37	42	55	48	124	606	640	—	0	2	3	1
Minnesota	2	14	113	77	204	—	63	89	527	892	—	0	9	10	13
Missouri	4	10	32	104	103	95	181	240	2,264	2,354	1	0	7	11	10
Nebraska†	4	1	6	19	29	35	21	55	307	305	—	0	1	2	3
North Dakota	—	0	3	2	1	—	2	6	20	21	—	0	2	—	1
South Dakota	—	2	7	17	20	7	6	15	91	82	—	0	0	—	—
S. Atlantic	60	49	83	593	580	1,674	1,439	2,281	16,802	19,785	10	9	25	135	161
Delaware	—	1	3	5	14	28	19	44	374	190	—	0	0	—	—
District of Columbia	—	1	5	15	12	30	40	67	361	534	—	0	0	—	—
Florida	29	19	40	230	201	310	399	513	5,132	4,772	4	3	12	46	34
Georgia	31	10	32	183	159	10	262	913	1,628	3,265	1	1	6	27	44
Maryland	—	4	11	46	39	29	135	242	1,710	1,713	1	1	5	17	24
North Carolina	N	0	0	N	N	385	272	766	4,108	4,444	—	0	11	14	24
South Carolina†	—	1	9	20	29	704	131	783	1,752	2,448	—	1	3	10	6
Virginia†	—	10	50	92	119	149	148	289	1,488	2,249	2	1	8	15	17
West Virginia	—	0	6	2	7	29	14	34	249	170	2	0	4	6	12
E.S. Central	5	8	19	89	95	429	536	868	6,714	6,279	2	2	8	33	30
Alabama†	3	4	13	42	48	181	183	491	2,249	1,498	1	0	4	10	5
Kentucky	N	0	0	N	N	89	51	107	824	942	—	0	3	—	1
Mississippi	—	0	0	—	—	—	133	225	1,351	1,709	—	0	0	—	—
Tennessee†	2	4	11	47	47	159	173	284	2,290	2,130	1	2	5	23	24
W.S. Central	—	6	23	53	58	335	775	1,304	8,247	11,466	—	2	6	27	39
Arkansas	—	2	5	18	19	77	87	187	1,136	1,116	—	0	2	2	—
Louisiana	—	1	6	15	8	177	122	461	945	2,420	—	0	3	4	20
Oklahoma	—	3	16	20	31	81	83	763	833	1,168	—	1	4	21	19
Texas†	N	0	0	N	N	—	485	629	5,333	6,762	—	0	1	—	—
Mountain	20	27	58	291	289	73	228	519	2,357	3,234	4	4	10	70	84
Arizona	1	2	12	35	49	68	69	166	942	1,166	—	1	9	28	35
Colorado	11	9	33	111	97	—	61	90	434	749	—	1	5	22	20
Idaho†	—	2	12	19	30	—	1	10	25	19	—	0	1	1	2
Montana	2	1	7	17	9	—	2	13	18	41	—	0	0	—	—
Nevada†	—	2	6	9	19	—	53	195	433	706	—	0	1	—	10
New Mexico†	—	1	6	7	13	—	28	64	320	361	—	0	3	10	11
Utah	6	7	20	88	69	5	15	22	144	177	4	0	2	8	5
Wyoming	—	1	2	5	3	—	2	6	41	15	—	0	2	1	1
Pacific	55	61	189	622	711	360	784	938	8,692	9,793	1	3	20	29	45
Alaska	1	2	6	5	13	5	10	23	107	121	—	0	19	2	2
California	38	43	95	465	570	254	649	804	7,057	8,145	—	1	8	3	12
Hawaii	1	1	6	13	19	—	19	36	228	249	—	0	2	3	1
Oregon†	6	8	21	95	73	22	28	58	280	405	1	2	8	20	30
Washington	9	6	88	44	36	79	72	142	1,020	873	—	0	4	1	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
Puerto Rico	1	3	14	3	33	1	6	16	92	108	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	4	—	35	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks Med	A — Previous 52 weeks Max	A — Cum 2006	A — Cum 2005	B — Current week	B — Previous 52 weeks Med	B — Previous 52 weeks Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks Med	Legionellosis — Previous 52 weeks Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	52	79	216	860	1,018	41	96	469	945	1,329	16	40	112	268	270
New England	—	7	23	54	128	—	4	11	38	69	—	2	11	12	12
Connecticut	—	1	3	8	16	—	0	5	—	15	—	0	8	4	2
Maine	—	0	2	2	—	—	0	2	1	4	—	0	1	1	1
Massachusetts	—	5	14	28	93	—	3	10	32	46	—	1	5	5	7
New Hampshire	—	1	12	10	14	—	0	3	4	3	—	0	1	1	2
Rhode Island	—	0	4	1	5	—	0	2	1	—	—	0	10	—	—
Vermont†	—	0	2	5	—	—	0	1	—	1	—	0	3	1	—
Mid. Atlantic	—	11	23	38	185	6	10	25	82	175	4	11	53	73	77
New Jersey	—	3	11	10	35	—	2	7	24	39	—	1	12	5	11
New York (Upstate)	—	1	22	11	24	3	1	14	13	26	1	4	28	31	19
New York City	—	4	12	5	95	—	2	7	5	42	—	1	20	2	7
Pennsylvania	—	1	6	12	31	3	3	9	40	68	3	5	17	35	40
E.N. Central	5	7	17	64	107	5	9	25	75	140	—	7	26	41	64
Illinois	—	1	9	11	38	—	2	7	—	40	—	1	5	7	10
Indiana	—	1	10	3	5	1	0	15	5	5	—	0	6	2	4
Michigan	5	2	11	29	28	1	3	7	40	49	—	2	6	11	17
Ohio	—	1	4	20	22	3	2	8	28	39	—	3	19	21	27
Wisconsin	—	0	5	1	14	—	0	6	2	7	—	0	2	—	6
W.N. Central	—	2	31	29	33	—	4	13	21	59	—	1	12	7	9
Iowa	—	0	2	2	6	—	0	2	1	3	—	0	1	—	—
Kansas	—	0	5	15	4	—	0	3	2	7	—	0	1	—	1
Minnesota	—	0	31	1	3	—	0	6	1	—	—	0	10	—	1
Missouri	—	0	4	6	18	—	3	7	17	39	—	0	3	5	6
Nebraska†	—	0	3	3	2	—	0	2	—	9	—	0	2	2	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	2	—	—	0	1	—	1	—	0	6	—	—
S. Atlantic	6	13	33	144	140	10	23	60	244	396	9	9	21	76	58
Delaware	—	0	1	3	2	—	0	4	4	11	—	0	4	1	1
District of Columbia	—	0	2	1	1	—	0	4	4	—	—	0	2	1	1
Florida	5	5	18	54	53	8	9	21	105	136	8	2	6	35	21
Georgia	—	1	6	11	24	1	2	7	20	68	—	0	3	3	4
Maryland	—	2	7	23	12	—	2	8	39	47	1	2	9	18	17
North Carolina	1	0	20	34	24	1	0	23	49	42	—	0	3	9	7
South Carolina†	—	1	3	5	4	—	2	9	13	37	—	0	2	1	—
Virginia†	—	1	11	13	20	—	2	18	6	48	—	1	8	7	4
West Virginia	—	0	2	—	—	—	0	14	4	7	—	0	3	1	3
E.S. Central	—	4	16	31	38	2	6	20	63	101	—	1	6	7	7
Alabama†	—	0	6	2	5	1	1	7	19	21	—	0	2	1	5
Kentucky	—	0	4	13	3	—	1	5	15	24	—	0	4	—	1
Mississippi	—	0	2	1	8	—	1	4	4	21	—	0	1	—	—
Tennessee†	—	2	13	15	22	1	2	12	25	35	—	1	4	6	1
W.S. Central	5	9	52	60	80	3	14	268	264	115	1	1	26	8	2
Arkansas	5	0	7	15	2	—	1	3	4	17	—	0	1	—	1
Louisiana	—	1	5	2	18	—	1	6	6	22	—	0	2	4	—
Oklahoma	—	0	2	4	1	—	0	5	1	13	—	0	3	1	—
Texas†	—	6	49	39	59	3	12	266	253	63	1	0	26	3	1
Mountain	2	6	21	88	97	3	8	39	60	117	1	2	8	13	22
Arizona	1	3	20	58	53	2	5	34	34	72	1	0	3	6	4
Colorado	1	1	4	15	8	1	1	5	9	10	—	0	3	1	4
Idaho†	—	0	3	3	10	—	0	2	4	3	—	0	2	—	1
Montana	—	0	1	1	6	—	0	7	—	—	—	0	1	—	1
Nevada†	—	0	2	3	5	—	1	4	9	10	—	0	2	3	5
New Mexico†	—	0	3	5	5	—	0	3	1	7	—	0	1	—	2
Utah	—	0	3	3	9	—	0	5	3	15	—	0	2	3	3
Wyoming	—	0	0	—	1	—	0	1	—	—	—	0	1	—	2
Pacific	34	15	150	352	210	12	10	56	98	157	1	1	9	31	19
Alaska	—	0	1	—	3	—	0	2	1	1	—	0	1	—	—
California	33	13	149	329	176	12	6	39	76	112	1	1	9	31	19
Hawaii	—	0	2	5	5	—	0	1	1	1	—	0	1	—	—
Oregon†	—	1	5	10	11	—	2	6	12	31	N	0	0	N	N
Washington	1	1	11	8	15	—	0	13	8	12	—	0	0	—	—
American Samoa	U	0	1	U	—	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	6	3	16	—	1	6	3	4	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	62	300	1,336	1,046	1,649	8	24	59	208	276
New England	—	50	232	54	137	—	1	12	7	8
Connecticut	—	9	154	31	6	—	0	10	1	—
Maine	—	2	26	7	9	—	0	1	—	—
Massachusetts	—	18	164	1	105	—	0	4	5	6
New Hampshire	—	3	17	14	15	—	0	1	—	2
Rhode Island	—	0	12	—	1	—	0	2	—	—
Vermont†	—	0	5	1	1	—	0	2	1	—
Mid. Atlantic	57	180	915	693	1,075	—	5	15	26	69
New Jersey	—	27	309	109	362	—	0	7	—	16
New York (Upstate)	53	66	821	342	181	—	1	10	7	13
New York City	—	0	0	—	—	—	3	8	11	33
Pennsylvania	4	61	464	242	532	—	1	2	8	7
E.N. Central	—	13	157	29	70	1	2	6	27	24
Illinois	—	0	6	—	1	—	0	2	7	7
Indiana	—	0	4	—	2	—	0	3	5	3
Michigan	—	1	7	6	1	—	0	2	4	7
Ohio	—	1	5	2	13	—	0	3	7	3
Wisconsin	—	10	148	21	53	1	0	3	4	4
W.N. Central	—	12	99	26	37	—	0	5	5	9
Iowa	—	1	8	1	4	—	0	1	1	2
Kansas	—	0	3	—	2	—	0	1	—	1
Minnesota	—	8	96	23	31	—	0	3	2	1
Missouri	—	0	2	1	—	—	0	3	1	5
Nebraska†	—	0	2	1	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	5	34	124	176	293	6	6	15	76	59
Delaware	—	9	37	53	104	—	0	1	—	1
District of Columbia	—	0	2	5	1	—	0	2	—	1
Florida	1	1	8	11	9	—	1	6	10	13
Georgia	—	0	1	—	1	4	0	6	21	9
Maryland	3	16	86	97	142	1	1	9	21	18
North Carolina	1	0	5	8	14	1	0	8	9	8
South Carolina†	—	0	3	2	4	—	0	2	2	1
Virginia†	—	3	21	—	18	—	0	9	12	7
West Virginia	—	0	42	—	—	—	0	2	1	1
E.S. Central	—	0	4	—	5	—	1	2	5	6
Alabama†	—	0	1	—	—	—	0	1	2	1
Kentucky	—	0	1	—	1	—	0	2	1	2
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee†	—	0	4	—	4	—	0	2	2	3
W.S. Central	—	1	7	1	15	—	1	16	7	30
Arkansas	—	0	2	—	—	—	0	2	—	2
Louisiana	—	0	1	—	2	—	0	1	—	1
Oklahoma	—	0	0	—	—	—	0	6	1	2
Texas†	—	1	7	1	13	—	1	15	6	25
Mountain	—	0	4	2	1	—	1	6	13	14
Arizona	—	0	4	2	—	—	0	4	1	2
Colorado	—	0	1	—	—	—	0	3	4	7
Idaho†	—	0	1	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	—	—	0	2	—	—
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	—	—	—	0	2	7	3
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	—	4	18	65	16	1	4	12	42	57
Alaska	—	0	1	—	1	1	0	1	3	2
California	—	2	18	65	14	—	3	10	31	47
Hawaii	N	0	0	N	N	—	0	4	—	4
Oregon†	—	0	3	—	1	—	0	2	4	2
Washington	—	0	3	—	—	—	0	5	4	2
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	21	23	81	345	422	10	14	57	233	236	150	429	1,777	2,730	5,010
New England	—	1	5	15	28	—	1	3	15	9	1	27	55	182	336
Connecticut	—	0	2	3	7	—	0	2	3	1	—	0	4	—	23
Maine	—	0	1	2	1	—	0	1	2	1	—	1	5	12	14
Massachusetts	—	0	3	8	13	—	0	3	8	3	1	21	44	140	253
New Hampshire	—	0	2	2	3	—	0	2	2	3	—	1	15	8	—
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	12	—	5
Vermont†	—	0	1	—	2	—	0	1	—	1	—	1	6	22	41
Mid. Atlantic	5	2	15	33	50	4	2	13	28	37	46	22	126	341	430
New Jersey	—	0	2	—	13	—	0	2	—	13	—	3	9	25	58
New York (Upstate)	5	0	7	10	13	4	0	5	8	4	27	10	115	125	148
New York City	—	0	5	3	7	—	0	5	3	7	—	2	6	16	26
Pennsylvania	—	1	4	20	17	—	1	4	17	13	19	8	17	175	198
E.N. Central	8	2	9	37	40	1	1	6	25	34	21	60	125	377	1,356
Illinois	—	0	4	8	8	—	0	4	8	8	—	13	31	10	238
Indiana	5	0	3	7	5	1	0	2	2	2	5	5	75	44	82
Michigan	—	1	3	8	8	—	0	3	4	5	1	5	26	98	77
Ohio	3	1	5	14	11	—	0	4	11	11	15	18	43	197	515
Wisconsin	—	0	1	—	8	—	0	1	—	8	—	19	41	28	444
W.N. Central	—	1	4	15	26	—	0	3	6	10	1	58	205	337	702
Iowa	—	0	2	1	9	—	0	2	1	1	—	10	55	66	247
Kansas	—	0	1	—	3	—	0	1	—	3	1	11	29	122	88
Minnesota	—	0	2	2	5	—	0	1	1	1	—	0	148	—	93
Missouri	—	0	3	8	6	—	0	2	2	3	—	10	39	113	119
Nebraska†	—	0	1	4	2	—	0	1	2	2	—	3	14	32	71
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	28	4	26
South Dakota	—	0	1	—	1	—	0	0	—	—	—	2	7	—	58
S. Atlantic	2	4	14	60	68	1	2	8	23	29	20	23	90	255	341
Delaware	—	0	1	2	2	—	0	1	2	2	—	0	1	1	11
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	3	3	—
Florida	1	1	7	25	26	—	1	6	9	9	8	4	14	64	39
Georgia	1	0	2	3	8	1	0	2	3	8	—	1	3	5	12
Maryland	—	0	2	6	7	—	0	2	3	—	2	4	8	56	68
North Carolina	—	0	11	11	6	—	0	3	3	—	9	0	21	52	21
South Carolina†	—	0	2	5	10	—	0	1	1	7	1	5	22	30	129
Virginia†	—	1	4	8	7	—	0	3	2	2	—	4	72	42	43
West Virginia	—	0	1	—	2	—	0	1	—	1	—	0	5	2	18
E.S. Central	1	1	4	13	20	1	1	4	11	14	4	8	25	61	138
Alabama†	1	0	1	3	—	1	0	1	3	—	2	1	9	17	27
Kentucky	—	0	2	3	8	—	0	2	3	8	—	2	10	4	44
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	9	20
Tennessee†	—	0	2	6	8	—	0	2	4	2	2	3	17	31	47
W.S. Central	1	2	21	38	39	—	1	8	17	10	—	45	160	169	171
Arkansas	—	0	3	3	7	—	0	2	3	1	—	4	19	18	34
Louisiana	—	1	4	21	13	—	0	3	11	2	—	0	3	4	12
Oklahoma	—	0	3	6	4	—	0	3	1	1	—	0	1	3	—
Texas†	1	1	15	8	15	—	0	3	2	6	—	39	155	144	125
Mountain	—	2	7	28	29	—	1	5	20	5	48	75	144	836	1,036
Arizona	—	0	5	14	11	—	0	5	14	2	3	16	86	136	76
Colorado	—	0	2	11	10	—	0	1	4	—	15	24	41	355	466
Idaho†	—	0	2	1	1	—	0	2	1	1	—	3	14	15	89
Montana	—	0	0	—	—	—	0	0	—	—	—	7	29	31	217
Nevada†	—	0	2	—	2	—	0	1	—	—	—	0	5	8	13
New Mexico†	—	0	2	—	3	—	0	2	—	2	—	2	9	8	66
Utah	—	0	2	2	2	—	0	1	1	—	29	15	38	270	102
Wyoming	—	0	0	—	—	—	0	0	—	—	1	1	4	13	7
Pacific	4	5	30	106	122	3	4	20	88	88	9	70	1,192	172	500
Alaska	—	0	1	—	1	—	0	1	—	1	—	2	15	24	11
California	3	2	9	61	56	3	2	9	61	56	—	40	1,000	1	133
Hawaii	—	0	1	1	7	—	0	1	1	2	—	3	10	22	37
Oregon†	—	2	8	28	42	—	1	6	20	23	—	5	33	46	234
Washington	1	0	25	16	16	—	0	11	6	6	9	12	189	79	85
American Samoa	U	0	1	—	—	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	4	—	0	1	—	4	—	0	2	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	55	105	165	874	1,388	13	34	99	278	142	358	866	1,965	5,907	6,008
New England	12	12	33	114	165	—	0	1	—	1	4	40	78	291	319
Connecticut	—	3	13	23	21	—	0	0	—	—	—	8	71	71	72
Maine	1	1	4	14	11	N	0	0	N	N	—	3	8	11	22
Massachusetts	11	4	22	60	115	—	0	1	—	—	2	20	41	178	178
New Hampshire	—	0	3	4	2	—	0	1	—	—	—	2	12	17	19
Rhode Island	—	0	4	1	2	—	0	0	—	1	2	0	17	11	11
Vermont†	—	1	7	12	14	—	0	0	—	—	—	1	10	3	17
Mid. Atlantic	11	18	40	135	168	—	1	8	4	8	41	93	238	552	738
New Jersey	N	0	0	N	N	—	0	2	—	1	—	17	41	45	144
New York (Upstate)	11	11	24	81	74	—	0	2	—	—	30	21	199	153	169
New York City	—	0	3	—	7	—	0	2	2	1	1	24	43	111	209
Pennsylvania	—	7	22	54	87	—	1	6	2	6	10	31	61	243	216
E.N. Central	—	2	19	5	11	—	0	6	2	3	56	97	206	732	778
Illinois	—	1	4	—	3	—	0	3	1	1	—	30	124	114	237
Indiana	—	0	3	—	1	—	0	1	—	—	28	11	71	101	52
Michigan	—	0	4	3	3	—	0	1	—	1	2	17	35	143	164
Ohio	—	0	12	2	4	—	0	3	1	1	26	24	52	259	163
Wisconsin	N	0	3	N	N	—	0	1	—	—	—	15	45	115	162
W.N. Central	2	6	23	39	68	1	2	16	5	4	17	42	92	386	403
Iowa	—	1	10	13	14	—	0	2	—	—	—	7	18	50	76
Kansas	2	1	4	11	21	1	0	2	1	—	1	7	17	61	42
Minnesota	—	1	5	2	12	—	0	1	—	—	7	10	31	97	105
Missouri	—	1	7	3	7	—	1	14	4	4	7	14	40	124	107
Nebraska†	—	0	0	—	—	—	0	2	—	—	2	2	10	30	37
North Dakota	—	0	4	2	1	—	0	0	—	—	—	0	5	1	8
South Dakota	—	1	6	8	13	—	0	2	—	—	—	2	11	23	28
S. Atlantic	15	34	54	356	632	12	17	95	259	104	101	257	507	1,639	1,569
Delaware	—	0	0	—	—	—	0	2	2	1	—	2	9	12	12
District of Columbia	—	0	0	—	—	—	0	1	—	—	—	1	7	15	10
Florida	—	0	15	46	201	—	0	3	6	5	66	99	230	712	608
Georgia	—	4	15	16	70	—	1	9	15	4	12	34	73	260	208
Maryland	1	6	16	59	76	—	2	7	13	5	5	14	39	110	124
North Carolina	7	8	19	77	107	12	4	87	218	80	15	32	114	333	309
South Carolina†	—	4	11	—	39	—	1	6	3	6	—	21	146	61	126
Virginia†	7	10	26	142	134	—	2	10	2	2	—	20	66	121	153
West Virginia	—	0	13	16	5	—	0	2	—	1	3	3	13	15	19
E.S. Central	2	2	9	38	27	—	5	24	4	5	20	56	134	314	338
Alabama†	2	1	5	15	18	—	0	9	1	1	12	13	39	126	103
Kentucky	—	0	3	4	—	—	0	1	—	—	2	7	26	55	36
Mississippi	—	0	1	—	—	—	0	3	—	—	—	13	66	39	48
Tennessee†	—	1	4	19	9	—	3	18	3	4	6	14	40	94	151
W.S. Central	9	13	42	143	241	—	2	34	3	1	29	85	783	686	439
Arkansas	2	0	3	3	10	—	0	32	3	—	8	16	67	222	56
Louisiana	—	0	0	—	—	—	0	2	—	1	—	15	42	62	105
Oklahoma	—	1	7	11	26	—	0	23	—	—	—	6	26	49	52
Texas†	7	12	39	129	205	—	0	8	—	—	21	45	750	353	226
Mountain	1	4	19	19	48	—	0	4	1	16	26	50	112	424	377
Arizona	1	2	11	19	41	—	0	4	1	12	6	13	28	132	121
Colorado	—	0	2	—	—	—	0	1	—	—	13	10	45	127	94
Idaho†	—	0	12	—	—	—	0	2	—	—	—	2	17	16	22
Montana	—	0	3	—	—	—	0	1	—	—	4	2	16	23	18
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	23	39
New Mexico†	—	0	1	—	1	—	0	1	—	1	—	4	13	33	35
Utah	—	0	5	—	—	—	0	1	—	2	3	5	31	56	40
Wyoming	—	0	2	—	6	—	0	1	—	1	—	1	12	14	8
Pacific	3	4	15	25	28	—	0	2	—	—	64	99	416	883	1,047
Alaska	—	0	3	5	1	—	0	0	—	—	—	1	5	21	12
California	3	3	15	20	27	—	0	1	—	—	49	76	286	673	822
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	15	45	73
Oregon†	—	0	1	—	—	—	0	1	—	—	1	8	25	74	70
Washington	U	0	0	U	U	N	0	0	N	N	14	8	121	70	70
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Puerto Rico	—	2	4	26	20	N	0	0	N	N	—	7	23	12	87
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	14	48	248	194	323	92	292	604	1,963	2,534	70	81	196	1,398	1,311
New England	—	4	13	13	28	2	5	17	56	51	1	4	8	44	50
Connecticut	—	0	4	—	12	—	1	6	6	12	U	0	0	U	U
Maine	—	0	5	—	2	—	0	3	—	1	—	0	2	3	2
Massachusetts	—	2	7	11	11	2	4	11	43	30	—	2	7	28	35
New Hampshire	—	0	2	2	1	—	0	4	3	4	—	0	3	8	3
Rhode Island	—	0	2	—	1	—	0	6	3	1	—	0	3	3	3
Vermont§	—	0	2	1	1	—	0	4	1	3	1	0	2	2	7
Mid. Atlantic	—	6	99	—	33	8	20	69	135	273	19	13	43	222	281
New Jersey	—	1	7	—	10	—	5	18	35	76	—	2	8	9	45
New York (Upstate)	4	2	96	10	13	7	4	54	58	72	14	4	33	93	103
New York City	—	0	2	—	1	—	6	22	19	109	—	3	9	14	52
Pennsylvania	—	2	8	—	9	1	2	48	23	16	5	6	13	106	81
E.N. Central	8	7	31	57	64	15	17	78	175	184	7	15	39	270	276
Illinois	—	1	7	—	18	—	6	25	32	49	—	3	10	56	83
Indiana	3	1	7	10	6	11	1	56	30	15	2	2	12	42	27
Michigan	—	0	4	16	—	—	4	10	50	78	2	4	10	70	74
Ohio	5	2	14	18	25	4	3	11	43	14	3	4	19	86	61
Wisconsin	—	2	15	13	15	—	3	9	20	28	—	1	8	16	31
W.N. Central	2	7	39	38	44	1	38	64	192	163	1	5	57	117	78
Iowa	—	1	10	9	9	—	1	7	3	35	N	0	0	N	N
Kansas	—	1	4	—	6	—	4	20	19	5	—	1	5	30	11
Minnesota	2	3	23	28	7	—	2	6	20	11	—	1	52	52	26
Missouri	1	2	7	16	12	1	22	45	116	85	—	1	6	19	27
Nebraska§	—	0	4	2	8	—	1	9	18	19	1	0	4	12	7
North Dakota	—	0	2	—	—	—	0	2	2	2	—	0	3	3	2
South Dakota	—	0	5	1	2	—	1	17	14	6	—	0	2	1	5
S. Atlantic	—	7	41	23	65	28	47	116	542	377	23	19	39	336	249
Delaware	—	0	2	—	—	—	0	2	—	2	—	0	2	1	—
District of Columbia	—	0	1	—	—	—	0	2	3	3	—	0	2	4	2
Florida	—	1	31	15	36	12	21	66	231	156	8	5	12	86	71
Georgia	—	0	6	—	8	6	12	37	178	106	7	4	9	79	55
Maryland	—	1	5	—	7	3	2	8	33	17	8	4	12	78	66
North Carolina	2	1	11	13	9	7	2	22	56	44	—	1	13	34	25
South Carolina§	—	0	2	2	—	—	2	9	32	31	—	1	6	24	14
Virginia§	—	2	9	—	5	—	2	9	9	18	—	2	11	24	13
West Virginia	—	0	2	—	—	—	0	1	—	—	—	0	5	6	3
E.S. Central	—	2	12	9	14	5	17	50	121	327	4	4	10	69	58
Alabama§	—	0	3	—	3	5	3	20	30	70	N	0	0	N	N
Kentucky	—	1	9	7	3	—	6	31	50	20	—	1	4	15	14
Mississippi	—	0	2	—	—	—	2	7	20	25	—	0	0	—	—
Tennessee§	—	1	4	19	8	—	4	46	21	212	4	3	9	54	44
W.S. Central	—	2	32	2	14	3	65	244	211	569	—	6	48	79	79
Arkansas	—	0	2	1	2	1	1	9	24	14	—	0	2	3	6
Louisiana	—	0	2	—	6	—	2	11	28	35	—	0	2	5	4
Oklahoma	—	0	3	1	1	—	10	41	23	117	—	2	12	51	46
Texas§	—	1	32	7	5	2	50	237	136	403	—	3	41	20	23
Mountain	2	5	16	25	42	11	17	48	164	140	14	12	43	240	212
Arizona	2	0	4	10	4	3	9	29	87	59	7	4	28	126	84
Colorado	—	1	6	11	10	7	3	18	28	23	5	3	10	63	77
Idaho§	1	1	8	4	7	—	0	4	4	—	—	0	2	3	1
Montana	—	0	2	—	1	—	0	1	—	1	—	0	0	—	—
Nevada§	—	0	3	—	9	—	1	6	12	23	—	0	6	—	—
New Mexico§	—	0	3	2	2	—	2	9	19	23	1	1	6	22	22
Utah	—	1	7	2	8	1	1	4	13	11	1	2	6	24	27
Wyoming	—	0	3	—	1	—	0	1	1	—	—	0	1	2	1
Pacific	2	6	52	27	19	19	39	145	367	450	1	2	8	21	28
Alaska	—	0	2	—	2	1	0	1	2	6	—	0	0	—	—
California	2	1	11	19	8	12	32	103	269	402	—	0	0	—	—
Hawaii	—	0	4	2	3	—	1	4	10	7	1	2	8	21	28
Oregon§	1	2	47	14	1	2	1	28	51	24	N	0	0	N	N
Washington	—	1	41	6	5	4	2	41	35	11	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	1	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
Puerto Rico	—	0	1	—	1	—	0	1	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	49	49	124	840	854	74	171	299	1,683	1,828	901	638	2,988	12,424	6,982
New England	—	1	14	7	43	5	4	17	45	47	12	35	1,130	350	824
Connecticut	U	0	0	U	U	—	0	11	4	1	U	0	0	U	U
Maine	N	0	0	N	N	—	0	2	3	1	2	6	20	85	88
Massachusetts	—	1	6	—	40	3	2	5	31	40	—	18	86	2	719
New Hampshire	—	0	0	—	—	—	0	2	4	2	7	5	1,110	95	—
Rhode Island	—	0	9	1	—	2	0	6	3	3	—	0	0	—	—
Vermont†	—	0	2	6	3	—	0	1	—	—	3	3	25	168	17
Mid. Atlantic	6	2	14	37	86	10	20	33	164	238	106	117	182	1,629	1,320
New Jersey	N	0	0	N	N	3	2	7	38	33	—	0	0	—	—
New York (Upstate)	4	1	10	9	35	1	2	15	31	14	—	0	0	—	—
New York City	U	0	0	U	U	2	11	21	45	155	—	0	0	—	—
Pennsylvania	2	2	9	28	51	4	4	8	50	36	106	117	182	1,629	1,320
E.N. Central	13	12	37	214	187	13	19	42	217	125	380	148	533	5,094	1,992
Illinois	—	0	2	7	—	5	9	32	85	34	—	1	5	4	22
Indiana	7	3	19	50	51	2	1	5	20	15	N	0	347	N	N
Michigan	—	1	4	9	14	3	2	8	39	16	81	86	231	1,456	1,235
Ohio	6	7	32	148	122	3	4	11	61	53	299	33	382	3,530	559
Wisconsin	N	0	0	N	N	—	1	3	12	7	—	7	27	104	176
W.N. Central	—	1	15	15	13	2	5	9	41	58	60	15	73	557	41
Iowa	N	0	0	N	N	—	0	1	2	3	N	0	0	N	N
Kansas	N	0	0	N	N	1	0	2	7	5	—	0	0	—	—
Minnesota	—	0	15	—	—	—	1	5	6	12	—	0	0	—	—
Missouri	—	0	3	15	12	1	2	8	25	37	58	11	72	528	2
Nebraska†	—	0	1	—	—	—	0	1	1	1	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	13	9
South Dakota	—	0	1	—	1	—	0	1	—	—	2	1	23	16	30
S. Atlantic	24	21	42	436	371	27	43	178	436	431	92	53	810	1,242	639
Delaware	—	0	2	—	—	1	0	2	8	2	—	1	5	24	7
District of Columbia	1	0	4	14	10	—	2	9	24	29	—	0	6	6	5
Florida	15	11	34	246	194	9	15	29	174	181	—	0	0	—	—
Georgia	5	5	19	145	141	2	8	137	33	52	—	0	0	—	—
Maryland	—	0	0	—	—	8	5	19	67	72	—	0	0	—	—
North Carolina	N	0	0	N	N	4	5	17	75	58	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	18	16	4	12	43	240	158
Virginia†	N	0	0	N	N	3	3	12	37	20	59	13	790	450	54
West Virginia	3	2	10	31	26	—	0	1	—	1	29	19	70	522	415
E.S. Central	4	4	14	71	51	9	10	20	141	114	—	0	0	—	—
Alabama†	N	0	0	N	N	7	3	12	76	53	—	0	0	—	—
Kentucky	1	0	5	9	9	—	1	5	11	6	N	0	0	N	N
Mississippi	—	0	0	—	—	—	0	5	11	15	—	0	0	—	—
Tennessee†	3	3	13	62	42	2	4	11	43	40	N	0	0	N	N
W.S. Central	—	1	7	31	71	4	24	37	288	292	190	152	1,666	2,552	1,102
Arkansas	—	0	3	6	6	1	1	6	25	12	2	0	39	155	—
Louisiana	—	1	5	25	65	1	3	17	18	37	—	1	19	80	65
Oklahoma	N	0	0	N	N	2	1	6	20	11	—	0	0	—	—
Texas†	N	0	0	N	N	—	17	27	225	232	188	148	1,634	2,317	1,037
Mountain	2	1	27	29	32	3	8	17	85	103	61	48	130	1,000	1,064
Arizona	N	0	0	N	N	3	3	13	52	33	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	7	17	22	35	74	582	725
Idaho†	N	0	0	N	N	—	0	3	1	6	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	5	—	0	0	—	—
Nevada†	—	0	27	1	1	—	2	7	19	25	—	0	2	—	—
New Mexico†	—	0	0	—	—	—	1	3	5	14	5	3	24	139	82
Utah	—	0	6	15	19	—	0	1	1	3	34	8	55	271	218
Wyoming	2	0	3	13	12	—	0	0	—	—	—	0	3	8	39
Pacific	—	0	0	—	—	1	34	56	266	420	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	4	3	—	0	0	—	—
California	N	0	0	N	N	1	28	54	197	368	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	6	1	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	4	7	N	0	0	N	N
Washington	N	0	0	N	N	—	2	11	55	41	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	26
Puerto Rico	N	0	0	N	N	4	4	16	37	35	2	6	47	42	160
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 1, 2006, and April 2, 2005 (13th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	154	1	1	—	2	202	—	3
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	9	—	—	—	0	3	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	6	—	—	—	0	1	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	—	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	—	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	—	—	0	80	—	—
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	—	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	24	—	—
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	—
S. Atlantic	—	0	6	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	—
Maryland	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	1	—	—	0	5	—	—
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	—	—	0	5	—	—
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	—	—	—	0	21	—	2
Arkansas	—	0	3	—	—	—	0	2	—	—
Louisiana	—	0	20	—	—	—	0	8	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	—	—	—	0	13	—	—
Mountain	—	0	16	—	1	—	0	39	—	—
Arizona	—	0	8	—	1	—	0	8	—	—
Colorado	—	0	5	—	—	—	0	13	—	—
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	—
New Mexico§	—	0	3	—	—	—	0	4	—	—
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	—	—	0	90	—	1
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	—	—	0	89	—	1
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending April 1, 2006 (13th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	626	432	121	49	13	11	75
Boston, MA	152	93	32	17	6	4	18
Bridgeport, CT	42	24	12	5	1	—	7
Cambridge, MA	25	18	6	1	—	—	1
Fall River, MA	31	23	5	2	—	1	2
Hartford, CT	57	37	10	7	1	2	2
Lowell, MA	26	19	6	1	—	—	3
Lynn, MA	15	10	4	1	—	—	3
New Bedford, MA	22	18	4	—	—	—	2
New Haven, CT	33	26	3	2	1	1	8
Providence, RI	68	46	16	3	2	1	10
Somerville, MA	7	6	1	—	—	—	—
Springfield, MA	47	33	8	4	1	1	4
Waterbury, CT	25	22	—	3	—	—	4
Worcester, MA	76	57	14	3	1	1	11
Mid. Atlantic	2,224	1,505	507	124	49	39	112
Albany, NY	53	36	13	3	1	—	4
Allentown, PA	26	20	3	3	—	—	3
Buffalo, NY	85	63	15	4	1	2	13
Camden, NJ	36	24	6	2	—	4	3
Elizabeth, NJ	22	16	5	1	—	—	2
Erie, PA	45	39	4	1	1	—	1
Jersey City, NJ	40	30	8	1	—	1	—
New York City, NY	1,098	733	269	60	21	15	41
Newark, NJ	57	31	16	5	4	1	5
Paterson, NJ	21	16	2	2	1	—	1
Philadelphia, PA	342	190	96	28	15	13	16
Pittsburgh, PA§	23	18	4	1	—	—	1
Reading, PA	26	23	2	1	—	—	1
Rochester, NY	135	105	23	3	2	2	5
Schenectady, NY	13	9	3	1	—	—	1
Scranton, PA	28	22	5	1	—	—	1
Syracuse, NY	103	73	24	4	1	1	11
Trenton, NJ	32	21	7	2	2	—	1
Utica, NY	19	16	2	1	—	—	—
Yonkers, NY	20	20	—	—	—	—	2
E.N. Central	2,238	1,479	524	146	46	43	159
Akron, OH	54	32	13	6	2	1	2
Canton, OH	40	34	6	—	—	—	4
Chicago, IL	339	196	98	28	8	9	22
Cincinnati, OH	113	79	21	4	6	3	14
Cleveland, OH	228	164	49	11	—	4	7
Columbus, OH	200	137	50	5	3	5	14
Dayton, OH	151	109	25	14	3	—	4
Detroit, MI	178	88	62	18	6	4	15
Evansville, IN	53	35	12	5	1	—	4
Fort Wayne, IN	76	56	13	6	1	—	8
Gary, IN	7	3	1	1	1	1	—
Grand Rapids, MI	67	45	12	3	4	3	11
Indianapolis, IN	239	163	48	16	4	8	13
Lansing, MI	62	44	13	4	1	—	9
Milwaukee, WI	107	67	32	7	—	1	7
Peoria, IL	40	19	15	3	1	2	8
Rockford, IL	48	39	8	1	—	—	4
South Bend, IN	59	46	10	3	—	—	4
Toledo, OH	116	73	27	10	4	2	3
Youngstown, OH	61	50	9	1	1	—	6
W.N. Central	627	436	126	34	18	12	52
Des Moines, IA	64	45	18	—	1	—	4
Duluth, MN	32	22	9	1	—	—	8
Kansas City, KS	32	21	5	2	3	1	6
Kansas City, MO	87	56	22	6	2	1	7
Lincoln, NE	41	36	4	1	—	—	2
Minneapolis, MN	75	46	16	7	3	3	9
Omaha, NE	93	69	14	5	4	1	6
St. Louis, MO	65	43	15	4	—	2	5
St. Paul, MN	59	45	9	4	—	1	2
Wichita, KS	79	53	14	4	5	3	3
S. Atlantic	1,202	743	301	96	33	27	69
Atlanta, GA	75	39	26	8	1	1	5
Baltimore, MD	166	101	44	14	5	2	15
Charlotte, NC	115	73	23	12	3	4	9
Jacksonville, FL	170	105	36	13	7	8	2
Miami, FL	90	55	21	10	2	2	3
Norfolk, VA	60	37	19	2	—	2	1
Richmond, VA	68	38	27	2	—	1	5
Savannah, GA	71	47	20	2	2	—	5
St. Petersburg, FL	70	40	20	4	3	3	6
Tampa, FL	203	141	38	14	5	4	11
Washington, D.C.	99	53	26	15	5	—	2
Wilmington, DE	15	14	1	—	—	—	5
E.S. Central	966	615	234	55	34	28	89
Birmingham, AL	150	92	35	7	7	9	14
Chattanooga, TN	81	56	16	5	1	3	2
Knoxville, TN	72	45	17	9	—	1	3
Lexington, KY	93	70	16	5	—	2	9
Memphis, TN	194	104	59	11	13	7	17
Mobile, AL	126	88	26	5	4	3	16
Montgomery, AL	90	64	21	1	3	1	19
Nashville, TN	160	96	44	12	6	2	9
W.S. Central	1,540	973	376	110	41	40	91
Austin, TX	102	62	25	7	2	6	6
Baton Rouge, LA	38	25	7	5	—	1	1
Corpus Christi, TX	67	44	15	4	3	1	3
Dallas, TX	232	143	58	16	10	5	16
El Paso, TX	128	89	23	8	3	5	5
Fort Worth, TX	116	82	22	4	2	6	9
Houston, TX	404	234	112	35	13	10	20
Little Rock, AR	78	47	18	8	2	3	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	202	144	41	15	2	—	18
Shreveport, LA	51	31	15	1	2	2	7
Tulsa, OK	122	72	40	7	2	1	4
Mountain	1,077	718	212	85	44	17	93
Albuquerque, NM	161	110	34	12	5	—	14
Boise, ID	58	46	10	1	—	1	6
Colorado Springs, CO	73	52	15	4	1	1	7
Denver, CO	104	68	17	10	6	3	9
Las Vegas, NV	292	198	63	22	6	3	22
Ogden, UT	23	18	3	1	—	1	—
Phoenix, AZ	225	126	43	24	24	7	18
Pueblo, CO	25	22	2	1	—	—	2
Salt Like City, UT	116	78	25	10	2	1	15
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,981	1,359	417	117	45	43	205
Berkeley, CA	31	20	8	3	—	—	1
Fresno, CA	50	35	13	1	—	1	7
Glendale, CA	39	32	4	1	1	1	7
Honolulu, HI	40	30	5	4	—	1	—
Long Beach, CA	71	45	19	7	—	—	9
Los Angeles, CA	545	351	115	55	9	15	59
Pasadena, CA	38	32	2	3	—	1	8
Portland, OR	142	102	29	5	5	1	7
Sacramento, CA	173	118	40	7	5	3	18
San Diego, CA	115	78	25	5	2	5	11
San Francisco, CA	118	74	33	4	2	5	11
San Jose, CA	300	220	56	8	9	7	43
Santa Cruz, CA	22	16	6	—	—	—	2
Seattle, WA	129	92	26	5	4	2	7
Spokane, WA	68	46	10	5	6	1	12
Tacoma, WA	100	68	26	4	2	—	3
Total	12,481**	8,260	2,818	816	323	260	945

U: Unavailable. —:No reported cases.

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

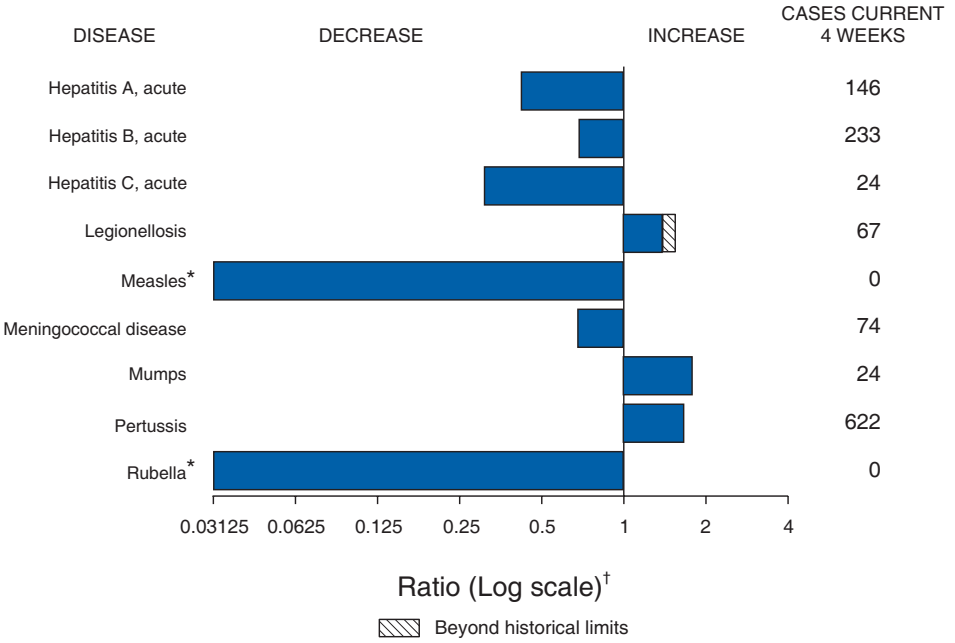
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 1, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 13 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.

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☆U.S. Government Printing Office: 2006-523-056/40036 Region IV ISSN: 0149-2195