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National Arthritis Month — May 2006

May is National Arthritis Month. Arthritis affects persons of both sexes and all ages and races and is the most common cause of disability in the United States. The national prevalence of arthritis and arthritis-attributable activity limitation are both projected to increase during the next 25 years.

Persons with arthritis can reduce the effects of the disease by staying physically active, maintaining a healthy weight, and getting educated about arthritis self-management. To help persons with arthritis better manage their disease, the Arthritis Foundation offers community-based exercise classes (the Arthritis Foundation Exercise Program and the Arthritis Foundation Aquatics Program) and self-management education classes (the Arthritis Foundation Self-Help Program), which can reduce pain and improve function and mental health among persons with arthritis.

The CDC Arthritis Program helps fund activities by 36 state arthritis programs to increase the quality of life among persons affected by arthritis by implementing recommendations in the *National Arthritis Action Plan: A Public Health Strategy* and promoting progress toward reaching the arthritis-related *Healthy People 2010* objectives (objectives 2-1 through 2-8). The CDC Arthritis Program has developed and is using a physical activity awareness intervention (Physical Activity: The Arthritis Pain Reliever) and is developing a similar intervention for Spanish language speakers.

Additional information about arthritis as a public health problem is available at http://www.cdc.gov/arthritis. Information about arthritis and local arthritis programs and services is available from the Arthritis Foundation at http://www.arthritis.org or by telephone at 800-568-4045.

State Prevalence of Self-Reported Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation — United States, 2003

Arthritis is costly ($86 billion annually), highly prevalent (affecting 43 million U.S. adults), the leading cause of disability, and associated with substantial disparities in pain, activity limitations, and compromised quality of life (*1–3*). State-based estimates of arthritis prevalence and impact help define the burden of arthritis and provide state arthritis programs with data for program planning. This report summarizes results from the 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey on state-specific prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation in 50 states, the District of Columbia (DC), and three territories. The findings indicated that the prevalence of adults with self-reported doctor-diagnosed arthritis ranged from 17.9% to 37.2% (state median: 27.0%) and with arthritis-attributable activity limitation ranged from 6.3% to 16.7% (state median: 9.9%); the proportion of adults with arthritis-attributable activity limitation among those with self-reported doctor-diagnosed arthritis ranged from 30.1% to 49.8% (state median: 37.4%). These high rates of arthritis prevalence and activity limitation are projected to increase with the aging of the population (*4*), requiring increased intervention measures to reduce this impact.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized, civilian, U.S. adult population aged ≥18 years. The survey is conducted annually in all 50 states, DC, Guam, Puerto Rico, and the U.S. Virgin Islands. In odd-numbered years, a five-question module on arthritis and activity limitation is included with the core survey. In 2003, self-reported doctor-diagnosed arthritis was defined as a "yes" response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" Respondents with self-reported doctor-diagnosed arthritis were also asked, "Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?" Those responding "yes" were considered to have arthritis-attributable activity limitation.

To estimate the state and territory burden and impact of arthritis, calculations of the prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation used the weighted state population of adults aged ≥18 years as the denominator. To estimate the impact of arthritis-attributable activity limitation among adults with self-reported doctor-diagnosed arthritis, the unadjusted proportion of adults with arthritis-attributable activity limitation was calculated using the weighted number of adults aged ≥18 years with self-reported doctor-diagnosed arthritis as the denominator. To allow comparison of the prevalence of arthritis-attributable activity limitation between states, an age-adjusted estimate for states was calculated using the 2000 population standard. Statistical analysis software was used to calculate point estimates and 95% confidence intervals. The median response rate for the states and territories included in this report was 53.2% (range: 34.4% [New Jersey] to 80.5% [Puerto Rico]).*

During 2003, the unadjusted prevalence of arthritis ranged from 17.9% in Hawaii to 37.2% in West Virginia (state median: 27.0%) and from 16.4% to 24.4% in the territories (Table). The unadjusted prevalence of arthritis-attributable activity limitation ranged from 6.3% in Hawaii to 16.7% in West Virginia (state median: 9.9%) and from 6.1% to 11.7% in the territories. The unadjusted proportion of arthritis-attributable activity limitation among adults with self-reported doctor-diagnosed arthritis ranged from 30.1% in DC to 49.8% in Kentucky (state median: 37.4%) and from 35.7% to 48.3% in the territories. The median age-adjusted state prevalence of arthritis-attributable activity limitation was 9.6%, and the states with the highest prevalences were in the southern region (Figure). In each state, DC, and territory, arthritis was

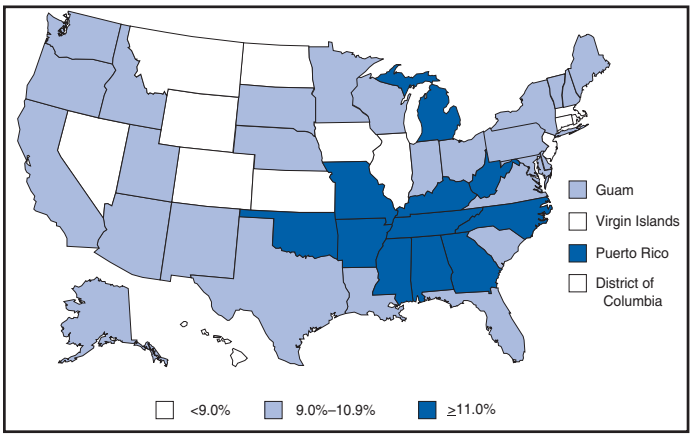
*2003 Behavioral Risk Factor Surveillance System Summary Data Quality Report. Available at http://www.cdc.gov/brfss/technical_infodata/pdf/2003summarydataqualityreport.pdf.

TABLE. State/territory-specific population prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation and proportion of adults with arthritis-attributable activity limitation among adults with self-reported doctor-diagnosed arthritis — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2003

State/Territory	Adult population prevalence						Proportion with arthritis-attributable activity limitation among adults with doctor-diagnosed arthritis	
	Doctor-diagnosed arthritis			Doctor-diagnosed arthritis and arthritis-attributable activity limitation				
	Weighted no. (in 1,000s)	Weighted %	(95% CI*)	Weighted no. (in 1,000s)	Weighted %	(95% CI)	Weighted %	(95% CI)
Alabama	1,139	33.9	(32.1-35.8)	459	13.5	(12.3-14.8)	40.4	(37.4-43.5)
Alaska	113	24.6	(22.4-26.9)	44	9.5	(8.0-11.0)	39.0	(34.0-44.0)
Arizona	1,068	26.3	(24.2-28.4)	414	10.1	(8.8-11.4)	38.9	(34.6-43.1)
Arkansas	638	31.6	(30.0-33.2)	273	13.4	(12.3-14.5)	43.2	(40.3-46.0)
California	5,503	22.0	(20.6-23.4)	2,265	8.7	(7.8-9.7)	41.2	(37.8-44.7)
Colorado	835	24.6	(23.2-26.0)	286	8.4	(7.5-9.3)	34.4	(31.3-37.4)
Connecticut	671	25.9	(24.6-27.2)	235	8.9	(8.1-9.8)	35.1	(32.3-37.8)
Delaware	164	28.0	(26.2-29.8)	60	9.7	(8.6-10.7)	36.3	(32.9-39.7)
District of Columbia	103	23.0	(20.8-25.3)	31	6.8	(5.5-8.1)	30.1	(25.2-35.0)
Florida	3,623	27.8	(26.0-29.6)	1,379	10.5	(9.3-11.6)	38.6	(35.1-42.1)
Georgia	1,696	26.7	(25.4-28.0)	690	10.8	(9.9-11.6)	41.0	(38.3-43.7)
Hawaii	171	17.9	(16.5-19.2)	60	6.3	(5.4-7.1)	35.3	(31.3-39.2)
Idaho	249	25.6	(24.2-27.0)	99	10.1	(9.2-11.0)	40.0	(37.0-43.0)
Illinois†	2,246	24.0	(22.1-26.1)	706	7.5	(6.4-8.8)	31.6	(27.5-35.9)
Indiana	1,388	30.4	(29.1-31.7)	482	10.5	(9.6-11.3)	35.0	(23.6-37.4)
Iowa	585	26.6	(25.3-28.0)	188	8.5	(7.7-9.3)	32.3	(29.6-35.0)
Kansas	492	24.6	(23.3-26.0)	184	9.1	(8.2-10.0)	37.6	(34.6-40.6)
Kentucky	1,044	34.6	(33.0-36.2)	519	16.6	(15.5-17.8)	49.8	(47.2-52.4)
Louisiana	895	27.5	(26.1-28.9)	340	10.3	(9.4-11.2)	38.6	(35.8-41.4)
Maine	292	29.3	(27.3-31.3)	117	11.7	(10.3-13.0)	40.4	(36.6-44.2)
Maryland	1,068	26.3	(24.7-27.8)	379	9.2	(8.2-10.2)	35.6	(32.4-38.8)
Massachusetts	1,244	25.6	(24.4-26.8)	426	8.6	(7.9-9.4)	34.5	(32.0-37.1)
Michigan	2,409	32.3	(30.6-34.0)	875	11.7	(10.5-12.8)	36.4	(33.5-39.4)
Minnesota	955	25.6	(24.1-27.1)	397	10.5	(9.5-11.6)	41.8	(38.4-45.1)
Mississippi	658	31.3	(29.8-32.8)	300	14.1	(13.0-15.3)	45.8	(43.0-48.6)
Missouri	1,280	30.1	(28.3-31.9)	521	12.2	(10.9-13.5)	40.7	(37.3-44.2)
Montana	180	26.3	(24.5-28.1)	62	9.0	(8.0-10.0)	34.7	(31.2-38.2)
Nebraska	345	27.0	(25.6-28.3)	128	9.9	(9.0-10.8)	37.1	(34.4-39.7)
Nevada	442	27.0	(24.7-29.3)	138	8.3	(7.0-9.7)	31.7	(27.3-36.2)
New Hampshire	254	26.4	(25.1-27.8)	92	9.4	(8.5-10.3)	36.3	(33.4-39.1)
New Jersey	1,611	25.0	(24.1-25.9)	540	8.3	(7.7-8.8)	33.7	(31.8-35.6)
New Mexico	341	25.5	(24.2-26.9)	134	9.9	(9.0-10.7)	39.4	(36.6-42.2)
New York	3,937	27.5	(26.2-28.9)	1,421	9.8	(8.9-10.6)	36.3	(33.7-39.0)
North Carolina	1,806	28.5	(27.2-29.9)	742	11.6	(10.7-12.5)	41.3	(38.7-43.9)
North Dakota	130	27.5	(25.8-29.2)	43	9.0	(8.0-10.0)	33.3	(30.1-36.6)
Ohio	2,538	29.8	(28.0-31.5)	884	10.3	(9.2-11.4)	34.9	(31.7-38.1)
Oklahoma	731	27.9	(26.8-29.1)	311	11.8	(11.1-12.6)	42.7	(40.5-44.9)
Oregon	721	27.0	(25.5-28.5)	288	10.7	(9.7-11.7)	40.1	(37.0-43.2)
Pennsylvania	2,965	31.6	(29.9-33.2)	927	9.8	(8.7-10.8)	31.4	(28.6-34.3)
Rhode Island	232	28.3	(26.7-29.9)	75	9.0	(8.1-10.0)	32.5	(29.5-35.5)
South Carolina	934	30.4	(29.0-31.7)	345	11.1	(10.2-11.9)	37.0	(34.6-39.5)
South Dakota	162	28.8	(27.4-30.2)	59	10.4	(9.6-11.3)	36.6	(34.0-39.2)
Tennessee	1,378	31.6	(29.5-33.6)	559	12.6	(11.2-14.0)	40.7	(37.0-44.4)
Texas	3,788	24.1	(22.9-25.3)	1,435	9.0	(8.2-9.8)	38.2	(35.5-40.9)
Utah	355	22.3	(20.7-24.0)	133	8.3	(7.2-9.4)	37.4	(33.6-41.3)
Vermont	129	27.3	(25.8-28.8)	51	10.6	(9.6-11.7)	39.4	(36.4-42.3)
Virginia	1,495	27.2	(25.7-28.8)	554	9.9	(8.9-10.9)	37.4	(34.2-40.5)
Washington	1,216	26.7	(25.9-27.5)	500	10.9	(10.4-11.4)	41.4	(39.8-43.0)
West Virginia	523	37.2	(35.4-39.0)	236	16.7	(15.3-18.1)	45.4	(42.5-48.4)
Wisconsin	1,096	26.9	(25.2-28.5)	391	9.5	(8.5-10.5)	35.8	(32.5-39.0)
Wyoming	107	28.5	(27.0-30.0)	34	8.9	(8.0-9.9)	31.6	(28.8-34.4)
State median§		*27.0*			*9.9*		*37.4*	
Guam	17	16.4	(13.6-19.3)	7	6.3	(4.5-8.2)	39.3	(30.3-48.5)
Puerto Rico	683	24.4	(22.8-26.0)	330	11.7	(10.6-12.8)	48.3	(44.7-51.8)
Virgin Islands	13	17.4	(15.3-19.4)	4	6.1	(4.8-7.4)	35.7	(29.6-41.8)

* Confidence interval.
† The Illinois BRFSS uses a split-sample design, which requires different weighting procedures to produce accurate estimates. The estimates reported here for Illinois were provided directly by the Illinois BRFSS coordinator.
§ Median for all 50 states and the District of Columbia.

FIGURE. Age-adjusted* population prevalence of arthritis-attributable activity limitation — Behavioral Risk Factor Surveillance System, United States, 2003



* Age-adjusted to the 2000 standard U.S. population.

more prevalent in women than in men and in adults aged ≥65 years than in younger adults.

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Editorial Note: The findings in this report provide the first state-specific estimates of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation for all 50 states, DC, and U.S territories using updated case-finding questions. In all state and territorial populations, self-reported doctor-diagnosed arthritis is one of the most common chronic conditions, and arthritis-attributable activity limitation has a substantial impact. As the U.S. population continues to age, the prevalence of arthritis and arthritis-attributable activity limitation is projected to increase (*4*), likely increasing these already substantial state estimates of arthritis burden.

Arthritis-attributable activity limitation can be prevented or reduced in many persons. For example, both aerobic and strengthening exercises can improve physical function and self-reported disability among older disabled adults with knee osteoarthritis (*5*). In addition, among persons with arthritis who are not limited in activity, regular physical activity can reduce the risk for functional activity limitation by 32% (*6*). Arthritis self-management education classes also have substantially reduced pain and disability (*7*). However, despite the known benefits of exercise for persons with arthritis, 44% of adults with arthritis are physically inactive (*8*).

The findings in this report are subject to at least four limitations. First, doctor-diagnosed arthritis is self reported and has not been confirmed by a health-care provider, although such self report appears valid for surveillance purposes (*9*). Second, BRFSS is a telephone survey and does not cover persons without land-line telephones, persons in the military, or those residing in institutions. Third, state comparisons of data presented (Table) are difficult because they are unadjusted for potentially important variables (e.g., age); however, age-adjusted data are presented (Figure). Finally, response rates for BRFSS are low; however, demographic characteristics of state BRFSS survey respondents are representative of the state adult populations.

These state-specific data on self-reported doctor-diagnosed arthritis prevalence and arthritis-attributable activity limitation are important for monitoring and targeting programs to reduce the burden of arthritis. One of the national *Healthy People 2010* objectives (objective 2-2) is to reduce the proportion of adults with self-reported doctor-diagnosed arthritis who experience arthritis-attributable activity limitation from 36% in 2002 (baseline) to 33%. CDC funds 36 state health departments to expand the reach of evidence-based programs for persons with arthritis. These include physical activity programs (Arthritis Foundation Exercise Program, Arthritis Foundation Aquatics Program, and EnhanceFitness) and self-management education programs (Arthritis Foundation Self-Help Program and the Chronic Disease Self-Management Program) that are delivered in community settings by trained instructors. Benefits of these physical activity and self-management education programs include reduced pain, improved function and mental health, and less need for health care (*10*). Improving access to these evidence-based programs through national and local partnerships with states and the Arthritis Foundation might help meet the 2010 health objectives for arthritis and thereby improve the quality of life for those affected by arthritis.

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Mental Health in the United States

Parental Report of Diagnosed Autism in Children Aged 4–17 Years — United States, 2003–2004

Autism is a lifelong neurodevelopmental disorder characterized by early onset of impairments in social interaction and communication and unusual, stereotyped behaviors. Autism (i.e., autistic disorder) often is classified with two related, although less severe, developmental disorders: Asperger disorder and pervasive developmental disorder–not otherwise specified. These three constitute the autism spectrum disorders (ASDs). Diagnosis of ASDs is based exclusively on developmental pattern and behavioral observation (Box). Two population-based studies conducted by CDC in selected U.S. locations reported ASD prevalence of 3.4 and 6.7 per 1,000 children, respectively (*1,2*). CDC also conducts two nationally representative surveys, the National Health Interview Survey (NHIS) and the National Survey of Children's Health (NSCH), in which parents are asked whether their child ever received a diagnosis of autism. Because of similarities in methodology used by the two surveys, CDC analyzed 2003–2004 data from NHIS and data from the first-ever NSCH (collected during January 2003–July 2004) to 1) estimate the population-based prevalence of parental report of diagnosed autism in the United States and 2) assess parental reporting of child social, emotional, and behavioral strengths and difficulties and special-health care needs among children with and without reported autism. This report describes the results of

BOX. Diagnostic criteria for autism

Autistic disorder*

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):
   (1) qualitative impairment in social interaction, as manifested by at least two of the following:
      (a) marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
      (b) failure to develop peer relationships appropriate to developmental level
      (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
      (d) lack of social or emotional reciprocity
   (2) qualitative impairments in communication, as manifested by at least one of the following:
      (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
      (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
      (c) stereotyped and repetitive use of language or idiosyncratic language
      (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
   (3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:
      (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
      (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
      (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements)
      (d) persistent preoccupation with parts of objects
B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
C. The disturbance is not better accounted for by Rett disorder or childhood disintegrative disorder.

SOURCE: American Psychiatric Association. Diagnostic and statistical manual of mental disorders—text revision (DSM-IV-TR™, 2000) Arlington, VA: American Psychiatric Association, 2000.

* Autistic disorder is one of three autism spectrum disorders categorized within the five pervasive developmental disorders included in DSM-IV-TR, 2000. The other two autism spectrum disorders are Asperger disorder and pervasive developmental disorder–not otherwise specified. The two remaining pervasive developmental disorders are Rett disorder and childhood disintegrative disorder

that analysis, which indicated that the prevalence of parent-reported diagnosis of autism was 5.7 per 1,000 children in NHIS and 5.5 per 1,000 children in NSCH. Prevalence estimates in the two studies were similar across age, sex, and racial/ethnic populations. The consistency in estimates between the two surveys suggests high reliability for parental report of autism. These estimates suggest that, as of 2003–2004, autism had been diagnosed in at least 300,000 U.S. children aged 4–17 years. In addition, parental reports of autism were associated with reported social, emotional, and behavioral symptoms and specialized needs. Thus, these surveys might be useful to assess health, education, and social service needs of children with autism.

NHIS is an ongoing, annual, in-person survey of the civilian, noninstitutionalized U.S. population, based on a multistage sampling of housing units. NHIS includes a child survey component in which one child aged ≤17 years is selected randomly as the interview subject from each applicable household. Responses to questions about the child are obtained from parents or other knowledgeable adults. For this report, the analysis was based on 24,673 children from the combined NHIS surveys of 2003 and 2004, the most recent reporting years and a period comparable to that of the first NSCH interviews. Response rates for the child survey component of NHIS for 2003 and 2004 were 81.1% and 79.4%, respectively.

NSCH is a random-digit–dialed telephone survey conducted by CDC as part of the State and Local Area Integrated Telephone Survey sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. NSCH was initiated in 2003 to estimate the prevalence of physical, emotional, and behavioral child health indicators in combination with information on the family context and neighborhood environment. The survey uses a multistage sampling method based on identification of households with one or more children aged ≤17 years and random selection of a sample child as the interview subject. Parents or guardians of 102,353 children completed the interview during January 2003–July 2004. The response rate was 55.5%. CDC plans to conduct this survey approximately every 4 years.

In both surveys, autism was ascertained from the question: "Has a doctor or health-care provider ever told you that [child's name] has autism?" For both surveys, children who were aged 4–17 years at the time of the survey were selected; children with missing data on autism (<0.2%) were excluded. The final samples included 18,885 children from NHIS and 79,590 children from NSCH.

Population-based estimates of parent-reported autism used weighted data to reflect the noninstitutionalized population of children nationally. From NHIS, the consistency between parent-reported autism and parental responses to the Strengths and Difficulties Questionnaire (SDQ) was examined. The SDQ is a 25-item behavioral screening instrument that includes both positive and negative psychological attributes. The items are divided into five scales: emotional symptoms, conduct problems, hyperactive behavior, peer relationships, and prosocial behavior. For each scale, children are categorized as having low, moderate, or high levels of difficulties on the basis of established criteria for U.S. children (*3*). From NSCH, the extent to which children reported to have autism also were reported to have special health-care needs was examined (*4*). Additionally, for children aged 4–5 years in the NSCH survey, a risk score for developmental delay was computed from responses to a series of questions from the Parent's Evaluation of Developmental Status (PEDS) questionnaire (*5*). PEDS is designed to identify children who have or are at risk for developmental problems generally, including developmental problems associated with ASD.

Total prevalence estimates of parent-reported diagnosis of autism and estimates by sex, age, and race/ethnicity were similar for the two surveys (Table 1). Prevalence was 5.7 per 1,000 children (95% confidence interval [CI] = 4.5–7.2) in NHIS and 5.5 per 1,000 children (CI = 4.7–6.4) in NSCH. In both surveys, prevalence was 3.7 times as high for males as for females, peak prevalence was observed at ages 6–11 years, and lower rates were observed among children of Hispanic ethnicity.

On the basis of NHIS data, children with parent-reported autism were more likely than children without autism to have moderate or high levels of emotional symptoms, conduct problems, hyperactivity, peer problems, and total difficulties (Table 2). Approximately 83% of children reported with autism had moderate or high levels of total difficulties compared with 15% of children without autism. The most notable differences were for peer problems (82.0% versus 15.9%) and hyperactivity (65.2% versus 11.9%). Substantially fewer children reported with autism had a high level of social skills (39.6%) compared with children without autism (82.3%).

On the basis of NSCH data, 93.8% of children with parent-reported autism were classified as having special health-care needs lasting or expected to last ≥12 months; 90.1% were reported as needing more medical, mental health, or educational services than usual for a child of the same age or needing treatment or counseling for an emotional, developmental, or behavioral problem (Table 3). These percentages compared with 19.6% and 10.5%, respectively, for children reported without autism.

Substantial differences also were observed among children aged 4–5 years regarding their risk for developmental delay, on the basis of the PEDS questions. Among those with

TABLE 1. Prevalence of parent-reported autism among children aged 4–17 years,* by selected demographic characteristics — National Health Interview Survey (NHIS) and National Survey of Children's Health (NSCH), United States, 2003–2004

	NHIS				NSCH			
Demographic characteristics	No. in sample	No. with reported autism	Weighted† prevalence per 1,000	(95% CI§)	No. in sample	No. with reported autism	Weighted prevalence per 1,000	(95% CI)
Total	**18,885**	**102**	**5.7**	**(4.5–7.2)**	**79,590**	**465**	**5.5**	**(4.7–6.4)**
Sex								
Male	9,781	82	8.8¶	(6.7–11.5)	40,846	360	8.5¶	(7.0–10.3)
Female	9,104	20	2.4	(1.4–4.2)	38,671	105	2.3	(1.8–3.0)
Age (yrs)								
4–5	2,598	11	4.8	(2.4–9.7)	10,650	64	4.4	(3.0–6.3)
6–8	3,668	27	7.5	(5.0–11.5)	15,143	115	7.6	(5.1–11.2)
9–11	3,912	24	7.2	(4.5–11.3)	15,937	113	6.8	(5.1–9.0)
12–14	4,151	21	4.6	(2.7–7.9)	18,149	83	4.3	(3.1–6.0)
15–17	4,556	19	4.2	(2.3–7.3)	19,711	90	4.1	(3.0–5.5)
Race/Ethnicity**								
Hispanic	5,315	16	2.9¶	(1.5–5.6)	9,569	35	3.2¶	(1.6–6.5)
White, non-Hispanic	9,748	66	7.0	(5.3–9.2)	55,334	347	6.2	(5.3–7.3)
Black, non-Hispanic	3,023	18	5.2	(3.0–9.1)	7,642	44	5.8	(3.3–10.2)
Highest level of education achieved by a family member								
≤ High school graduate	7,164	27	4.0	(2.5–6.3)	20,091	88	4.1	(2.9–5.9)
> High school	11,627	73	6.6	(5.0–8.6)	59,194	373	6.0	(5.0–7.1)
Family income								
<200% of poverty level††	5,735	26	5.7	(3.6–9.0)	22,500	129	5.6	(4.0–7.9)
≥200% of poverty level	8,671	61	7.1	(5.3–9.7)	49,900	294	5.6	(4.7–6.6)

* Children with missing data on autism (0.07% in NHIS and 0.13% in NSCH) were excluded from all analyses. Children with missing variables on demographic factors also were excluded from relevant analyses. Percentage missing was <1% for all factors in both surveys, except race/ethnicity in NSCH (1.6% missing) and family income in both surveys (24% missing from NHIS and 9% missing from NSCH).

† Estimates are weighted to reflect the noninstitutionalized population of children nationally. Sample weights reflect the probability of selection of each child and are adjusted to account for nonresponse and noncoverage.

§ Confidence interval; adjusted to account for complex sample design using statistical software.

¶ $p<0.05$ on the basis of chi-square comparison of prevalence rates across demographic subgroups.

** Children classified as of race/ethnicity other than Hispanic, non-Hispanic white, or non-Hispanic black were not included in subgroup analyses by race/ethnicity because of small sample size in both surveys.

†† Poverty level was derived from household income level on the basis of U.S. Department of Health and Human Services guidelines.

reported autism, 92.6% were classified as at high risk for developmental delay, 6.4% were classified as at moderate risk, and 1.1% as at low risk. Among children without autism, 9.4% were classified as at high risk for developmental delay, 17.1% were classified as at moderate risk, and 73.6% as at low risk or no risk (Table 3).

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Editorial Note: Because diagnosis of autism is made only by assessment of developmental patterns and observation of behavioral symptoms, establishing and tracking prevalence is difficult; thus, multiple methods for case ascertainment can be useful. Parental report of autism diagnosis has not been assessed previously. However, a study of parental report of birth defects (*6*) documented high specificity; sensitivity varied depending on the defect. Validation studies of self-reported medical conditions among adults have reported similar findings (*7,8*). Although the autism diagnosis question from NHIS and NSCH has not been externally validated, the consistency of results from these two independent surveys of the U.S. population during the same approximate period suggests a degree of reliability of these estimates. The associations between reported autism and 1) parental rating of difficulties with SDQ items included in NHIS and 2) reports of special health-care needs and risk for developmental delay in NSCH suggest consistency between reported autism and expected behavioral and emotional symptoms and health-care use patterns. Moreover, the estimates of autism in this report and the male-to-female prevalence ratios are consistent with estimates from recent population-based studies of autism and ASD prevalence on the basis of clinical examination and medical and educational record review (*1,2*). Additionally the finding that parent-reported autism prevalence was highest during early school age (i.e., 6–11 years) appears similar to that of a 1996 study using medical and education record review in metropolitan Atlanta in which peak prevalence was observed among children aged 5–8 years (*1*).

TABLE 2. Parental scoring of child strengths and difficulties among children aged 4–17 years, by parent-reported autism status — National Health Interview Survey, United States, 2003–2004

Strengths and difficulties scales*	Weighted† percentage among children with reported autism	Weighted percentage among children without reported autism	Prevalence ratio§	(95% CI¶)
Emotional symptoms				
Low	56.3	87.0	Referent	
Moderate	17.6	5.3	4.2	(2.6–6.8)
High	26.0	7.7	3.9	(2.6–5.8)
Conduct problems				
Low	66.2	82.1	Referent	
Moderate	12.2	10.2	1.4	(0.7–2.7)
High	21.6	7.8	2.9	(1.9–4.4)
Hyperactivity				
Low	34.9	88.1	Referent	
Moderate	11.8	3.8	6.1	(3.6–10.4)
High	53.4	8.1	7.2	(5.9–8.7)
Peer problems				
Low	18.0	84.2	Referent	
Moderate	14.5	7.6	5.4	(3.4–8.4)
High	67.5	8.3	8.8	(7.7–10.2)
Total difficulties**				
Low	**17.4**	**84.7**	**Referent**	
Moderate	**24.4**	**7.8**	**6.9**	**(5.2–9.2)**
High	**58.2**	**7.5**	**9.5**	**(8.1–11.1)**
Prosocial behavior				
High	39.6	82.3	Referent	
Moderate	22.5	12.3	2.8	(1.9–4.1)
Low	38.0	5.4	7.9	(5.9–10.6)

* Missing data for children reduced certain sample sizes. Maximum missing data was 5% for peer problems and 6% for total difficulties.
† Estimates are weighted to reflect the noninstitutionalized population of children nationally. Sample weights reflect the probability of selection of each child and are adjusted to account for nonresponse and noncoverage.
§ For each scale other than prosocial behavior, prevalence ratios compare children with and without autism by presence of moderate and high levels of difficulties, using low level of difficulty as the referent category. For prosocial behavior, prevalence ratios compare children with and without autism by presence of moderate and low level of prosocial behavior, using high level of prosocial behavior as the referent category.
¶ Confidence interval; adjusted to account for complex sample design using statistical software.
** Based on scales for emotional symptoms, conduct problems, hyperactivity, and peer problems.

The findings in this report of parental report of diagnosed autism complement other CDC studies of the prevalence of autism, such as population-based surveillance conducted in Atlanta and other areas of the United States that compose the Autism and Developmental Disabilities Monitoring (ADDM) Network. Estimates from ADDM surveillance are on the basis of medical and education record review of eligible children aged 8 years and provide more detail regarding the prevalence of ASDs in selected U.S. populations. In addition, ADDM surveillance provides information on the clinical characteristics of children with ASDs and will provide data to track ASD prevalence trends in these populations. NHIS and NSCH data supplement ADDM data by providing national estimates of parent-reported diagnoses of autism. Because these surveys contain information on health-care use and family functioning, they might be helpful for future analyses examining the impact of ASDs on children and their families. Previous reports on parent-reported estimates of other developmental disabilities from NHIS (*9*) and of attention-deficit/hyperactivity disorder from NSCH (*10*) have provided valuable data on the national prevalence and insight into the impact of these disorders on children in the United States.

Because autism is defined behaviorally, autism usually is not diagnosed before age 4 years. Later identification of children with autism might suggest an underestimate of autism prevalence among younger age groups. Similarly, although autism is considered a chronic condition, to what extent the "ever diagnosed" cases described in this report reflect parental report of current levels of clinical symptomatology rather than past diagnoses is unclear; thus, the peak prevalence estimates for children aged 6–11 years might be reflective of peak ages for diagnosis and treatment. Although Hispanic children had lower rates of reported autism in the two surveys, whether the lower rates resulted from etiologic differences or differential cultural factors related to autism symptom recognition and access to services for diagnosis and treatment could not be determined. Thus, differences observed between age or race/ethnicity subgroups should not be used to infer potential etiologic associations. Nonetheless, such differences point to the need to consider potential underdiagnosis in certain populations. CDC has recognized the need to improve early detection of autism and has begun a public education campaign with national partner groups (Learn the Signs. Act Early) to educate parents and professionals about early warning signs of autism and other developmental disorders and to encourage developmental screening and intervention.

The findings in this report are subject to at least four limitations. First, the NSCH response rate was lower than the NHIS response rate; however, the comparability of the prevalence estimates suggests a differential nonresponse bias did not occur. Second, parental report of autism is dependent on access to appropriate health or educational services for diagnosis and communication of that diagnosis to the parent. Third, because the survey asked only about autism, how parents of children with diagnoses of other, less severe, ASD disorders (i.e., pervasive developmental disorder–not otherwise specified or Asperger disorder) might have responded is unclear. However, because prevalence estimates from NHIS and NSCH

TABLE 3. Parental reports of special health-care needs* of children aged 4–17 years† and concerns over early development of children aged 4–5 years, by reported autism status — National Survey of Children's Health, United States, 2003–2004

Parental report/concern	Weighted§ percentage among children with reported autism	Weighted percentage among children without reported autism	Prevalence ratio¶	(95% CI**)
Special health-care needs of children aged 4–17 years				
Need/use prescription medications (except vitamins)	53.2	15.1	3.5	(3.0–4.1)
Need/use more medical, mental health, or education services than usual for most children same age	85.0	8.0	10.6	(9.9–11.3)
Limited/prevented in any way in ability to do things most children of same age can do	64.0	4.0	16.0	(14.0–18.5)
Need/receive special therapy such as physical, occupational, or speech	70.7	2.8	25.3	(22.3–28.4)
Have any kind of emotional, developmental, or behavioral problem for which treatment or counseling needed	74.9	5.7	13.1	(11.9–14.5)
Any of five special health-care needs listed above	93.8	19.6	4.8	(4.6–5.0)
Either more medical, mental health, education services than usual for most children same age OR emotional, developmental, or behavioral problem for which treatment or counseling needed	90.1	10.5	8.6	(8.1–9.1)
Early development of children aged 4–5 years††				
Concerned with learning, development, or behavior	87.9	8.2	10.8	(8.8–13.1)
Concerned with talking	92.4	20.5	4.5	(4.0–5.1)
Concerned with understanding	86.3	12.3	7.0	(5.8–8.5)
Concerned with use of hands/fingers	74.0	8.2	9.0	(7.2–11.3)
Concerned with use of arms/legs	52.9	6.6	8.0	(5.5–11.6)
Concerned with behaviors	93.5	23.8	3.9	(3.5–4.4)
Concerned with getting along with others	87.0	16.8	5.2	(4.5–6.0)
Concerned with learning to do things for self	91.8	11.7	7.9	(7.0–8.9)
Risk assessment score§§				
No or low risk	1.1	73.6	Referent	
Moderate risk	6.4	17.1	4.6	(3.4–6.1)
High risk	92.6	9.4	8.7	(7.8–9.8)

* Lasting or expected to last ≥12 months.
† Missing data (<1% missing for all concerns) for children reduced certain sample sizes.
§ Estimates are weighted to reflect the noninstitutionalized population of children nationally. Sample weights reflect the probability of selection of each child and are adjusted to account for nonresponse and noncoverage.
¶ Prevalence ratios compare parental concerns regarding children with and without reported autism. For the PEDS risk assessment score, prevalence ratios compare children with and without reported autism who had moderate or high risk scores, using no or low risk scores as the referent category.
** Confidence interval; adjusted to account for complex sample design using statistical software.
†† Based on responses to Parent's Evaluation of Developmental Status (PEDS) questions. Possible responses to each PEDS question were concerned "a lot," "a little," or "not at all." Percentages of those responding concerned "a lot" are presented.
§§ Based on all PEDS questions presented.

are greater than the estimate for ASDs (3.4 per 1,000 population) reported in a previous study (*1*) and the estimate for autism (4.0 per 1,000 population [compared with 6.7 per 1,000 for ASDs]) reported in another (*2*), the findings in this report might indicate that children with the other two ASDs were reported by their parents as having autism. Finally, the findings in this report represent cross-sectional analyses of NHIS and NSCH data from interviews conducted during the same approximate period and do not assess trends in the rate of autism.

Results from these two national surveys of parental report of diagnosed autism suggest that, as of 2003–2004, autism had been diagnosed in at least 300,000 U.S. children aged 4–17 years. Parents who reported that their children had autism also reported these children experienced moderate or high levels of social, emotional, and behavioral difficulties and needed special health-care and educational services. These population-based surveys might be useful to assess the specialized health and educational needs of families and children with disabilities such as autism.

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Worker Illness Related to Ground Application of Pesticide — Kern County, California, 2005

In California, suspected pesticide and work-related illnesses and injuries are reportable conditions. The Occupational Health Branch (OHB) of the California Department of Health Services (CDHS) conducts surveillance of work-related pesticide illness with support from the National Institute for Occupational Safety and Health (NIOSH) and the U.S. Environmental Protection Agency (EPA). On May 12, 2005, CDHS received a report from the California Department of Pesticide Regulation (CDPR) of a suspected pesticide incident in Kern County involving 27 farmworkers (age range: 21–61 years; median: 32.5 years) and six emergency responders (age range: 28–51 years; median: 33.5 years). CDHS investigated this incident by conducting a site visit; reviewing medical and meteorologic records; and interviewing affected workers, pesticide applicators, and the farmworker employer. Findings indicated that workers became ill from drift of a pyrethroid pesticide (cyfluthrin) that was being applied in a neighboring field. Pyrethroid pesticide applicators should always operate in a manner that ensures workers are not exposed.

On May 12 at 7:00 a.m., a commercial pesticide application team was spraying in a citrus orchard to control thrip, a small insect that feeds on oranges. The pesticide solution contained 32 ounces of cyfluthrin (pyrethroid, EPA toxicity category I), 84 ounces of spinosad (EPA toxicity category III), 18.5 gallons of petroleum oil (EPA toxicity category III), and 1,800 gallons of water. The pesticide was sprayed from three enclosed ground rig applicator tractors that traveled up and down rows and turned around on a dirt road that borders the field. In a neighboring grape vineyard southeast of the pesticide application, 27 farmworkers (23 female) were suckering (i.e., pruning unwanted shoots), lifting, and tying grape vines. Although employers are required by CDPR to notify their workers when they are within a quarter mile of cyfluthrin application, notification of farmworkers in the neighboring vineyard was not required because they worked for a different employer.

A supervisor for the pesticide applicators observed the workers in the grape vineyard and suspended application. The applicator supervisor spoke with the farmworker supervisor, but the substance of their conversation is unknown. The farmworkers continued to work, and spraying resumed approximately 20 minutes later. Shortly thereafter, some of the workers noticed a chemical odor, began feeling ill, and stopped working. A 911 telephone call was made, and a hazardous material (HAZMAT) team arrived at 7:55 a.m. Twenty-three workers (all female) were decontaminated on site by the HAZMAT team. They were then transported by ambulances to local hospitals. Four other workers (all male), who had been lifting grape vines in a location further from the spraying, were identified later that day and transported by their supervisor to medical care the following day as a precaution. After evaluation in emergency departments, all 27 farmworkers were discharged home.

CDHS conducted in-person interviews in Spanish with the farmworkers and telephone interviews in English with the emergency responders and reviewed medical records from emergency department and clinic visits. Data were abstracted and coded according to a standardized case definition for pesticide-related illness (*1*). Symptoms most commonly reported by the 27 farmworkers were headache (96%), nausea (89%), eye irritation (70%), muscle weakness (70%), anxiety (67%), and shortness of breath (64%) (Table). Illness severity was classified according to a severity index for acute pesticide-

TABLE. Symptoms/signs reported by 27 farmworkers exposed to pesticide application — Kern County, California, May 2005

Symptom/Sign	No.	(%)
Respiratory	24	(89)
Cough	8	(30)
Upper respiratory pain/irritation	16	(59)
Shortness of breath	17	(64)
Pleuritic chest pain	15	(56)
Wheezing	5	(19)
Odor	18	(67)
Gastrointestinal	24	(89)
Nausea	24	(89)
Vomiting	7	(26)
Abdominal pain/Cramping	14	(52)
Anorexia	16	(59)
Neurologic	26	(96)
Headache	26	(96)
Muscle weakness	19	(70)
Anxiety	18	(67)
Confusion	16	(59)
Dizziness	5	(19)
Eyes	23	(85)
Pain or Irritation/Inflammation	19	(70)
Tearing	14	(52)
Skin	11	(41)
Irritation/Pain	6	(22)
Itching	5	(19)

related illness (*2*). Illness severity was moderate in five (19%), low in 20 (74%), and not applicable (i.e., less than two symptoms) in two (7%) farmworkers (*2*). Because of the known toxicity of the different substances applied, these effects were attributed primarily to cyfluthrin. Illness symptoms were not reported by the applicators, who were wearing appropriate protective equipment. Foliage samples obtained by CDPR from the citrus orchard southeast of the pesticide spraying indicated cyfluthrin levels of 1.14 ppm. Neither foliage samples obtained from the grape vineyard nor clothing samples obtained from the farmworkers had measurable levels of cyfluthrin. CDHS is conducting follow-up with these workers to assess any potential persistent effects associated with acute cyfluthrin exposure.

Six emergency responders (four male) responded to the incident and were evaluated in emergency departments. Health effects were reported by four of six emergency responders and included respiratory (four), skin (three), and eye (two) symptoms. The illness severity rating was low in four of six emergency responders and, in two others, was not applicable (*2*).

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Editorial Note: The incident described in this report highlights two potential occupational hazards in agriculture: pyrethroid toxicity and pesticide drift. In this incident, drift of the pyrethroid compound cyfluthrin was determined to be the cause of symptoms in all 27 farmworkers and four of six emergency responders. This finding is substantiated by the short distance between the site of pesticide application and the farmworkers; the detection of cyfluthrin on citrus foliage samples southeast of the spray position, suggesting that the pesticide drifted in the direction of the farmworkers; the sudden onset of symptoms coinciding with the application; and symptoms among both farmworkers and response workers that were consistent with those caused by pyrethroid pesticides. Wind direction and speed, measured at a weather station approximately 7 miles from the pesticide application site, is highly variable in the area where the incident occurred and likely contributed to the incident.

Cyfluthrin is a type II pyrethroid that increased in use 1,100% in California from 1990 (4,099 lbs. applied) to 2003 (47,610 lbs. applied) (*3*). Pyrethroid pesticides are synthetic derivatives of natural pyrethrin insecticides. Both pyrethrins and pyrethroids act on insects by prolonging the inactivation of sodium channels in their nervous systems. Because mammals rapidly detoxify these compounds, humans are less susceptible to systemic effects by this mode of action. However, most human health effects caused by pyrethroids are the result of effects on sodium channels on nerves, in skin, and other organs. At high doses, signs of poisoning attributable to type II pyrethroids include profuse salivation and pulmonary edema, clonic seizures, opisthotonos (i.e., the spine is bent forward such that a supine body rests on its head and heels), coma, and death (*4,5*). At lower doses, commonly observed effects include paresthesia, erythema, dizziness, headache, fatigue, irritability to sound and touch, and skin, eye, upper respiratory tract, and gastrointestinal irritation (*5,6*). Symptoms typically improve within 24–48 hours in the absence of continued exposure. The inactive ingredients, which include solvents, also might have accounted for some of the reported symptoms.

Illness caused by pyrethroid pesticides is diagnosed on the basis of exposure history and symptoms; erythema of exposed skin also might be evident. Urine metabolites are an indicator of exposure but are impractical for clinical evaluation because they are not measured by most clinical laboratories and because analysis requires knowledge of the exact parent compound (*7*). Moreover, urine metabolites do not correlate with exposure dose or symptoms. Treatment consists of decontamination and symptomatic therapy. Topical vitamin E cream can alleviate dermal paresthesia.

During 1998–2003 in California, 12% (297 of 2,470) of occupational pesticide illness reports were attributed to pesticide drift (*3*). Because weather patterns are unpredictable, pesticide drift can occur even when applications are begun during calm periods. In this incident, pesticide drifted onto workers in a grape vineyard who had not been notified of a pesticide application in a neighboring citrus orchard. Inadequate communication between the applicators and farmworkers might have resulted in continued spraying despite the presence of workers in the grape vineyard. Employers are required to give notification of cyfluthrin application only to their own employees. Neither the applicators nor the citrus grower were required by law to provide notification to the farmworkers, who worked for a different employer. Even when not required, CDHS recommends that workers in adjacent areas should be notified about scheduled pesticide applications. Furthermore, pesticide applications should cease if workers are observed in neighboring areas.

Pyrethroid pesticides are in widespread use for both agricultural and structural applications. Although considered to be a safer alternative to many other pesticides, pyrethroid pesticides such as cyfluthrin can cause pesticide illness even at low doses. Evaluating physicians should be knowledgeable regarding the potential for occupational illness caused by pesticide exposure, signs and symptoms, and methods of treatment. Nontoxic, sustainable methods of pest control should be encouraged for primary prevention of pesticide illness.

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Brief Report

Respiratory Illness Associated with Boot Sealant Products — Five States, 2005–2006

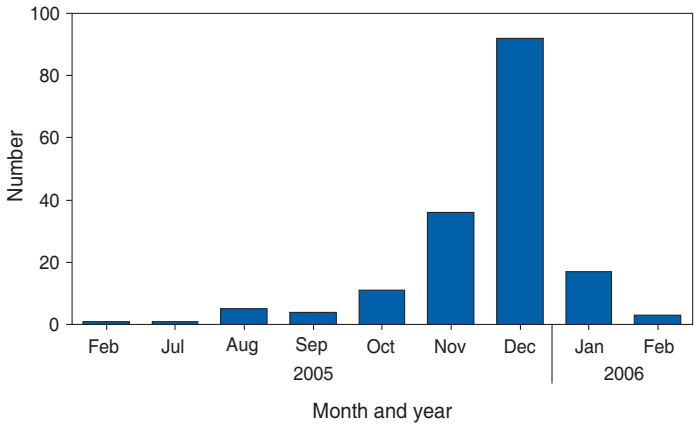
During February 2005–February 2006, six regional poison control centers in five states were consulted regarding 172 human and 19 animal (i.e., pet cat or dog) exposures to shoe or boot leather protection or sealant products resulting in respiratory illness. One product was associated with 126 cases of human illness and another product with seven cases. An ongoing investigation, begun in December 2005, is being conducted by the poison centers. The majority of cases occurred in Michigan, where poison control centers are collaborating with the Michigan Department of Community Health to further document exposures and adverse health effects from the products. Results of the investigation of the 150 cases reported during 2005 underscore the continuing need to assess the magnitude of the problem, evaluate the toxic etiology of the products involved, and determine how to prevent further cases of illness resulting from use of the products.

A case was defined as a report to a poison control center of illness after exposure to an aerosol agent used for waterproofing boots or shoes; reports were made directly by persons exposed, by family members or friends, or by health-care facilities where persons sought treatment. Specific illness symptoms were not required to meet the case definition.

During 2005, the number of cases increased substantially with the onset of winter. One case was reported in February and one in July; five were reported in August, four in September, 11 (7%) in October, 36 (24%) in November, and 92 (61%) in December (Figure). Eighty-four (56%) cases were reported in Michigan, 25 (17%) in Indiana, 19 (13%) in western Pennsylvania, 12 (8%) in central Ohio, and 10 (7%) in Kentucky.

Ages of the 150 patients ranged from one to 70 years (median: 33 years); 33 (22%) were aged <18 years. Among the patients, 50% were the persons in their households who most used the product; however, persons who did not use the product also were affected. The product was sprayed indoors in 131 (87%) of 150 cases; 19 (13%) of the patients were exposed when the product was used outdoors. No evidence was observed that substance abuse was related to the exposures. Investigators determined that sprayed shoes and boots brought into the home from garages or outdoors continued to be a source of exposure to both humans and pets as the product evaporated. Five occupational exposures occurred,

FIGURE. Number* of exposures to boot sealant products reported to poison control centers, by month of exposure — five states, 2005–2006



* N = 172.

four while spraying clothing items at work and one while demonstrating a product to a customer. Preexisting respiratory risk factors were identified in 40 (27%) of the 150 patients: asthma (13 [8%]) and smoking (27 [18%]).

A total of 144 patients were symptomatic, including 137 (95%) who reported symptoms of respiratory illness; all were encouraged to seek medical care. Among those who were symptomatic, the most common symptoms were cough [(113 patients [78%])] and dyspnea [(86 [60%])]. Eighty (56%) were known to have been evaluated in hospitals or hospital emergency departments, including 15 (10%) who were admitted and had hospital stays of up to 5 days. Pulse oximetry of patients evaluated in hospitals ranged from 61% to 100% (median: 94.9%). Chest radiographs were positive for infiltrates in 13 of 47 patients for whom this finding was recorded. Eight patients met the case definition for chemical pneumonitis (i.e., bilateral infiltrates suggestive of chemical pneumonitis and pulse oximetry ≤95% on room air). One person lost consciousness and was in respiratory distress, but recovered; no human patient died.

Among 134 persons whose treatment was known, treatment consisted of bronchodilators alone in 28 (21%) patients, bronchodilators plus corticosteroids in 13 (10%) patients, and no intervention other than oxygen in 69 (51%) patients. The duration of illness was determined on the basis of last follow-up and ranged from 0.25–360 hours (median: 17.6 hours) in 116 patients for whom duration could be evaluated.

Among the 19 pets with illness, four were evaluated by veterinarians. Reported symptoms for the animals included dyspnea (13 [68%]), cough (three), and vomiting (three). Chest radiographs were positive for infiltrates in one animal, and one cat met the case definition for chemical pneumonitis. Treatment included bronchodilators in one animal, corticosteroids in one animal, diuretics with anti-inflammatory agent in one animal, and no treatment other than oxygen and supportive care in 12 (8%) animals. Two cats died from respiratory failure.

Two products were primarily associated with the 150 cases of human illness, both manufactured by Assured Packaging (Mississauga, Ontario, Canada) and distributed by the Manakey Group LLC (Grand Rapids, Michigan). Use of Jobsite Heavy Duty Bootmate was cited by patients in 126 (84%) cases. Rocky Boot Weather and Stain Protector was named in seven (5%) cases. The two Assured Packaging products consist of 45% heptane, 20%–30% petroleum distillates, 25%–30% isobutane propellant, 5%–10% propane propellant, 0.33% fluoropolymer, and 0.33% silicone. Neither the product labels nor the material safety data sheets for the products list fluoropolymer or silicone. Previous outbreaks of acute pulmonary illness associated with exposure to waterproofing agents have implicated fluoropolymer/hydrocarbon-based products (*1–4*).

The Consumer Product Safety Commission is evaluating these exposures and boot sealant products. Local health departments and emergency departments were alerted to report cases to their regional poison centers. The American Association of Poison Control Centers has instituted 13 new product codes and three new generic codes for waterproofing agents to enable all poison centers to conduct surveillance on exposures more readily.

On January 3, 2006, at the request of the Michigan Department of Community Health, Manakey Group issued a recall of Jobsite Heavy Duty Bootmate and Rocky Boot Weather and Stain Protector from store shelves, but not from consumers' homes. During January–February 2006, 22 additional exposures were reported to the six regional poison centers. Among callers asked, all purchased the product before the recall date. No product defect has been identified. Consumers should be encouraged to use all products for waterproofing shoes and boots as directed, to apply them outdoors, and to leave the sprayed shoes and boots and any contaminated clothing outdoors until all fumes have dissipated.

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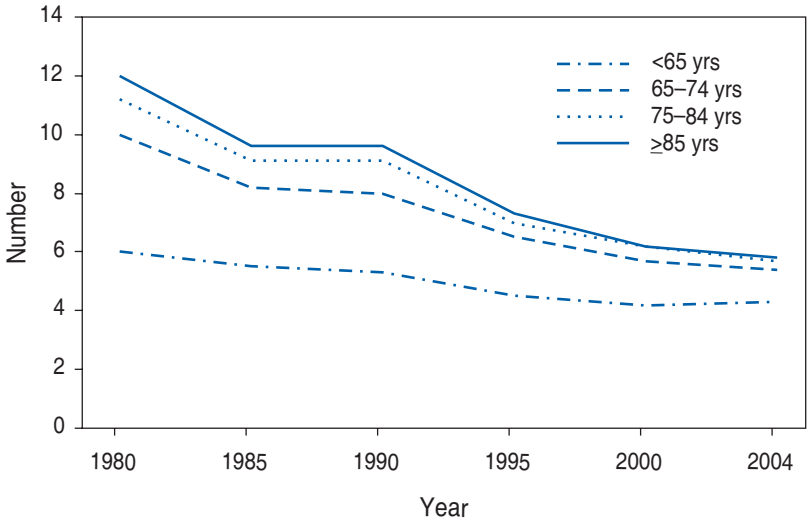
Errata: Volume 54, No. 12

In the report, "Tobacco Use, Access, and Exposure to Tobacco in Media Among Middle and High School Students — United States, 2004," an error was made in computing analytic weights for data in the 2004 National Youth Tobacco Survey (NYTS); consequently, both estimates and standard errors were affected. The corrected report text and tables are available at http://www.cdc.gov/tobacco/nyts/correctionnotice.htm.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Average Number of Days of Hospital Stay, by Age Group — United States, 1980–2004



During 1980–2004, the average length of a hospital stay declined significantly to 5.4 days for those aged 65–74 years, 5.7 days for those aged 75–84 years, and 5.8 days for those aged ≥85 years. The average stay for patients aged <65 years was 4.3 days in 2004.

SOURCE: 1980–2004 National Hospital Discharge Survey annual data files. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics. Available at http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 29, 2006 (17th 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	15	16	20	28	39	
infant	1	22	1	85	87	76	69	97	WA (1)
other (wound & unspecified)	4	19	0	24	30	33	21	19	CA (4)
Brucellosis	2	24	2	118	114	104	125	136	CA (2)
Chancroid	—	13	1	16	30	54	67	38	
Cholera	—	—	0	6	5	2	2	3	
Cyclosporiasis§	1	14	12	734	171	75	156	147	MD (1)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	78	112	108	164	128	
eastern equine	—	—	—	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	—	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	2	15	3	746	537	362	511	261	MN (1), MD (1)
human monocytic	—	45	2	457	338	321	216	142	
human (other & unspecified)	—	2	0	123	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	2	1	10	19	32	34	—	
nonserotype b	3	34	4	129	135	117	144	—	MN (1), FL (1), CA (1)
unknown serotype	3	67	4	209	177	227	153	—	OH (1), MD (1), FL (1)
Hansen disease§	1	13	1	83	105	95	96	79	AR (1)
Hantavirus pulmonary syndrome§	1	6	0	22	24	26	19	8	WA (1)
Hemolytic uremic syndrome, postdiarrheal§	1	25	2	207	200	178	216	202	MO (1)
Hepatitis C viral, acute	5	244	34	782	713	1,102	1,835	3,976	MD (1), FL (1), WA (1), OR (1), CA (1)
HIV infection, pediatric (age <13 yrs)§††	—	52	4	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	2	22	0	49	—	N	N	N	CA (1)
Listeriosis	5	152	10	862	753	696	665	613	IN (1), GA (1), FL (1), CA (2)
Measles	—	5***	1	65	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	77	5	305	—	—	—	—	MT (1)
serogroup B	—	53	2	173	—	—	—	—	
other serogroup	—	9	0	27	—	—	—	—	
Mumps	893	1,882	5	305	258	231	270	266	MA (4), NY (1), PA (7), OH (1), IA (723), MO (31), SD (15), NE (15), KS (89), MD (3), FL (2), AZ (1), UT (1)
Plague	—	1	0	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	5	0	21	12	12	18	25	
Q fever§	—	33	1	128	70	71	61	26	
Rabies, human	—	—	—	2	7	2	3	1	
Rubella	—	1	0	8	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	47	4	105	132	161	118	77	IN (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	18	392	17	1,150	1,162	845	513	498	NY (2), PA (1), OH (5), MN (3), KS (1), MD (3), OK (1), CO (1), AZ (1)
Syphilis, congenital (age <1 yr)	1	71	8	340	353	413	412	441	IL (1)
Tetanus	—	5	1	24	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	1	38	2	93	95	133	109	127	NY (1)
Trichinellosis	—	3	0	20	5	6	14	22	
Tularemia§	2	6	1	134	134	129	90	129	NC (1), OR (1)
Typhoid fever	4	71	6	305	322	356	321	368	CA (4)
Vancomycin-intermediate *Staphylococcus aureus*§	—	1	—	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 30 cases reported since October 2, 2005 (week 40), only 28 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 29, 2006, and April 30, 2005 (17th 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	11,690	18,654	34,581	293,165	309,911	301	109	1,577	2,990	1,244	32	71	852	728	622
New England	440	633	1,533	9,114	8,681	—	0	0	—	—	2	5	34	45	43
Connecticut	—	168	1,197	1,862	1,210	N	0	0	N	N	—	0	14	6	4
Maine	38	41	74	675	719	N	0	0	N	N	—	0	3	10	4
Massachusetts	306	285	432	4,962	4,684	—	0	0	—	—	2	2	15	21	13
New Hampshire	18	30	64	109	616	—	0	0	—	—	—	1	3	6	5
Rhode Island	57	65	99	1,088	1,112	—	0	0	—	—	—	0	6	—	1
Vermont§	21	19	43	418	340	N	0	0	N	N	—	0	5	2	16
Mid. Atlantic	1,627	2,260	3,697	35,976	37,620	—	0	0	—	—	3	10	598	104	88
New Jersey	193	351	526	4,205	5,889	N	0	0	N	N	—	0	8	1	7
New York (Upstate)	425	502	1,728	7,112	7,016	N	0	0	N	N	—	4	562	29	20
New York City	483	703	1,615	12,089	12,381	N	0	0	N	N	—	2	15	13	26
Pennsylvania	526	715	1,069	12,570	12,334	N	0	0	N	N	3	4	21	61	35
E.N. Central	1,666	3,247	12,510	53,801	51,709	1	0	3	12	3	3	13	162	144	135
Illinois	976	954	1,792	14,204	14,310	—	0	0	—	—	—	1	16	9	17
Indiana	—	390	553	6,084	6,651	N	0	0	N	N	1	1	13	11	8
Michigan	542	624	9,885	16,755	8,272	1	0	3	7	3	—	2	7	26	19
Ohio	121	805	1,445	10,518	15,810	—	0	1	5	—	2	5	109	67	40
Wisconsin	27	402	531	6,240	6,666	N	0	0	N	N	—	4	38	31	51
W.N. Central	644	1,123	1,449	17,745	19,271	—	0	12	—	3	6	9	51	112	80
Iowa	119	144	225	2,708	2,332	N	0	0	N	N	—	1	11	8	16
Kansas	156	151	269	2,678	2,415	N	0	0	N	N	2	1	5	19	8
Minnesota	—	231	298	2,842	4,155	—	0	12	—	3	4	3	22	48	19
Missouri	201	434	525	6,501	7,319	—	0	1	—	—	—	2	37	23	28
Nebraska§	83	98	176	1,665	1,682	N	0	1	N	N	—	0	3	3	1
North Dakota	—	30	50	472	452	N	0	0	N	N	—	0	1	1	—
South Dakota	85	52	117	879	916	N	0	0	N	N	—	0	4	10	8
S. Atlantic	2,066	3,247	4,833	53,185	58,374	—	0	1	2	—	11	15	54	203	126
Delaware	64	68	92	1,179	1,090	N	0	0	N	N	—	0	2	—	—
District of Columbia	40	62	101	673	1,304	—	0	0	—	—	—	0	3	5	1
Florida	696	865	1,085	14,830	13,980	N	0	0	N	N	7	6	28	79	46
Georgia	1	600	2,070	5,585	9,699	—	0	0	—	—	4	3	12	68	36
Maryland§	298	358	525	5,826	5,667	—	0	1	2	—	—	0	4	7	6
North Carolina	—	569	1,743	11,111	11,501	N	0	0	N	N	—	1	10	25	15
South Carolina§	388	251	1,306	5,925	6,625	—	0	0	—	—	—	0	4	4	8
Virginia§	507	425	840	6,851	7,756	N	0	0	N	N	—	1	8	13	10
West Virginia	72	55	224	1,205	752	N	0	0	N	N	—	0	3	2	4
E.S. Central	1,013	1,376	2,188	22,836	22,142	—	0	0	—	—	—	3	21	22	12
Alabama§	—	351	1,048	6,154	3,646	N	0	0	N	N	—	0	3	7	4
Kentucky	217	153	336	3,339	3,957	N	0	0	N	N	—	1	20	6	4
Mississippi	324	380	801	5,308	7,034	—	0	0	—	—	—	0	1	1	1
Tennessee§	472	477	624	8,035	7,505	N	0	0	N	N	—	1	4	8	3
W.S. Central	1,594	2,083	3,372	34,874	37,609	—	0	1	—	—	3	4	30	56	20
Arkansas	155	169	340	2,628	2,831	—	0	0	—	—	—	0	2	5	—
Louisiana	164	271	760	4,845	6,059	N	0	1	N	N	—	0	21	5	3
Oklahoma	235	222	2,160	3,415	3,421	N	0	0	N	N	1	0	10	13	7
Texas§	1,040	1,353	1,765	23,986	25,298	N	0	0	N	N	2	1	19	33	10
Mountain	447	1,058	1,718	13,536	20,405	133	83	452	2,219	710	2	2	9	20	39
Arizona	397	313	536	5,562	6,923	133	81	448	2,194	671	—	0	1	3	3
Colorado	—	265	482	2,211	4,979	N	0	0	N	N	2	1	3	9	11
Idaho§	—	41	235	450	741	N	0	0	N	N	—	0	2	2	3
Montana	31	42	181	656	776	N	0	0	N	N	—	0	2	5	4
Nevada§	4	130	448	1,346	2,456	—	1	4	16	28	—	0	1	1	5
New Mexico§	—	156	337	2,533	2,709	—	0	2	—	7	—	0	3	—	7
Utah	5	82	138	318	1,456	—	0	2	7	4	—	0	3	—	4
Wyoming	10	24	43	460	365	—	0	2	2	—	—	0	1	—	2
Pacific	2,193	3,175	5,003	52,098	54,100	167	29	1,113	757	528	2	3	94	22	79
Alaska	56	78	121	1,317	1,275	—	0	0	—	—	1	0	2	1	—
California	1,540	2,457	4,236	39,845	41,882	167	29	1,113	757	528	—	2	14	—	63
Hawaii	—	107	135	1,751	1,765	N	0	0	N	N	—	0	1	—	—
Oregon§	241	179	315	3,216	2,823	N	0	0	N	N	1	1	20	21	16
Washington	356	359	604	5,969	6,355	N	0	0	N	N	—	0	80	—	—
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	—	72	141	1,343	1,446	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	4	8	—	115	—	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.
† 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 29, 2006, and April 30, 2005 (17th 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	147	322	1,258	4,073	4,994	4,031	6,528	13,869	101,356	103,388	33	37	115	664	867
New England	5	28	73	315	481	98	107	286	1,524	1,629	—	3	10	40	59
Connecticut	—	0	37	82	109	—	42	239	474	427	—	0	8	8	17
Maine	2	3	11	22	46	1	2	6	40	43	—	0	1	5	3
Massachusetts	1	12	34	136	187	76	47	76	813	928	—	1	5	21	23
New Hampshire	—	0	7	9	18	6	3	7	18	45	—	0	1	1	—
Rhode Island	2	0	25	22	21	14	7	25	160	173	—	0	7	2	6
Vermont†	—	3	15	44	100	1	1	4	19	13	—	0	2	3	10
Mid. Atlantic	17	63	264	716	953	369	644	1,015	9,795	10,679	3	7	28	125	151
New Jersey	—	7	18	55	143	61	102	150	1,353	1,822	—	1	4	12	21
New York (Upstate)	9	22	237	286	272	122	123	455	1,937	2,116	3	2	25	43	45
New York City	—	15	32	158	291	90	185	402	2,960	3,160	—	1	4	12	28
Pennsylvania	8	16	29	217	247	96	215	390	3,545	3,581	—	3	8	58	57
E.N. Central	24	56	114	585	855	755	1,374	7,035	23,363	19,908	3	6	14	87	142
Illinois	—	13	32	24	218	401	386	761	5,563	5,346	—	1	5	14	38
Indiana	N	0	0	N	N	—	161	229	2,647	2,572	—	1	6	19	27
Michigan	2	14	29	205	224	298	266	5,877	8,214	3,068	—	0	3	14	10
Ohio	22	16	34	248	193	48	380	681	4,845	7,085	3	2	6	30	53
Wisconsin	—	15	39	108	220	8	121	172	2,094	1,837	—	1	3	10	14
W.N. Central	6	34	247	366	612	172	362	461	5,381	5,969	4	1	12	33	36
Iowa	—	6	14	68	76	15	31	54	524	495	—	0	0	—	1
Kansas	2	4	9	47	51	47	48	124	762	793	2	0	2	6	1
Minnesota	—	8	238	78	282	—	63	88	688	1,128	2	0	9	12	16
Missouri	3	10	32	127	131	82	181	240	2,877	3,007	—	0	7	12	13
Nebraska†	1	2	6	23	38	22	22	56	392	400	—	0	2	3	4
North Dakota	—	0	3	3	1	—	2	6	26	27	—	0	2	—	1
South Dakota	—	2	7	20	33	6	6	15	112	119	—	0	0	—	—
S. Atlantic	22	55	110	798	799	874	1,450	2,240	22,178	24,951	15	9	24	185	213
Delaware	—	1	3	8	18	32	20	44	483	258	—	0	1	1	—
District of Columbia	2	1	5	20	13	37	39	67	492	667	—	0	1	1	—
Florida	15	19	39	285	259	336	401	512	6,769	6,093	9	3	8	64	54
Georgia	4	15	70	278	230	1	273	918	2,461	4,306	4	2	5	43	57
Maryland†	1	4	11	48	52	128	134	242	2,277	2,147	2	1	5	22	33
North Carolina	N	0	0	N	N	—	272	766	4,902	5,602	—	0	11	15	25
South Carolina†	—	1	9	23	37	167	109	748	2,548	2,888	—	1	3	14	10
Virginia†	—	10	50	130	181	159	149	288	1,944	2,780	—	1	8	16	21
West Virginia	—	0	6	6	9	14	16	42	302	210	—	0	4	9	13
E.S. Central	1	8	19	112	119	380	541	868	8,832	8,395	—	2	8	47	42
Alabama†	—	4	13	57	55	—	183	491	2,796	2,281	—	0	4	11	7
Kentucky	N	0	0	N	N	80	53	116	1,151	1,248	—	0	3	2	6
Mississippi	—	0	0	—	—	98	137	225	1,973	2,099	—	0	1	2	—
Tennessee†	1	4	11	55	64	202	174	284	2,912	2,767	—	2	5	32	29
W.S. Central	2	5	23	67	69	711	837	1,307	14,535	14,700	1	1	6	34	52
Arkansas	—	2	6	22	26	86	86	186	1,452	1,444	—	0	1	2	—
Louisiana	—	1	6	18	9	119	164	461	2,921	3,230	—	0	3	6	25
Oklahoma	2	3	16	27	34	74	83	764	1,186	1,462	1	1	4	26	27
Texas†	N	0	0	N	N	432	520	713	8,976	8,564	—	0	1	—	—
Mountain	31	27	57	285	371	123	225	529	3,071	4,259	4	4	10	72	101
Arizona	1	2	36	40	54	116	76	176	1,372	1,531	3	1	9	36	45
Colorado	11	9	33	136	124	—	59	90	579	1,018	1	0	5	23	23
Idaho†	—	2	11	30	47	—	1	9	25	33	—	0	1	2	3
Montana	—	1	7	22	10	1	2	13	33	44	—	0	0	—	—
Nevada†	—	2	6	12	27	4	52	195	522	920	—	0	1	—	10
New Mexico†	—	1	6	13	17	—	29	64	440	470	—	0	3	10	15
Utah	19	6	18	26	85	2	12	22	47	226	—	0	2	—	4
Wyoming	—	1	2	6	7	—	2	6	53	17	—	0	2	1	1
Pacific	39	53	474	829	735	549	800	942	12,677	12,898	3	2	20	41	71
Alaska	1	1	6	10	23	6	10	23	179	164	—	0	19	3	2
California	25	41	87	613	594	445	651	807	10,365	10,765	1	0	8	8	17
Hawaii	1	1	6	17	22	—	19	36	326	317	—	0	2	6	4
Oregon†	7	8	21	118	96	25	28	58	456	525	2	1	8	23	48
Washington	5	0	381	71	—	73	73	142	1,351	1,127	—	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	—	3	14	3	46	—	6	16	101	132	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	4	—	35	—	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 29, 2006, and April 30, 2005 (17th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	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	63	74	280	1,159	1,265	57	86	603	1,302	1,677	15	40	122	371	343
New England	—	6	22	62	135	—	2	8	41	40	—	2	11	14	17
Connecticut	—	1	3	10	20	—	0	5	—	17	—	0	8	4	3
Maine	—	0	2	3	—	—	0	2	2	4	—	0	1	2	1
Massachusetts	—	4	14	28	94	—	1	7	32	11	—	1	5	6	9
New Hampshire	—	1	12	14	14	—	0	2	4	4	—	0	1	1	3
Rhode Island	—	0	4	2	5	—	0	2	3	—	—	0	10	—	1
Vermont†	—	0	2	5	2	—	0	1	—	4	—	0	3	1	—
Mid. Atlantic	2	10	24	61	218	3	9	54	118	211	5	11	53	102	103
New Jersey	—	2	9	17	39	—	2	7	32	51	—	1	13	6	14
New York (Upstate)	2	1	16	16	30	3	1	42	24	25	3	3	30	38	28
New York City	—	3	10	13	109	—	2	5	13	54	—	2	20	9	13
Pennsylvania	—	1	6	15	40	—	3	9	49	81	2	5	17	49	48
E.N. Central	3	6	17	84	136	4	8	26	92	188	2	7	26	66	78
Illinois	—	1	9	11	44	—	2	7	—	49	—	1	5	7	13
Indiana	2	1	10	8	15	—	0	17	10	7	—	0	6	2	7
Michigan	1	2	8	39	37	1	3	7	45	68	—	2	6	19	20
Ohio	—	1	4	25	23	3	2	8	35	52	2	3	19	36	32
Wisconsin	—	0	5	1	17	—	0	6	2	12	—	0	3	2	6
W.N. Central	—	2	29	40	43	2	5	14	39	83	—	1	12	11	10
Iowa	—	0	2	3	8	—	0	2	1	4	—	0	1	—	—
Kansas	—	0	5	15	7	1	0	3	4	11	—	0	1	1	1
Minnesota	—	0	29	2	3	—	0	9	2	6	—	0	10	—	1
Missouri	—	0	2	12	22	1	3	8	31	49	—	0	3	7	7
Nebraska†	—	0	3	3	3	—	0	2	1	12	—	0	2	2	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	1	—	0	6	1	—
S. Atlantic	2	12	34	175	184	20	23	61	346	524	5	9	20	106	72
Delaware	—	0	2	4	2	—	0	4	12	17	—	0	4	1	1
District of Columbia	—	0	2	1	2	—	0	4	4	—	—	0	2	4	1
Florida	2	5	18	65	68	7	9	19	142	179	2	2	8	48	28
Georgia	—	1	6	14	33	4	3	8	38	86	—	0	4	3	5
Maryland†	—	2	7	23	15	—	2	8	42	60	1	2	9	21	19
North Carolina	—	0	20	40	25	8	0	23	67	53	2	0	3	13	8
South Carolina†	—	1	3	7	9	—	2	9	17	49	—	0	2	1	2
Virginia†	—	1	11	20	28	1	1	18	11	67	—	1	8	14	5
West Virginia	—	0	1	1	2	—	0	14	13	13	—	0	3	1	3
E.S. Central	2	3	16	40	79	2	6	20	96	135	—	2	6	11	10
Alabama†	—	0	6	2	9	—	1	7	27	26	—	0	2	3	5
Kentucky	1	0	5	18	6	2	1	5	28	27	—	0	4	2	1
Mississippi	—	0	2	2	12	—	1	4	5	28	—	0	1	—	1
Tennessee†	1	2	8	18	52	—	2	12	36	54	—	1	4	6	3
W.S. Central	—	9	80	100	132	11	14	286	329	161	—	1	30	9	3
Arkansas	—	0	7	22	5	—	1	3	9	21	—	0	3	—	1
Louisiana	—	1	4	2	28	—	1	6	7	24	—	0	2	4	—
Oklahoma	—	0	2	4	3	—	0	5	1	16	—	0	3	1	—
Texas†	—	7	76	72	96	11	12	282	312	100	—	0	27	4	2
Mountain	2	5	19	93	111	8	8	39	97	153	2	1	8	15	30
Arizona	2	3	18	64	54	7	5	32	69	97	1	0	3	10	6
Colorado	—	1	4	15	11	—	1	5	9	11	—	0	3	1	7
Idaho†	—	0	2	3	14	—	0	2	4	5	—	0	2	—	1
Montana	—	0	1	1	6	—	0	7	—	—	—	0	1	—	2
Nevada†	—	0	2	3	6	—	1	4	9	11	—	0	2	3	6
New Mexico†	—	0	3	5	7	—	0	3	1	9	—	0	1	—	2
Utah	—	0	2	1	12	1	0	3	5	19	1	0	2	1	4
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	—	2
Pacific	52	15	149	504	227	7	9	110	144	182	1	1	9	37	20
Alaska	—	0	1	—	3	—	0	2	1	3	—	0	1	—	—
California	48	14	148	470	201	6	6	39	116	139	1	1	9	37	20
Hawaii	—	0	2	5	9	—	0	1	1	1	—	0	1	—	—
Oregon†	1	1	5	13	14	—	2	6	17	39	N	0	0	N	N
Washington	3	0	47	16	—	1	0	67	9	—	—	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	4	3	25	—	1	6	4	7	—	0	0	—	—
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 29, 2006, and April 30, 2005 (17th 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	26	289	1,313	1,470	1,981	8	23	136	268	349
New England	3	54	263	81	205	1	1	12	12	15
Connecticut	—	9	154	47	7	—	0	10	1	—
Maine	1	2	26	11	15	—	0	1	2	—
Massachusetts	—	20	197	1	167	1	0	4	6	12
New Hampshire	2	3	13	18	12	—	0	1	2	2
Rhode Island	—	0	12	—	2	—	0	8	—	1
Vermont†	—	1	5	4	2	—	0	2	1	—
Mid. Atlantic	14	158	928	1,026	1,201	1	5	15	41	93
New Jersey	—	25	310	176	398	—	0	7	—	22
New York (Upstate)	12	73	900	526	225	1	1	11	9	18
New York City	—	4	33	—	70	—	3	8	21	42
Pennsylvania	2	45	388	324	508	—	1	2	11	11
E.N. Central	1	14	155	51	100	2	2	6	35	27
Illinois	—	0	6	—	1	—	0	2	7	9
Indiana	—	0	4	1	2	—	0	3	5	3
Michigan	—	1	7	9	1	1	0	2	6	8
Ohio	1	1	5	13	16	1	0	3	12	3
Wisconsin	—	11	145	28	80	—	0	3	5	4
W.N. Central	3	12	99	37	51	—	0	31	6	16
Iowa	—	0	8	2	10	—	0	1	1	2
Kansas	—	0	3	—	2	—	0	1	—	1
Minnesota	3	7	96	33	38	—	0	30	2	5
Missouri	—	0	2	1	1	—	0	2	1	8
Nebraska†	—	0	2	1	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	2	33	124	217	376	2	6	16	91	80
Delaware	—	9	37	87	143	—	0	1	2	1
District of Columbia	1	0	2	7	1	—	0	2	—	2
Florida	1	1	5	12	10	2	1	6	16	16
Georgia	—	0	1	—	1	—	1	6	24	14
Maryland†	—	16	87	99	171	—	1	9	21	26
North Carolina	—	0	5	8	15	—	0	8	10	9
South Carolina†	—	0	3	2	7	—	0	2	3	3
Virginia†	—	3	22	2	28	—	0	9	14	8
West Virginia	—	0	42	—	—	—	0	2	1	1
E.S. Central	—	0	4	—	7	—	1	2	7	7
Alabama†	—	0	1	—	—	—	0	1	3	2
Kentucky	—	0	1	—	1	—	0	2	1	2
Mississippi	—	0	0	—	—	—	0	1	1	—
Tennessee†	—	0	4	—	6	—	0	2	2	3
W.S. Central	—	1	7	1	18	—	1	30	12	31
Arkansas	—	0	2	—	—	—	0	2	—	2
Louisiana	—	0	1	—	2	—	0	1	—	1
Oklahoma	—	0	0	—	—	—	0	6	2	2
Texas†	—	0	7	1	16	—	1	29	10	26
Mountain	—	0	4	2	2	—	0	9	7	16
Arizona	—	0	4	2	—	—	0	9	2	2
Colorado	—	0	1	—	—	—	0	3	4	8
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	—	1	—	0	2	—	4
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	3	3	20	55	21	2	4	26	57	64
Alaska	—	0	1	—	1	—	0	1	4	2
California	3	2	18	55	18	2	2	10	42	56
Hawaii	N	0	0	N	N	—	0	4	—	4
Oregon†	—	0	3	—	2	—	0	2	4	2
Washington	—	0	13	—	—	—	0	21	7	—
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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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 29, 2006, and April 30, 2005 (17th 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	11	21	106	434	501	9	13	67	295	285	189	416	2,522	3,402	6,072
New England	—	1	6	19	35	—	1	3	19	13	—	27	50	368	437
Connecticut	—	0	2	4	9	—	0	2	4	2	—	1	4	10	23
Maine	—	0	1	2	1	—	0	1	2	1	—	1	5	16	15
Massachusetts	—	0	3	11	15	—	0	3	11	4	—	23	44	306	306
New Hampshire	—	0	2	2	3	—	0	2	2	3	—	0	3	9	—
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	5
Vermont†	—	0	2	—	5	—	0	2	—	3	—	1	14	27	88
Mid. Atlantic	—	2	13	46	64	—	2	11	33	47	20	24	136	503	519
New Jersey	—	0	2	2	16	—	0	2	2	16	—	3	9	57	70
New York (Upstate)	—	0	7	12	17	—	0	5	2	5	16	10	122	183	176
New York City	—	0	3	5	9	—	0	3	5	9	—	2	6	21	34
Pennsylvania	—	1	5	27	22	—	1	5	24	17	4	10	25	242	239
E.N. Central	1	2	9	45	58	—	1	6	32	47	20	55	124	461	1,473
Illinois	—	0	4	9	11	—	0	4	9	11	—	12	31	12	307
Indiana	—	0	5	8	7	—	0	2	2	3	—	4	75	53	113
Michigan	1	0	3	10	14	—	0	3	6	9	2	5	23	123	100
Ohio	—	1	5	18	18	—	0	4	15	16	18	16	30	232	586
Wisconsin	—	0	1	—	8	—	0	1	—	8	—	15	41	41	367
W.N. Central	3	1	4	23	30	3	0	3	13	13	59	62	516	480	838
Iowa	1	0	2	5	11	1	0	2	4	3	—	11	55	94	269
Kansas	1	0	1	1	4	1	0	1	1	4	2	11	29	140	100
Minnesota	1	0	2	3	5	1	0	1	2	1	53	0	485	68	100
Missouri	—	0	3	8	7	—	0	2	2	3	4	10	43	130	145
Nebraska†	—	0	1	5	2	—	0	1	3	2	—	4	14	39	83
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	28	4	64
South Dakota	—	0	1	—	1	—	0	0	—	—	—	1	8	5	77
S. Atlantic	2	4	14	80	81	2	2	7	34	34	14	23	92	316	437
Delaware	—	0	1	2	2	—	0	1	2	2	—	0	1	1	13
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	3	3	3
Florida	2	1	6	34	33	2	0	5	14	12	4	4	14	76	53
Georgia	—	0	2	6	8	—	0	2	6	8	—	1	3	6	13
Maryland†	—	0	2	6	7	—	0	2	3	—	2	4	8	59	83
North Carolina	—	0	11	14	7	—	0	3	3	—	7	0	21	70	21
South Carolina†	—	0	2	7	10	—	0	1	2	7	1	5	22	45	165
Virginia†	—	0	4	10	11	—	0	3	4	4	—	3	73	52	63
West Virginia	—	0	1	1	3	—	0	1	—	1	—	0	5	4	23
E.S. Central	—	1	4	14	27	—	1	4	10	18	—	7	25	75	174
Alabama†	—	0	1	3	2	—	0	1	3	1	—	1	9	22	32
Kentucky	—	0	2	4	9	—	0	2	4	9	—	1	10	6	57
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	9	24
Tennessee†	—	0	2	6	12	—	0	2	2	4	—	3	17	38	61
W.S. Central	—	2	22	44	52	—	1	9	19	14	1	46	237	229	333
Arkansas	—	0	3	5	8	—	0	2	4	1	—	4	21	22	72
Louisiana	—	0	4	22	19	—	0	3	12	4	—	0	3	4	13
Oklahoma	—	0	3	6	6	—	0	3	—	1	—	0	1	3	—
Texas†	—	1	16	11	19	—	0	4	3	8	1	39	216	200	248
Mountain	2	1	7	33	37	1	0	4	25	8	25	67	232	702	1,333
Arizona	—	0	4	16	17	—	0	4	16	5	11	16	178	193	155
Colorado	1	0	2	12	10	1	0	1	5	—	9	24	41	401	556
Idaho†	—	0	2	1	1	—	0	2	1	1	—	2	13	20	102
Montana	1	0	0	1	—	—	0	0	—	—	2	5	29	42	268
Nevada†	—	0	2	—	3	—	0	1	—	—	—	0	6	11	18
New Mexico†	—	0	1	—	3	—	0	1	—	2	—	2	9	9	94
Utah	—	0	2	1	3	—	0	1	1	—	—	9	32	—	130
Wyoming	—	0	2	2	—	—	0	2	2	—	3	1	5	26	10
Pacific	3	5	53	130	117	3	4	33	110	91	50	55	1,184	268	528
Alaska	—	0	1	1	1	—	0	1	1	1	1	2	15	27	14
California	2	2	11	73	63	2	2	11	73	63	2	41	1,101	46	197
Hawaii	—	0	1	3	7	—	0	1	3	2	—	2	10	22	50
Oregon†	1	2	8	34	46	1	1	6	25	25	—	4	33	47	267
Washington	—	0	34	19	—	—	0	18	8	—	47	0	80	126	—
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	2	4	—	0	1	2	4	—	0	2	—	4
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 29, 2006, and April 30, 2005 (17th 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	41	96	177	1,353	1,854	4	36	98	310	182	368	855	2,059	7,809	8,212
New England	4	13	26	179	276	—	0	2	—	1	22	39	95	410	504
Connecticut	—	3	13	38	49	—	0	0	—	—	—	7	88	88	102
Maine	2	1	4	22	19	N	0	0	N	N	—	2	8	15	35
Massachusetts	2	4	17	96	163	—	0	1	—	—	12	19	41	252	267
New Hampshire	—	0	2	5	2	—	0	1	—	—	2	2	12	27	30
Rhode Island	—	0	4	1	5	—	0	2	—	1	6	0	17	20	15
Vermont†	—	1	14	17	38	—	0	0	—	—	2	1	11	8	55
Mid. Atlantic	10	18	40	223	265	—	1	8	5	12	24	91	274	799	1,022
New Jersey	N	0	0	N	N	—	0	3	—	3	—	15	41	74	204
New York (Upstate)	10	11	24	130	120	—	0	2	—	—	12	22	234	210	234
New York City	—	0	3	—	10	—	0	2	2	—	—	21	44	199	287
Pennsylvania	—	7	22	93	135	—	1	6	3	9	12	31	60	316	297
E.N. Central	2	2	69	9	19	1	0	6	4	4	56	97	206	1,009	1,130
Illinois	—	0	4	—	7	—	0	3	1	1	—	28	126	170	376
Indiana	—	0	3	—	2	1	0	1	1	—	19	11	69	143	93
Michigan	2	0	4	7	6	—	0	1	—	1	7	18	35	193	210
Ohio	—	0	66	2	4	—	0	3	2	2	30	23	52	329	237
Wisconsin	N	0	2	N	N	—	0	1	—	—	—	15	45	174	214
W.N. Central	3	6	23	70	118	1	2	17	8	9	25	44	90	552	548
Iowa	—	1	10	14	22	—	0	2	—	1	—	7	18	86	103
Kansas	1	1	5	24	32	—	0	2	—	—	2	7	17	76	59
Minnesota	1	1	5	7	19	—	0	1	1	—	9	10	30	142	140
Missouri	1	1	7	6	12	1	2	15	7	7	13	15	40	178	149
Nebraska†	—	0	0	—	—	—	0	2	—	—	1	3	10	40	47
North Dakota	—	0	4	2	6	—	0	0	—	—	—	0	5	4	12
South Dakota	—	1	5	17	27	—	0	2	—	1	—	3	11	26	38
S. Atlantic	9	28	57	486	641	2	18	94	277	123	112	261	516	2,088	2,097
Delaware	—	0	0	—	—	—	0	2	2	1	—	2	9	21	18
District of Columbia	—	0	0	—	—	—	0	1	—	—	—	1	7	19	13
Florida	—	0	19	50	201	1	0	3	9	8	79	99	230	951	825
Georgia	—	4	27	43	97	—	1	11	16	10	15	37	88	313	307
Maryland†	—	6	16	59	89	—	2	7	13	10	7	14	39	123	166
North Carolina	8	8	20	101	151	—	5	87	228	82	10	30	114	373	342
South Carolina†	—	3	11	33	59	—	1	6	5	7	1	21	146	98	186
Virginia†	—	0	26	175	36	1	1	10	4	4	—	20	66	168	211
West Virginia	1	0	13	25	8	—	0	2	—	1	—	3	13	22	29
E.S. Central	3	3	9	71	35	—	5	24	10	11	11	56	135	406	461
Alabama†	—	1	5	19	19	—	0	9	5	2	—	14	39	145	120
Kentucky	—	0	3	4	3	—	0	1	—	—	7	8	26	88	65
Mississippi	—	0	1	—	—	—	0	3	—	—	—	13	66	49	81
Tennessee†	3	1	7	48	13	—	3	18	5	9	4	14	41	124	195
W.S. Central	2	13	30	232	375	—	2	34	5	5	21	85	884	842	657
Arkansas	1	0	3	9	11	—	0	32	4	—	5	16	67	238	84
Louisiana	—	0	0	—	—	—	0	2	—	2	—	14	42	81	172
Oklahoma	—	1	7	13	36	—	0	23	—	3	5	7	26	66	72
Texas†	1	12	27	210	328	—	0	8	1	—	11	45	844	457	329
Mountain	4	4	16	36	78	—	0	6	1	16	29	48	110	512	553
Arizona	4	2	11	33	67	—	0	6	1	12	7	14	67	172	167
Colorado	—	0	3	—	1	—	0	1	—	—	12	11	45	164	138
Idaho†	—	0	12	—	—	—	0	2	—	—	2	2	15	32	49
Montana	—	0	3	3	—	—	0	0	—	1	2	2	16	33	25
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	23	52
New Mexico†	—	0	1	—	1	—	0	1	—	2	—	4	13	40	58
Utah	—	0	5	—	—	—	0	0	—	—	6	5	30	27	54
Wyoming	—	0	2	—	9	—	0	1	—	1	—	1	12	21	10
Pacific	4	4	15	47	47	—	0	2	—	1	68	89	294	1,191	1,240
Alaska	2	0	4	9	1	—	0	0	—	—	—	1	7	29	16
California	2	3	15	38	46	—	0	1	—	1	59	70	285	885	1,031
Hawaii	—	0	0	—	—	—	0	0	—	—	3	5	15	71	90
Oregon†	—	0	1	—	—	—	0	1	—	—	—	8	25	101	103
Washington	U	0	0	U	U	N	0	0	N	N	6	0	23	105	—
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	2	4	33	28	N	0	0	N	N	3	6	23	19	111
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.
* 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 29, 2006, and April 30, 2005 (17th 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	19	44	212	293	421	94	296	613	2,530	3,382	74	80	269	1,875	1,764
New England	—	3	14	27	42	2	5	17	74	64	—	4	9	66	73
Connecticut	—	0	11	11	14	—	0	10	10	15	U	0	0	U	U
Maine	—	0	5	—	7	—	0	3	—	3	—	0	2	6	2
Massachusetts	—	2	7	14	15	2	4	11	56	34	—	2	7	41	46
New Hampshire	—	0	2	2	3	—	0	4	4	4	—	0	3	13	5
Rhode Island	—	0	2	—	1	—	0	6	3	2	—	0	3	3	6
Vermont§	—	0	4	2	2	—	0	4	1	6	—	0	4	3	14
Mid. Atlantic	—	5	101	4	45	2	18	70	187	369	16	14	44	315	408
New Jersey	—	1	6	—	13	—	5	18	50	95	—	2	8	10	88
New York (Upstate)	2	2	98	19	17	2	4	58	71	90	10	4	33	135	132
New York City	—	0	2	4	—	—	6	14	38	162	—	3	8	35	76
Pennsylvania	—	2	8	—	15	—	2	48	28	22	6	6	13	135	112
E.N. Central	2	9	33	73	74	10	18	79	244	285	7	14	37	353	387
Illinois	—	1	8	—	24	—	6	26	56	70	—	3	9	56	105
Indiana	—	1	7	9	9	4	1	56	42	32	1	2	11	50	43
Michigan	1	0	4	19	—	2	3	10	64	101	2	4	11	103	102
Ohio	1	2	14	24	25	4	3	11	53	20	4	4	19	118	88
Wisconsin	—	3	15	21	16	—	3	10	29	62	—	1	4	26	49
W.N. Central	3	8	35	51	63	6	39	65	234	215	—	5	57	149	113
Iowa	—	1	10	10	11	—	1	7	10	39	N	0	0	N	N
Kansas	—	0	4	—	10	4	4	20	27	11	—	0	5	32	17
Minnesota	3	3	19	38	10	1	2	6	22	18	—	0	52	67	41
Missouri	1	2	7	19	16	1	22	45	128	117	—	1	5	28	33
Nebraska§	—	1	4	5	13	—	2	10	24	20	—	0	4	13	9
North Dakota	—	0	2	—	1	—	0	2	4	2	—	0	3	5	3
South Dakota	—	0	5	3	2	—	2	17	19	8	—	0	3	4	10
S. Atlantic	5	7	39	49	90	38	51	122	716	505	23	19	41	436	324
Delaware	—	0	2	1	—	—	0	2	—	5	—	0	2	3	—
District of Columbia	—	0	1	—	—	—	0	2	3	4	—	0	2	4	3
Florida	3	1	29	20	50	23	22	66	300	225	6	5	12	101	88
Georgia	—	0	6	—	8	13	13	34	258	135	10	4	9	103	68
Maryland§	1	1	5	2	7	1	2	8	34	19	2	3	12	84	65
North Carolina	—	1	11	21	12	—	2	22	65	54	2	1	21	61	45
South Carolina§	—	0	2	3	1	1	2	9	41	36	1	0	6	27	19
Virginia§	—	1	9	—	12	—	2	9	15	27	2	2	11	45	27
West Virginia	—	0	2	—	—	—	0	1	—	—	—	0	4	8	9
E.S. Central	—	2	12	14	22	7	17	50	182	435	6	3	10	87	76
Alabama§	—	0	3	—	6	—	3	20	38	89	N	0	0	N	N
Kentucky	—	1	9	10	4	4	6	31	95	34	—	0	5	21	21
Mississippi	—	0	2	—	—	—	1	7	22	36	—	0	0	—	—
Tennessee§	—	1	4	21	12	3	3	46	27	276	6	3	9	66	55
W.S. Central	1	2	43	3	16	7	66	250	253	789	3	7	50	176	98
Arkansas	—	0	2	1	3	5	1	9	31	15	1	0	5	14	7
Louisiana	—	0	2	—	7	—	2	11	36	42	—	0	2	5	5
Oklahoma	1	0	3	2	1	2	7	41	34	209	2	2	9	60	55
Texas§	—	1	43	18	5	—	52	243	152	523	—	5	43	97	31
Mountain	1	5	16	30	57	7	16	47	183	187	19	10	76	263	248
Arizona	1	0	4	13	7	2	9	29	102	84	9	4	56	153	100
Colorado	—	1	6	11	12	4	3	18	37	31	7	3	10	76	93
Idaho§	—	1	8	8	10	—	0	4	5	3	—	0	2	4	1
Montana	—	0	2	—	2	—	0	1	1	2	—	0	0	—	—
Nevada§	—	0	3	2	9	—	1	6	12	25	—	0	6	—	—
New Mexico§	—	0	3	2	3	—	2	9	24	29	—	1	6	24	28
Utah	—	0	7	—	13	1	0	4	1	13	3	1	4	4	25
Wyoming	—	0	3	1	1	—	0	1	1	—	—	0	1	2	1
Pacific	7	2	47	42	12	15	37	105	457	533	—	2	8	30	37
Alaska	—	0	2	—	3	—	0	2	6	8	—	0	0	—	—
California	7	0	5	30	1	12	32	103	332	492	—	0	0	—	—
Hawaii	—	0	4	4	3	—	0	4	11	9	—	2	8	30	37
Oregon§	—	1	47	14	5	—	1	31	59	24	N	0	0	N	N
Washington	—	0	2	8	—	3	0	12	49	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	2	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	1	—	N	0	0	N	N
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.
* 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 29, 2006, and April 30, 2005 (17th 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	55	47	325	1,059	1,104	80	169	328	2,411	2,497	777	660	3,091	16,994	9,267
New England	—	1	17	10	62	—	4	17	58	59	17	33	112	481	1,102
Connecticut	U	0	0	U	U	—	0	11	15	3	U	0	0	U	U
Maine	N	0	0	N	N	—	0	2	3	1	—	6	20	85	125
Massachusetts	—	1	6	—	50	—	2	5	35	48	—	9	85	2	952
New Hampshire	—	0	0	—	—	—	0	2	—	3	2	5	38	138	—
Rhode Island	—	0	11	1	6	—	0	6	3	4	—	0	0	—	—
Vermont†	—	0	4	9	6	—	0	1	2	—	15	6	25	256	25
Mid. Atlantic	7	2	15	58	116	16	20	34	335	331	111	111	183	2,071	1,912
New Jersey	N	0	0	N	N	6	2	7	59	41	—	0	0	—	—
New York (Upstate)	1	1	10	15	44	6	2	15	52	23	—	0	0	—	—
New York City	U	0	0	U	U	2	11	21	155	219	—	0	0	—	—
Pennsylvania	6	2	9	43	72	2	4	9	69	48	111	111	183	2,071	1,912
E.N. Central	17	11	39	272	262	10	19	42	270	181	319	155	556	6,965	2,503
Illinois	—	0	2	8	2	6	10	32	116	57	—	1	5	4	33
Indiana	2	3	21	59	77	—	1	5	24	19	N	0	347	N	N
Michigan	—	1	4	9	18	1	2	19	44	29	82	91	231	1,987	1,533
Ohio	15	6	32	196	165	3	4	11	72	67	237	42	423	4,616	715
Wisconsin	N	0	0	N	N	—	1	3	14	9	—	11	41	358	222
W.N. Central	1	1	191	19	23	—	4	9	56	80	44	17	84	748	73
Iowa	N	0	0	N	N	—	0	1	3	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	9	7	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	4	7	21	—	0	0	—	—
Missouri	1	1	3	19	20	—	3	8	36	46	42	14	82	703	6
Nebraska†	—	0	1	—	1	—	0	1	1	2	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	18	10
South Dakota	—	0	1	—	2	—	0	1	—	—	2	1	12	27	57
S. Atlantic	29	22	51	561	457	24	43	182	594	578	49	55	843	1,726	814
Delaware	—	0	2	—	1	1	0	2	9	5	—	1	5	30	11
District of Columbia	—	0	3	19	13	1	2	9	35	34	—	0	6	14	12
Florida	14	13	36	314	238	10	14	29	233	237	—	0	0	—	—
Georgia	15	7	19	188	166	—	8	143	47	78	—	0	0	—	—
Maryland†	—	0	0	—	—	4	5	19	100	89	—	0	0	—	—
North Carolina	N	0	0	N	N	1	5	17	101	78	—	0	0	—	—
South Carolina†	—	0	0	—	—	2	1	7	22	24	20	14	48	447	200
Virginia†	N	0	0	N	N	5	3	12	47	31	—	16	797	539	94
West Virginia	—	2	10	40	39	—	0	1	—	2	29	24	70	696	497
E.S. Central	—	3	14	84	77	11	10	21	183	142	—	0	0	—	—
Alabama†	N	0	0	N	N	—	3	12	84	58	—	0	0	—	—
Kentucky	—	0	5	13	13	7	1	8	27	9	N	0	0	N	N
Mississippi	—	0	0	—	—	—	0	5	12	19	—	0	0	—	—
Tennessee†	—	3	13	71	64	4	4	11	60	56	N	0	0	N	N
W.S. Central	—	1	7	36	77	16	24	37	426	400	188	175	1,717	4,079	1,537
Arkansas	—	0	3	6	6	1	1	6	28	16	16	2	110	302	—
Louisiana	—	1	5	30	71	—	3	17	39	71	—	0	17	80	99
Oklahoma	N	0	0	N	N	—	1	6	23	12	—	0	0	—	—
Texas†	N	0	0	N	N	15	16	30	336	301	172	163	1,607	3,697	1,438
Mountain	1	1	27	19	30	1	7	17	104	139	49	45	102	924	1,326
Arizona	N	0	0	N	N	1	3	13	59	42	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	10	18	39	35	74	685	910
Idaho†	N	0	0	N	N	—	0	3	1	12	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	5	—	0	0	—	—
Nevada†	—	0	27	1	2	—	2	6	22	39	—	0	2	1	—
New Mexico†	—	0	0	—	—	—	1	4	12	18	1	3	32	198	110
Utah	—	0	6	—	12	—	0	1	—	5	9	3	38	31	265
Wyoming	1	0	3	18	16	—	0	0	—	—	—	0	3	9	41
Pacific	—	0	0	—	—	2	32	45	385	587	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	3	—	0	0	—	—
California	N	0	0	N	N	2	29	41	298	522	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	7	1	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	5	10	N	0	0	N	N
Washington	N	0	0	N	N	—	2	11	70	51	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	16	43	45	4	6	47	87	278
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.
* 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 29, 2006, and April 30, 2005 (17th 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	203	—	4
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	10	—	—	—	0	4	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
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	22	—	2
Arkansas	—	0	3	—	—	—	0	2	—	—
Louisiana	—	0	20	—	—	—	0	9	—	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	—	2
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	—	—	0	89	—	2
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 29, 2006 (17th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	539	381	116	28	8	6	51
Boston, MA	138	88	35	11	2	2	11
Bridgeport, CT	44	35	9	—	—	—	9
Cambridge, MA	19	17	2	—	—	—	3
Fall River, MA	28	24	3	1	—	—	2
Hartford, CT	58	30	20	3	3	2	6
Lowell, MA	25	16	6	3	—	—	1
Lynn, MA	5	3	1	1	—	—	2
New Bedford, MA	31	28	2	1	—	—	2
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	58	43	12	1	1	1	3
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	49	29	15	2	2	1	6
Waterbury, CT	29	23	5	1	—	—	1
Worcester, MA	54	44	6	4	—	—	5
Mid. Atlantic	2,310	1,621	490	125	42	32	117
Albany, NY	54	45	7	1	1	—	9
Allentown, PA	28	24	2	2	—	—	2
Buffalo, NY	84	64	16	3	—	1	3
Camden, NJ	22	10	7	4	—	1	2
Elizabeth, NJ	13	8	4	1	—	—	2
Erie, PA	40	30	7	2	1	—	5
Jersey City, NJ	36	19	11	5	—	1	—
New York City, NY	1,085	777	222	52	20	14	47
Newark, NJ	53	26	21	3	2	1	4
Paterson, NJ	20	13	6	1	—	—	1
Philadelphia, PA	368	217	97	28	13	13	3
Pittsburgh, PA§	35	28	6	—	—	1	3
Reading, PA	29	23	3	2	1	—	3
Rochester, NY	130	106	21	3	—	—	11
Schenectady, NY	29	23	5	1	—	—	5
Scranton, PA	33	29	3	1	—	—	1
Syracuse, NY	179	124	38	13	4	—	11
Trenton, NJ	33	24	8	1	—	—	—
Utica, NY	20	17	1	2	—	—	5
Yonkers, NY	19	14	5	—	—	—	—
E.N. Central	2,084	1,378	483	125	52	46	149
Akron, OH	62	40	18	—	3	1	2
Canton, OH	35	25	8	1	1	—	7
Chicago, IL	363	202	103	38	13	7	26
Cincinnati, OH	55	36	8	2	3	6	4
Cleveland, OH	246	171	55	11	4	5	7
Columbus, OH	202	134	53	10	2	3	18
Dayton, OH	128	90	29	4	3	2	9
Detroit, MI	163	89	54	9	8	3	12
Evansville, IN	48	38	6	4	—	—	4
Fort Wayne, IN	65	38	14	8	2	3	4
Gary, IN	12	5	1	4	2	—	1
Grand Rapids, MI	57	40	9	4	1	3	4
Indianapolis, IN	202	136	44	12	5	5	12
Lansing, MI	49	35	13	1	—	—	2
Milwaukee, WI	110	81	19	6	—	4	11
Peoria, IL	41	28	8	1	2	2	4
Rockford, IL	43	32	8	2	1	—	3
South Bend, IN	59	42	12	4	—	1	6
Toledo, OH	85	63	15	4	2	1	8
Youngstown, OH	59	53	6	—	—	—	5
W.N. Central	585	385	134	35	12	18	46
Des Moines, IA	65	46	15	1	2	1	3
Duluth, MN	27	19	5	2	—	1	5
Kansas City, KS	34	21	9	1	1	1	3
Kansas City, MO	80	53	17	5	2	3	8
Lincoln, NE	30	27	2	—	1	—	4
Minneapolis, MN	54	37	7	5	2	3	2
Omaha, NE	72	48	17	3	1	3	7
St. Louis, MO	105	51	35	13	1	5	9
St. Paul, MN	55	38	13	2	1	1	3
Wichita, KS	63	45	14	3	1	—	2

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. Atlantic	1,417	847	371	113	49	37	76
Atlanta, GA	319	168	105	30	11	5	18
Baltimore, MD	143	82	39	12	5	5	16
Charlotte, NC	122	82	25	9	3	3	6
Jacksonville, FL	135	87	37	7	2	2	5
Miami, FL	138	83	33	13	8	1	4
Norfolk, VA	45	29	11	1	1	3	1
Richmond, VA	57	30	18	5	4	—	1
Savannah, GA	60	36	19	2	1	2	6
St. Petersburg, FL	74	47	13	3	6	5	7
Tampa, FL	191	131	29	19	4	8	11
Washington, D.C.	120	65	39	10	3	3	1
Wilmington, DE	13	7	3	2	1	—	—
E.S. Central	836	552	189	54	17	24	64
Birmingham, AL	208	139	46	13	2	8	23
Chattanooga, TN	78	53	15	8	1	1	2
Knoxville, TN	91	58	26	4	2	1	5
Lexington, KY	80	62	11	5	—	2	5
Memphis, TN	131	84	29	9	8	1	13
Mobile, AL	68	45	18	3	—	2	3
Montgomery, AL	30	22	8	—	—	—	3
Nashville, TN	150	89	36	12	4	9	10
W.S. Central	1,433	922	333	93	46	39	89
Austin, TX	103	64	24	7	4	4	9
Baton Rouge, LA	68	41	18	7	2	—	—
Corpus Christi, TX	U	U	U	U	U	U	U
Dallas, TX	201	113	47	18	12	11	9
El Paso, TX	79	53	17	3	4	2	6
Fort Worth, TX	120	75	36	7	—	2	7
Houston, TX	329	195	85	26	12	11	17
Little Rock, AR	78	52	11	9	3	3	3
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	279	203	59	8	5	4	25
Shreveport, LA	64	42	17	3	—	2	5
Tulsa, OK	112	84	19	5	4	—	8
Mountain	1,198	800	249	86	36	27	101
Albuquerque, NM	191	135	37	17	2	—	20
Boise, ID	50	30	14	2	1	3	2
Colorado Springs, CO	86	52	16	11	2	5	4
Denver, CO	84	53	15	5	7	4	7
Las Vegas, NV	276	195	58	14	6	3	19
Ogden, UT	24	18	6	—	—	—	4
Phoenix, AZ	163	92	42	13	11	5	16
Pueblo, CO	33	31	2	—	—	—	4
Salt Lake City, UT	129	83	29	11	4	2	9
Tucson, AZ	162	111	30	13	3	5	16
Pacific	1,645	1,159	344	74	41	27	156
Berkeley, CA	12	10	2	—	—	—	1
Fresno, CA	77	49	18	5	4	1	6
Glendale, CA	16	16	—	—	—	—	—
Honolulu, HI	65	48	11	2	1	3	—
Long Beach, CA	70	48	20	1	—	1	13
Los Angeles, CA	247	176	57	8	5	1	34
Pasadena, CA	45	35	9	—	1	—	8
Portland, OR	120	87	23	3	4	3	6
Sacramento, CA	230	160	51	13	4	2	21
San Diego, CA	184	132	28	8	7	9	22
San Francisco, CA	99	57	32	10	—	—	12
San Jose, CA	186	139	31	9	3	4	20
Santa Cruz, CA	24	19	4	1	—	—	1
Seattle, WA	117	74	26	8	6	3	7
Spokane, WA	46	37	8	1	—	—	2
Tacoma, WA	107	72	24	5	6	—	3
Total	12,047**	8,045	2,709	733	303	256	849

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.

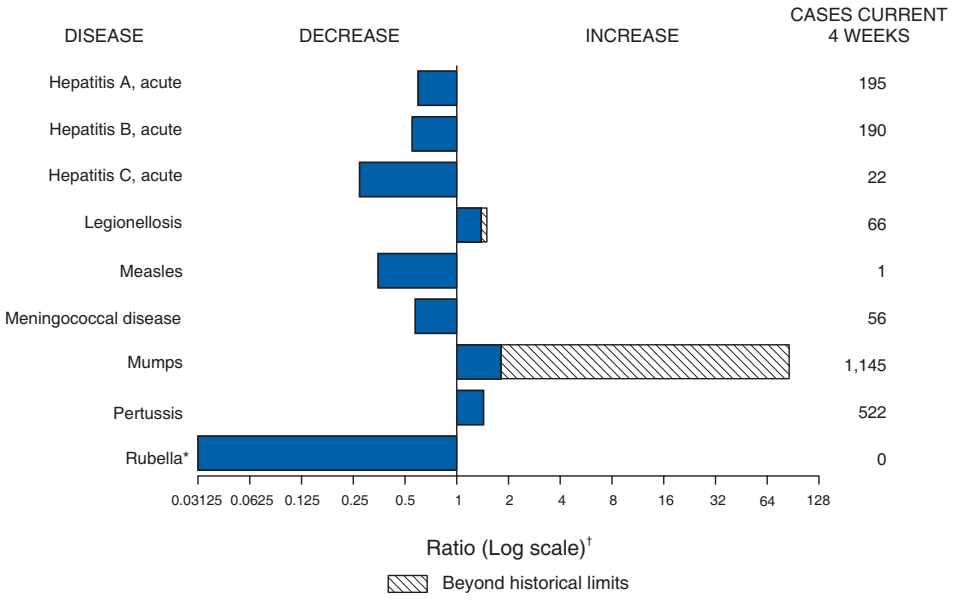
† Pneumonia and influenza.

§ 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 29, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 17 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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