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Homicides and Suicides — National Violent Death Reporting System, United States, 2003–2004

Violent deaths claimed 49,639 lives in the United States during 2003, and the prevention of violent deaths is an integral part of the public health agenda (*1*). In 2003, CDC launched the National Violent Death Reporting System (NVDRS) to provide detailed information on the circumstances of violent deaths. The system can be used to develop and evaluate prevention policies, programs, and strategies at the national, state, and local levels (*2*). This report describes the analysis of violent deaths from seven states that participated in NVDRS in 2003, plus six additional states that participated in 2004. Homicide circumstance information revealed that most victims knew the suspects involved and that intimate partner conflicts continued to be among the most important contributing factors. Suicide circumstance information indicated that mental health disorders and intimate partner problems had important roles. These findings underscore the value of NVDRS data for effective planning and targeting of violence-prevention programs.

NVDRS is an active, state-based surveillance system that collects information on homicides, suicides, deaths of undetermined intent (i.e., those for which available information is insufficient to enable a medical or legal authority to make a distinction among unintentional injury, self-harm, or assault*), deaths from legal intervention (e.g., involving a person killed by an on-duty police officer), and unintentional firearm deaths. Seven states provided data in 2003 (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia), and six additional states contributed in 2004 (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin). NVDRS uses a multisource approach (i.e., death certificates, coroner/medical examiner reports, law enforcement records, and crime laboratory data) for analysis of violent deaths. Using information from all of these sources, data abstractors in each state assign a manner of death (i.e., suicide, homicide, unintentional firearm deaths, legal interventions, and undetermined deaths) to each case. NVDRS also collects the *International Classification of Diseases, 10th Revision* (ICD-10) code for underlying cause of death (UCOD), circumstances contributing to the death, and characteristics of the death, including victim-suspect relationship and victim toxicology results. The UCOD is categorized as suicide or homicide using standard definitions from the National Vital Statistics System (NVSS) (*3–5*). For 2004, ICD-10 codes for the UCOD were not reported to NVDRS for 2,773 (19.9%) of the deaths. Because of the high percentage of missing UCOD codes, this report categorizes deaths only by the manner of death assigned by abstractors. The abstractor-assigned manner of death and UCOD ICD-10 codes were consistent in 99.0% and 96.5% of the suicides and homicides, respectively, in 2003, and 95.3% and 93.1%, respectively, of the suicides and homicides in 2004. Analysis of rates was restricted to in-state deaths, including both residents and nonresidents. This report reflects NVDRS data collected through June 2005.

The combined seven states collecting 2003 data accounted for 12.5% of the 2003 U.S. population and for 11.2% of all suicides and 11.5% of homicides in the United States during 2003. The 13 states participating in 2004 accounted for 23.4%

INSIDE

*World Health Organization. ICD-10 codes online. Available at http://www3.who.int/icd/currentversion/fr-icd.htm.

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of the U.S. population in 2003 and for 23.4% of all suicides and 22.6% of homicides in the United States during 2003. By June 2005, the seven states collecting 2003 data had reported 7,732 violent deaths, and the 13 states collecting 2004 data had reported 13,922.

For the seven states that collected data in 2003 and the 13 that collected data in 2004, suicide accounted for 46.6% (3,603) and 53.0% (7,379) of all NVDRS deaths, respectively. Nearly 26% of deaths reported in NVDRS in both years (2,023 in 2003 and 3,758 in 2004) were homicides. For both years, deaths from legal interventions and unintentional firearm deaths were rare (63 [0.8%] and 54 [0.7%], respectively, in 2003 and 123 [0.9%] and 104 [0.7%], respectively, in 2004).

Deaths of undetermined intent, as determined by state medical examiners according to each state's policies, constituted 25.2% (1,951) of cases in 2003 and 14.8% (2,067) in 2004. The rates of death of undetermined intent varied substantially among states. The 2004 crude death rate for all 13 reporting states was 3.0 per 100,000 population, varying from 0.5 per 100,000 population in South Carolina and North Carolina to 11.0 per 100,000 population in Rhode Island and Maryland. The variation is attributable, in part, to differences in state policies for classifying deaths.

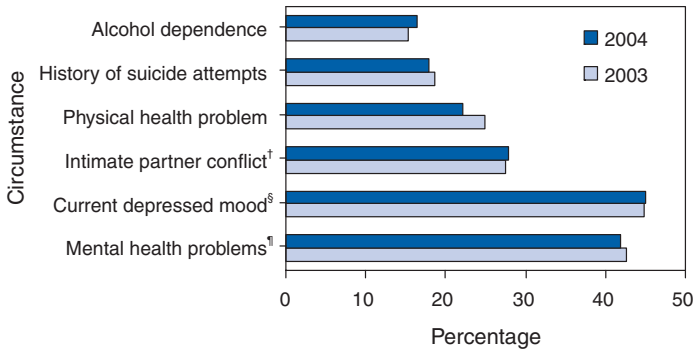
Suicide

The age-adjusted suicide rate[†] for the seven states collecting both 2003 and 2004 data decreased from 9.7 per 100,000 population in 2003 to 9.1 in 2004. In the seven states that collected data in both 2003 and 2004, the 2004 age-adjusted suicide rate for men (15.2 per 100,000 population) was more than four times higher than the rate for women (3.6 per 100,000 population). For the 13 states collecting data in 2004, the age-adjusted suicide rate for 2004 (10.6 per 100,000 population) was similar to the preliminary rate reported for the United States overall in NVSS for 2004 (10.7 per 100,000 population) (*6*). Overall in 2004, the highest suicide rates were among persons aged ≥35 years (12.6 per 100,000 population for persons aged 35–64 years and 12.1 per 100,000 population for persons aged ≥65 years). The highest suicide rate among males was in the ≥65 years age group (28.9 per 100,000 population); the highest suicide rate for females was in the 25–64 years age group (6.9 per 100,000 population).

For the 3,603 reported suicides in 2003, circumstance information was available for 88.5% (3,189) of cases (Figure 1). For the 7,379 suicides in 2004, information was available for 80.6% (5,951). Circumstances contributing to

[†] Rates were adjusted to the 2000 U.S. population standard for age-adjusted death rates (*4*).

FIGURE 1. Percentage of suicide cases, by selected circumstances — National Violent Death Reporting System, United States, 2003 and 2004*



* Percentages might total to more than 100% because certain incidents involve multiple circumstances.
† Includes separation, major argument, or violence.
§ Current depressed mood was based on the family or friends' impression of the decedent's mood.
¶ Includes any mental illness diagnosis of the decedent (e.g., clinical depression, dysthymia, bipolar disorder, or schizophrenia).

suicide were similar in both years, with nearly half of the suicide cases involving at least one documented mental health diagnosis. The most frequently reported mental health diagnoses were depression (85.2%), bipolar disorder (7.4%), and schizophrenia (3.3%) in 2004. Roughly half of victims were described by family or friends as being depressed before the time of death. Problems with a current or former intimate partner contributed to 27.9% of suicides. Physical health problems, most commonly in older adults, contributed to approximately 24.9% of the suicides. Nearly 19.0% of suicide victims had made previous attempts, and 16.5% had alcohol dependence problems.

Homicide

The age-adjusted homicide rate§ for the seven states collecting both 2003 and 2004 data was 5.6 per 100,000 population in 2003 and 5.1 in 2004. The 2003 and 2004 rates for the United States overall in NVSS were 6.1 and 5.6 per 100,000 population, respectively (*6,7*). For the seven states, the highest rate (12.4 per 100,000 population) was reported among victims aged 15–24 years. Homicide rates tended to decrease with age for victims aged >24 years. In 2004, the homicide rate for men (8.3 per 100,000 population) was 3.3 times higher than the rate for women (2.5 per 100,000 population). In 2004, the age-adjusted homicide rate for the 13 NVDRS states was 5.4 per 100,000 population.

§ Rates were adjusted to the 2000 U.S. population standard for age-adjusted death rates (*4*).

For the 2,023 reported homicides in 2003, circumstance information was available for 63.2% (1,278) of cases (Figure 2). For the 3,758 homicides in 2004, information was available for 58.1% (2,183). In 25.5% of cases in 2004, a homicide was precipitated by a felony-level crime, most frequently a robbery (44.9%). In 31.8% of these cases, suspects were known to victims, and 20.0% of homicides were directly associated with intimate partner conflict (i.e., one in which an intimate partner killed another partner). Intimate partner violence resulting in death was most common among victims aged 40–44 years. Drugs were involved in approximately 16% of homicides in 2004 with known circumstances, most commonly among victims aged 20–29 years.

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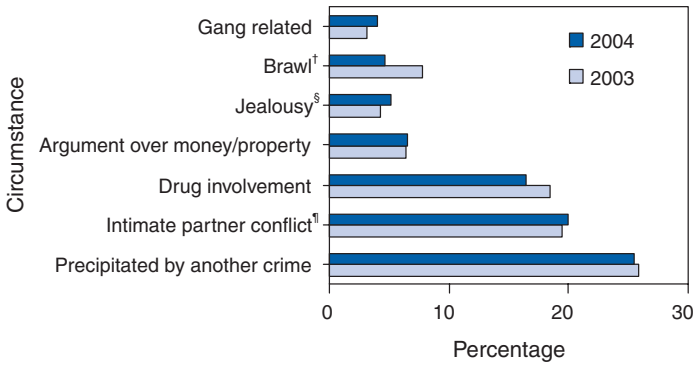
Editorial Note: Preliminary 2004 national homicide and suicide data from NVSS indicate a decline in rates from 2003 levels (*6*); data from the seven states in NVDRS collecting data in both 2003 and 2004 also indicate a decline. Violent deaths continue to be among the 10 leading causes of death in the United States for persons aged <65 years (*3*).

Because NVDRS collects circumstance information for the deaths, the data can be used to describe and monitor the characteristics of suicide and homicide and the prevalence of certain risk factors among homicide and suicide victims. This report demonstrates that mental health disorders and intimate partner conflicts played the largest roles in suicide, whereas felony crimes and intimate partner violence played the largest role in homicide.

FIGURE 2. Percentage of homicide cases, by selected circumstances — National Violent Death Reporting System, United States, 2003 and 2004*



* Percentages might total to more than 100% because certain incidents involve multiple circumstances.
† A mutual physical fight involving three or more persons.
§ Lovers' triangle (i.e., perceived infidelity). Includes homicide resulting in the death of the intimate partner or a third party involved in a relationship.
¶ Includes separation, major argument, or violence.

The findings in this report are subject to at least three limitations. First, data for 2003 and 2004 are only available from a small proportion of U.S. states, although the intent of NVDRS is to include all U.S. states. Therefore, these data might not be generalizable to the entire U.S. population. Second, processes for classifying of the manner of death differed by jurisdiction. These differences might be attributed to laws governing death investigations or medical examiner/coroner practices. For example, although NVDRS attempts to capture all suicides by investigating cases and collecting data from multiple sources, certain suicides might not be identified as such (e.g., when no evidence of suicidal intent such as a suicide note is present). Finally, circumstance information is collected through medical examiner/coroner and law enforcement reports. Families, friends, and other witnesses might not reveal all the precipitating circumstances to the investigative agencies, possibly resulting in inaccurate or incomplete reports.

Numerous circumstances and personal characteristics contribute to suicides and homicides. NVDRS is the only surveillance system that regularly collects and consolidates information from multiple sources on all violent deaths occurring in participating states. Collecting data on the circumstances of violent deaths will clarify the association of personal and social risk factors with violence and how these factors might change over time *(8,9)*. Thus, NVDRS is in a unique position not only to evaluate the incidence of these events but also to enhance understanding of the associated causes and circumstances. This understanding can be used to improve risk factor identification and design programs that might reduce the number of victims. Additional studies using NVDRS data will allow interpretation of trends in violent deaths and will help identify potential prevention strategies.

Acknowledgments

The findings in this report are based, in part, on contributions of the 13 funded states that collected violent death data and their partners, including personnel from law enforcement, vital records, medical examiners/coroners, and crime laboratories. Contributions also were made by the NVDRS Team, Office of Statistics and Programming staff, and other staff at the National Center for Injury Prevention and Control, CDC.

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Cigarette Use Among High School Students — United States, 1991–2005

Cigarette use is the leading preventable cause of death in the United States (*1*). A national health objective for 2010 is to reduce the prevalence of current cigarette use among high school students to ≤16% (objective no. 27-2b) (*1*). To examine changes in cigarette use among high school students in the United States during 1991–2005, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of that analysis, which indicated that, although lifetime, current, and current frequent cigarette use was stable or increased during the 1990s and then decreased significantly from the late 1990s to 2003, prevalence was unchanged during 2003–2005. To achieve the 2010 objective, the downward trend in youth smoking must resume.

The biennial national YRBS, a component of CDC's Youth Risk Behavior Surveillance System, used independent, three-stage cluster samples for the 1991–2005 surveys to obtain cross-sectional data representative of public and private school students in grades 9–12 in all 50 states and the District of Columbia. Sample sizes ranged from 10,904 to 16,296. For each cross-sectional national survey, students completed anonymous, self-administered questionnaires that included identically worded questions about cigarette use. School response rates ranged from 70% to 81%, and student response rates ranged from 83% to 90%; therefore, overall response rates for the surveys ranged from 60% to 70%.

For this analysis, temporal changes for three behaviors were assessed: lifetime cigarette use (i.e., ever tried cigarette smoking, even one or two puffs), current cigarette use (i.e., smoked cigarettes on ≥1 of the 30 days preceding the survey), and current frequent cigarette use (i.e., smoked cigarettes on ≥20 of the 30 days preceding the survey). Race/ethnicity data are presented only for non-Hispanic black, non-Hispanic white,

and Hispanic students (who might be of any race); the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates, and the statistical software used for all data analyses accounted for the complex sample design. Temporal changes were analyzed using logistic regression analyses, which controlled for sex, race/ethnicity, and grade and also simultaneously assessed linear and quadratic time effects. Quadratic trends indicate a significant but nonlinear trend in the data over time (e.g., a leveling off or statistically significant change in direction). Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time. Differences in lifetime, current, and current frequent cigarette use comparing 2003 with 2005 were assessed for statistical significance using *t* tests.

Significant linear and quadratic trends were detected for lifetime, current, and current frequent cigarette use (Table 1). The prevalence of lifetime cigarette use was stable during 1991–1999 and then declined significantly from 70.4% in 1999 to 54.3% in 2005. The prevalence of current cigarette use increased from 27.5% in 1991 to 36.4% in 1997 and then declined significantly to 23.0% in 2005. The prevalence of current frequent cigarette use increased from 12.7% in 1991 to 16.8% in 1999 and then declined significantly to 9.4% in 2005. No statistically significant differences in lifetime, current, or current frequent cigarette use overall were detected between 2003 and 2005.

For current cigarette use, significant linear and quadratic trends were detected among all sex and grade subgroups and among white and Hispanic students, with patterns of use during 1991–2005 similar to those for current cigarette use overall (Table 2). Among black students, a significant quadratic but not linear trend was detected. The prevalence of current cigarette use among black students increased from 12.6% in 1991 to 22.7% in 1997 and then declined to 12.9% in 2005. Current cigarette use among white females and males and Hispanic females and males demonstrated significant linear and quadratic trends, whereas among black females and males, only a significant quadratic trend was found. Comparison of current cigarette use between 2003 and 2005 for all subgroups revealed no significant differences, except among black males, whose current cigarette use declined from 19.3% to 14.0% ($p<0.05$).

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Editorial Note: The findings in this report that the prevalence of lifetime, current, and current frequent cigarette use among high school students was unchanged from 2003 to 2005 is consistent with trends observed in other national school-based surveys, suggesting that the national decline in youth smoking observed during 1997–2003 might have stalled (*2*–*3*). Factors that might have contributed to this lack of continued decline include smaller annual increases in the retail price of cigarettes during 2003–2005 compared with 1997–2003, based on the Consumer Price Index (*4*); potentially less exposure or availability among youths to mass media smoking-prevention campaigns funded by states or the American Legacy Foundation (*5*); less funding for comprehensive statewide tobacco-use prevention programs (*5*); and substantial increases in tobacco industry expenditures on tobacco advertising and promotion in the United States from $5.7 billion in 1997 to $15.2 billion in 2003 (*6*). Additionally, after decades of decline, smoking in movies, which has been linked to youth smoking, increased rapidly beginning in the early 1990s and by 2002 was at levels observed in 1950 (*7*).

The findings in this report are subject to at least two limitations. First, these data only include youths who attend school and thus are not representative of all persons in this age group. Nationwide in 2001, approximately 5% of youths aged 16–17 years were not enrolled in a high school program and

TABLE 1. Percentage of high school students who reported lifetime cigarette use,* current cigarette use,† and current frequent cigarette use§ — Youth Risk Behavior Survey, United States, 1991–2005¶

Category	1991 % (95% CI**)	1993 % (95% CI)	1995 % (95% CI)	1997 % (95% CI)	1999 % (95% CI)	2001 % (95% CI)	2003 % (95% CI)	2005 % (95% CI)
Lifetime	70.1 (±2.2)	69.5 (±1.4)	71.3 (±1.7)	70.2 (±1.9)	70.4 (±2.9)	63.9 (±2.1)	58.4 (±3.1)	54.3 (±3.0)†† §§
Current	27.5 (±2.7)	30.5 (±1.9)	34.8 (±2.2)	36.4 (±2.3)	34.8 (±2.5)	28.5 (±2.0)	21.9 (±2.1)	23.0 (±2.3)†† §§
Current frequent	12.7 (±2.2)	13.8 (±1.7)	16.1 (±2.6)	16.7 (±1.9)	16.8 (±2.6)	13.8 (±1.6)	9.7 (±1.4)	9.4 (±1.5)†† §§

* Ever smoked cigarettes, even one or two puffs.
† Smoked cigarettes on ≥1 of the 30 days preceding the survey.
§ Smoked cigarettes on ≥20 of the 30 days preceding the survey.
¶ Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade. Prevalence estimates shown here were not standardized by demographic variables.
** Confidence interval.
†† Significant linear effect ($p<0.05$).
§§ Significant quadratic effect ($p<0.05$).

TABLE 2. Percentage of high school students who reported current cigarette use,* by sex, race/ethnicity, and grade — Youth Risk Behavior Survey, United States, 1991–2005†

Characteristic	1991 % (95% CI§)	1993 % (95% CI)	1995 % (95% CI)	1997 % (95% CI)	1999 % (95% CI)	2001 % (95% CI)	2003 % (95% CI)	2005 % (95% CI)
Sex								
Female	27.3 (±3.4)	31.2 (±2.1)	34.3 (±3.2)	34.7 (±2.8)	34.9 (±2.6)	27.7 (±2.1)	21.9 (±2.8)	23.0 (±2.6)¶ **
Male	27.6 (±3.1)	29.8 (±2.3)	35.4 (±2.4)	37.7 (±2.7)	34.7 (±2.9)	29.2 (±2.6)	21.8 (±2.1)	22.9 (±2.2)¶ **
Race/ Ethnicity††								
White, non-Hispanic	30.9 (±3.3)	33.7 (±2.2)	38.3 (±2.7)	39.7 (±2.4)	38.6 (±3.1)	31.9 (±2.3)	24.9 (±2.4)	25.9 (±3.0) ¶ **
Female	*31.7 (±4.6)*	*35.3 (±2.6)*	*39.8 (±3.5)*	*39.9 (±3.2)*	*39.1 (±3.6)*	*31.2 (±2.5)*	*26.6 (±3.7)*	*27.0 (±3.7)* ¶ **
Male	*30.2 (±3.8)*	*32.2 (±2.7)*	*37.0 (±3.3)*	*39.6 (±3.8)*	*38.2 (±3.5)*	*32.7 (±3.0)*	*23.3 (±2.5)*	*24.9 (±2.7)* ¶ **
Black, non-Hispanic	12.6 (±2.5)	15.4 (±2.5)	19.2 (±3.2)	22.7 (±3.8)	19.7 (±4.2)	14.7 (±2.8)	15.1 (±2.8)	12.9 (±1.8)**
Female	*11.3 (±2.3)*	*14.4 (±2.7)*	*12.2 (±3.1)*	*17.4 (±3.9)*	*17.7 (±3.5)*	*13.3 (±3.4)*	*10.8 (±2.9)*	*11.9 (±1.8)***
Male	*14.1 (±4.5)*	*16.3 (±4.2)*	*27.8 (±5.5)*	*28.2 (±5.5)*	*21.8 (±7.0)*	*16.3 (±3.2)*	*19.3 (±3.7)*	*14.0 (±2.6)***
Hispanic	25.3 (±2.8)	28.7 (±2.9)	34.0 (±5.3)	34.0 (±2.7)	32.7 (±3.7)	26.6 (±4.3)	18.4 (±2.3)	22.0 (±3.5) ¶ **
Female	*22.9 (±3.8)*	*27.3 (±3.9)*	*32.9 (±5.6)*	*32.2 (±3.7)*	*31.5 (±4.8)*	*26.0 (±3.7)*	*17.7 (±2.1)*	*19.2 (±3.0)* ¶ **
Male	*27.9 (±3.6)*	*30.2 (±3.4)*	*34.9 (±8.7)*	*35.5 (±3.6)*	*34.0 (±4.4)*	*27.2 (±7.0)*	*19.1 (±3.5)*	*24.8 (±5.0)* ¶ **
Grade								
9th	23.2 (±3.8)	27.8 (±2.4)	31.2 (±1.6)	33.4 (±5.1)	27.6 (±3.7)	23.9 (±2.9)	17.4 (±2.4)	19.7 (±2.3) ¶ **
10th	25.2 (±2.7)	28.0 (±3.3)	33.1 (±3.8)	35.3 (±4.1)	34.7 (±2.4)	26.9 (±3.2)	21.8 (±2.9)	21.4 (±3.1) ¶ **
11th	31.6 (±3.8)	31.1 (±3.2)	35.9 (±3.8)	36.6 (±3.6)	36.0 (±3.0)	29.8 (±3.7)	23.6 (±3.2)	24.3 (±3.1) ¶ **
12th	30.1 (±4.4)	34.5 (±3.8)	38.2 (±3.6)	39.6 (±4.9)	42.8 (±5.5)	35.2 (±4.1)	26.2 (±2.8)	27.6 (±3.6) ¶ **

* Smoked cigarettes on ≥1 of the 30 days preceding the survey.
† Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade. Prevalence estimates shown here were not standardized by demographic variables.
§ Confidence interval.
¶ Significant linear effect ($p<0.05$).
** Significant quadratic effect ($p<0.05$).
†† Numbers for other racial/ethnic groups were too small for meaningful analysis.

had not completed high school (*8*). Second, the extent of underreporting or overreporting behaviors cannot be determined, although the survey questions have demonstrated good test-retest reliability (*9*).

The national health objective for 2010 of reducing current cigarette use among high school students to ≤16% to reduce smoking-associated morbidity and mortality can be achieved only if the annual rate of decline observed during 1997–2003 resumes. Evidence-based strategies that can increase the rate of decline in youth smoking include greater exposure to effective media campaigns, comprehensive school-based tobacco-use prevention policies and programs in conjunction with supportive community activities, and higher retail prices for tobacco products (*10*).

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Morbidity Surveillance After Hurricane Katrina — Arkansas, Louisiana, Mississippi, and Texas, September 2005

Hurricane Katrina made landfall on the U.S. Gulf Coast on August 29, 2005. Thousands of Gulf Coast residents evacuated and dispersed across the country, moving into hotels, private homes, and evacuation centers (ECs) in 30 states and the District of Columbia (DC). One goal of public health responders was to identify and prevent hurricane-related morbidity and mortality among affected populations, especially among those with limited access to health care and those who were living in crowded conditions. This report summarizes the challenges of conducting national surveillance after Hurricane Katrina, focusing on the role of CDC in coordinating surveillance and consolidating and interpreting morbidity data from jurisdictions that used diverse surveillance approaches. Aggregate morbidity data that were reported through Arkansas, Louisiana, Mississippi, and Texas to CDC during September 1–22, 2005 (before the Gulf Coast landfall of Hurricane Rita on September 24) are presented from ECs and health-care facilities (HCFs) that served affected populations in these states. Chronic diseases and injuries were the most common conditions reported by ECs and HCFs, respectively. To better prepare for future large-scale disasters with widespread impact, public health agencies and other partners are actively working to establish standardized guidelines and tools for morbidity surveillance. These guidelines will facilitate the interpretation and exchange of health information among multiple jurisdictions and public and private agencies during a disaster response to identify outbreaks and monitor health concerns.

After landfall of Hurricane Katrina, in collaboration with state and local health departments, CDC developed and disseminated guidelines and a form for reporting daily aggregate morbidity surveillance data for persons evaluated in ECs and HCFs (e.g., hospitals, emergency departments, clinics, and disaster medical assistance team [DMAT] sites*) (*2*). This morbidity surveillance form included categories for conditions such as infectious diseases, mental health conditions, injuries, and chronic diseases. In addition, a separate medical intake form was distributed to record individual-level data (*2*). The form included some of the same conditions and categories as the aggregate form but included additional (primarily noninfectious) conditions. The surveillance approach chosen by state and local health departments varied and depended on local conditions, information needs, number of facilities providing health-care services, feasibility of implementation, and overall surveillance capacity (e.g., staffing and communications) (*3*–*5*). Health departments investigated possible disease outbreaks and identified resources for managing various health conditions.

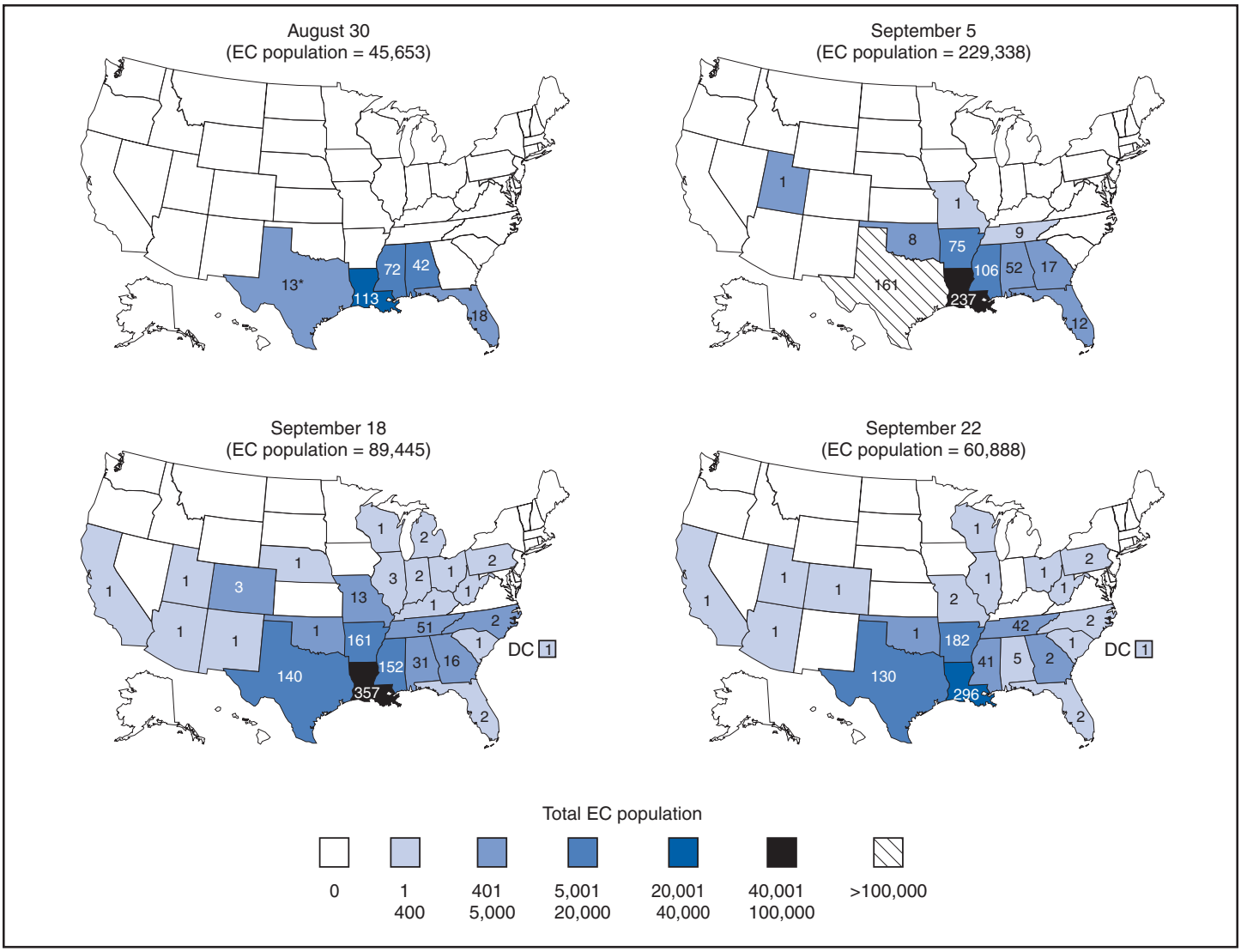
Although CDC received aggregate surveillance data from 12 states, this report presents data from the four states that reported regularly on the largest numbers of affected persons (Arkansas, Louisiana, Mississippi, and Texas). All four states reported morbidity surveillance data from ECs; Louisiana and Mississippi also collected and reported surveillance data from HCFs to determine the extent of injuries and acute conditions resulting from the hurricane and to monitor HCF capacity and needs. In Arkansas and Texas, because most evacuees were in ECs, routine HCF surveillance continued among health-care providers and laboratories as it had before the hurricane, with added encouragement from health departments to report adverse health events among evacuees.

States reported morbidity data, which differed by number and specificity of conditions under surveillance; for example, some states reported three distinct types of gastrointestinal (GI) illness, whereas others aggregated all GI-related symptoms and reported them collectively as GI illness. CDC summarized morbidity data by state on a daily basis. For this report, state-specific data were combined to facilitate multistate analyses. Totals for the six most commonly reported categories (i.e., chronic illness, GI illness, respiratory illness, rash, mental illness, and injury) were calculated as the sum of specific (e.g., suspected tuberculosis) and nonspecific (e.g., lower respiratory tract illness) conditions. Data for conditions that were rarely or inconsistently reported are not presented. A visit was defined as care provided for one person for one condition. Persons could have received care for more than one condition on a given day, received care for the same condition on multiple days, or both. Morbidity rates could not be calculated because not all HCFs reported total numbers of patient visits, and although state-level EC population figures were available, not all reporting ECs provided facility population data.

The number of ECs open in a state, the total EC population in a state, and the number of states hosting ECs fluctuated daily (Figure 1). During September 1–22, the number of ECs and HCFs in Arkansas, Louisiana, Mississippi, and Texas reporting daily morbidity data to CDC also fluctuated,

* Creation of DMATs is fostered by the U.S. Department of Homeland Security through the National Disaster Medical System. A DMAT is a group of medical professionals or paraprofessionals, supported by logistic and administrative staff, who can provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center, public health or safety agency, or nonprofit, public, or private organization. The DMAT sponsor organizes the team, recruits members, arranges training, and coordinates deployment of the team. DMAT members are paid while serving as part-time federal employees (*1*).

FIGURE 1. Number of evacuation centers (ECs) and total EC population after Hurricane Katrina, by state — United States, August 30–September 22, 2005



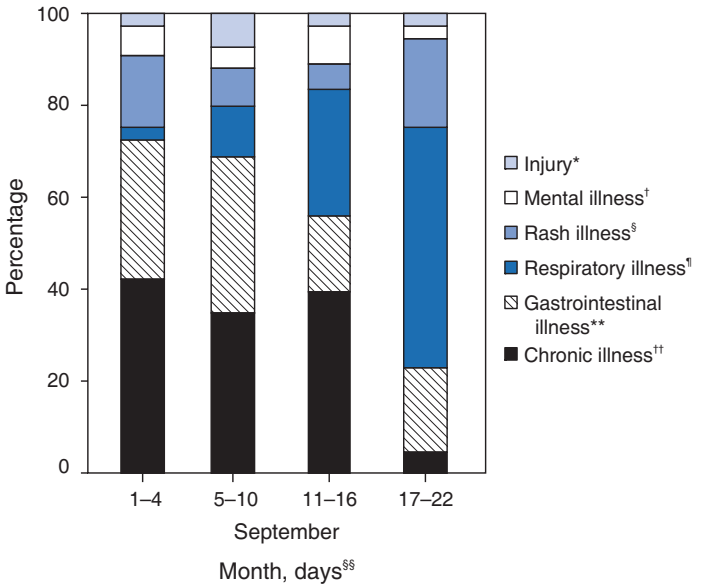
SOURCE: U.S. Department of Homeland Security. Hurricane Katrina situation reports; 2005.
* Number of open ECs.

ranging from two to 76 ECs and five to 21 HCFs (Figures 2 and 3). Louisiana and Mississippi reported HCF data almost daily beginning September 5.

During September 1–22, chronic illness (e.g., diabetes, asthma, emphysema, and cardiovascular disease) was the most commonly reported category in ECs, peaking at 651 visits on September 9 (in all four states combined) and accounting for 33% (4,786) of the 14,531 total visits included in these analyses. GI illness, the second most commonly reported category, accounted for 27% (3,892) of total visits and peaked in ECs during September 5–10. Visits for respiratory illness increased during September 1–22, accounting for 20% (2,896) of total visits and 52% (1,003) of visits during September 17–22. The percentage of visits for rash illnesses accounted for 16% (320) of visits during September 1–4, decreased somewhat, and then increased again to 20% (376) of visits during September 17–22. Visits for injury and mental illness accounted for less than 6% each of the total visits during September 1–22.

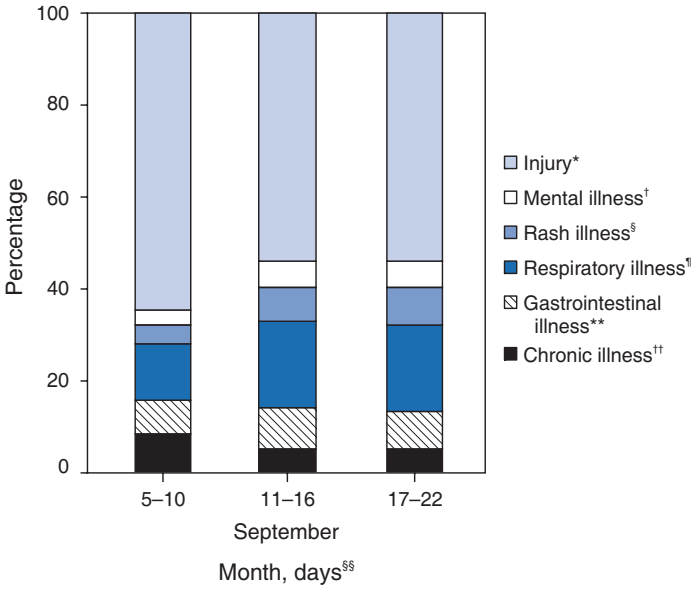
In HCFs, during September 5–22, injury was the most commonly reported category, with approximately 135 visits reported daily, peaking at 532 on September 8, and accounting for 58% (5,716) of 9,772 total HCF visits for the six categories. Respiratory illness was the second most commonly reported condition, accounting for 16% (1,550) of total HCF visits. During September 5–22, GI, rash, and chronic and mental illnesses each accounted for less than 10% of the total HCF visits.

FIGURE 2. Percentage of total visits for selected health conditions reported by evacuation centers (ECs) after Hurricane Katrina, by date — Arkansas, Louisiana, Mississippi, and Texas, September 1–22, 2005



* Injury includes intentional, unintentional, and heat-related injuries.
† Mental illness includes unspecified mental illness, anxiety, depression, substance (including alcohol) abuse or withdrawal, disorientation, confusion, psychosis, suicidal or homicidal thoughts, and violent behavior.
§ Rash includes unspecified rash, suspected chickenpox, measles, rubella, and scabies.
¶ Respiratory illness includes unspecified respiratory illnesses, influenza-like illness, upper and lower respiratory illnesses, pertussis, and suspected tuberculosis.
** Gastrointestinal illness includes unspecified gastrointestinal illnesses, diarrhea, and vomiting.
†† Chronic illness includes diabetes, asthma, emphysema, and cardiovascular disease.
§§ Minimum number of ECs reporting per day, during September 1–22, were as follows: 2 (September 1), 3, 4, 5, 6, 7, 10, 12, 28, 42, 18, 66, 61, 76, 42, 6, 67, 66, 56, 54, 39, 32 (September 22).

FIGURE 3. Percentage of total visits for selected health conditions reported by health-care facilities (HCFs) after Hurricane Katrina, by date — Louisiana and Mississippi, September 5–22, 2005



* Injury includes intentional, unintentional, and heat-related injuries.
† Mental illness includes unspecified mental illness, anxiety, depression, substance (including alcohol) abuse or withdrawal, disorientation, confusion, psychosis, suicidal or homicidal thoughts, and violent behavior.
§ Rash includes unspecified rash, suspected chickenpox, measles, rubella, and scabies.
¶ Respiratory illness includes unspecified respiratory illnesses, influenza-like illness, upper and lower respiratory illnesses, pertussis, and suspected tuberculosis.
** Gastrointestinal illness includes unspecified gastrointestinal illnesses, diarrhea, and vomiting.
†† Chronic illness includes diabetes, asthma, emphysema, and cardiovascular disease.
§§ Minimum number of HCFs reporting per day, during September 5–22, were as follows: 5 (September 5), 6, 9, 21, 19, 18, 13, 13, 17, 19, 19, 16, 15, 16, 13, 12, 12, 13 (September 22).

Reported by: *F Averhoff, MD, S Young, MPH, J Mott, PhD, A Fleischauer, PhD, CDC Louisiana Epidemiology and Surveillance Field Team; J Brady, MD, US Public Health Svc Louisiana Evacuee Center Surveillance Team; S Straif-Bourgeois, PhD, Louisiana Office of Public Health. A Valadez, MD, D Lurie, MBA, Austin/Travis County Dept of Health and Human Svcs; H Palacio, MD, Harris County Public Health and Environmental Svcs; D Buhner, MD, Dallas County Health and Human Svcs; D Persse, MD, City of Houston Health and Human Svcs; F Guerra, MD, San Antonio Metropolitan Health District; J Morgan, MD, J Zoretic, MD, Texas Dept of Health Svcs. R Moolenaar, MD, CDC Mississippi Injury and Illness Surveillance Field Team; KM McNeill, MD, P Byers, MD, TS Kittle, MPH, Mississippi Dept of Health. G Chavez, MD, CDC Arkansas Field Team; M Phillips, PhD, Arkansas Dept of Health and Human Svcs. D Koo, MD, S Groseclose, DVM, P Hicks, MPH, NF Jones, MBChB, A Kenneson, PhD, Director's Emergency Operations Center; P Vranken, DPH, E Sergienko, MD, RH Bitsko, PhD, SA Lorick, DO, EIS officers, CDC.*

Editorial Note: After Hurricane Katrina, public health concerns included infectious disease outbreaks, injuries, mental health disorders, and exacerbation of preexisting chronic conditions resulting from population displacement, crowded living conditions in ECs, and disruption of public health services and health-care infrastructure (*6*). Routine surveillance systems were disrupted in some areas, and coordinated surveillance systems dedicated to monitoring morbidity among persons affected by widespread disasters had not yet been developed in the United States. CDC and the states conducted specialized surveillance activities to complement existing surveillance systems. In addition, CDC collaborated with state and local jurisdictions to facilitate the use of standardized morbidity surveillance tools. Some jurisdictions collected individual-level data to support the provision of clinical care and focus local public health response; aggregated surveillance

data reported to CDC were used to monitor morbidity trends and help identify suspected disease outbreaks.

Morbidity data from Arkansas, Louisiana, Mississippi, and Texas indicated that chronic conditions and injuries were the most frequently reported conditions among affected populations in ECs and HCFs, respectively. This pattern is similar to that identified after floods and other hurricanes (*7*–*9*). Variations in the catchment populations, triage protocols, surveillance approaches, and educational background and training of staff members who were collecting data probably contributed to the differences in health conditions identified at ECs and HCFs. ECs likely served persons with less severe conditions, whereas HCFs likely served persons with acute and more severe conditions. Combined with reports from other federal agencies, the state-reported morbidity data helped CDC and the states target deployment of response personnel, prevent and control outbreaks (such as the norovirus outbreak in Texas [*10*]), and reassure the public that no major epidemics were occurring.

State and local jurisdictions with ECs and HCFs had to balance resources between surveillance activities and responses to the immediate and evolving needs of affected populations, such as providing primary health-care services and medication refills. Local health departments and their partners also had to address the immediate medical needs of persons with special needs, mental disorders, and numerous comorbid conditions. A major challenge at the federal level was to integrate data derived from surveillance systems that varied by location of surveillance, enumeration of populations, forms used for data collection, and the specific conditions assessed. During the response, federal surveillance was aided by communication with field surveillance staff members and information provided in daily situation reports from states and other agencies, including the American Red Cross and U.S. Department of Homeland Security.

The findings in this report are subject to at least four limitations. First, morbidity rates could not be calculated because population data for ECs and HCFs were incomplete. Second, variability in the number of facilities and total population under daily surveillance limited interpretation of temporal trends. Third, the specificity of reported conditions varied because different reporting forms were used; thus, some data could not be aggregated. Finally, these findings do not provide a comprehensive description of the impact of the hurricane and evacuation and dispersal of the affected population because the morbidity surveillance varied considerably (i.e., was not always complete and was not always representative).

The primary goal for public health surveillance during and after major disasters is to track morbidity and mortality data, which can be used to target rapid response and interventions. Each level of the public health system (i.e., local, state, and federal) has a unique role in conducting surveillance after disasters. The challenges associated with the Hurricane Katrina response underscore the importance of standardized surveillance that supports a collaborative and integrated approach to monitoring and reporting the health status of affected populations. To improve disaster-related national surveillance efforts, CDC has convened a workgroup to review data-collection methods and materials used during and after Hurricanes Katrina and Rita. The workgroup is developing standardized surveillance methods that can be adapted for individual and aggregate morbidity surveillance in different settings (e.g., HCFs or ECs). The workgroup is collaborating with local and state health departments and national agencies responsible for mass care and housing (e.g., National Disaster Medical Service and American Red Cross). The workgroup will also develop and test the feasibility of using technologies such as hand-held devices and Internet-based reporting for data collection.

During large-scale disasters with widespread effects, coordination of multijurisdictional surveillance and implementation of standardized methods can promote the integration of surveillance data. To meet the information needs of all partners, a process for collecting and exchanging information among participating agencies is being planned and will be supported by data-sharing agreements that allow surveillance data to flow rapidly and securely.

Acknowledgments

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Errata: Vol. 55, No. 25

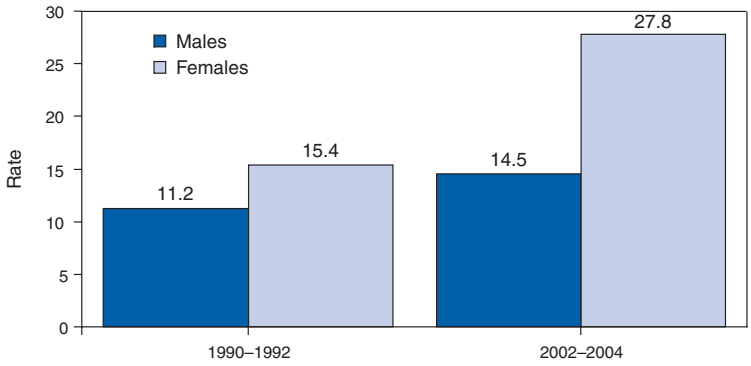
On page 707, in Table I, "Provisional cases of infrequently reported notifiable diseases (<1,000 cases during the preceding year) — United States, week ending June 24, 2006 (25th Week)," in the row, "Influenza-associated pediatric mortality," in the column "Cum 2006," the total should be **36**.

On page 715, in Table II, "Provisional cases of selected notifiable diseases, United States, weeks ending June 24, 2006, and June 25, 2005 (25th Week)," in the heading row, from left, the three disease names should be ***Streptococcus pneumoniae*, invasive disease Drug resistant, all ages**; **Syphilis, primary and secondary**; and **Varicella (chickenpox)**.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Rate* of Hospitalization for Depression† Among Persons Aged 5–19 Years, by Sex — United States, 1990–1992 and 2002–2004



* Per 100,000 population.
† In short-stay, nonfederal hospitals with a first-listed diagnosis of *International Classification of Diseases, 9th revision, Clinical Modification* (ICD-9-CM) codes 296.2–296.3, 298.0, 300.4, 301.12, 309.0–309.1, 311, or 313.1.

From 1990–1992 to 2002–2004, the rate of hospitalization for depression increased approximately 81% for females aged 5–19 years, to 27.8 per 100,000 population. The rate for young females was nearly twice that for young males during 2002–2004.

SOURCE: National Hospital Discharge Survey annual data files for 1990, 1991, 1992, 2002, 2003, and 2004. 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 July 1, 2006 (26th 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	0	—	—	—	2	23	
Botulism:									
foodborne	—	3	0	19	16	20	28	39	
infant	—	32	1	90	87	76	69	97	
other (wound & unspecified)	—	25	0	33	30	33	21	19	
Brucellosis	—	48	2	122	114	104	125	136	
Chancroid	—	19	1	17	30	54	67	38	
Cholera	—	2	0	11	5	2	2	3	
Cyclosporiasis§	—	36	11	734	171	75	156	147	
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	3	78	112	108	164	128	
eastern equine	—	—	0	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	1	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	17	65	15	790	537	362	511	261	NY (1), MN (16)
human monocytic	—	75	10	522	338	321	216	142	
human (other & unspecified)	—	15	3	122	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	1	4	0	9	19	32	34	—	WA (1)
nonserotype b	—	42	2	135	135	117	144	—	
unknown serotype	1	93	2	217	177	227	153	—	FL (1)
Hansen disease§	—	29	2	88	105	95	96	79	
Hantavirus pulmonary syndrome§	—	9	1	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	3	59	5	221	200	178	216	202	OH (2), CO (1)
Hepatitis C viral, acute	3	389	32	771	713	1,102	1,835	3,976	NY (2), PA (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	2	38	1	49	—	N	N	N	NYC (1), GA (1)
Listeriosis	8	223	15	892	753	696	665	613	NH (1), NY (2), TN (1), WA (2), CA (2)
Measles	—***	22	2	65	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	2	129	4	297	—	—	—	—	NY (1), IN (1)
serogroup B	1	77	3	157	—	—	—	—	FL (1)
other serogroup	—	12	0	27	—	—	—	—	
Mumps	13	4,750	4	314	258	231	270	266	NY (1), PA (1), OH (2), MN (1), NE (2), AL (4), WA (1), CA (1)
Plague	—	1	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	9	0	19	12	12	18	25	
Q fever§	—	59	2	139	70	71	61	26	
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	4	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	59	2	129	132	161	118	77	
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	7	582	11	1,257	1,162	845	513	498	NY (3), OH (1), MN (1), AR (1), CO (1)
Syphilis, congenital (age <1 yr)	—	99	8	361	353	413	412	441	
Tetanus	—	9	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	—	47	2	96	95	133	109	127	
Trichinellosis	1	7	0	19	5	6	14	22	MN (1)
Tularemia§	4	25	5	154	134	129	90	129	OH (1), AR (1), OK (1), MT (1)
Typhoid fever	1	117	7	324	322	356	321	368	FL (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	1	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	4	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2005 and 2006 are provisional, whereas data for 2001, 2002, 2003, and 2004 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/AIDS, 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 43 cases reported since October 2, 2005 (week 40), only 39 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 July 1, 2006, and July 2, 2005 (26th 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	3,830	18,796	35,170	443,803	479,524	16	126	1,643	3,625	1,956	20	72	860	1,201	1,071
New England	171	628	1,550	14,644	15,962	—	0	0	—	—	—	4	35	66	61
Connecticut	—	166	1,214	3,405	4,747	N	0	0	N	N	—	0	14	9	7
Maine	—	42	74	1,021	1,028	N	0	0	N	N	—	0	3	12	11
Massachusetts	149	286	432	7,170	7,112	—	0	0	—	—	—	2	15	27	24
New Hampshire	22	34	64	871	909	—	0	0	—	—	—	1	3	11	7
Rhode Island	—	66	99	1,636	1,666	—	0	0	—	—	—	0	6	3	1
Vermont§	—	19	43	541	500	N	0	0	N	N	—	0	5	4	11
Mid. Atlantic	670	2,295	3,696	55,368	58,593	—	0	0	—	—	2	11	597	174	141
New Jersey	—	364	526	7,095	9,641	N	0	0	N	N	—	0	8	6	10
New York (Upstate)	313	497	1,727	11,440	11,534	N	0	0	N	N	2	4	561	51	36
New York City	—	670	1,611	17,967	19,054	N	0	0	N	N	—	2	15	30	39
Pennsylvania	357	714	1,073	18,866	18,364	N	0	0	N	N	—	4	21	87	56
E.N. Central	320	3,133	12,578	71,830	79,479	—	0	3	21	4	2	14	162	258	238
Illinois	—	942	1,536	22,607	24,733	—	0	0	—	—	—	2	16	31	31
Indiana	—	393	552	8,306	9,883	N	0	0	N	N	—	1	13	25	14
Michigan	320	565	9,888	15,574	12,987	—	0	3	17	4	2	2	7	44	30
Ohio	—	806	1,445	16,259	21,817	—	0	1	4	—	—	5	109	98	71
Wisconsin	—	397	531	9,084	10,059	N	0	0	N	N	—	4	38	60	92
W.N. Central	132	1,121	1,438	26,977	29,285	—	0	12	—	3	9	9	52	199	171
Iowa	125	150	225	4,026	3,499	N	0	0	N	N	—	1	11	19	47
Kansas	—	155	269	3,881	3,686	N	0	0	N	N	—	1	5	26	12
Minnesota	—	231	298	5,140	6,176	—	0	12	—	3	9	3	22	79	41
Missouri	—	429	525	9,656	11,281	—	0	1	—	—	—	2	37	35	55
Nebraska§	—	95	176	2,275	2,541	N	0	1	N	N	—	1	4	14	4
North Dakota	7	32	54	741	746	N	0	0	N	N	—	0	4	3	—
South Dakota	—	52	117	1,258	1,356	N	0	0	N	N	—	0	4	23	12
S. Atlantic	959	3,284	4,905	84,333	89,280	—	0	1	2	—	4	15	54	314	192
Delaware	67	68	92	1,778	1,617	N	0	0	N	N	—	0	2	1	—
District of Columbia	18	58	101	1,237	1,923	—	0	0	—	—	—	0	3	8	2
Florida	666	891	1,090	23,105	21,690	N	0	0	N	N	4	6	28	121	76
Georgia	—	609	2,142	11,107	15,217	—	0	0	—	—	—	3	12	104	49
Maryland§	—	356	519	8,608	9,080	—	0	1	2	—	—	0	4	9	9
North Carolina	—	569	1,772	16,934	16,899	N	0	0	N	N	—	1	10	36	25
South Carolina§	—	281	1,306	8,252	9,736	N	0	0	N	N	—	0	4	16	10
Virginia§	189	427	840	11,615	11,827	N	0	0	N	N	—	1	8	17	17
West Virginia	19	56	227	1,697	1,291	N	0	0	N	N	—	0	3	2	4
E.S. Central	—	1,389	2,188	34,905	35,128	—	0	0	—	—	—	3	29	48	30
Alabama§	—	373	1,048	9,887	6,969	N	0	0	N	N	—	0	5	21	11
Kentucky	—	155	336	4,499	5,107	N	0	0	N	N	—	1	25	11	11
Mississippi	—	373	647	8,599	11,514	—	0	0	—	—	—	0	1	4	—
Tennessee§	—	488	614	11,920	11,538	N	0	0	N	N	—	1	4	12	8
W.S. Central	142	2,159	3,605	51,999	56,808	—	0	1	—	—	2	3	30	70	33
Arkansas	—	159	340	3,713	4,409	—	0	0	—	—	—	0	2	7	1
Louisiana	142	281	761	7,504	9,779	—	0	1	—	N	—	0	21	9	3
Oklahoma	—	234	2,159	5,663	5,431	N	0	0	N	N	2	1	10	18	13
Texas§	—	1,390	1,801	35,119	37,189	N	0	0	N	N	—	2	19	36	16
Mountain	327	1,094	1,839	23,009	31,624	—	92	452	2,405	1,188	1	2	9	41	59
Arizona	327	370	642	8,991	11,246	—	91	448	2,359	1,134	—	0	1	4	4
Colorado	—	211	482	2,970	7,405	N	0	0	N	N	1	1	3	16	18
Idaho§	—	52	218	1,576	1,117	N	0	0	N	N	—	0	2	5	5
Montana	—	38	195	1,011	1,162	N	0	0	N	N	—	0	2	7	11
Nevada§	—	85	432	1,795	3,603	—	1	4	20	36	—	0	1	3	8
New Mexico§	—	158	338	4,016	4,349	—	0	2	2	10	—	0	3	—	7
Utah	—	89	136	1,979	2,184	—	0	3	22	6	—	0	3	6	4
Wyoming	—	26	55	671	558	—	0	2	2	2	—	0	1	—	2
Pacific	1,109	3,221	5,079	80,738	83,365	16	34	1,179	1,197	761	—	4	52	31	146
Alaska	—	83	152	1,987	2,028	—	0	0	—	—	—	0	2	1	—
California	901	2,467	4,231	63,032	64,461	16	34	1,179	1,197	761	—	1	14	—	102
Hawaii	—	109	135	2,435	2,687	N	0	0	N	N	—	0	1	—	—
Oregon§	208	177	315	4,594	4,449	N	0	0	N	N	—	1	20	30	25
Washington	—	356	604	8,690	9,740	N	0	0	N	N	—	0	38	—	19
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	—	17	37	—	382	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	76	162	1,877	2,178	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	7	6	106	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th 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	169	327	1,029	6,915	7,977	1,431	6,460	14,136	149,462	159,334	12	37	142	998	1,292
New England	5	25	75	482	701	29	100	288	2,495	3,029	—	3	19	74	93
Connecticut	—	0	37	119	158	—	40	241	843	1,275	—	0	9	21	27
Maine	4	3	11	43	84	—	2	6	58	65	—	0	2	7	6
Massachusetts	1	10	34	214	306	27	47	75	1,221	1,334	—	1	4	34	45
New Hampshire	—	0	8	10	39	2	4	9	111	75	—	0	1	2	4
Rhode Island	—	0	25	37	40	—	8	19	236	255	—	0	7	2	7
Vermont†	—	3	9	59	74	—	1	4	26	25	—	0	2	8	4
Mid. Atlantic	26	65	254	1,190	1,478	219	646	1,014	14,476	16,147	5	7	30	192	235
New Jersey	—	8	18	97	196	—	109	150	2,138	2,787	—	2	4	26	44
New York (Upstate)	18	23	227	479	487	72	125	455	2,971	3,142	1	2	27	67	69
New York City	1	15	32	312	421	—	179	402	4,019	4,895	1	1	4	15	43
Pennsylvania	7	16	29	302	374	147	215	391	5,348	5,323	3	3	8	84	79
E.N. Central	13	54	110	996	1,370	259	1,292	7,047	28,699	31,092	1	5	14	138	228
Illinois	—	12	32	154	350	—	380	567	8,442	9,558	—	1	6	31	70
Indiana	N	0	0	N	N	—	155	228	3,471	3,922	—	1	7	35	39
Michigan	2	14	29	289	336	259	233	5,880	6,351	4,920	—	0	3	14	13
Ohio	11	16	34	340	299	—	398	681	7,479	9,957	1	1	6	46	79
Wisconsin	—	13	40	213	385	—	123	172	2,956	2,735	—	0	4	12	27
W.N. Central	54	35	260	789	914	16	357	461	8,141	9,157	—	2	15	57	56
Iowa	—	5	14	104	118	16	33	54	813	765	—	0	0	—	—
Kansas	—	3	9	71	87	—	48	124	1,071	1,260	—	0	3	11	6
Minnesota	53	3	238	336	420	—	62	88	1,210	1,715	—	0	9	27	21
Missouri	—	10	32	200	184	—	180	240	4,269	4,584	—	0	7	14	20
Nebraska†	1	2	6	41	55	—	21	56	561	597	—	0	2	4	8
North Dakota	—	0	7	5	3	—	2	7	44	44	—	0	3	1	1
South Dakota	—	2	7	32	47	—	6	13	173	192	—	0	0	—	—
S. Atlantic	24	55	107	1,200	1,205	477	1,472	2,334	35,506	37,620	2	10	24	271	309
Delaware	—	1	3	10	29	24	23	44	729	394	—	0	1	1	—
District of Columbia	3	1	5	35	22	21	36	66	779	992	—	0	1	2	3
Florida	21	19	39	443	414	343	416	512	10,856	9,551	2	3	9	90	77
Georgia	—	14	67	377	334	—	291	1,014	4,946	6,791	—	2	5	57	70
Maryland†	—	4	10	81	85	—	132	231	3,295	3,320	—	1	5	34	41
North Carolina	N	0	0	N	N	—	274	766	7,634	7,876	—	0	9	23	52
South Carolina†	—	1	7	51	64	—	125	748	3,639	4,254	—	1	3	21	20
Virginia†	—	10	50	192	241	84	142	288	3,196	4,101	—	1	8	33	30
West Virginia	—	0	6	11	16	5	16	42	432	341	—	0	4	10	16
E.S. Central	1	8	18	185	172	—	547	868	13,717	13,241	1	2	6	60	75
Alabama†	—	4	14	94	77	—	181	491	4,531	3,947	—	0	4	15	15
Kentucky	N	0	0	N	N	—	55	116	1,545	1,627	—	0	1	2	9
Mississippi	—	0	0	—	—	—	138	203	3,187	3,506	—	0	1	3	—
Tennessee†	1	4	12	91	95	—	181	279	4,454	4,161	1	1	4	40	51
W.S. Central	4	6	31	113	114	105	894	1,430	22,030	22,525	—	1	15	45	77
Arkansas	2	2	6	35	38	—	83	186	2,049	2,262	—	0	2	4	7
Louisiana	—	1	6	29	19	105	165	461	4,528	5,222	—	0	2	9	28
Oklahoma	2	3	24	49	57	—	86	764	2,061	2,221	—	1	14	32	40
Texas†	N	0	0	N	N	—	531	734	13,392	12,820	—	0	1	—	2
Mountain	16	30	57	596	584	85	226	552	4,914	6,712	2	3	8	107	148
Arizona	—	2	36	33	69	85	90	201	2,121	2,498	—	1	7	42	76
Colorado	8	9	33	220	201	—	54	90	879	1,561	—	1	4	34	31
Idaho†	—	3	11	70	62	—	3	10	91	47	—	0	1	3	3
Montana	—	1	7	31	19	—	2	14	59	71	—	0	0	—	—
Nevada†	—	2	6	28	43	—	37	194	634	1,413	—	0	1	—	13
New Mexico†	—	1	6	17	29	—	29	64	672	762	—	0	4	13	16
Utah	8	7	19	190	148	—	16	23	394	330	2	0	4	13	5
Wyoming	—	0	2	7	13	—	2	6	64	30	—	0	2	2	4
Pacific	26	61	202	1,364	1,439	241	806	957	19,484	19,811	1	2	20	54	71
Alaska	—	1	7	19	43	—	11	23	258	275	—	0	19	4	5
California	16	43	105	1,004	1,088	202	660	828	16,041	16,478	—	0	9	10	29
Hawaii	—	1	3	26	33	—	19	36	447	488	—	0	1	8	6
Oregon†	—	8	21	165	162	39	28	58	693	785	—	0	6	30	31
Washington	10	8	90	150	113	—	74	142	2,045	1,785	1	0	4	2	—
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	3	—	3	—	1	15	—	56	—	0	2	—	2
Puerto Rico	—	3	20	17	85	—	5	16	127	206	—	0	1	—	2
U.S. Virgin Islands	—	0	0	—	—	—	0	2	4	51	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th 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	18	75	245	1,610	1,885	33	88	597	1,850	2,591	12	41	127	674	649
New England	1	5	22	97	212	1	2	9	34	71	—	2	12	26	31
Connecticut	1	1	3	19	26	—	0	3	—	27	—	0	8	11	7
Maine	—	0	2	4	1	—	0	2	10	5	—	0	1	3	2
Massachusetts	—	4	14	47	130	—	1	5	14	23	—	1	6	10	15
New Hampshire	—	1	12	15	46	1	0	3	6	13	—	0	1	1	4
Rhode Island	—	0	4	5	5	—	0	2	4	1	—	0	10	—	3
Vermont†	—	0	2	7	4	—	0	1	—	2	—	0	3	1	—
Mid. Atlantic	2	9	24	136	313	2	9	55	171	343	10	14	53	180	186
New Jersey	—	2	9	17	56	—	3	10	40	123	—	1	13	6	32
New York (Upstate)	2	2	14	42	49	1	1	43	30	29	4	5	29	76	42
New York City	—	3	10	51	160	—	1	5	24	74	—	2	20	19	28
Pennsylvania	—	1	6	26	48	1	3	9	77	117	6	5	17	79	84
E.N. Central	—	6	15	127	169	1	8	24	162	283	—	8	25	139	130
Illinois	—	1	11	17	52	—	1	6	6	83	—	1	5	13	19
Indiana	—	0	7	19	9	—	0	17	23	15	—	0	6	6	10
Michigan	—	2	8	48	57	—	3	7	66	95	—	2	6	33	32
Ohio	—	1	4	36	27	1	2	8	62	71	—	4	19	68	57
Wisconsin	—	0	5	7	24	—	0	6	5	19	—	1	5	19	12
W.N. Central	—	2	30	72	48	1	4	22	69	130	—	1	12	20	20
Iowa	—	0	2	4	12	—	0	3	5	13	—	0	1	1	3
Kansas	—	0	5	21	8	—	0	2	5	18	—	0	1	1	2
Minnesota	—	0	29	6	3	—	0	13	6	11	—	0	10	—	1
Missouri	—	1	4	27	22	—	3	7	47	71	—	0	3	11	9
Nebraska†	—	0	3	9	3	1	0	2	6	14	—	0	2	3	1
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	3	—	0	6	4	3
S. Atlantic	5	11	34	238	289	6	23	66	562	750	1	9	19	166	151
Delaware	—	0	2	9	4	—	1	4	19	18	—	0	2	3	8
District of Columbia	—	0	2	2	2	—	0	2	4	4	—	0	2	6	2
Florida	5	4	18	87	96	5	8	19	213	256	1	3	8	73	45
Georgia	—	1	6	28	61	—	3	9	77	122	—	0	4	8	14
Maryland†	—	1	6	29	27	—	2	9	78	84	—	1	6	27	42
North Carolina	—	0	20	45	38	1	0	23	86	86	—	0	5	19	14
South Carolina†	—	1	3	10	15	—	2	7	32	81	—	0	2	2	6
Virginia†	—	1	11	24	43	—	1	18	20	79	—	1	7	24	16
West Virginia	—	0	3	4	3	—	0	18	33	20	—	0	3	4	4
E.S. Central	—	3	15	57	117	3	6	18	155	193	—	2	9	39	33
Alabama†	—	0	9	7	14	3	1	7	53	47	—	0	1	7	9
Kentucky	—	0	5	23	8	—	1	5	38	40	—	0	4	10	10
Mississippi	—	0	2	3	11	—	0	3	5	31	—	0	1	1	1
Tennessee†	—	1	7	24	84	—	2	12	59	75	—	1	7	21	13
W.S. Central	1	7	77	107	206	1	14	315	298	250	—	1	32	13	14
Arkansas	1	0	9	29	8	—	1	4	19	33	—	0	3	—	4
Louisiana	—	0	4	4	33	—	0	3	10	41	—	0	1	6	—
Oklahoma	—	0	2	4	3	1	0	17	13	25	—	0	3	1	2
Texas†	—	5	73	70	162	—	11	295	256	151	—	0	26	6	8
Mountain	1	5	18	119	153	3	6	39	138	264	1	2	8	42	53
Arizona	—	2	16	64	76	—	4	27	86	168	—	0	3	14	12
Colorado	1	1	4	24	18	1	1	5	20	27	—	0	3	3	14
Idaho†	—	0	2	6	18	—	0	2	5	6	—	0	2	7	3
Montana	—	0	2	5	7	—	0	7	—	3	—	0	1	3	4
Nevada†	—	0	2	6	8	—	1	4	13	24	—	0	2	3	10
New Mexico†	—	0	3	5	12	—	0	3	1	12	—	0	1	—	2
Utah	—	0	2	8	13	2	0	4	13	23	1	0	2	11	5
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	1	3
Pacific	8	17	163	657	378	15	9	61	261	307	—	2	9	49	31
Alaska	—	0	1	—	3	—	0	1	1	7	—	0	1	—	—
California	4	15	162	597	315	11	7	41	203	209	—	2	9	49	30
Hawaii	—	0	2	8	14	—	0	1	4	2	—	0	1	—	1
Oregon†	—	0	5	26	23	—	1	6	32	51	N	0	0	N	N
Washington	4	1	13	26	23	4	0	18	21	38	—	0	0	—	—
American Samoa	U	0	0	U	1	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	—	2	—	0	2	—	16	—	0	0	—	—
Puerto Rico	—	0	4	8	43	—	1	8	14	20	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th 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	349	223	2,153	3,249	6,093	12	24	125	509	600
New England	235	36	780	428	989	1	1	12	29	28
Connecticut	225	8	753	320	81	1	0	10	8	—
Maine	—	2	26	35	64	—	0	1	3	2
Massachusetts	—	4	205	11	790	—	0	3	13	20
New Hampshire	10	5	21	53	45	—	0	1	4	3
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	9	6	—	0	1	1	1
Mid. Atlantic	87	131	1,176	1,979	3,395	1	5	15	73	166
New Jersey	—	20	312	300	1,530	—	1	7	13	39
New York (Upstate)	67	74	1,150	994	629	1	1	11	12	23
New York City	1	2	33	1	132	—	2	8	36	85
Pennsylvania	19	34	376	684	1,104	—	1	2	12	19
E.N. Central	1	9	160	141	703	—	2	8	47	69
Illinois	—	0	13	—	55	—	1	5	12	38
Indiana	—	0	4	3	6	—	0	3	6	3
Michigan	1	1	7	11	7	—	0	2	8	13
Ohio	—	1	5	18	23	—	0	3	16	10
Wisconsin	—	8	145	109	612	—	0	3	5	5
W.N. Central	21	9	98	112	162	—	0	32	22	27
Iowa	—	0	8	13	44	—	0	1	1	4
Kansas	—	0	2	3	2	—	0	1	—	2
Minnesota	21	6	96	83	110	—	0	30	14	11
Missouri	—	0	2	6	6	—	0	2	3	10
Nebraska†	—	0	2	6	—	—	0	2	2	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	—	—	0	1	1	—
S. Atlantic	2	26	124	459	741	6	7	16	160	118
Delaware	—	8	37	181	296	—	0	1	4	1
District of Columbia	—	0	2	8	3	2	0	2	2	3
Florida	—	1	5	14	11	2	1	6	26	19
Georgia	—	0	1	—	2	—	1	6	48	22
Maryland†	—	14	87	201	343	—	1	9	35	43
North Carolina	2	0	5	11	24	2	0	8	13	15
South Carolina†	—	0	3	5	8	—	0	2	4	3
Virginia†	—	3	22	39	53	—	1	9	27	11
West Virginia	—	0	44	—	1	—	0	2	1	1
E.S. Central	—	0	4	3	12	—	0	3	12	12
Alabama†	—	0	1	—	—	—	0	2	7	3
Kentucky	—	0	2	—	1	—	0	2	1	4
Mississippi	—	0	0	—	—	—	0	1	2	—
Tennessee†	—	0	4	3	11	—	0	2	2	5
W.S. Central	—	0	5	3	44	—	2	31	30	44
Arkansas	—	0	1	—	2	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	2	2
Texas†	—	0	5	3	39	—	1	29	27	37
Mountain	—	0	4	5	5	—	1	9	21	27
Arizona	—	0	4	2	—	—	0	9	4	5
Colorado	—	0	1	1	—	—	0	2	9	14
Idaho†	—	0	1	—	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	2	—	0	1	—	2
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	2	1	—	0	2	7	4
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	3	4	14	119	42	4	4	12	115	109
Alaska	—	0	1	—	2	—	0	4	14	3
California	3	3	14	118	26	4	3	10	80	82
Hawaii	N	0	0	N	N	—	0	1	1	10
Oregon†	—	0	3	1	12	—	0	2	6	3
Washington	—	0	3	—	2	—	0	5	14	11
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	—	2
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.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th 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	7	20	85	643	753	4	13	58	425	456	125	369	2,877	5,709	10,285
New England	—	1	3	26	49	—	0	2	19	18	3	30	83	600	600
Connecticut	—	0	2	8	10	—	0	2	2	1	—	1	5	16	37
Maine	—	0	1	3	2	—	0	1	3	2	—	1	5	23	15
Massachusetts	—	0	2	12	23	—	0	2	12	5	—	23	43	427	451
New Hampshire	—	0	2	2	8	—	0	2	2	8	3	2	36	75	27
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	11
Vermont†	—	0	1	1	4	—	0	0	—	2	—	1	10	59	59
Mid. Atlantic	1	3	13	87	93	—	2	11	65	72	26	28	137	795	692
New Jersey	—	0	2	5	23	—	0	2	5	23	—	4	10	95	94
New York (Upstate)	1	0	7	21	26	—	0	5	3	10	18	12	123	311	259
New York City	—	0	5	27	13	—	0	5	27	13	—	2	6	28	43
Pennsylvania	—	1	5	34	31	—	1	5	30	26	8	11	26	361	296
E.N. Central	1	3	11	72	95	—	2	6	52	80	34	48	133	659	1,955
Illinois	—	0	4	17	22	—	0	4	17	22	—	10	35	38	454
Indiana	1	0	5	13	13	—	0	2	6	6	20	4	75	108	146
Michigan	—	1	3	15	16	—	0	3	8	10	7	6	23	175	117
Ohio	—	1	5	27	28	—	0	4	21	26	7	16	30	296	672
Wisconsin	—	0	2	—	16	—	0	2	—	16	—	8	41	42	566
W.N. Central	—	2	4	38	47	—	0	3	14	19	—	62	552	613	1,385
Iowa	—	0	2	9	12	—	0	1	3	1	—	12	63	137	375
Kansas	—	0	1	1	8	—	0	1	1	8	—	11	28	163	139
Minnesota	—	0	2	10	6	—	0	1	3	1	—	0	485	75	339
Missouri	—	0	2	11	15	—	0	1	3	6	—	10	42	168	213
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	4	15	57	141
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	4	66
South Dakota	—	0	1	1	2	—	0	0	—	—	—	1	8	9	112
S. Atlantic	1	3	14	112	137	—	2	7	47	54	2	23	92	481	665
Delaware	—	0	1	4	2	—	0	1	4	2	—	0	1	2	13
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	1	1	6	44	52	—	1	5	17	15	2	4	14	107	84
Georgia	—	0	3	11	12	—	0	3	11	12	—	0	3	8	26
Maryland†	—	0	2	7	14	—	0	1	2	1	—	3	9	70	119
North Carolina	—	0	11	19	19	—	0	3	4	4	—	0	21	101	41
South Carolina†	—	0	2	11	12	—	0	1	4	8	—	4	22	70	223
Virginia†	—	0	4	13	17	—	0	3	5	7	—	1	73	100	125
West Virginia	—	0	2	3	5	—	0	0	—	2	—	0	9	20	30
E.S. Central	1	1	4	22	34	1	1	4	18	25	1	7	22	123	274
Alabama†	—	0	1	4	3	—	0	1	4	2	—	1	7	30	37
Kentucky	1	0	2	7	12	1	0	2	7	12	1	1	10	20	71
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	15	34
Tennessee†	—	0	2	10	15	—	0	2	6	7	—	2	9	58	132
W.S. Central	—	1	23	56	78	—	1	6	25	19	1	30	360	306	1,088
Arkansas	—	0	3	6	9	—	0	2	4	2	1	3	21	38	162
Louisiana	—	0	4	24	25	—	0	3	13	4	—	0	3	7	28
Oklahoma	—	0	4	8	13	—	0	0	—	2	—	0	124	10	—
Texas†	—	1	16	18	31	—	0	4	8	11	—	25	215	251	898
Mountain	1	1	4	37	61	1	0	4	17	16	47	66	230	1,526	2,147
Arizona	—	0	4	11	28	—	0	4	11	9	—	13	177	266	547
Colorado	—	0	2	14	13	—	0	1	2	—	6	23	40	524	714
Idaho†	—	0	2	1	3	—	0	2	1	3	—	2	13	43	101
Montana	1	0	1	3	—	1	0	0	1	—	2	3	19	61	409
Nevada†	—	0	2	2	6	—	0	1	—	1	—	0	9	35	32
New Mexico†	—	0	1	1	3	—	0	1	—	2	—	2	6	23	120
Utah	—	0	1	3	8	—	0	1	—	1	39	15	38	542	203
Wyoming	—	0	2	2	—	—	0	2	2	—	—	1	5	32	21
Pacific	2	5	29	193	159	2	5	25	168	153	11	60	1,334	606	1,479
Alaska	—	0	1	1	1	—	0	1	1	1	—	2	15	34	23
California	—	3	14	122	101	—	3	14	122	101	—	27	1,136	264	587
Hawaii	—	0	1	4	9	—	0	1	4	4	—	2	10	36	87
Oregon†	—	1	7	42	29	—	1	4	31	29	—	3	24	73	476
Washington	2	0	25	24	19	2	0	11	10	18	11	10	195	199	306
American Samoa	U	0	0	—	—	U	0	0	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	1	—	—	—	0	1	—	—	—	0	0	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	—	4
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 July 1, 2006, and July 2, 2005 (26th 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	49	104	193	2,625	3,053	35	35	246	603	493	332	701	2,291	14,097	16,256
New England	8	12	26	290	367	—	0	2	1	3	5	33	178	712	958
Connecticut	3	3	13	75	81	—	0	0	—	—	—	3	170	170	192
Maine	—	1	5	38	31	N	0	0	N	N	—	2	7	36	89
Massachusetts	2	4	17	132	210	—	0	2	1	2	2	18	40	405	522
New Hampshire	3	0	3	9	7	—	0	1	—	—	3	2	12	50	82
Rhode Island	—	0	4	1	11	—	0	2	—	1	—	0	17	37	31
Vermont†	—	1	7	35	27	—	0	0	—	—	—	1	10	14	42
Mid. Atlantic	—	18	46	498	440	—	1	7	17	35	32	74	272	1,536	2,025
New Jersey	N	0	0	N	N	—	0	3	—	10	—	11	41	191	392
New York (Upstate)	—	11	24	224	230	—	0	1	1	—	18	22	233	406	471
New York City	—	0	3	1	15	—	0	1	4	4	2	21	44	389	505
Pennsylvania	—	8	35	273	195	—	1	5	12	21	12	27	61	550	657
E.N. Central	1	2	11	42	101	1	0	7	11	17	27	89	219	1,880	2,393
Illinois	—	0	4	—	17	—	0	4	1	7	—	26	53	403	909
Indiana	1	0	3	7	4	—	0	1	3	—	7	11	69	255	196
Michigan	—	1	5	23	10	—	0	1	—	2	5	17	35	372	412
Ohio	—	0	6	12	70	1	0	3	7	7	15	24	52	536	496
Wisconsin	N	0	2	N	N	—	0	1	—	1	—	15	44	314	380
W.N. Central	5	5	15	122	176	—	2	12	72	65	17	44	89	999	1,065
Iowa	—	0	2	16	—	—	0	2	—	1	—	7	18	145	170
Kansas	—	1	5	34	50	—	0	1	2	3	—	7	17	135	153
Minnesota	5	1	5	22	35	—	0	1	1	—	16	10	59	281	249
Missouri	—	1	6	16	29	—	2	12	64	58	—	15	40	297	312
Nebraska†	—	0	0	—	—	—	0	2	5	—	1	4	12	86	91
North Dakota	—	0	7	13	13	—	0	1	—	—	—	0	46	4	14
South Dakota	—	1	4	21	49	—	0	1	—	3	—	3	9	51	76
S. Atlantic	22	35	97	946	1,155	32	17	94	407	265	118	232	514	3,639	4,201
Delaware	—	0	0	—	—	—	0	2	5	2	—	2	9	34	44
District of Columbia	—	0	0	—	—	—	0	1	—	—	1	1	7	30	20
Florida	—	0	27	80	201	—	0	3	12	9	95	95	230	1,630	1,549
Georgia	—	2	42	85	147	—	1	7	21	50	—	26	87	532	611
Maryland†	—	7	14	154	180	—	1	6	18	24	—	11	39	206	304
North Carolina	14	8	20	199	251	32	6	87	327	146	20	32	114	560	580
South Carolina†	—	3	11	70	110	—	1	6	5	20	2	19	73	309	641
Virginia†	8	10	27	309	244	—	2	10	18	11	—	19	66	296	386
West Virginia	—	1	13	49	22	—	0	2	1	3	—	3	19	42	66
E.S. Central	6	5	16	181	72	—	5	24	66	66	12	52	115	868	986
Alabama†	6	1	7	43	41	—	0	9	18	16	6	14	41	329	245
Kentucky	—	0	5	7	7	—	0	1	—	—	2	8	27	165	149
Mississippi	—	0	2	4	—	—	0	3	—	2	—	11	62	123	246
Tennessee†	—	2	11	127	24	—	3	18	48	48	4	14	41	251	346
W.S. Central	4	14	34	389	530	1	1	161	20	23	24	79	922	1,316	1,497
Arkansas	1	0	3	19	19	1	0	32	17	12	15	14	43	342	289
Louisiana	—	0	0	—	—	—	0	1	—	5	—	9	43	149	341
Oklahoma	3	1	9	34	53	—	0	154	1	5	9	7	48	158	156
Texas†	—	12	29	336	458	—	0	8	2	1	—	45	839	667	711
Mountain	2	4	16	69	129	1	0	6	7	18	17	47	110	943	958
Arizona	2	2	11	58	100	—	0	6	2	12	—	12	67	197	272
Colorado	—	0	2	—	11	—	0	1	—	1	13	12	45	342	222
Idaho†	—	0	12	—	—	—	0	2	—	1	—	2	9	65	79
Montana	—	0	3	7	—	—	0	0	—	1	—	2	16	66	39
Nevada†	—	0	2	—	3	—	0	0	—	—	—	3	8	48	85
New Mexico†	—	0	1	—	3	—	0	1	—	2	—	3	13	56	108
Utah	—	0	5	3	—	1	0	2	3	—	4	5	30	137	127
Wyoming	—	0	2	1	12	—	0	1	2	1	—	1	12	32	26
Pacific	1	3	15	88	83	—	0	1	2	1	80	105	426	2,204	2,173
Alaska	—	0	4	13	1	—	0	0	—	—	—	1	7	37	23
California	1	3	15	73	80	—	0	1	2	—	55	85	292	1,673	1,638
Hawaii	—	0	0	—	—	—	0	0	—	—	2	5	15	106	130
Oregon†	—	0	1	2	2	—	0	1	—	1	—	7	25	182	189
Washington	U	0	0	U	U	N	0	0	N	N	23	9	124	206	193
American Samoa	U	0	0	U	U	U	0	0	U	U	U	1	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	4	—	22
Puerto Rico	—	1	6	53	40	N	0	0	N	N	3	7	35	62	257
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th 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	26	50	297	653	928	63	262	1,013	4,289	6,045	36	85	283	2,739	2,728
New England	—	3	17	48	82	—	5	30	115	124	9	5	9	121	167
Connecticut	—	0	16	16	22	—	0	24	24	24	U	0	3	U	66
Maine	—	0	5	—	14	—	0	3	2	6	—	0	2	10	7
Massachusetts	—	1	7	26	31	—	4	11	79	77	—	3	6	73	69
New Hampshire	—	0	2	5	6	—	0	4	4	4	9	0	3	27	9
Rhode Island	—	0	2	1	2	—	0	6	4	7	—	0	3	3	7
Vermont§	—	0	2	2	7	—	0	4	2	6	—	0	2	8	9
Mid. Atlantic	5	5	107	48	107	4	16	72	279	569	9	13	43	464	588
New Jersey	—	1	7	—	26	—	4	15	58	158	—	1	6	13	122
New York (Upstate)	—	2	103	20	40	3	4	60	104	137	7	4	32	187	174
New York City	—	0	3	10	6	—	5	14	78	234	—	2	10	67	115
Pennsylvania	—	1	8	—	35	1	2	48	39	40	2	5	13	197	177
E.N. Central	4	10	38	150	178	3	20	96	407	441	6	16	42	531	590
Illinois	—	1	10	15	47	—	7	26	108	113	—	4	10	110	201
Indiana	—	1	6	20	24	—	2	56	68	41	1	2	11	75	58
Michigan	—	1	8	27	33	—	3	10	85	130	1	3	11	143	143
Ohio	4	3	14	53	42	3	3	11	86	35	4	4	19	170	124
Wisconsin	—	3	15	35	32	—	3	10	60	122	—	1	4	33	64
W.N. Central	2	8	35	102	132	—	45	78	627	516	—	5	57	210	168
Iowa	—	1	10	31	34	—	1	7	22	39	N	0	0	N	N
Kansas	—	0	4	—	15	—	4	20	43	34	—	1	5	38	27
Minnesota	2	3	19	63	19	—	2	8	43	31	—	0	52	101	60
Missouri	—	2	7	48	31	—	22	70	412	354	—	1	5	40	43
Nebraska§	—	1	5	16	22	—	2	11	39	40	—	0	4	18	17
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	7	5
South Dakota	—	0	5	6	10	—	2	17	64	16	—	0	3	6	16
S. Atlantic	2	7	39	104	144	25	51	122	1,170	897	5	20	42	661	522
Delaware	—	0	2	1	—	—	0	2	—	6	—	0	2	7	1
District of Columbia	—	0	1	—	—	—	0	2	6	8	—	0	2	9	6
Florida	2	1	29	43	55	24	26	66	556	433	5	5	12	144	140
Georgia	—	0	6	—	17	—	14	34	392	232	—	4	16	150	106
Maryland§	—	1	5	12	21	—	2	8	38	30	—	3	12	117	103
North Carolina	—	1	11	33	19	1	1	22	92	88	—	0	26	93	79
South Carolina§	—	0	2	4	3	—	2	9	59	51	—	0	6	42	27
Virginia§	—	0	8	—	28	—	2	9	27	49	—	2	11	80	47
West Virginia	—	0	2	—	1	—	0	1	—	—	—	0	6	19	13
E.S. Central	—	2	11	37	47	4	14	35	309	730	—	3	11	126	112
Alabama§	—	0	3	7	12	1	3	14	88	153	N	0	0	N	N
Kentucky	—	1	8	16	13	1	7	23	143	115	—	0	5	28	23
Mississippi	—	0	2	—	2	—	1	6	28	43	—	0	0	—	—
Tennessee§	—	1	4	26	20	2	3	13	50	419	—	3	9	98	89
W.S. Central	—	1	52	8	43	3	37	596	407	1,679	1	7	58	216	168
Arkansas	—	0	2	3	6	3	1	7	39	29	—	0	5	18	10
Louisiana	—	0	2	—	13	—	2	11	43	65	—	0	2	7	4
Oklahoma	—	0	8	5	10	—	6	286	48	384	1	2	14	64	67
Texas§	—	1	44	29	14	—	32	308	277	1,201	—	4	43	127	87
Mountain	3	5	15	65	97	7	19	47	282	287	5	10	78	363	359
Arizona	—	0	4	16	11	—	9	29	131	145	—	3	57	180	162
Colorado	3	1	6	30	26	7	3	18	63	40	1	3	8	92	116
Idaho§	—	1	7	15	16	—	0	4	6	5	—	0	2	7	2
Montana	—	0	2	—	4	—	0	1	3	5	—	0	0	—	—
Nevada§	—	0	3	7	12	—	1	8	26	27	—	0	6	—	1
New Mexico§	—	0	3	3	10	—	2	9	27	46	—	1	7	31	43
Utah	7	1	7	23	16	—	1	4	25	19	4	1	6	50	33
Wyoming	—	0	3	7	2	—	0	1	1	—	—	0	1	3	2
Pacific	10	7	55	91	98	17	40	148	693	802	1	2	9	47	54
Alaska	—	0	2	—	5	—	0	2	6	10	—	0	0	—	—
California	2	4	18	59	41	10	32	104	536	694	—	0	0	—	—
Hawaii	—	0	4	5	3	—	0	4	17	13	1	2	9	47	54
Oregon§	—	1	47	26	33	—	1	31	66	41	N	0	0	N	N
Washington	8	2	32	27	16	7	2	43	68	44	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	3	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	3	—	9	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	2	4	2	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	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	17	50	334	1,539	1,626	37	165	334	3,870	4,121	171	804	3,204	25,770	15,997
New England	—	1	24	13	143	3	3	17	96	105	5	44	144	887	3,357
Connecticut	U	0	7	U	62	—	0	11	19	21	U	9	58	U	951
Maine	N	0	0	N	N	—	0	2	8	1	—	5	20	151	207
Massachusetts	—	0	6	—	66	3	2	5	58	72	—	14	54	92	1,489
New Hampshire	—	0	0	—	—	—	0	2	6	6	5	5	19	186	173
Rhode Island	—	0	11	4	7	—	0	6	3	5	—	0	0	—	—
Vermont†	—	0	2	9	8	—	0	1	2	—	—	11	50	458	537
Mid. Atlantic	1	3	15	94	148	3	21	35	531	510	25	103	183	2,955	2,993
New Jersey	N	0	0	N	N	—	2	7	79	73	—	0	0	—	—
New York (Upstate)	1	1	10	33	60	—	2	14	77	32	—	0	0	—	—
New York City	U	0	0	U	U	—	10	22	256	317	—	0	0	—	—
Pennsylvania	—	2	9	61	88	3	5	9	119	88	25	103	183	2,955	2,993
E.N. Central	2	11	41	373	395	9	18	38	406	440	76	213	576	9,565	3,687
Illinois	—	1	3	11	15	—	8	23	197	248	—	1	5	12	54
Indiana	—	2	21	101	120	—	1	4	31	36	N	0	347	N	70
Michigan	—	0	4	15	28	9	1	19	53	36	13	102	174	2,905	2,345
Ohio	2	6	32	246	232	—	4	11	103	105	63	82	420	6,228	932
Wisconsin	N	0	0	N	N	—	1	3	22	15	—	10	41	420	286
W.N. Central	—	1	191	28	27	—	4	9	110	136	—	20	84	911	226
Iowa	N	0	0	N	N	—	0	3	8	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	12	11	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	3	13	42	—	0	0	—	—
Missouri	—	1	3	28	22	—	3	8	76	76	—	15	82	854	141
Nebraska†	—	0	0	—	2	—	0	1	1	3	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	25	10
South Dakota	—	0	0	—	3	—	0	1	—	—	—	1	12	32	75
S. Atlantic	12	24	53	798	663	11	42	186	925	954	2	90	860	2,721	1,216
Delaware	—	0	2	—	1	1	0	2	13	6	—	1	5	41	21
District of Columbia	—	0	3	19	12	2	1	9	54	57	2	0	5	21	18
Florida	12	13	36	434	352	8	14	29	350	364	—	0	0	—	—
Georgia	—	8	22	266	220	—	9	147	108	154	—	0	0	—	—
Maryland†	—	0	0	—	—	—	5	19	153	157	—	0	0	—	—
North Carolina	N	0	0	N	N	—	6	17	146	119	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	36	30	—	17	50	691	322
Virginia†	N	0	0	N	N	—	2	12	64	65	—	26	812	1,009	217
West Virginia	—	1	14	79	78	—	0	1	1	2	—	25	70	959	638
E.S. Central	—	3	13	118	119	—	11	20	286	232	—	0	70	31	1
Alabama†	N	0	0	N	N	—	3	12	116	87	—	0	70	31	1
Kentucky	—	0	5	23	21	—	1	8	32	19	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	5	27	28	—	0	0	—	—
Tennessee†	—	2	13	95	97	—	4	11	111	98	N	0	0	N	N
W.S. Central	—	1	9	55	94	3	24	39	645	630	51	206	1,757	6,971	2,803
Arkansas	—	0	3	7	12	—	1	6	36	29	51	5	110	512	—
Louisiana	—	1	7	48	82	3	4	17	75	132	—	0	17	90	108
Oklahoma	N	0	0	N	N	—	1	6	35	21	—	0	0	—	—
Texas†	N	0	0	N	N	—	17	29	499	448	—	202	1,647	6,369	2,695
Mountain	2	1	27	60	37	5	7	17	189	213	12	50	136	1,729	1,714
Arizona	N	0	0	N	N	5	3	13	94	71	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	20	23	9	33	76	939	1,165
Idaho†	N	0	0	N	N	—	0	1	2	18	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	0	—	—
Nevada†	—	0	27	4	2	—	1	12	43	61	—	0	2	4	—
New Mexico†	—	0	1	1	—	—	1	5	27	28	—	3	32	238	148
Utah	2	0	8	26	15	—	0	1	2	7	3	10	55	520	356
Wyoming	—	0	3	29	20	—	0	0	—	—	—	0	8	28	45
Pacific	—	0	0	—	—	3	32	49	682	901	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	4	—	0	0	—	—
California	N	0	0	N	N	3	27	42	564	814	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	10	3	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	9	16	N	0	0	N	N
Washington	N	0	0	N	N	—	2	11	94	64	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	—	3	—	2	12	—	369
Puerto Rico	N	0	0	N	N	—	3	16	54	110	4	7	47	145	418
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 July 1, 2006, and July 2, 2005 (26th 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	155	4	25	—	0	203	1	66
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	—	1	—	0	4	—	1
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	1	—	0	2	—	1
E.N. Central	—	0	39	—	3	—	0	18	—	—
Illinois	—	0	25	—	1	—	0	16	—	—
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	1	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	3	—	0	80	1	13
Iowa	—	0	3	—	—	—	0	5	1	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	1	—	0	5	—	1
Missouri	—	0	4	—	1	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	24	—	1
North Dakota	—	0	4	—	—	—	0	15	—	1
South Dakota	—	0	7	—	1	—	0	33	—	6
S. Atlantic	—	0	6	—	—	—	0	4	—	1
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	1
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	1	—	0	5	—	2
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	1	—	0	5	—	2
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	25	2	6	—	0	22	—	6
Arkansas	—	0	3	—	—	—	0	2	—	2
Louisiana	—	0	13	—	—	—	0	9	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	2	6	—	0	13	—	2
Mountain	—	0	16	1	4	—	0	39	—	13
Arizona	—	0	8	—	3	—	0	8	—	2
Colorado	—	0	5	1	—	—	0	13	—	9
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	1
New Mexico§	—	0	3	—	1	—	0	4	—	1
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	7	—	0	90	—	30
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	7	—	0	89	—	30
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 July 1, 2006 (26th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	486	324	102	28	12	20	43
Boston, MA	143	87	28	11	6	11	13
Bridgeport, CT	40	26	14	—	—	—	5
Cambridge, MA	15	12	3	—	—	—	1
Fall River, MA	22	14	7	1	—	—	1
Hartford, CT	45	30	9	3	—	3	7
Lowell, MA	24	17	5	1	1	—	2
Lynn, MA	10	7	—	2	1	—	—
New Bedford, MA	30	24	3	2	1	—	1
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	57	38	14	3	1	1	6
Somerville, MA	—	—	—	—	—	—	—
Springfield, MA	34	22	6	2	1	3	1
Waterbury, CT	23	15	5	2	—	1	—
Worcester, MA	43	32	8	1	1	1	6
Mid. Atlantic	2,095	1,436	440	141	49	29	113
Albany, NY	42	35	5	2	—	—	2
Allentown, PA	18	15	2	1	—	—	1
Buffalo, NY	71	44	19	2	3	3	8
Camden, NJ	22	14	3	2	1	2	—
Elizabeth, NJ	14	8	4	2	—	—	1
Erie, PA	36	24	6	5	—	1	1
Jersey City, NJ	38	24	13	1	—	—	—
New York City, NY	1,073	744	225	68	21	15	48
Newark, NJ	62	30	17	10	4	1	4
Paterson, NJ	10	5	1	1	2	1	—
Philadelphia, PA	333	206	84	27	11	5	19
Pittsburgh, PA§	29	24	4	—	1	—	2
Reading, PA	22	17	3	2	—	—	1
Rochester, NY	124	89	26	8	1	—	12
Schenectady, NY	14	12	1	1	—	—	3
Scranton, PA	31	27	2	—	1	1	3
Syracuse, NY	98	76	16	3	3	—	6
Trenton, NJ	22	16	2	3	1	—	—
Utica, NY	15	12	3	—	—	—	—
Yonkers, NY	21	14	4	3	—	—	2
E.N. Central	1,931	1,247	447	143	42	51	100
Akron, OH	58	35	16	3	3	1	1
Canton, OH	43	35	7	1	—	—	3
Chicago, IL	313	170	78	40	12	12	22
Cincinnati, OH	87	50	19	8	2	8	8
Cleveland, OH	194	132	51	7	3	1	2
Columbus, OH	162	106	38	8	5	5	12
Dayton, OH	122	83	32	6	1	—	7
Detroit, MI	181	93	54	21	6	7	8
Evansville, IN	38	29	8	—	—	1	2
Fort Wayne, IN	58	44	11	1	1	1	2
Gary, IN	12	8	3	—	1	—	—
Grand Rapids, MI	62	41	18	2	—	1	5
Indianapolis, IN	165	110	30	18	3	4	9
Lansing, MI	40	33	4	3	—	—	—
Milwaukee, WI	94	54	27	11	2	—	4
Peoria, IL	42	26	10	3	—	3	2
Rockford, IL	68	48	11	6	1	2	5
South Bend, IN	46	31	11	2	—	2	2
Toledo, OH	84	62	14	3	2	3	5
Youngstown, OH	62	57	5	—	—	—	1
W.N. Central	576	377	135	42	6	16	33
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	31	27	4	—	—	—	1
Kansas City, KS	33	19	10	3	1	—	1
Kansas City, MO	85	52	24	4	1	4	3
Lincoln, NE	53	38	7	7	—	1	4
Minneapolis, MN	62	39	16	3	1	3	10
Omaha, NE	81	59	15	3	1	3	5
St. Louis, MO	80	45	21	12	—	2	4
St. Paul, MN	61	37	17	6	—	1	1
Wichita, KS	90	61	21	4	2	2	4
S. Atlantic	1,232	766	291	97	44	31	66
Atlanta, GA	182	102	44	20	7	9	6
Baltimore, MD	167	88	47	15	13	3	18
Charlotte, NC	83	53	21	6	1	2	8
Jacksonville, FL	130	75	34	12	6	3	6
Miami, FL	157	106	33	9	6	3	5
Norfolk, VA	47	35	4	2	2	4	2
Richmond, VA	58	35	15	6	2	—	4
Savannah, GA	56	35	17	2	2	—	2
St. Petersburg, FL	54	40	7	5	1	1	6
Tampa, FL	179	121	41	11	1	5	6
Washington, D.C.	109	69	27	9	1	1	3
Wilmington, DE	10	7	1	—	2	—	—
E.S. Central	951	584	228	87	28	24	57
Birmingham, AL	196	116	45	22	6	7	13
Chattanooga, TN	99	67	21	6	4	1	1
Knoxville, TN	90	58	21	8	2	1	5
Lexington, KY	43	25	10	6	2	—	1
Memphis, TN	229	136	57	23	6	7	21
Mobile, AL	91	56	23	8	2	2	4
Montgomery, AL	38	27	9	1	—	1	4
Nashville, TN	165	99	42	13	6	5	8
W.S. Central	1,333	850	293	102	47	41	71
Austin, TX	85	65	13	3	4	—	9
Baton Rouge, LA	28	17	7	3	—	1	—
Corpus Christi, TX	43	28	8	5	1	1	2
Dallas, TX	177	96	49	18	5	9	10
El Paso, TX	86	60	16	3	6	1	2
Fort Worth, TX	95	58	24	7	3	3	5
Houston, TX	341	197	87	28	18	11	13
Little Rock, AR	86	54	16	6	6	4	1
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	193	127	39	18	3	6	16
Shreveport, LA	66	49	12	3	1	1	7
Tulsa, OK	133	99	22	8	—	4	6
Mountain	722	444	184	65	18	11	34
Albuquerque, NM	118	80	29	8	1	—	4
Boise, ID	40	26	6	4	4	—	—
Colorado Springs, CO	61	37	13	4	3	4	2
Denver, CO	93	56	26	6	3	2	6
Las Vegas, NV	237	134	72	26	3	2	12
Ogden, UT	19	11	5	2	1	—	—
Phoenix, AZ	U	U	U	U	U	U	U
Pueblo, CO	32	24	4	3	1	—	—
Salt Lake City, UT	122	76	29	12	2	3	10
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,645	1,152	305	116	32	40	115
Berkeley, CA	21	11	10	—	—	—	2
Fresno, CA	U	U	U	U	U	U	U
Glendale, CA	23	20	3	—	—	—	2
Honolulu, HI	90	69	10	7	1	3	—
Long Beach, CA	56	32	13	8	2	1	7
Los Angeles, CA	451	338	72	26	6	9	42
Pasadena, CA	37	31	3	2	—	1	5
Portland, OR	127	85	25	13	3	1	9
Sacramento, CA	204	133	44	19	4	4	11
San Diego, CA	127	85	25	7	4	6	6
San Francisco, CA	U	U	U	U	U	U	U
San Jose, CA	196	138	35	11	3	9	10
Santa Cruz, CA	37	29	6	1	—	1	1
Seattle, WA	118	64	29	16	6	3	10
Spokane, WA	56	44	10	1	—	1	4
Tacoma, WA	102	73	20	5	3	1	6
Total	10,971**	7,180	2,425	821	278	263	632

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.

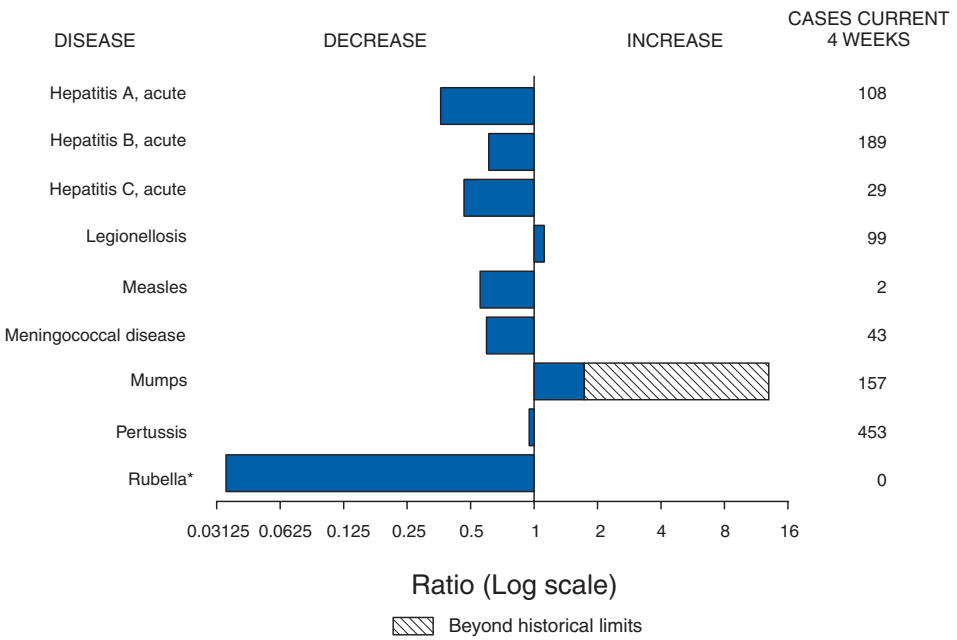
† Pneumonia and influenza.

§ 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 July 1, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 26 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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