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Pertussis Outbreak in an Amish Community — Kent County, Delaware, September 2004–February 2005

Vaccine-preventable disease outbreaks continue to occur among undervaccinated populations in the United States, including contained religious communities (*1,2*). The Amish practice separation from the world through group solidarity and caring for their own (*3*). Amish religious doctrine does not prohibit vaccination; however, coverage levels for routine childhood vaccination remain low in many Amish communities (*1*). This report describes an outbreak of pertussis in an Amish community in Kent County, Delaware, during September 2004–February 2005, that resulted in 345 cases and affected primarily preschool-aged children. The outbreak underscores the need to promote vaccination in Amish communities through culturally appropriate strategies, such as education and outreach to community leaders.

For this outbreak, a clinical case was defined as an acute cough illness lasting ≥2 weeks with onset during September 2004–February 2005 and without other apparent cause in a person living in the Amish community in Kent County (*4*). A confirmed case was defined as a clinical case of pertussis that 1) was laboratory confirmed by polymerase chain reaction (PCR) for *Bordetella pertussis* DNA or 2) had a direct epidemiologic link to a laboratory-confirmed case through a common household residence. All other clinical cases were considered probable.

During October 2004–December 2004, a total of 12 PCR-confirmed cases of pertussis were reported among Amish residents in a community west of Dover, Delaware. Cases were reported to the Delaware Division of Public Health (DPH) by DPH nurses from Southern Health Services (SHS), the public health clinic serving the two southernmost counties in Delaware. Several SHS nurses had treated pertussis patients previously in this community and had knowledge of the low community vaccination rates; therefore, pertussis was suspected when children with symptoms were reported. Control measures and active surveillance for additional cases were instituted, including enhanced contact investigation and outreach and special community pertussis clinics at Amish schools. The clinics provided an opportunity to distribute erythromycin, where appropriate, under standing orders. In addition, the clinics enabled further education of families regarding pertussis prevention and control measures. To increase awareness of the outbreak among health-care providers, health-alert notices and diagnostic kits were distributed to area physicians.

To confirm the outbreak, the Delaware Public Health Laboratory (DPHL) performed PCR for *B. pertussis* on nasopharyngeal swabs from persons with typical outbreak-associated illness. Of the 49 swabs obtained from persons with cough illness living in the Amish community, 30 (61%) were PCR positive. A certain number of swabs obtained from persons with suspected pertussis were sent to CDC for culture confirmation. *B. pertussis* was cultured from two of 12 outbreak-associated samples forwarded to CDC,* confirming that *B. pertussis* was circulating in the community. For comparison, 22 swabs were taken from Delaware residents with cough illness without epidemiologic links to Amish persons. *Bordetella parapertussis* was isolated from two of the 22 swabs; none of those were culture positive for *B. pertussis*.

* Pertussis is most often diagnosed clinically; no laboratory test exists that is both sensitive and specific. Culture of a nasopharyngeal sample is 100% specific, but relatively insensitive, especially later in the course of the disease and after antibiotic treatment. PCR is often more sensitive, but false positives can occur. In an outbreak setting in which some clinical cases have been confirmed by culture, PCR alone can be used to confirm clinical diagnoses.

INSIDE

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To maximize active surveillance and control measures, a door-to-door case finding and contact investigation program was instituted. Standing orders allowed for the distribution of erythromycin for treatment and prophylaxis at households in which symptomatic persons and their contacts were identified.

In an additional attempt to identify all symptomatic persons, a self-administered survey regarding recent cough illness was distributed to all Amish families, one per household, through community religious leaders. A household was defined as persons living in a common residence. A 2005 Amish directory published by an Amish community member was used to identify the number of households and the number and ages of household members. As part of the self-administered survey, each respondent was questioned regarding willingness to be interviewed in person by DPH staff. CDC and DPH staff conducted structured interviews at willing households in which a person with a cough illness had been identified through the contact investigation, the door-to-door case-finding program, or the self-administered survey.

On the basis of historical knowledge, vaccination coverage in the Amish community was presumed to be low, but it had not been formally investigated before the outbreak. To obtain an estimate of the vaccination coverage of children in the community, the Delaware Immunization Registry was queried for the immunization records of all children aged 6 months–5 years identified in the household interviews.

Self-Administered Survey Results

A total of 323 households and 1,711 Amish community members were listed in the community directory. Of 323 households, 184 (57%) returned the self-administered questionnaire; 195 (19%) of 1,008 persons living in these households had self-reported illness consistent with the clinical case definition for pertussis.

Household Interview Survey Results

Interviews were conducted at 110 of the households in which pertussis cases were suspected. A total of 274 cases of pertussis (65 confirmed, 209 probable) were identified in 96 of the households; no cases of pertussis were identified in 14 of the 110 households. Among the 618 persons residing in the 96 households, 220 (36%) reported taking erythromycin for ≥5 days, 98 (16%) reported taking the drug for <5 days, and 300 (49%) declined antibiotics or had already passed the exposure window for which antibiotics were indicated. For both patients and contacts, an average of 15 days elapsed from cough onset in the primary case to the date antibiotic therapy was initiated. Among 85 patients who attended school, 51 (60%)

missed no school, 18 (21%) missed 1–3 days, seven (8%) missed 4–7 days, and nine (11%) missed >7 days of school. Overall, 47 (12%) of 274 patients reported a history of illness compatible with pertussis before 2004, compared with 189 (55%) of 344 household members who were not ill (odds ratio: 0.17; 95% confidence interval = 0.11–0.25). Thirteen persons (6%) reported 1986 as the specific year of previous pertussis-like illness, 24 (10%) reported 1996, and 70 (30%) reported illness sometime during 1987–2003.

Of 123 patients aged 6 months–5 years residing in interviewed households, immunization registry results revealed that 88 (72%) had no records of vaccination with diphtheria-tetanus-pertussis (DTP/DTaP) vaccine, six (5%) had records of receiving 1 or 2 doses, and 29 (24%) had records of receiving ≥3 doses. For 163 children aged 6 months–5 years without clinical pertussis residing in households with pertussis patients, 106 (65%) had no records of vaccination with DTP/DTaP vaccine, eight (5%) had records of receiving 1 or 2 doses, and 49 (30%) had records of receiving ≥3 doses.

Of the 96 households interviewed in which a pertussis case was discovered, a total of 43 (45%) reported not vaccinating any children in their household, 40 (42%) households reported vaccinating at least some children, and 13 (14%) did not provide this information. Of the 43 households not vaccinating children, 19 cited "fear of side effects" as the reason, 13 reported that they "didn't think about it," and 11 did not provide specific reasons for nonvaccination. Of the 40 respondents who reported that their children had received vaccinations, 29 (64%) reported vaccination at vaccine clinics set up at Amish homes by DPH nurses.

Combined Survey Results

The combined number of pertussis cases identified from the self-administered survey and the household interview survey was 345, including 65 confirmed and 280 probable cases. The estimated overall attack rate for clinical pertussis was 20% (345 of 1,711). Of the cases identified by combining the self-administered and household interview surveys, 20 (6%) were among infants aged <1 year, 143 (41%) were among children aged 1–5 years, and 182 (53%) were among those aged >5 years (Table). The median age of patients with clinical cases was 6 years (range: 0–75 years). Among all patients with clinical cases, 171 (50%) reported paroxysms of cough, 115 (33%) reported inspiratory whoop, and 108 (31%) reported posttussive emesis. No hospitalizations or deaths were reported. Cough onset occurred from September 12, 2004, to February 12, 2005 (Figure 1). During the same period, seven PCR-positive pertussis cases were reported in Delaware among persons with no epidemiologic link to an Amish person.

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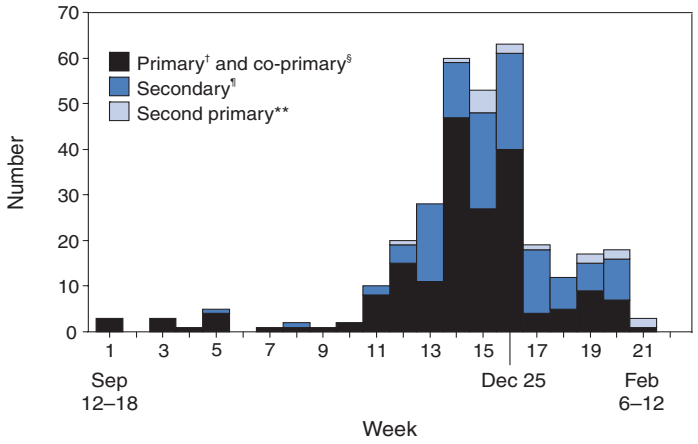
Editorial Note: Among the diseases for which universal childhood vaccination is recommended in the United States, only pertussis has had an overall increase in reported cases since 1980, increasing from 1,730 cases in 1980 to 25,827 cases in 2004 (*5*). Rates of reported pertussis in the United States are highest among young infants and adolescents (*6,7*). In 2004,

TABLE. Number of pertussis cases and attack rates (ARs) in an Amish community, by sex and age group — Kent County, Delaware, September 2004–February 2005

Characteristic	Total no. of household members	Cases		No. of confirmed cases*	No. of primary cases†	Secondary cases§		No. of other cases¶
		No.	AR (%)			No.	AR (%)	
Sex								
Male	**869**	169	19	34	111	54	7	4
Female	**842**	176	21	31	105	68	9	3
Age group (yrs)								
<1	**73**	20	27	1	11	9	15	0
1–5	**318**	143	45	27	94	48	21	1
6–10	**246**	85	35	16	52	29	15	4
11–14	**160**	27	17	7	19	8	6	0
≥15	**914**	70	7	14	40	28	3	2
Total	**1,711**	**345**	**20**	**65**	**216**	**122**	**8**	**7**

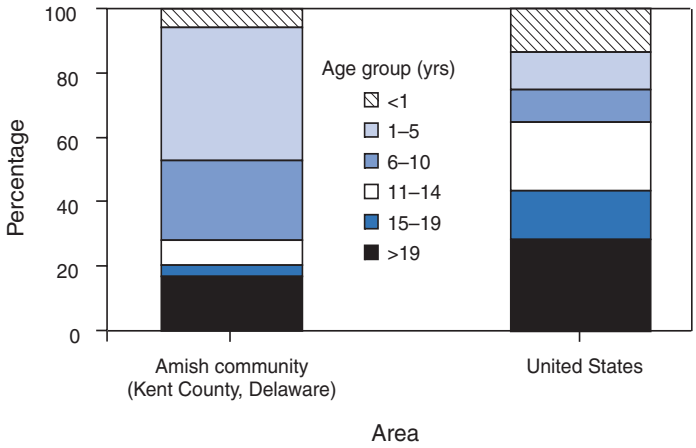
* A confirmed case was defined as a clinical case of pertussis that was 1) laboratory confirmed by polymerase chain reaction for *Bordetella pertussis* DNA or 2) had a direct epidemiologic link to a laboratory-confirmed case.
† Includes primary, co-primary, and second-primary confirmed and probable cases. A primary case was the first case in a household. Co-primary cases were in persons with cough onset within 6 days of primary case. Secondary cases were in persons with cough onset 7–42 days after the primary case. Second-primary cases were in persons with cough onset >42 days after primary case.
§ Primary cases were excluded from the denominator.
¶ Includes cases for which date of cough onset within a household could not be determined.

FIGURE 1. Number* of pertussis cases in an Amish community outbreak, by week and type of case — Kent County, Delaware, September 2004–February 2005



* Among 130 households reporting at least one case. Onset dates are missing for 22 cases.
† First case in a household.
§ Cough onset within 6 days of primary case.
¶ Cough onset 7–42 days after primary case.
** Cough onset >42 days after primary case.

FIGURE 2. Proportion of pertussis cases in an Amish community outbreak, by age group — Kent County, Delaware, September 2004–February 2005, compared with the United States overall, 2004



the incidence of pertussis among persons aged <1 year was 84 per 100,000; among persons aged 1–10 years, 18 per 100,000; among persons aged 11–19 years, 24 per 100,000; and among persons aged >19 years, four per 100,000 (CDC, unpublished data, 2004). Routine childhood immunization, which has been determined to be highly effective (*8*), includes a 3-dose DTaP series at ages 2, 4, and 6 months, followed by boosters at 18 months and 4–6 years. Adolescents and adults can become susceptible to pertussis because of waning immunity approximately 5–10 years after booster vaccination. In 2005, two new pertussis vaccines (i.e., tetanus toxoid, reduced diphtheria toxoid and acellular pertussis [Tdap] vaccines) were licensed in the United States for use among persons aged 10–18 and 11–64 years, respectively. Routine adolescent and adult Tdap vaccination has been recommended by the Advisory Committee on Immunization Practices.†

The age distribution of cases in this outbreak differed from that of the U.S. population. Amish children aged 1–5 years represented 143 (41%) of pertussis cases identified during the outbreak (Figure 2). They also experienced the highest primary and secondary household attack rates (Table). This age distribution is similar to that observed in the prevaccine era in the United States (i.e., before the 1940s) (*9*) and probably reflects the low pertussis vaccination coverage in the Amish community. Adults and adolescents were largely unaffected by the outbreak, possibly because of previous exposure to *B. pertussis*. A previous pertussis outbreak occurred in this undervaccinated population in 1986 (*10*). Members of the community reported having whooping cough not only in 1986 but also in multiple subsequent years, suggesting periodic circulation of *B. pertussis* within the community. More cases were reported among young children than among infants aged <1 year, which might reflect increased opportunities for exposure resulting from close social interaction of ambulatory children.

Outbreak-control measures with demonstrated effectiveness in limiting the spread of pertussis include prompt treatment and postexposure prophylaxis of contacts with antibiotics (*4*). In this outbreak, the majority of the children were unvaccinated or undervaccinated, and adherence to erythromycin prophylaxis was suboptimal.

Outbreaks of vaccine-preventable diseases (VPDs), such as rubella and *Haemophilus influenzae* type b, have been reported in Amish communities (*1,2*). Control of VPDs in these communities presents unique challenges, in part because of their isolation. Amish persons typically have lower vaccination coverage and often delay or avoid seeking medical care (*1*). Since 1980, public health nurses in Delaware have conducted immunization clinics at two fixed outreach sites in Amish homes, but coverage rates have remained low. After the outbreak described in this report, DPH staff distributed educational pamphlets discussing immunization and VPDs, including information about Amish immunization outreach clinics. The reasons cited by persons in Amish households for failure to vaccinate children (e.g., fears of vaccine-related adverse events and general lack of awareness regarding vaccination) were not religious or doctrinal. This suggests that enhanced outreach and education regarding vaccination safety and protective benefits might help increase coverage rates.

† Available at http://www.cdc.gov/nip/recs/provisional_recs/default.htm.

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Secondary School Health Education Related to Nutrition and Physical Activity — Selected Sites, United States, 2004

Eating a healthful diet and engaging in physical activity have important health benefits for youths (*1,2*), such as reducing overweight, a condition that affected 17% of those aged 12–19 years during 2003–2004 (*3*). School health education that includes information about nutrition and physical activity is an important component of a comprehensive approach to improving dietary behavior, reducing sedentary behavior, and increasing physical activity among youths. A previous study suggested that professional development for health education teachers helps ensure the quality of health education instruction (*4*). To identify which nutrition and physical activity topics are being taught in school health education courses and what percentage of lead health education teachers have received professional development on nutrition and physical activity, CDC analyzed data from the 2004 School Health Profiles for public secondary schools (i.e., middle, junior high, and senior high schools) serving students in grades 6–12 in 25 states and 10 large urban school districts. This report summarizes the results of that analysis, which indicated that in 2004, approximately one half to three fourths of schools in the participating states and school districts taught all 15 nutrition and dietary behavior topics listed in the School Health Profiles questionnaire in a required health education course, and approximately one third to two thirds taught all 12 physical activity and fitness topics. State and local education agencies should continue to encourage schools to provide education on nutrition and physical activity as part of a coordinated school health program and promote staff development for health education teachers.

Since 1994, the School Health Profiles survey has been conducted biennially by state and local education and health agencies to assess school health programs. State and local departments of education and health select either all public secondary schools within their jurisdictions or a systematic, equal-probability sample of public secondary schools to participate in the survey. At each school, separate questionnaires for the principal and lead health education teacher are both sent to the principal, who then designates which health education teacher will complete the teacher questionnaire. The questionnaires are self-administered and returned during the spring semester to the agency conducting the survey. Lead health education teachers are asked questions about the content of required health education courses and staff development on health education topics; the lists of 15 nutrition topics and 12 physical activity topics included in the School Health Profiles questionnaire are based on CDC guidelines (*1,5*) and the *School Health Index* (*6*). Follow-up telephone calls and written reminders are used to encourage participation. Data from each survey are weighted to reflect the likelihood of the school's being selected and to adjust for differing patterns of nonresponse. Results represent all public secondary schools in each jurisdiction. Results of principal questionnaires were not included in this analysis because they did not include information about the content of required health education classes. Participation in the School Health Profiles is confidential and voluntary.

For the 2004 survey, lead health education teachers were asked the following questions:

- "During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6 through 12?" Respondents were asked to mark yes or no on a list of topics that included "nutrition and dietary behavior" and "physical activity and fitness."

- "During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12?" The following topics were listed: benefits of healthy eating; using food labels; identifying Food Guide Pyramid food groups and serving recommendations; choosing a variety of grains daily; choosing a variety of fruits and vegetables daily; choosing a low-fat diet; choosing and preparing foods with less salt; moderating intake of sugars; choosing more calcium-rich foods; keeping food safe to eat; preparing healthy meals and snacks; aiming for a healthy weight; risks of unhealthy weight-control practices; accepting body-size differences; and eating disorders.
- "During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12?" The following topics were listed: physical, psychological, or social benefits; health-related fitness; phases of a workout; how much physical activity is enough; decreasing sedentary activities; overcoming barriers to physical activity; developing an individualized physical activity plan; monitoring progress toward reaching goals; opportunities for physical activity in the community; preventing injury during physical activity; weather-related safety; and dangers of using performance-enhancing drugs.
- "During the past 2 years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics?" Respondents were asked to mark yes or no on a list of topics that included "nutrition and dietary behavior" and "physical activity and fitness."

In 2004, data from surveys of lead health education teachers were obtained from 25 states and 10 large urban school districts.* The 25 states were distributed across all regions of the United States, and four of the school districts were among the 10 largest in the country. Among states, the number of lead health education teachers who participated ranged from 58 to 581 per state (median: 254), and response rates ranged from 70.0% to 92.0% (median: 75.0%). Among large urban school districts, the number of lead health education teachers who participated ranged from 31 to 258 per school district (median: 50), and response rates ranged from 72.0% to 98.0% (median: 78.5%).

The percentage of schools that provided any instruction on nutrition and dietary behavior in a required health education course ranged from 92.5% to 100.0% (median: 98.5%) among states and from 92.8% to 100.0% (median: 100.0%) among school districts. The percentage of schools that provided any instruction on physical activity and fitness in a required health education course ranged from 94.8% to 100.0% (median: 98.9%) among states and from 87.9% to 100.0% (median: 100.0%) among school districts.

For each of 14 of the 15 nutrition and dietary behavior topics included in the questionnaire, the median percentage of schools that taught each topic in a required health education course ranged from 78.6% to 97.2% among states and from 82.0% to 98.8% among school districts. Medians for "keeping food safe to eat" were lower (74.3% among states and 81.1% among school districts).† Fewer schools taught all 15 topics, with percentages ranging from 50.1% to 73.4% (median: 57.7%) among states and from 42.7% to 83.9% (median: 67.8%) among school districts (Table 1). For each of 10 of the 12 physical activity topics included in the questionnaire, the median percentage of schools that taught each one in a required health education course ranged from 70.4% to 94.4% among states and from 78.4% to 92.7% among school districts. Medians for "developing an individualized physical activity plan" and "monitoring progress toward reaching goals" were lower (69.8% and 62.8% among states, respectively, and 67.8% among school districts). The percentage of schools that taught all 12 topics ranged from 28.8% to 62.7% among states (median: 44.9%) and from 43.5% to 67.0% (median: 48.6%) among school districts (Table 1).

The percentage of schools in which the lead health education teacher received staff development on nutrition and dietary behavior during the 2 years preceding the survey ranged from 21.4% to 48.1% (median: 32.0%) among states and from 25.8% to 59.5% (median: 37.3%) among school districts (Table 2). The percentage of schools in which the lead health education teacher received staff development on physical activity and fitness during the 2 years preceding the survey ranged from 29.5% to 61.6% (median: 43.3%) among states and from 16.9% to 75.8% (median: 44.4%) among school districts (Table 2).

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* Secondary schools (i.e., middle, junior high, and senior high schools) serving students in grades 6–12 were surveyed in the following states and large urban school districts: *states:* Alaska, Arizona, Arkansas, Connecticut, Delaware, Idaho, Iowa, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Washington, and Wisconsin; *school districts:* Chicago, Illinois; Dallas, Texas; District of Columbia; Los Angeles, California; Memphis, Tennessee; Miami, Florida; New Orleans, Louisiana; Orange County, Florida; Philadelphia, Pennsylvania; and San Diego, California.

† Complete data on questions analyzed in this report are available at http://www.cdc.gov/healthyyouth/profiles/2004/report.pdf.

TABLE 1. Percentage of schools that taught all nutrition and dietary behavior topics and physical activity and fitness topics in a required health education course during the 2003–2004 school year, by location — School Health Profiles, United States, 2004

Location	Taught all 15 nutrition and dietary behavior topics* (%)	Taught all 12 physical activity topics† (%)
State		
Alaska	50.6	39.2
Arizona	66.7	44.9
Arkansas	68.6	57.5
Connecticut	50.1	28.8
Delaware	51.7	53.2
Idaho	68.2	45.6
Iowa	55.7	44.2
Maine	56.1	41.6
Massachusetts	57.4	42.2
Michigan	61.1	42.9
Missouri	69.5	53.5
Montana	58.2	47.1
Nebraska	54.2	48.8
New Hampshire	53.6	37.2
New York	57.7	34.6
North Carolina	73.4	59.5
North Dakota	71.6	44.3
Oklahoma	65.3	60.1
Oregon	56.5	43.4
Pennsylvania	55.4	47.6
South Carolina	67.5	53.9
Tennessee	73.1	62.7
Utah	64.3	48.2
Washington	55.3	38.3
Wisconsin	57.0	35.4
Median	**57.7**	**44.9**
Range	**50.1–73.4**	**28.8–62.7**
School district		
Chicago	51.8	43.7
Dallas	83.9	43.5
District of Columbia	42.7	50.2
Los Angeles	67.7	48.2
Memphis	76.0	67.0
Miami	71.8	48.6
New Orleans	50.1	48.4
Orange County, Florida	69.1	60.4
Philadelphia	67.8	51.8
San Diego§	—	—
Median	**67.8**	**48.6**
Range	**42.7–83.9**	**43.5–67.0**

* Benefits of healthy eating, using food labels, identifying Food Guide Pyramid food groups and serving recommendations, choosing a variety of grains daily, choosing a variety of fruits and vegetables daily, choosing a low-fat diet, choosing and preparing foods with less salt, moderating intake of sugars, choosing more calcium-rich foods, keeping food safe to eat, preparing healthy meals and snacks, aiming for a healthy weight, risks of unhealthy weight-control practices, accepting body-size differences, and eating disorders.

† Physical, psychological, or social benefits; health-related fitness; phases of a workout; how much physical activity is enough; decreasing sedentary activities; overcoming barriers to physical activity; developing an individualized physical activity plan; monitoring progress toward reaching goals; opportunities for physical activity in the community; preventing injury during physical activity; weather-related safety; and dangers of using performance-enhancing drugs.

§ Data not available.

TABLE 2. Percentage of schools in which the lead health education teacher received staff development* on nutrition and dietary behavior or physical activity and fitness during the 2 years preceding the survey, by location — School Health Profiles, United States, 2004

Location	Received staff development on nutrition and dietary behavior (%)	Received staff development on physical activity and fitness (%)
State		
Alaska	22.4	29.9
Arizona	33.1	36.9
Arkansas	27.1	46.9
Connecticut	30.2	45.9
Delaware	32.0	61.6
Idaho	48.1	43.3
Iowa	26.6	29.5
Maine	36.3	40.1
Massachusetts	38.7	44.8
Michigan	35.1	43.0
Missouri	35.8	49.5
Montana	37.6	55.3
Nebraska	22.5	32.6
New Hampshire	46.4	48.4
New York	29.8	41.9
North Carolina	23.2	51.2
North Dakota	35.5	50.0
Oklahoma	23.1	31.7
Oregon	23.5	32.5
Pennsylvania	35.7	53.0
South Carolina	26.8	51.2
Tennessee	37.7	52.2
Utah	21.4	34.9
Washington	26.9	35.3
Wisconsin	34.9	42.4
Median	**32.0**	**43.3**
Range	**21.4–48.1**	**29.5–61.6**
School district		
Chicago	38.2	49.4
Dallas	36.4	39.4
District of Columbia	33.4	61.3
Los Angeles	25.8	23.9
Memphis	59.5	75.8
Miami	26.5	27.0
New Orleans	39.3	57.8
Orange County, Florida	48.1	20.2
Philadelphia	50.3	56.8
San Diego	32.3	16.9
Median	**37.3**	**44.4**
Range	**25.8–59.5**	**16.9–75.8**

* Workshops, conferences, continuing education, or any other kind of in-service.

Activity, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate that in 2004, nearly all secondary schools in 25 states and 10 large urban school districts provided education to students on nutrition and physical activity topics through required health education courses and taught key topics related to nutrition

and physical activity. However, a lower proportion of schools taught all 15 nutrition and dietary behavior topics and all 12 physical activity and fitness topics included in the School Health Profiles questionnaire. Many of the topics listed in the questionnaire have been taught in classroom-based programs that have been determined to contribute to improving dietary behavior, increasing physical activity, reducing sedentary behavior, and reducing the prevalence of overweight among school-aged youths (*1,5–7*).

This analysis also indicated that in most of the participating states and school districts, fewer than half of lead health education teachers had received recent staff development on nutrition and physical activity. Studies have indicated that teachers who receive staff development are more likely to cover a broader range of topics (*8*) and use teaching methods that have been determined to improve student health behaviors (*4*). States and school districts should increase the availability of staff development on nutrition and physical activity for health education teachers.

The findings in this report are subject to at least three limitations. First, these data include only public secondary schools and therefore do not reflect practices at private schools. Second, these data were self-reported by lead health education teachers and are therefore subject to recall and other biases; the responses were not verified by other sources. Lead health education teachers might not be aware of the classroom practices of all individual health education teachers in the school. Finally, these data are not an assessment of the effectiveness of health education instruction.

Schools should provide health education on nutrition and physical activity topics as one of several strategies to improve dietary behavior, increase physical activity, reduce sedentary behavior, and reduce overweight among youths (*9*). Classroom instruction should be part of a coordinated school health program that includes a healthy school meals program, healthy and appealing choices among foods and beverages offered in addition to the school meals program, a physical education program based on recommendations from the National Association for Sport and Physical Education in *Moving into the Future: National Standards for Physical Education*,[§] opportunities for safe and enjoyable physical activity, school health services and counseling related to dietary behavior and physical activity, and a health promotion program for school staff members (*1,5*).

CDC, in partnership with school administrators and staff, school health researchers, parents, and national nongovernmental health and education agencies, developed the *School Health Index,* a self-assessment and planning tool that schools can use to improve their health and safety policies and programs (*6*). Teachers, staff members, parents, students, and community members can use the *School Health Index* to assess whether their school curricula contain elements of effective health education on nutrition and physical activity topics and to create a plan to improve curricula and other components of their school health program.

[§] Available at http://www.aahperd.org/naspe.

Acknowledgments

This report is based on data collected by state and local School Health Profiles coordinators.

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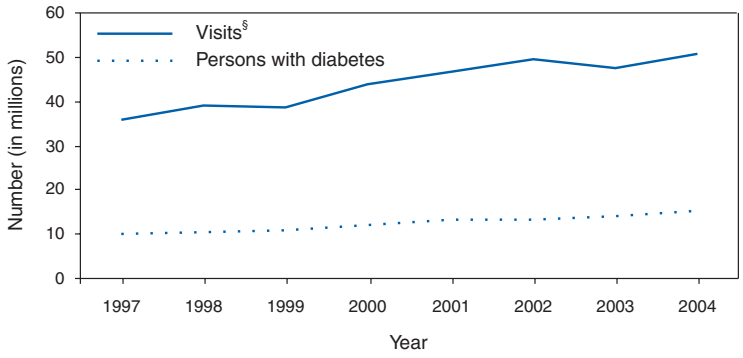
Erratum: Vol. 53, No. RR-14

In the *MMWR Recommendations and Reports*, "Treating Opportunistic Infections Among HIV-Exposed and Infected Children: Recommendations from CDC, the National Institutes of Health, and the Infectious Diseases Society of America," in Appendix A, on page 65, an incorrect dosage was provided for infants and children with *Pneumocystis jiroveci* pneumonia under the column heading, "Preferred therapies and duration." The correct dosage is highlighted: "Trimethoprim-sulfamethoxazole (TMP/SMX) 15–20 mg/kg body weight TMP plus 75–100 mg/kg body weight SMX administered intravenously or by mouth **in 3–4 divided doses** daily (AI) (after acute pneumonitis resolved in mild-moderate disease, intravenous TMP/SMX may be changed to oral)."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Number of Persons with Diagnosed Diabetes* and Number of Ambulatory Care Visits† Related to Diabetes — United States, 1997–2004



* Estimated from self-reported responses during in-person interviews to the question, "Have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?"

† Ambulatory care visits include those made to physician offices and hospital outpatient departments during the preceding 12 months. Diabetes-related visits are those made by persons with a first-, second-, or third-listed diagnosis of diabetes (*International Classification of Diseases, Ninth Revision, Clinical Modification* codes 250.00–250.99).

§ The weighting methodology for physician office visits for 2003 and 2004 differed from the method used during 1997–2002, which increased the relative number of visit estimates in 2003 and 2004 compared with preceding years (available at http://www.cdc.gov/nchs/data/ad/ad365.pdf).

Whereas the estimated number of persons in the United States increased by approximately 8% during 1997–2004, the number of persons with diabetes in the United States increased by approximately 50%, from 10.1 million in 1997 to 15.2 million in 2004. The estimated number of diabetes-related visits to physician offices and hospital outpatient departments also increased by approximately 41% during this period.

SOURCES: National Health Interview Surveys, 1997–2004. Available at http://www.cdc.gov/nchs/nhis.htm. National Ambulatory Medical Care Survey. Available at http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 29, 2006 (30th 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	1	19	16	20	28	39	
infant	1	37	1	90	87	76	69	97	TX (1)
other (wound & unspecified)	1	31	1	33	30	33	21	19	WA (1)
Brucellosis	1	57	3	122	114	104	125	136	AR (1)
Chancroid	3	21	1	17	30	54	67	38	NY (2), SC (1)
Cholera	—	4	0	8	5	2	2	3	
Cyclosporiasis§	1	60	6	734	171	75	156	147	PA (1)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	1	5	78	112	108	164	128	
eastern equine	—	—	1	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	1	1	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	20	137	20	790	537	362	511	261	NY (5), MN (15)
human monocytic	16	138	12	522	338	321	216	142	NY (1), MN (3), MO (2), NC (3), FL (1), TN (2), AR (4)
human (other & unspecified)	6	40	2	122	59	44	23	6	MO (3), NE (1), VA (1), AR (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	4	0	9	19	32	34	—	
nonserotype b	1	49	2	135	135	117	144	—	IN (1)
unknown serotype	3	105	3	217	177	227	153	—	MD (1), GA (2)
Hansen disease§	1	34	2	88	105	95	96	79	NH (1)
Hantavirus pulmonary syndrome§	—	17	1	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	7	87	5	221	200	178	216	202	ME (1), MN (2), TN (2), UT (1), CA (1)
Hepatitis C viral, acute	4	448	34	771	713	1,102	1,835	3,976	NC (1), AL (1), OK (2)
HIV infection, pediatric (age <13 yrs)§,††	—	52	4	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	41	0	49	—	N	N	N	CA (1)
Listeriosis	13	298	20	892	753	696	665	613	NY (2), PA (1), OH (4), NC (1), FL (2), KY (1), WA (1), CA (1)
Measles	—***	25	2	66	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	—	132	4	297	—	—	—	—	
serogroup B	—	88	2	157	—	—	—	—	
other serogroup	—	12	1	27	—	—	—	—	
Mumps	13	5,423	5	314	258	231	270	266	NH (1), MO (4), ND (2), MD (1), FL (1), ID (1), CA (1), HI (2)
Plague	—	4	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	10	0	19	12	12	18	25	
Q fever§	2	78	2	139	70	71	61	26	PA (1), MO (1)
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§	1	65	1	129	132	161	118	77	OH (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	13	648	9	1,257	1,162	845	513	498	MA (1), IN (6), MD (3), OK (2), TX (1)
Syphilis, congenital (age <1 yr)	2	132	7	361	353	413	412	441	NY (2)
Tetanus	—	13	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	—	54	2	96	95	133	109	127	
Trichinellosis	—	9	0	19	5	6	14	22	
Tularemia§	1	42	4	154	134	129	90	129	AR (1)
Typhoid fever	3	137	7	324	322	356	321	368	OH (1), MN (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	2	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	3	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.

¶¶ A total of 37 cases were reported for the 2005-06 flu season (October 2, 2005 [week 40]–May 20, 2006 [week 20]).

*** 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 29, 2006, and July 30, 2005 (30th 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	11,416	18,740	35,170	525,112	552,151	57	126	1,643	3,879	2,200	55	62	860	1,468	1,444
New England	540	631	1,550	18,294	18,692	—	0	0	—	—	2	4	35	89	86
Connecticut	46	172	1,214	5,457	5,805	N	0	0	N	N	—	0	14	12	9
Maine§	46	41	74	1,151	1,230	N	0	0	N	N	—	0	3	14	15
Massachusetts	347	280	432	8,081	8,165	—	0	0	—	—	1	1	15	33	35
New Hampshire	6	35	64	1,022	1,047	—	0	0	—	—	—	1	3	12	11
Rhode Island	81	66	99	1,926	1,895	—	0	0	—	—	—	0	6	4	2
Vermont§	14	19	43	657	550	N	0	0	N	N	1	0	5	14	14
Mid. Atlantic	1,495	2,342	3,696	66,269	67,243	—	0	0	—	—	5	11	597	219	185
New Jersey	—	369	498	9,530	11,181	N	0	0	N	N	—	0	8	6	13
New York (Upstate)	528	497	1,727	13,466	13,458	N	0	0	N	N	2	3	561	61	51
New York City	364	763	1,611	21,136	21,575	N	0	0	N	N	—	2	15	38	47
Pennsylvania	603	728	1,075	22,137	21,029	N	0	0	N	N	3	5	21	114	74
E.N. Central	1,239	3,119	12,578	83,289	91,628	—	0	3	25	5	10	15	162	322	337
Illinois	991	963	1,536	27,524	28,328	—	0	0	—	—	—	2	16	31	48
Indiana	133	389	552	9,313	11,379	N	0	0	N	N	—	1	13	31	21
Michigan	—	579	9,888	17,681	15,005	—	0	3	21	5	—	2	7	54	43
Ohio	70	733	1,445	17,687	25,301	—	0	1	4	—	10	5	109	116	88
Wisconsin	45	399	531	11,084	11,615	N	0	0	N	N	—	5	38	90	137
W.N. Central	417	1,135	1,453	32,527	33,667	—	0	12	—	4	13	10	52	254	231
Iowa	102	150	225	4,595	3,985	N	0	0	N	N	—	1	11	30	65
Kansas	—	154	269	4,370	4,058	N	0	0	N	N	—	1	5	27	16
Minnesota	7	234	337	6,201	7,062	—	0	12	—	3	6	3	22	97	49
Missouri	239	433	531	12,141	13,064	—	0	0	—	1	5	2	37	51	80
Nebraska§	—	94	176	2,784	2,999	N	0	1	N	N	2	1	4	20	8
North Dakota	23	33	58	949	922	N	0	0	N	N	—	0	4	6	—
South Dakota	46	52	117	1,487	1,577	N	0	0	N	N	—	0	4	23	13
S. Atlantic	3,151	3,335	4,923	100,603	103,159	—	0	1	2	—	20	14	54	348	261
Delaware	70	69	92	2,034	1,861	N	0	0	N	N	—	0	2	1	—
District of Columbia	19	57	103	1,485	2,177	—	0	0	—	—	—	0	3	9	3
Florida	738	898	1,090	27,135	25,028	N	0	0	N	N	6	6	28	143	120
Georgia	3	618	2,142	15,175	17,857	—	0	0	—	—	8	3	9	95	62
Maryland§	352	355	492	10,222	10,523	—	0	1	2	—	—	0	4	10	11
North Carolina	523	569	1,772	18,844	19,319	N	0	0	N	N	1	1	10	44	30
South Carolina§	1,079	278	1,306	10,481	11,276	N	0	0	N	N	2	0	4	21	10
Virginia§	367	427	840	13,352	13,631	N	0	0	N	N	3	1	8	22	21
West Virginia	—	56	226	1,875	1,487	N	0	0	N	N	—	0	3	3	4
E.S. Central	862	1,409	1,941	41,666	40,441	—	0	0	—	—	3	3	29	68	46
Alabama§	103	369	754	11,613	8,510	N	0	0	N	N	3	0	5	31	13
Kentucky	240	160	402	5,597	5,493	N	0	0	N	N	—	1	25	14	18
Mississippi	—	378	609	10,175	13,006	—	0	0	—	—	—	0	1	6	—
Tennessee§	519	489	614	14,281	13,432	N	0	0	N	N	—	1	4	17	15
W.S. Central	1,215	2,124	3,605	60,793	65,664	—	0	1	—	—	1	3	30	74	52
Arkansas	207	154	340	4,321	5,038	—	0	0	—	—	—	0	2	8	2
Louisiana	142	277	761	8,941	11,439	—	0	1	—	N	—	0	21	—	4
Oklahoma	126	228	2,159	6,581	6,261	N	0	0	N	N	—	1	10	22	26
Texas§	740	1,362	1,800	40,950	42,926	N	0	0	N	N	1	2	19	44	20
Mountain	394	1,057	1,839	26,935	36,364	—	92	452	2,424	1,382	1	2	9	54	72
Arizona	320	359	642	10,173	12,784	—	91	448	2,359	1,320	—	0	1	4	7
Colorado	—	189	482	3,113	8,491	N	0	0	N	N	—	1	3	17	23
Idaho§	—	52	168	1,773	1,393	N	0	0	N	N	1	0	2	7	7
Montana	—	43	195	1,411	1,331	N	0	0	N	N	—	0	2	8	12
Nevada§	—	85	432	2,055	4,210	—	1	4	21	40	—	0	1	3	8
New Mexico§	—	171	338	4,987	5,020	—	0	2	8	13	—	0	3	5	8
Utah	74	92	136	2,643	2,508	—	1	3	34	7	—	0	3	6	5
Wyoming	—	26	55	780	627	—	0	2	2	2	—	0	3	4	2
Pacific	2,103	3,290	5,079	94,736	95,293	57	38	1,179	1,428	809	—	3	52	40	174
Alaska	—	83	152	2,345	2,367	—	0	0	—	—	—	0	2	3	—
California	1,679	2,547	4,231	73,888	73,746	57	38	1,179	1,428	809	—	0	14	—	121
Hawaii	1	106	135	3,007	3,144	N	0	0	N	N	—	0	1	1	1
Oregon§	125	177	315	5,229	5,107	N	0	0	N	N	—	1	20	36	29
Washington	298	354	604	10,267	10,929	N	0	0	N	N	—	0	38	—	23
American Samoa	U	0	46	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	—	18	37	—	446	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	68	162	1,877	2,492	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	12	83	177	—	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 July 29, 2006, and July 30, 2005 (30th Week)*

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.
†

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 29, 2006, and July 30, 2005 (30th 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	27	75	245	1,819	2,160	27	87	597	2,183	3,014	53	42	127	941	929
New England	1	5	22	105	243	—	2	9	36	81	2	2	12	51	48
Connecticut	—	1	3	21	30	—	0	3	—	29	—	0	8	17	15
Maine†	—	0	2	5	1	—	0	2	11	6	—	0	1	3	3
Massachusetts	—	2	14	50	145	—	1	5	14	26	—	1	6	18	19
New Hampshire	—	0	7	16	57	—	0	2	7	17	—	0	1	1	6
Rhode Island	1	0	4	6	5	—	0	2	4	1	1	0	10	9	3
Vermont†	—	0	2	7	5	—	0	1	—	2	1	0	3	3	2
Mid. Atlantic	2	8	24	167	359	1	9	55	207	396	24	13	35	285	316
New Jersey	—	2	9	32	66	—	3	10	47	148	—	1	8	9	68
New York (Upstate)	1	1	14	46	55	—	1	43	35	35	10	5	29	128	71
New York City	—	2	10	53	181	—	2	5	37	81	—	1	9	14	59
Pennsylvania	1	1	6	36	57	1	3	9	88	132	14	6	17	134	118
E.N. Central	—	6	15	150	193	2	8	24	187	335	19	9	25	194	164
Illinois	—	1	11	27	59	—	0	6	7	96	—	1	5	14	23
Indiana	—	0	5	17	11	—	0	17	28	17	—	0	6	13	12
Michigan	—	2	8	55	66	—	3	7	76	112	—	2	6	43	47
Ohio	—	1	4	39	31	2	2	7	70	83	19	4	19	105	68
Wisconsin	—	1	5	12	26	—	0	4	6	27	—	0	5	19	14
W.N. Central	3	2	30	82	51	1	4	22	95	153	—	1	11	25	40
Iowa	—	0	2	4	13	—	0	3	9	15	—	0	1	2	3
Kansas	—	0	5	21	10	—	0	2	6	19	—	0	1	1	2
Minnesota	2	0	29	8	3	—	0	13	10	15	—	0	10	—	11
Missouri	—	1	4	31	22	1	3	7	64	82	—	0	3	14	14
Nebraska†	1	0	3	11	3	—	0	1	6	19	—	0	2	4	2
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	7	—	—	0	1	—	3	—	0	6	4	7
S. Atlantic	14	11	34	280	344	11	23	66	652	848	4	9	19	207	203
Delaware	—	0	2	9	4	—	1	4	22	19	—	0	2	4	12
District of Columbia	—	0	2	2	2	—	0	2	4	8	—	0	2	8	3
Florida	13	4	18	109	121	7	8	19	243	290	3	3	8	85	55
Georgia	1	1	6	32	73	—	3	7	93	130	—	0	4	9	18
Maryland†	—	1	6	32	30	1	2	10	89	92	—	1	6	41	55
North Carolina	—	0	20	53	41	1	0	23	92	98	—	0	5	20	17
South Carolina†	—	0	3	10	20	—	2	7	43	99	—	0	1	2	10
Virginia†	—	1	11	29	50	2	1	18	26	88	1	1	7	34	25
West Virginia	—	0	3	4	3	—	0	18	40	24	—	0	3	4	8
E.S. Central	1	2	15	67	145	3	6	18	198	212	2	1	9	46	44
Alabama†	—	0	9	9	16	3	2	7	75	49	—	0	1	7	9
Kentucky	—	0	5	24	11	—	1	5	40	41	—	0	4	11	12
Mississippi	—	0	1	4	13	—	0	3	8	35	—	0	1	1	2
Tennessee†	1	1	7	30	105	—	2	12	75	87	2	1	7	27	21
W.S. Central	—	7	77	117	226	2	13	315	349	315	—	1	32	30	18
Arkansas	—	0	9	30	8	—	1	4	22	40	—	0	3	1	4
Louisiana	—	0	4	1	40	—	0	3	5	49	—	0	1	—	—
Oklahoma	—	0	2	4	4	2	0	17	19	29	—	0	3	1	2
Texas†	—	5	73	82	174	—	11	295	303	197	—	0	26	28	12
Mountain	—	6	18	130	176	—	6	39	148	314	1	2	7	47	56
Arizona	—	2	16	64	91	—	4	27	86	200	—	0	3	14	12
Colorado	—	1	4	24	21	—	1	5	21	35	—	0	2	5	15
Idaho†	—	0	2	7	18	—	0	2	7	7	—	0	2	6	3
Montana	—	0	2	6	7	—	0	7	—	3	—	0	1	3	4
Nevada†	—	0	2	6	9	—	0	4	13	31	—	0	2	3	11
New Mexico†	—	0	3	10	15	—	0	3	2	12	—	0	1	2	2
Utah	—	0	2	11	14	—	0	5	19	25	1	0	2	14	6
Wyoming	—	0	1	2	1	—	0	1	—	1	—	0	1	—	3
Pacific	6	19	163	721	423	7	10	61	311	360	1	2	9	56	40
Alaska	—	0	1	—	3	—	0	1	2	7	—	0	1	—	—
California	6	15	162	660	351	4	7	41	244	244	1	2	9	56	39
Hawaii	—	0	2	8	17	—	0	1	4	3	—	0	1	—	1
Oregon†	—	0	5	26	25	—	1	6	33	61	N	0	0	N	N
Washington	—	1	13	27	27	3	0	18	28	45	—	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	—	18	—	0	0	—	—
Puerto Rico	—	0	3	9	48	1	1	8	18	29	—	0	1	1	—
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 July 29, 2006, and July 30, 2005 (30th 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	474	248	2,153	6,424	10,900	18	24	125	611	748
New England	161	37	780	1,126	1,896	—	1	12	39	31
Connecticut	148	8	753	873	193	—	0	10	10	—
Maine†	—	2	26	47	133	—	0	1	3	2
Massachusetts	—	3	163	32	1,460	—	0	3	17	22
New Hampshire	13	5	31	155	85	—	0	3	8	4
Rhode Island	—	0	12	—	8	—	0	8	—	2
Vermont†	—	1	5	19	17	—	0	1	1	1
Mid. Atlantic	231	151	1,176	3,683	6,283	1	4	15	92	207
New Jersey	—	24	171	749	2,467	—	1	7	13	52
New York (Upstate)	196	76	1,150	1,646	1,242	—	1	11	20	26
New York City	—	1	23	7	231	—	2	8	42	107
Pennsylvania	35	37	376	1,281	2,343	1	1	2	17	22
E.N. Central	—	14	83	479	1,234	—	2	8	56	85
Illinois	—	0	9	—	97	—	1	5	17	45
Indiana	—	0	4	9	15	—	0	3	7	3
Michigan	—	1	7	21	15	—	0	2	9	17
Ohio	—	1	5	18	26	—	0	3	18	14
Wisconsin	—	10	69	431	1,081	—	0	3	5	6
W.N. Central	39	11	98	212	219	—	0	32	28	30
Iowa	—	1	6	32	61	—	0	1	1	4
Kansas	—	0	2	3	2	—	0	2	4	3
Minnesota	38	6	96	159	148	—	0	30	14	11
Missouri	—	0	3	10	7	—	0	2	4	12
Nebraska†	1	0	2	7	—	—	0	2	3	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	1	—	0	1	1	—
S. Atlantic	35	28	124	741	1,137	8	6	15	181	166
Delaware	3	9	34	284	420	—	0	1	5	3
District of Columbia	—	0	7	18	6	—	0	2	2	6
Florida	3	1	5	21	15	3	1	6	32	28
Georgia	—	0	1	—	4	1	1	6	51	36
Maryland†	9	15	87	309	568	2	1	5	38	60
North Carolina	1	0	5	16	27	—	0	8	13	16
South Carolina†	—	0	3	5	8	—	0	2	7	4
Virginia†	19	3	22	85	85	2	1	9	32	12
West Virginia	—	0	44	3	4	—	0	2	1	1
E.S. Central	—	0	4	6	17	3	0	3	17	15
Alabama†	—	0	1	3	—	2	0	2	9	3
Kentucky	—	0	2	—	3	1	0	2	2	4
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	—	0	4	3	14	—	0	2	3	8
W.S. Central	—	0	5	7	52	2	2	31	42	54
Arkansas	—	0	1	—	3	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	1	0	6	4	3
Texas†	—	0	5	7	46	1	2	29	37	46
Mountain	1	0	4	8	11	1	0	9	24	34
Arizona	—	0	4	2	1	—	0	9	4	6
Colorado	—	0	1	1	—	—	0	2	9	19
Idaho†	1	0	1	1	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	1	—	3	—	0	1	1	2
New Mexico†	—	0	1	—	2	—	0	1	1	2
Utah	—	0	1	4	1	1	0	2	8	4
Wyoming	—	0	0	—	3	—	0	1	—	1
Pacific	7	4	22	162	51	3	4	13	132	126
Alaska	—	0	1	1	3	—	0	4	16	3
California	6	3	21	157	29	2	3	10	90	93
Hawaii	N	0	0	N	N	—	0	2	3	12
Oregon†	—	0	1	2	16	—	0	2	7	7
Washington	1	0	3	2	3	1	0	5	16	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	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 29, 2006, and July 30, 2005 (30th 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	8	20	85	698	818	7	13	58	466	499	180	288	2,877	7,090	12,290
New England	1	1	3	31	52	—	0	2	23	19	6	29	83	730	717
Connecticut	—	0	2	8	10	—	0	2	2	1	—	1	5	24	40
Maine†	—	0	1	3	2	—	0	1	3	2	—	1	5	24	20
Massachusetts	1	0	2	13	25	—	0	2	13	5	6	23	43	505	542
New Hampshire	—	0	2	5	9	—	0	2	5	9	—	2	36	98	37
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	12
Vermont†	—	0	1	2	4	—	0	0	—	2	—	1	14	79	66
Mid. Atlantic	1	3	13	106	100	1	2	11	79	76	23	30	137	926	779
New Jersey	—	0	2	10	24	—	0	2	10	24	—	4	13	129	111
New York (Upstate)	1	0	7	28	30	1	0	5	5	11	19	12	123	364	290
New York City	—	1	5	33	14	—	1	5	33	14	—	2	7	35	54
Pennsylvania	—	1	5	35	32	—	1	5	31	27	4	11	26	398	324
E.N. Central	2	3	11	78	99	2	1	6	56	84	31	52	133	1,014	2,215
Illinois	—	0	4	17	23	—	0	4	17	23	—	11	35	206	508
Indiana	—	0	5	15	14	—	0	2	6	7	19	4	75	137	174
Michigan	—	1	3	16	17	—	0	3	9	11	—	7	23	224	135
Ohio	2	1	5	29	28	2	0	4	23	26	12	15	30	339	739
Wisconsin	—	0	2	1	17	—	0	2	1	17	—	7	41	108	659
W.N. Central	—	1	4	39	54	—	0	3	14	24	17	43	552	721	1,713
Iowa	—	0	2	9	12	—	0	1	3	1	—	12	63	158	425
Kansas	—	0	1	1	9	—	0	1	1	9	—	11	28	181	158
Minnesota	—	0	2	10	9	—	0	1	3	3	6	0	485	112	492
Missouri	—	0	2	12	18	—	0	1	3	8	1	8	42	186	259
Nebraska†	—	0	2	5	4	—	0	1	3	3	3	4	10	64	171
North Dakota	—	0	1	1	—	—	0	1	1	—	7	0	26	11	77
South Dakota	—	0	1	1	2	—	0	0	—	—	—	0	7	9	131
S. Atlantic	2	3	14	122	149	2	2	7	53	60	9	22	92	552	870
Delaware	—	0	1	4	2	—	0	1	4	2	—	0	1	3	14
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	2	1	6	48	57	2	1	5	20	18	3	4	14	122	110
Georgia	—	0	3	9	14	—	0	3	9	14	—	0	3	8	32
Maryland†	—	0	2	7	14	—	0	1	2	1	—	3	9	76	130
North Carolina	—	0	11	22	22	—	0	3	6	5	—	0	21	109	64
South Carolina†	—	0	2	14	12	—	0	1	6	8	1	4	22	85	246
Virginia†	—	0	4	14	19	—	0	3	6	7	4	2	73	123	238
West Virginia	—	0	2	4	5	—	0	0	—	2	1	0	9	23	32
E.S. Central	1	1	4	27	38	1	1	4	22	29	5	7	17	183	342
Alabama†	—	0	1	4	4	—	0	1	4	3	3	1	4	45	49
Kentucky	—	0	2	7	14	—	0	2	7	14	2	2	7	32	95
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	22	41
Tennessee†	1	0	2	15	16	1	0	2	10	8	—	2	10	84	157
W.S. Central	1	1	23	40	84	1	0	6	16	19	5	21	360	345	1,286
Arkansas	—	0	3	7	10	—	0	2	5	2	1	2	21	45	182
Louisiana	—	0	1	1	26	—	0	1	1	4	—	0	3	2	35
Oklahoma	—	0	4	8	13	—	0	0	—	2	2	0	124	18	—
Texas†	1	1	16	24	35	1	0	4	10	11	2	19	215	280	1,069
Mountain	—	1	4	39	65	—	0	4	17	17	11	64	230	1,648	2,507
Arizona	—	0	4	11	29	—	0	4	11	9	—	12	177	266	669
Colorado	—	0	2	14	14	—	0	1	2	—	—	22	40	536	803
Idaho†	—	0	2	1	3	—	0	2	1	3	1	2	13	47	130
Montana	—	0	1	3	—	—	0	1	1	—	—	2	14	77	466
Nevada†	—	0	2	2	7	—	0	1	—	1	—	0	9	37	36
New Mexico†	—	0	1	2	3	—	0	1	—	2	—	2	6	47	132
Utah	—	0	1	4	9	—	0	1	—	2	10	18	39	589	246
Wyoming	—	0	2	2	—	—	0	2	2	—	—	1	8	49	25
Pacific	—	5	29	216	177	—	5	25	186	171	73	51	1,334	971	1,861
Alaska	—	0	1	1	1	—	0	1	1	1	—	2	15	40	23
California	—	3	14	134	115	—	3	14	134	115	66	30	1,136	589	746
Hawaii	—	0	1	5	10	—	0	1	5	5	—	2	6	42	111
Oregon†	—	1	7	51	32	—	1	4	35	32	—	3	16	77	535
Washington	—	0	25	25	19	—	0	11	11	18	7	10	195	223	446
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	0	—	1	—	0	0	—	1	—	0	0	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	1	0	1	1	4
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 July 29, 2006, and July 30, 2005 (30th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	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	84	106	158	3,105	3,490	52	35	246	860	714	644	765	2,291	18,251	20,832
New England	7	12	26	322	427	—	0	2	2	4	22	34	231	1,021	1,189
Connecticut	4	3	13	86	93	—	0	0	—	—	—	0	223	223	244
Maine†	1	1	4	42	41	N	0	0	N	N	4	2	7	52	106
Massachusetts	2	4	17	148	231	—	0	2	1	2	9	19	49	595	644
New Hampshire	—	0	3	9	9	—	0	1	1	1	5	2	10	79	93
Rhode Island	—	0	4	1	14	—	0	2	—	1	—	0	17	45	47
Vermont†	—	1	4	36	39	—	0	0	—	—	4	1	10	27	55
Mid. Atlantic	19	18	46	576	513	—	1	7	24	48	74	79	272	2,051	2,615
New Jersey	N	0	0	N	N	—	0	3	4	14	—	13	41	329	499
New York (Upstate)	19	11	24	301	273	—	0	1	2	1	49	22	233	566	611
New York City	—	0	3	2	17	—	0	1	4	5	1	18	44	402	635
Pennsylvania	—	7	35	273	223	—	1	5	14	28	24	28	61	754	870
E.N. Central	3	2	12	65	117	—	0	7	23	22	47	94	219	2,405	3,048
Illinois	1	0	4	16	24	—	0	4	1	7	—	25	53	533	1,099
Indiana	2	0	3	7	7	—	0	2	5	—	22	12	67	361	288
Michigan	—	1	5	27	16	—	0	1	—	2	—	16	35	456	514
Ohio	—	0	6	15	70	—	0	7	16	11	25	23	50	641	679
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	15	44	414	468
W.N. Central	3	4	20	160	204	2	2	12	108	90	42	44	103	1,306	1,340
Iowa	—	0	5	27	—	—	0	2	1	2	—	7	18	193	223
Kansas	—	1	5	44	55	—	0	1	1	4	—	7	17	170	194
Minnesota	1	1	6	26	41	1	0	1	2	—	22	10	60	377	301
Missouri	1	1	6	28	40	1	1	12	92	78	18	15	40	402	393
Nebraska†	—	0	0	—	—	—	0	4	12	2	2	4	12	101	119
North Dakota	1	0	7	14	17	—	0	1	—	—	—	0	46	8	15
South Dakota	—	0	4	21	51	—	0	1	—	4	—	2	8	55	95
S. Atlantic	45	36	118	1,186	1,314	33	17	94	519	355	227	202	514	4,727	5,387
Delaware	—	0	0	—	—	—	0	2	9	4	—	2	9	57	57
District of Columbia	—	0	0	—	—	—	0	1	—	1	—	1	7	35	25
Florida	—	0	99	102	201	—	0	3	12	10	113	96	230	2,120	1,988
Georgia	—	4	9	98	166	—	0	4	13	64	33	23	87	611	844
Maryland†	—	8	14	207	207	2	1	6	25	42	14	12	32	311	418
North Carolina	22	8	18	265	302	26	9	87	409	176	24	32	114	689	700
South Carolina†	6	4	11	91	128	—	1	6	12	28	9	19	73	400	749
Virginia†	10	10	27	362	284	5	2	10	38	27	32	20	66	458	527
West Virginia	7	1	13	61	26	—	0	2	1	3	2	2	19	46	79
E.S. Central	4	4	16	142	82	7	5	18	124	131	88	54	115	1,272	1,302
Alabama†	—	1	7	47	46	2	1	8	35	33	63	15	41	466	322
Kentucky	4	0	5	11	7	—	0	1	1	1	4	8	27	204	206
Mississippi	—	0	2	4	1	—	0	3	1	5	—	13	62	257	357
Tennessee†	—	2	9	80	28	5	3	18	87	92	21	14	41	345	417
W.S. Central	1	14	34	467	580	10	1	161	41	41	28	80	922	1,602	1,993
Arkansas	—	0	3	20	24	7	0	32	28	21	12	14	43	409	368
Louisiana	—	0	0	—	—	—	0	1	—	5	—	6	38	50	467
Oklahoma	1	1	9	45	58	—	0	154	6	5	16	7	48	220	196
Texas†	—	12	29	402	498	3	0	8	7	10	—	45	839	923	962
Mountain	—	4	16	84	150	—	0	6	15	21	15	44	110	1,095	1,201
Arizona	—	2	11	66	107	—	0	6	2	12	—	12	67	197	342
Colorado	—	0	2	—	13	—	0	1	1	2	—	12	45	357	277
Idaho†	—	0	12	—	—	—	0	2	1	1	4	2	9	94	96
Montana	—	0	2	7	4	—	0	2	2	1	—	3	16	80	49
Nevada†	—	0	2	—	5	—	0	0	—	—	—	3	17	68	103
New Mexico†	—	0	2	6	5	—	0	2	4	3	—	4	13	98	135
Utah	—	0	5	3	2	—	0	2	3	—	11	5	30	168	152
Wyoming	—	0	2	2	14	—	0	1	2	2	—	1	12	33	47
Pacific	2	4	15	103	103	—	0	1	4	2	101	109	426	2,772	2,757
Alaska	—	0	4	13	1	—	0	0	—	—	—	1	7	44	30
California	2	3	15	87	99	—	0	1	3	—	95	86	292	2,146	2,076
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	15	121	158
Oregon†	—	0	1	3	3	—	0	1	1	2	—	7	25	213	225
Washington	U	0	0	U	U	N	0	0	N	N	6	9	124	248	268
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	3	—	26
Puerto Rico	—	2	6	57	42	N	0	0	N	N	3	7	35	84	318
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 29, 2006, and July 30, 2005 (30th 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	55	52	297	1,018	1,255	150	211	1,013	5,145	7,317	61	86	283	3,104	3,028
New England	5	3	29	97	113	1	4	37	137	159	2	5	14	149	187
Connecticut	—	0	28	28	29	—	0	31	31	26	U	0	3	U	73
Maine§	—	0	5	—	18	—	0	3	3	8	—	0	2	12	9
Massachusetts	3	1	9	52	43	1	3	11	90	102	2	3	6	92	78
New Hampshire	2	0	2	12	11	—	0	4	5	4	—	0	9	32	11
Rhode Island	—	0	2	2	2	—	0	6	5	9	—	0	3	4	7
Vermont§	—	0	2	2	10	—	0	4	3	10	—	0	2	9	9
Mid. Atlantic	5	5	107	73	148	8	16	72	410	699	10	15	43	590	640
New Jersey	—	0	7	3	33	—	5	16	145	204	—	2	7	84	132
New York (Upstate)	—	1	103	19	56	6	4	60	131	157	6	4	32	221	183
New York City	—	0	3	8	9	1	4	14	87	260	—	2	10	71	126
Pennsylvania	—	0	8	2	50	1	2	48	47	78	4	5	13	214	199
E.N. Central	7	10	38	207	243	4	20	96	470	539	6	16	42	565	639
Illinois	—	1	10	28	68	—	7	26	136	153	—	4	10	111	212
Indiana	—	1	6	27	29	2	2	56	78	45	—	2	11	82	61
Michigan	—	1	7	34	49	—	3	10	94	147	—	3	11	151	158
Ohio	7	3	14	69	49	2	3	11	93	51	6	4	19	181	137
Wisconsin	—	2	15	49	48	—	3	10	69	143	—	1	4	40	71
W.N. Central	10	7	35	164	188	19	36	78	781	709	4	5	57	231	192
Iowa	—	1	10	53	45	—	1	7	36	51	N	0	0	N	N
Kansas	—	0	4	—	18	—	4	20	64	70	—	1	5	43	33
Minnesota	10	3	19	92	31	5	2	8	59	44	4	0	52	110	69
Missouri	7	2	9	91	56	9	18	70	476	477	—	1	5	45	51
Nebraska§	1	1	5	25	24	4	2	11	44	45	—	0	4	20	17
North Dakota	—	0	15	—	1	1	0	3	8	2	—	0	5	7	6
South Dakota	—	0	5	16	13	—	3	17	94	20	—	0	3	6	16
S. Atlantic	9	7	39	176	174	67	52	122	1,407	1,051	32	21	41	738	585
Delaware	—	0	1	1	3	—	0	2	5	8	—	0	2	7	2
District of Columbia	—	0	1	—	—	—	0	2	6	8	—	0	2	9	7
Florida	4	2	29	53	60	28	26	66	683	514	16	5	12	178	155
Georgia	—	1	6	30	22	25	15	38	465	263	3	4	11	135	118
Maryland§	3	1	5	23	30	10	2	8	56	42	6	3	12	133	114
North Carolina	3	1	11	45	22	1	1	22	96	99	5	1	26	117	84
South Carolina§	—	0	2	4	3	—	1	9	60	56	2	1	6	50	29
Virginia§	—	0	8	—	33	3	1	9	36	61	—	2	11	88	58
West Virginia	—	0	2	—	1	—	0	1	—	—	—	0	6	21	18
E.S. Central	5	2	13	76	71	17	14	35	369	827	1	3	11	143	124
Alabama§	—	0	4	12	17	11	3	14	117	168	N	0	0	N	N
Kentucky	—	1	8	23	22	—	6	23	148	174	—	0	5	30	25
Mississippi	—	0	2	—	4	—	1	6	36	49	—	0	0	—	—
Tennessee§	—	1	4	25	28	6	3	11	68	436	1	3	9	113	99
W.S. Central	—	1	52	13	54	5	26	596	416	2,001	6	7	58	245	200
Arkansas	—	0	2	6	8	4	1	7	50	32	—	0	5	20	11
Louisiana	—	0	2	—	16	—	0	11	1	87	—	0	1	1	4
Oklahoma	—	0	8	7	14	1	4	286	54	424	3	2	14	70	77
Texas§	—	1	44	39	16	—	22	308	311	1,458	3	4	43	154	108
Mountain	—	4	15	80	135	3	17	47	315	357	—	10	78	385	398
Arizona	—	0	4	16	15	—	8	29	131	187	—	3	57	180	170
Colorado	—	1	6	33	30	—	3	18	67	52	—	3	8	92	130
Idaho§	1	1	7	28	21	—	0	4	9	6	—	0	2	7	2
Montana	—	0	2	—	8	—	0	1	4	5	—	0	0	—	—
Nevada§	—	0	3	8	13	—	1	8	28	32	—	0	6	—	1
New Mexico§	—	0	3	4	15	—	2	9	39	50	—	1	7	51	55
Utah	3	1	7	36	30	3	1	4	36	23	—	1	6	52	38
Wyoming	—	0	3	6	3	—	0	1	1	2	—	0	1	3	2
Pacific	14	7	55	132	129	26	41	148	840	975	—	2	9	58	63
Alaska	—	0	1	—	8	—	0	2	7	10	—	0	0	—	—
California	8	4	18	89	55	26	32	104	664	826	—	0	0	—	—
Hawaii	—	0	4	6	4	—	1	4	22	16	—	2	9	58	63
Oregon§	—	2	47	32	40	—	2	31	76	68	N	0	0	N	N
Washington	6	2	32	37	22	—	2	43	71	55	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	—	10	—	0	0	—	—
Puerto Rico	—	0	1	—	1	1	0	2	5	3	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 July 29, 2006, and July 30, 2005 (30th 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	30	51	334	1,633	1,755	114	165	334	4,671	4,789	115	800	3,204	27,395	17,353
New England	—	1	24	16	159	9	4	17	121	116	5	43	144	1,000	3,551
Connecticut	U	0	7	U	67	3	0	11	25	24	U	0	58	U	1,002
Maine†	N	0	0	N	N	—	0	2	8	1	—	5	20	151	210
Massachusetts	—	0	6	—	70	5	2	5	76	78	—	9	54	92	1,601
New Hampshire	—	0	0	—	—	1	0	2	7	8	4	5	43	265	201
Rhode Island	—	0	11	6	14	—	0	6	3	5	—	0	0	—	—
Vermont†	—	0	2	10	8	—	0	1	2	—	1	12	50	492	537
Mid. Atlantic	2	3	15	107	153	9	21	35	627	597	14	104	183	3,147	3,114
New Jersey	N	0	0	N	N	—	2	7	86	83	—	0	0	—	—
New York (Upstate)	1	1	10	40	62	—	2	14	86	40	—	0	0	—	—
New York City	U	0	0	U	U	8	10	23	313	374	—	0	0	—	—
Pennsylvania	1	2	9	67	91	1	5	9	142	100	14	104	183	3,147	3,114
E.N. Central	7	11	41	394	432	17	18	38	484	511	30	213	585	9,950	3,762
Illinois	—	1	3	13	17	8	9	23	234	275	—	1	5	13	60
Indiana	3	2	21	106	139	1	1	4	33	40	N	0	347	N	70
Michigan	—	0	4	15	28	—	2	19	64	49	—	102	174	2,990	2,382
Ohio	4	6	32	260	248	7	4	8	122	126	30	82	420	6,376	949
Wisconsin	N	0	0	N	N	1	1	4	31	21	—	12	52	571	301
W.N. Central	1	1	191	33	28	5	4	9	138	159	6	22	84	1,001	248
Iowa	N	0	0	N	N	—	0	3	9	5	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	12	13	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	3	16	50	—	0	0	—	—
Missouri	1	1	3	33	22	3	3	8	98	88	6	17	82	940	159
Nebraska†	—	0	0	—	2	—	0	1	1	3	—	0	0	—	—
North Dakota	—	0	1	—	1	—	0	1	—	—	—	0	25	27	12
South Dakota	—	0	0	—	3	2	0	1	2	—	—	1	12	34	77
S. Atlantic	16	24	53	873	722	35	42	186	1,090	1,117	21	90	860	2,924	1,344
Delaware	—	0	2	—	1	—	0	2	14	8	—	1	5	44	22
District of Columbia	—	0	3	20	12	6	1	9	63	64	—	0	5	21	22
Florida	7	13	36	475	389	12	14	29	414	401	—	0	0	—	—
Georgia	9	7	29	292	235	—	8	147	144	204	—	0	0	—	—
Maryland†	—	0	0	—	—	2	5	19	171	180	—	0	0	—	—
North Carolina	N	0	0	N	N	8	5	17	163	143	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	38	33	1	16	53	741	352
Virginia†	N	0	0	N	N	7	2	12	82	82	12	28	812	1,105	271
West Virginia	—	1	14	86	85	—	0	1	1	2	8	26	70	1,013	677
E.S. Central	4	3	13	131	123	12	11	21	362	270	—	0	70	69	7
Alabama†	N	0	0	N	N	11	3	12	147	93	—	0	70	69	7
Kentucky	—	0	5	23	22	—	1	8	36	23	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	6	31	31	—	0	0	—	—
Tennessee†	4	3	13	108	100	1	5	13	148	123	N	0	0	N	N
W.S. Central	—	0	4	13	98	24	25	41	812	726	35	206	1,757	7,514	3,571
Arkansas	—	0	3	11	12	2	0	6	40	31	9	6	110	562	—
Louisiana	—	0	4	2	86	10	4	17	123	157	—	0	8	33	108
Oklahoma	N	0	0	N	N	—	1	6	40	25	—	0	0	—	—
Texas†	N	0	0	N	N	12	19	29	609	513	26	189	1,647	6,919	3,463
Mountain	—	1	27	66	40	—	7	17	210	248	4	52	138	1,790	1,756
Arizona	N	0	0	N	N	—	4	13	101	83	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	23	27	—	33	76	946	1,195
Idaho†	N	0	0	N	N	—	0	1	2	19	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	0	—	—
Nevada†	—	0	27	4	2	—	1	12	44	74	—	0	2	4	—
New Mexico†	—	0	1	1	—	—	1	5	34	33	—	3	34	280	153
Utah	—	0	8	28	17	—	0	1	5	7	4	10	55	530	363
Wyoming	—	1	3	33	21	—	0	0	—	—	—	0	8	30	45
Pacific	—	0	0	—	—	3	32	49	827	1,045	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	5	—	0	0	—	—
California	N	0	0	N	N	3	27	42	691	934	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	12	6	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	10	17	N	0	0	N	N
Washington	N	0	0	N	N	—	2	11	109	83	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	—	375
Puerto Rico	N	0	0	N	N	—	3	10	54	137	4	7	47	182	462
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 29, 2006, and July 30, 2005 (30th 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	—	0	155	9	197	—	0	203	6	333
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	—	2	—	0	4	—	4
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	2	—	0	2	—	4
E.N. Central	—	0	39	—	17	—	0	18	—	9
Illinois	—	0	25	—	9	—	0	16	—	8
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	5	—	0	4	—	—
Wisconsin	—	0	3	—	2	—	0	2	—	1
W.N. Central	—	0	26	3	23	—	0	80	5	78
Iowa	—	0	3	—	—	—	0	5	1	2
Kansas	—	0	3	—	1	—	0	1	1	N
Minnesota	—	0	5	—	3	—	0	5	—	5
Missouri	—	0	4	1	2	—	0	3	—	1
Nebraska§	—	0	9	1	6	—	0	24	1	12
North Dakota	—	0	4	—	3	—	0	15	—	15
South Dakota	—	0	7	1	8	—	0	33	2	43
S. Atlantic	—	0	6	—	5	—	0	4	—	8
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	4	—	0	4	—	7
Georgia	—	0	3	—	—	—	0	3	—	1
Maryland§	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	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	2	6	—	0	5	—	4
Alabama§	—	0	1	—	1	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	2	5	—	0	5	—	4
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	2	54	—	0	22	—	32
Arkansas	—	0	3	—	—	—	0	2	—	4
Louisiana	—	0	20	—	26	—	0	9	—	15
Oklahoma	—	0	6	—	1	—	0	3	—	—
Texas§	—	0	16	2	27	—	0	13	—	13
Mountain	—	0	16	1	12	—	0	39	1	36
Arizona	—	0	8	—	6	—	0	8	—	11
Colorado	—	0	5	1	2	—	0	13	—	19
Idaho§	—	0	2	—	—	—	0	3	1	1
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	2	—	0	8	—	2
New Mexico§	—	0	3	—	2	—	0	4	—	2
Utah	—	0	6	—	—	—	0	8	—	1
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	1	78	—	0	90	—	162
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	1	78	—	0	89	—	159
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	3
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	—	—

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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.
† 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 29, 2006 (30th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	525	349	116	31	18	11	43
Boston, MA	155	78	52	16	7	2	9
Bridgeport, CT	25	17	5	—	2	1	2
Cambridge, MA	18	13	4	1	—	—	1
Fall River, MA	24	19	4	1	—	—	4
Hartford, CT	63	41	17	2	2	1	13
Lowell, MA	22	18	3	—	1	—	1
Lynn, MA	14	14	—	—	—	—	1
New Bedford, MA	25	20	2	3	—	—	3
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	56	39	9	4	3	1	1
Somerville, MA	6	4	2	—	—	—	—
Springfield, MA	45	34	4	2	—	5	1
Waterbury, CT	24	20	3	—	1	—	2
Worcester, MA	48	32	11	2	2	1	5
Mid. Atlantic	1,909	1,275	429	132	32	40	83
Albany, NY	33	29	2	—	1	1	1
Allentown, PA	24	17	4	1	2	—	—
Buffalo, NY	70	49	13	5	2	1	2
Camden, NJ	27	15	6	1	2	3	—
Elizabeth, NJ	16	12	4	—	—	—	1
Erie, PA	37	31	4	1	—	1	2
Jersey City, NJ	35	21	13	—	—	1	—
New York City, NY	1,017	691	226	66	16	17	41
Newark, NJ	47	20	18	8	1	—	1
Paterson, NJ	18	5	6	2	2	3	—
Philadelphia, PA	213	114	63	25	5	6	10
Pittsburgh, PA§	35	25	7	3	—	—	—
Reading, PA	28	21	4	3	—	—	1
Rochester, NY	125	94	21	5	1	4	9
Schenectady, NY	14	11	2	1	—	—	1
Scranton, PA	40	30	9	1	—	—	3
Syracuse, NY	67	44	14	6	—	3	8
Trenton, NJ	31	19	10	2	—	—	1
Utica, NY	16	15	1	—	—	—	1
Yonkers, NY	16	12	2	2	—	—	1
E.N. Central	2,007	1,242	488	168	55	52	117
Akron, OH	55	38	12	3	1	1	3
Canton, OH	34	28	3	—	1	2	1
Chicago, IL	376	198	97	52	15	12	22
Cincinnati, OH	91	60	16	10	3	2	11
Cleveland, OH	220	148	54	11	4	3	10
Columbus, OH	211	126	64	13	2	6	18
Dayton, OH	127	88	33	4	2	—	2
Detroit, MI	168	83	55	24	2	4	7
Evansville, IN	38	29	6	2	—	1	1
Fort Wayne, IN	39	30	7	2	—	—	1
Gary, IN	13	6	1	3	1	2	—
Grand Rapids, MI	46	28	13	2	3	—	5
Indianapolis, IN	199	113	49	23	8	6	13
Lansing, MI	35	28	6	1	—	—	4
Milwaukee, WI	120	71	31	7	8	3	10
Peoria, IL	54	41	6	5	1	1	1
Rockford, IL	40	28	7	1	1	3	—
South Bend, IN	39	25	7	2	3	2	—
Toledo, OH	80	54	20	2	—	4	8
Youngstown, OH	22	20	1	1	—	—	—
W.N. Central	469	276	119	34	25	14	20
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	15	9	4	2	—	—	1
Kansas City, KS	29	14	13	2	—	—	2
Kansas City, MO	74	41	17	6	6	4	5
Lincoln, NE	29	15	10	2	2	—	1
Minneapolis, MN	53	28	14	3	4	4	1
Omaha, NE	53	40	9	—	2	2	1
St. Louis, MO	93	52	24	8	6	2	3
St. Paul, MN	51	35	7	6	2	1	3
Wichita, KS	72	42	21	5	3	1	3
S. Atlantic	1,371	841	321	130	54	24	53
Atlanta, GA	238	144	53	28	12	1	7
Baltimore, MD	178	92	44	25	12	5	14
Charlotte, NC	117	70	28	13	6	—	8
Jacksonville, FL	155	93	41	15	3	3	1
Miami, FL	100	58	21	16	3	2	3
Norfolk, VA	55	33	16	1	—	5	1
Richmond, VA	60	35	18	2	4	1	2
Savannah, GA	70	45	22	2	1	—	4
St. Petersburg, FL	54	36	8	6	2	2	4
Tampa, FL	187	132	38	8	5	3	8
Washington, D.C.	141	93	27	13	6	2	1
Wilmington, DE	16	10	5	1	—	—	—
E.S. Central	846	533	203	53	30	27	44
Birmingham, AL	148	89	32	11	5	11	11
Chattanooga, TN	86	51	28	3	1	3	5
Knoxville, TN	121	82	28	6	2	3	4
Lexington, KY	54	36	14	2	1	1	2
Memphis, TN	126	75	32	9	7	3	3
Mobile, AL	115	74	27	6	5	3	5
Montgomery, AL	57	42	11	1	2	1	5
Nashville, TN	139	84	31	15	7	2	9
W.S. Central	1,453	917	368	97	42	29	58
Austin, TX	92	65	15	7	4	1	4
Baton Rouge, LA	27	14	9	3	1	—	1
Corpus Christi, TX	48	32	15	—	—	1	3
Dallas, TX	203	123	57	13	7	3	7
El Paso, TX	99	68	21	6	2	2	4
Fort Worth, TX	116	83	27	2	2	2	4
Houston, TX	352	207	91	35	12	7	14
Little Rock, AR	71	44	15	3	5	4	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	235	144	64	17	5	5	8
Shreveport, LA	86	51	25	7	1	2	10
Tulsa, OK	124	86	29	4	3	2	3
Mountain	985	616	232	63	40	33	57
Albuquerque, NM	112	64	30	10	6	2	5
Boise, ID	54	37	7	3	3	4	3
Colorado Springs, CO	68	46	16	1	3	2	2
Denver, CO	98	50	34	4	5	5	2
Las Vegas, NV	244	155	59	17	8	5	14
Ogden, UT	27	17	4	3	2	1	1
Phoenix, AZ	169	96	49	11	8	4	9
Pueblo, CO	31	26	3	2	—	—	5
Salt Lake City, UT	92	66	10	6	2	8	6
Tucson, AZ	90	59	20	6	3	2	10
Pacific	1,585	1,078	340	112	35	18	100
Berkeley, CA	11	7	2	2	—	—	1
Fresno, CA	83	49	22	8	3	1	5
Glendale, CA	13	11	2	—	—	—	—
Honolulu, HI	98	71	15	9	1	2	—
Long Beach, CA	59	40	13	5	1	—	2
Los Angeles, CA	228	164	44	15	3	2	20
Pasadena, CA	41	31	7	1	2	—	7
Portland, OR	104	71	19	10	3	1	2
Sacramento, CA	182	117	42	13	7	1	16
San Diego, CA	150	95	41	6	4	4	11
San Francisco, CA	98	58	28	11	—	1	8
San Jose, CA	243	177	46	14	4	2	17
Santa Cruz, CA	25	16	8	1	—	—	1
Seattle, WA	97	62	17	12	3	3	5
Spokane, WA	52	41	7	2	1	1	1
Tacoma, WA	101	68	27	3	3	—	4
Total	11,150**	7,127	2,616	820	331	248	575

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.

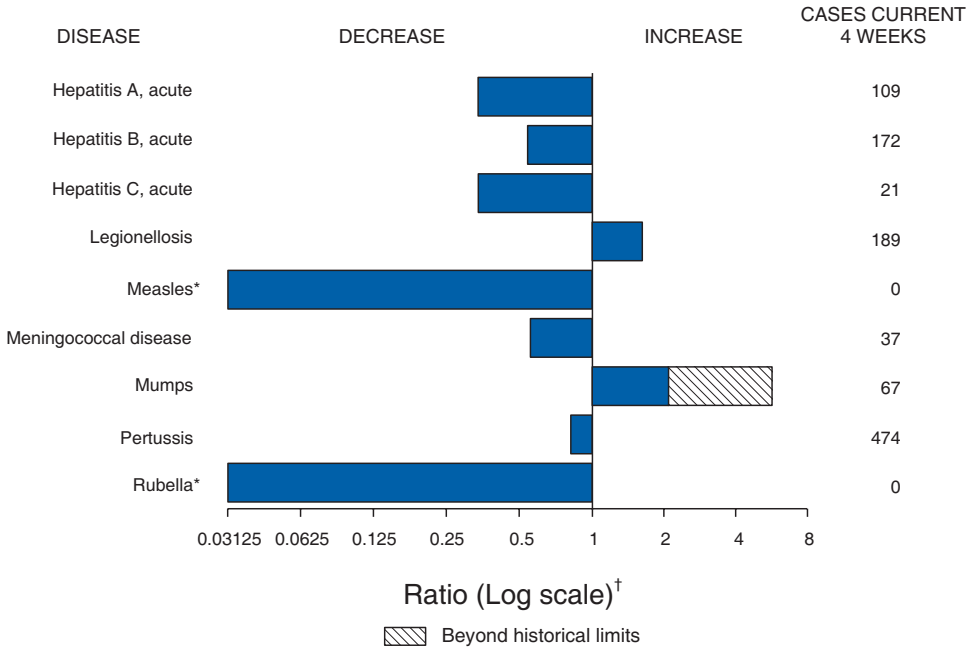
† Pneumonia and influenza.

§ 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 29, 2006, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 30 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.

Notifiable Disease Morbidity and 122 Cities Mortality Data Team

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