



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

August 18, 2006 / Vol. 55 / No. 32

Imported Melioidosis — South Florida, 2005

In 2005, two cases of melioidosis (one in August, one in October) were reported to the Florida Department of Health, the first cases since reporting the disease became mandatory in Florida in 2003. In one case, *Burkholderia pseudomallei* was not recognized as the bacterium that causes the disease melioidosis, which led to a delay in reporting the case to the local health department. In both cases, delayed recognition and unsafe laboratory practices resulted in laboratory workers being exposed to *B. pseudomallei*. This report summarizes the clinical and laboratory aspects of the cases and the epidemiologic study conducted by the Florida Department of Health. The findings emphasize the need for improved laboratory recognition and reporting of *B. pseudomallei*, safe laboratory handling of *B. pseudomallei*, and close adherence to antibiotic regimens for treating and preventing recurrence of melioidosis.

Melioidosis is a potentially serious illness caused by the gram-negative, saprophytic bacterium *B. pseudomallei* (formerly *Pseudomonas pseudomallei*). Most commonly, the disease manifests as pneumonia, with or without septicemia, but melioidosis also can cause abscesses, particularly of the skin and soft tissues. Abscesses of the internal organs are less common (1). Melioidosis is endemic in Southeast Asia and northern Australia but can be found sporadically in tropical areas between latitudes 20° north and south (2). In areas where melioidosis is endemic, humans become infected by inoculation and inhalation through exposure to organisms in soil and water (2); the median incubation period from exposure to illness onset is 9 days (range: 1–21 days). Persons with type 2 diabetes are especially susceptible to symptomatic infection; additional risk factors include thalassemia, renal disease, chronic alcoholism, and liver disease (2). Human immunodeficiency virus has not been determined to be a risk factor (2). Asymptomatic infections can arise, and symptomatic reactivation of the

disease can occur years after exposure. Where melioidosis is endemic, the case-fatality rate for cases with septicemia and pulmonary involvement ranges from 20% to 50%. Reduced fatality rates have been associated with improved antibiotic regimens and supportive care (2).

Case Reports

Case 1: Broward County. On August 22, a man aged 48 years with a history of adult-onset diabetes and Guillain-Barré syndrome was evaluated at a local hospital for back pain, fever (102.6°F [39.2°C]), and bilateral lower extremity weakness and numbness. He received a diagnosis of left lower lobe pneumonia, perirectal abscess, which was drained on admission, and possible recurrent Guillain-Barré syndrome. He was admitted for antibiotic treatment with ceftriaxone and azithromycin. On August 27, *B. pseudomallei* was identified in cultures of blood drawn on admission. On August 31, the patient was discharged with a prescribed 21-day regimen of oral levofloxacin. On September 11, he returned with severe back and left-sided pleuritic chest pain. In the emergency department, he had onset of acute bilateral leg paralysis and sensation loss. Spinal magnetic resonance imaging revealed epidural abscesses along thoracic vertebrae T6–T10. The patient underwent emergency surgery for spinal decompression. On September 16, *B. pseudomallei* was isolated from cultures of abscess fluid. On September 26, the patient remained paraplegic and

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

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2006;55:[inclusive page numbers].

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was discharged to inpatient rehabilitation, with a prescribed regimen of 8 weeks of intravenous imipenem/cilastatin and ceftazidime followed by 20 weeks of oral antibiotics.

The epidemiologic investigation determined that the patient had traveled to Honduras during July 17–August 7, where he visited the city of La Ceiba (capital of Atlántida Department) and the island of Roatán. He had not been ill while traveling and did not recall being injured. He traveled with seven family members who were not ill and had no known contact with ill persons. In addition, the patient reported that before his trip to Honduras, he had never traveled out of the country.

Case 2: Miami-Dade County. On September 22, a woman aged 80 years was admitted to a local hospital with pneumonia after 4 days of fever (103°F [39.4°C]), headache, weakness, and muscle pain. She was treated with intravenous fluids, ceftriaxone, and azithromycin. On September 23, she experienced a myocardial infarction and respiratory complications, and on September 24, her antibiotics were changed to vancomycin and cefepime. She died on September 24. On September 26, local public health authorities were notified that *B. pseudomallei* had been identified in a culture of blood drawn when the patient was admitted. The isolate was sent to the Florida Department of Health reference laboratory in Miami, where the presence of *B. pseudomallei* organisms was corroborated by real-time polymerase chain reaction.

The epidemiologic investigation indicated that the patient had been a resident of San Juan Pueblo in Atlántida Department in Honduras. She had arrived in Florida on September 18 to visit family members.

Laboratory Investigation

On October 4, more than 5 weeks after *B. pseudomallei* organisms had been isolated in case 1, the Broward County Health Department received the report from the hospital infection-control practitioner. No isolates had been saved for confirmation at the state public health laboratory. An investigation into the hospital's reporting procedures for this case determined that the laboratorians handling the specimens did not associate the organism *B. pseudomallei* with the disease melioidosis, which is a mandatory reportable disease in Florida.

Laboratorians from the hospitals in Broward County and Miami-Dade County were contacted on October 12 and September 26, respectively, regarding the possibility of exposure while handling the specimens. Exposures were considered high risk if isolates had been manipulated outside of a biosafety cabinet or if isolate manipulation could

have resulted in aerosol or droplet formation (e.g., sniffing an open culture plate to detect characteristic odors emitted by certain bacteria). A total of nine laboratorians (six from the Broward County hospital and three from the Miami-Dade County hospital) had high-risk exposures. All were offered prophylaxis and anti-*B. pseudomallei* antibody testing. The three laboratorians in the Miami hospital reportedly sniffed the culture plates, and all requested prophylaxis. None of the six laboratorians in the Broward County hospital had sniffed the plates containing *B. pseudomallei*, but they all had handled the cultures outside of a biosafety cabinet. On October 19, specimens for diagnostic serology were obtained from these six laboratorians; all were negative for presence of *B. pseudomallei*, and no prophylaxis was prescribed. None of the nine exposed laboratorians reported symptoms consistent with melioidosis.

Reported by: A Kite-Powell, MS, JR Livengood, MD, J Suarez, R Hopkins, MD, Florida Dept of Health. TA Clark, MD, Div of Foodborne, Bacterial, and Mycotic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed); D Chertow, MD, EIS Officer, CDC.

Editorial Note: Melioidosis is a rare disease in the United States; approximately five cases are reported annually, although it is not a nationally notifiable disease (3). The cases in this report are the first to be reported from Florida. However, melioidosis is a relatively common disease in areas where it is endemic, is likely underreported in nonendemic tropical areas (4), and can affect travelers returning from tropical regions (5). The bacteria are found in contaminated water and soil in melioidosis-endemic areas worldwide. The organisms can be aerosolized and are capable of producing severe and even fatal illness. No vaccine is available to prevent melioidosis (2,6). A current treatment recommendation for melioidosis includes an initial intensive treatment phase followed by eradication therapy (Box). Relapse rates can increase from 10% to 30% when antibiotic treatment is conducted for less than 8 weeks (1). Laboratory workers with high-risk exposures can be offered postexposure prophylaxis with doxycycline (2 mg/kg up to 100 mg orally, twice daily) or trimethoprim-sulfamethoxazole (8 + 40 mg/kg, up to 320 + 1,600 mg orally, twice daily) (7), but the optimum duration of treatment and its efficacy have not been defined clearly by human studies. Serologic assays are not readily available for *B. pseudomallei* and are not useful in endemic settings (because they do not differentiate between active infection and background seroprevalence) but have proven useful for previously unexposed persons who have experienced a high-risk exposure (2,5).

BOX. Treatment recommendations for diagnosed melioidosis

Initial intensive therapy (lasting ≥ 14 days)

Ceftazidime 50 mg/kg up to 2 g Every 6 hours (IV*)

or

Meropenem 25 mg/kg up to 1 g Every 8 hours (IV)

or

Imipenem 25 mg/kg up to 1 g Every 6 hours (IV)

and (optional)

Trimethoprim-sulfamethoxazole 8 + 40 mg/kg up to 320 + 1,600 mg Every 12 hours (PO[†])

Eradication therapy (lasting ≥ 3 months)

Trimethoprim-sulfamethoxazole 8 + 40 mg/kg up to 320 + 1,600 mg Every 12 hours (PO)

and (optional)

Doxycycline 2 mg/kg up to 100 mg Every 12 hours (PO)

* Intravenously.

† Orally.

SOURCE: Adapted from Currie BJ. Melioidosis: an important cause of pneumonia in residents of and travelers returned from endemic regions. *Eur Respir J* 2003;22:542–50.

B. pseudomallei has been classified as a category B biologic terrorism agent by CDC.* All Level A laboratories, such as private clinical laboratories and hospital laboratories, should have procedures for isolation and presumptive identification of potential biologic terrorism agents, including timely submission of isolates to a laboratory in the Laboratory Response Network (LRN)[†] that is capable of confirmatory testing and reporting of cases to local public health authorities. To improve the existing system and minimize human error in identifying possible biologic terrorism agents, the Broward County Health Department is exploring new methods with local hospital information technology staff. For example, a system might automatically produce a written alert and reporting-requirement instructions on laboratory printouts when particular organisms are detected.

* Category B agents (i.e., second highest priority agents) include those that are moderately easy to disseminate, result in moderate morbidity rates and low mortality rates, and require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance. Additional information available at <http://www.bt.cdc.gov/agent/agentlist-category.asp>.

[†] The LRN, established by CDC in 1999, is an integrated national and international network of laboratories that are equipped to respond rapidly to acts of chemical or biologic terrorism, emerging infectious diseases, and other public health threats and emergencies. Additional information available at <http://www.bt.cdc.gov/lrn>.

Although risk for occupational exposure to *B. pseudomallei* in clinical laboratories exists, laboratory-acquired infections are rare. Laboratory exposures that have resulted in the most recent cases of infection involved aerosols, alone or in combination with exposure to nonintact skin (8). In one study, three cases of asymptomatic seroconversion were reported among laboratorians in an area where melioidosis is endemic, making difficult a determination of whether infection resulted from occupational or environmental exposure (9). CDC recommends that clinical specimens suspected of containing *B. pseudomallei* be manipulated using biosafety level (BSL)-2 containment practices, equipment, and facilities (10). Sniffing culture plates is an unsafe laboratory procedure and should be prohibited. Manipulations of an isolate that might result in aerosol or droplet exposure or contact with nonintact skin should be conducted using BSL-3 containment practices, equipment, and facilities. In addition, improved communication between physicians and laboratorians might reduce the risks to laboratorians. Clinicians should notify laboratorians when specimens are obtained from patients with symptoms, risk factors, or history suggestive of melioidosis.

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Adult Blood Lead Epidemiology and Surveillance — United States, 2003–2004

Since 1994, CDC's state-based Adult Blood Lead Epidemiology and Surveillance (ABLES) program has been tracking laboratory-reported blood lead levels (BLLs) in U.S. adults. A national public health objective for 2010 (objective 20-7) is to reduce the prevalence of BLLs ≥ 25 $\mu\text{g}/\text{dL}$ among employed adults to zero (1). A second key ABLES measurement level is a BLL ≥ 40 $\mu\text{g}/\text{dL}$, the level at which the Occupational Safety and Health Administration (OSHA) requires workers to have an annual medical evaluation of health effects related to lead exposure (2,3). A previously published ABLES report provided data collected from 35 states during 2002 (4). This report summarizes ABLES data collected from 37 states* during 2003–2004 and compares them with annual data collected since 1994. The findings indicated that the national rate of adults with elevated BLLs (i.e., ≥ 25 $\mu\text{g}/\text{dL}$) declined from 2002 to 2003 and declined further in 2004. Projections using 1994–2004 ABLES data trends indicate that the national prevalence rate of adults with BLLs ≥ 25 $\mu\text{g}/\text{dL}$ will be approximately 5.7 per 100,000 employed adults in 2010. Increased prevention measures, particularly in work environments, will be necessary to achieve the 2010 objective of reducing this rate to zero.

Changes in Methods

This report reflects three changes in ABLES analytic methods. First, state rates for persons with elevated BLLs now focus on residents of the states reporting them; previously, state rates were for state residents and nonresidents combined. Second, the annual national prevalence rate was calculated using the combined number of persons with elevated BLLs from all 37 states divided by the combined employed populations of those states; previously, the average state rate was presented as the national rate. Third, the

*Alabama, Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, Wisconsin, and Wyoming.

denominators used in state and national rate calculations were determined using updated Bureau of Labor Statistics estimates[†] for employed populations aged ≥ 16 years in the reporting states during 1994–2004.

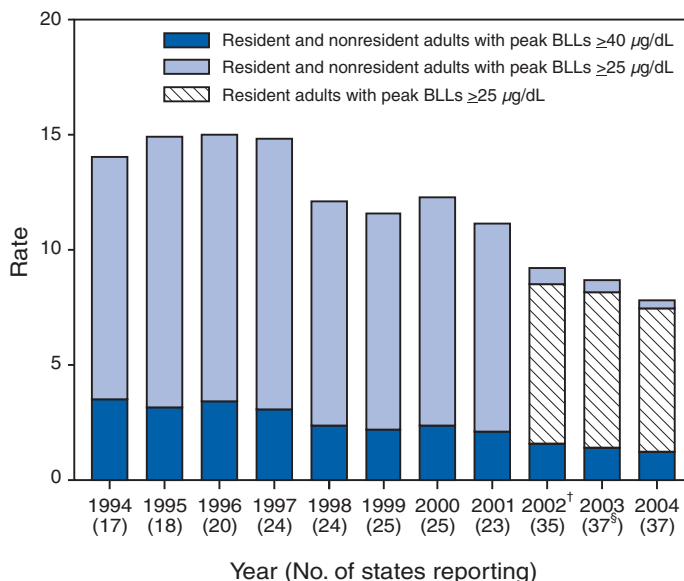
National Magnitude and Trend

During 2003 and 2004, totals of 9,884 and 9,170 resident adults, respectively, were reported with BLLs ≥ 25 $\mu\text{g}/\text{dL}$ from 37 states. During 2002, a total of 9,915 resident adults had been reported with BLLs ≥ 25 $\mu\text{g}/\text{dL}$ from 35 states. To compare yearly state rates, the numbers of resident adults with elevated BLLs from each state were divided by the state's annual resident employed population aged ≥ 16 years. The combined state numerators and denominators were then used to calculate the national prevalence rate. The national rate in 2003 for resident adults was 8.2 per 100,000 employed population aged ≥ 16 years and, in 2004, it declined to 7.5 per 100,000 (Figure 1). The rate in 2003 was 4% lower than in 2002 (8.5 per 100,000); the 2004 rate was 9% lower than in 2003. A total of 1,649 resident adults (1.4 per 100,000) with BLLs ≥ 40 $\mu\text{g}/\text{dL}$ were reported in 2003, and 1,425 (1.2 per 100,000) were reported in 2004. This rate represents a 7% decrease from 2002 (1.5 per 100,000) to 2003 and a further decrease of 14% from 2003 to 2004.

Occupational Sources of Exposure

During 2003–2004, a total of 32[§] of the 37 states reporting through ABLES provided North American Industry Classification System or Standard Industrial Classification (SIC) codes for 6,640 (67%) and 6,686 (73%) resident adults with BLLs ≥ 25 $\mu\text{g}/\text{dL}$, respectively, who were identified as exposed to lead via occupational sources. Ninety-four percent of adults with identified lead-exposure sources were exposed via occupational sources. During 2003–2004, the industry sectors with the highest annual average numbers of resident adults with elevated BLLs were manufacturing, 4,622 (69%); construction,

FIGURE 1. Prevalence rates* of adult elevated blood lead levels (BLLs), by year — Adult Blood Lead Epidemiology and Surveillance (ABLES) program, United States, 1994–2004



* Per 100,000 workers aged ≥ 16 years. Estimates based on 2005 U.S. Department of Labor, Bureau of Labor Statistics Current Population Survey (available at <http://www.bls.gov/data>).

[†] During 1994–2001, ABLES states did not report residents and nonresidents separately; thus, only combined rates are available. During 2002–2004, ABLES states did report residents and nonresidents separately; thus, both the resident rate and resident plus nonresident rate are indicated for those years. The resident plus nonresident rate is included for comparison with the earlier years.

[§] Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, Wisconsin, and Wyoming.

1,252 (19%); and mining, 488 (7%). The specific industries with the highest numbers were manufacture of storage batteries, 2,499; painting, paperhanging, and decorating, 626; and mining of lead ores, 482 (Table).

Nonoccupational Sources of Exposure

The same 32 states that provided industry codes also provided sources for 442 and 400 resident adults with BLLs ≥ 25 $\mu\text{g}/\text{dL}$ in 2003 and 2004, respectively, who were identified as exposed to lead via nonoccupational sources. During 2003–2004, nonoccupational sources represented 6% of the annual average of 7,084 resident adults with BLLs ≥ 25 $\mu\text{g}/\text{dL}$ and identified sources of exposure. Among those exposed to nonoccupational sources, an annual average of

[†] Available at <http://www.bls.gov/data>.

[§] Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Washington, and Wisconsin.

TABLE. Industries reporting the highest number of resident workers aged ≥ 16 years with elevated blood lead levels (BLLs) — Adult Blood Lead Epidemiology and Surveillance program, United States, 2003–2004 annual average*

Industry	Total no. of workers with elevated BLLs ($\geq 25 \mu\text{g/dL}$)	No. of workers with BLLs $\geq 40 \mu\text{g/dL}$ (% of total with elevated BLLs)
Manufacture of storage batteries (SIC [†] 3691, NAICS [§] 335911)	2,499	147 (6)
Painting, paperhanging, and decorating (SIC 1721, NAICS 238320)	626	156 (25)
Mining of lead ores (SIC 1031, NAICS 212231)	482	94 (20)
Secondary smelting (SIC 3341, NAICS 331492)	300	39 (13)
Bridge and tunnel construction (SIC 1622, NAICS 237310)	211	45 (21)
Manufacture of primary batteries (SIC 3692, NAICS 335912)	210	39 (19)
Primary smelting (SIC 3339, NAICS 331419)	200	26 (13)
Lead paint removal (SIC 1799, NAICS 562910)	160	40 (25)
Copper foundries (SIC 3366, NAICS 331525)	114	21 (18)
Roll and draw nonferrous metals (SIC 3356, NAICS 331491)	90	16 (18)

* Based on 32 states reporting (Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Washington, and Wisconsin).

[†] Standard Industrial Classification.

[§] North American Industry Classification System.

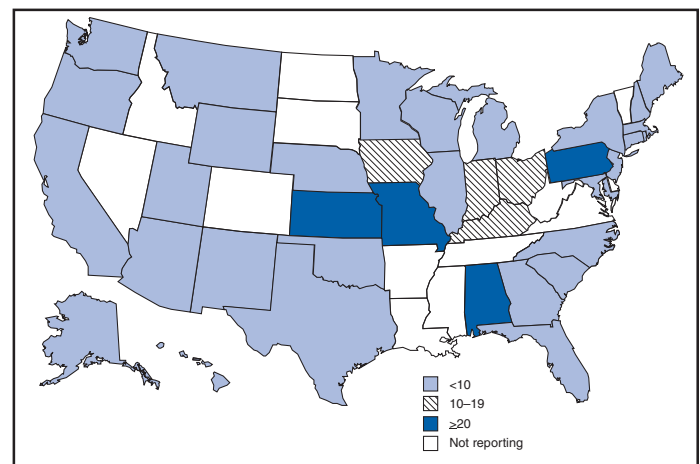
23% were exposed from shooting firearms, 13% from remodeling or renovation activities, 11% from hobbies (e.g., casting, ceramics, or stained glass), 5% from retained bullets or gunshot wounds, and 3% from pica (i.e., an abnormal craving or appetite for nonfood substances such as dirt, paint, or clay), ingesting lead-contaminated food or liquids, or ingesting traditional or folk medicines; another 3% were retired (and probably were former lead workers), and 36% were determined to have nonoccupational exposure from unknown sources.

Distribution by State

For resident adults with BLLs $\geq 25 \mu\text{g/dL}$, 29 of 37 states reported average prevalence rates of < 10 per 100,000 employed population aged ≥ 16 years during 2003–2004 (Figure 2). Rates ranged from 0.4 per 100,000 in Hawaii to 36.6 in Kansas. Twenty-six of the 35 states that reported BLLs both in 2002 and during 2003–2004 reported the same or lower rates during 2003–2004; nine reported higher rates. For resident adults with BLLs $\geq 40 \mu\text{g/dL}$, 23 of 35 states reported the same or lower rates during 2003–2004; 12 reported higher rates. State rates ranged from zero cases per 100,000 in Alaska and Hawaii to 9.1 in Alabama.

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Editorial Note: ABLES data for 2003 and 2004 indicate that the national prevalence rate of elevated BLLs in adults continued to decrease, as it has overall since 1994 (Figure 1).

FIGURE 2. Prevalence rates* for resident adults with peak blood lead levels $\geq 25 \mu\text{g/dL}$, by state — Adult Blood Lead Epidemiology and Surveillance program, United States, 2003–2004 annual average

* Per 100,000 workers aged ≥ 16 years. Estimates based on 2005 U.S. Department of Labor, Bureau of Labor Statistics Current Population Survey (available at <http://www.bls.gov/data>).

Part of this decrease likely is the result of improved prevention measures, but the decrease also might have resulted partly from a decline in the number of high-risk manufacturing jobs or decreased employer compliance with testing or reporting requirements.

Changes in methods since the previous ABLES report have resulted in differences in certain national prevalence rates reported previously (4). For state rates, numerators

now include only state residents because only resident employed adults aged ≥ 16 years are counted in the denominators. During 1994–2001, ABLES data were not reported separately for residents and nonresidents. Annual national rates now consist of the combined numerators and denominators for all states that reported to ABLES in the respective years. This method weights data from states reporting many adults with elevated BLLs and large employed populations more heavily than small states reporting few adults. Previously, the national rate was the average of state rates, which weighted the rate from each state equally. Differences occurred between the lower rates for residents and the higher rates for residents and nonresidents combined during 2002–2004 (Figure 1). The difference between the lower rates for combined numerators and denominators and the higher rates for the average state averaged 8.6% during 1994–2004.⁴

The findings in this report are subject to at least three limitations. First, the number of adults with elevated BLLs reported by ABLES is underreported because not all employers provide BLL testing to all lead-exposed workers as required by OSHA regulations and because some laboratories might not report all tests as required by state regulations. In addition, these factors likely vary among the 37 participating states. This limitation might be especially important with regard to the storage battery industry, which appears to be more thorough in BLL testing and reporting of its lead-exposed workers than other industries with lead-exposure risk such as the construction industry. Kansas had the highest rate of adults with BLLs ≥ 25 $\mu\text{g}/\text{dL}$, which might indicate a more severe problem with lead exposures but more likely reflects a substantial number of workers in the storage battery industry in Kansas and the standards for BLL reporting in that industry. Second, using the employed population aged ≥ 16 years as the denominator excludes unemployed adults; however, most of these persons have little or no risk for lead exposure, according to state ABLES reports. Finally, because the distribution of jobs that include lead exposure varies among ABLES states, caution should be exercised in comparing state rates.

Despite improvements, exposure to lead remains a substantial (largely occupational) health problem in the United States. The ABLES program continues to enhance surveillance for BLLs by increasing the number of participating states, identifying the sources of persistent exposures, and helping states focus their intervention, education, and

prevention activities. To assist states in decreasing elevated BLLs, OSHA has a national program** to reduce workplace lead exposures among all U.S. workers. If the 2010 national health objective for adult lead exposures is to be met, current activities should continue, the ABLES states should implement more effective intervention activities, and employers in the lead industry should do all that is feasible to reduce workplace exposures to lead.

Acknowledgments

This report is based, in part, on data contributed by ABLES state coordinators.

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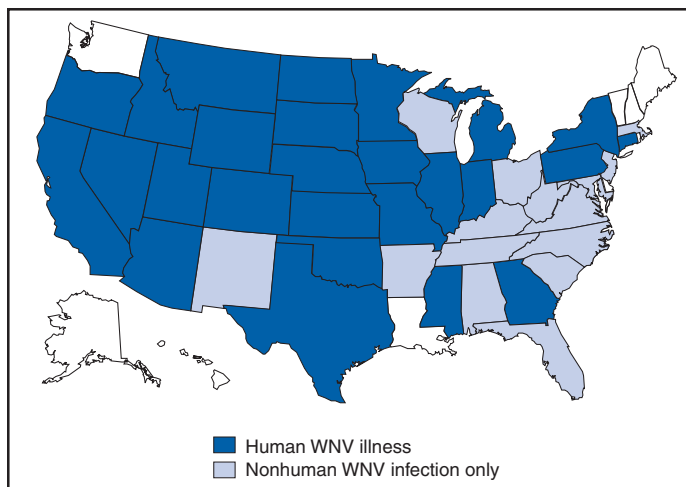
** Information available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2572.

West Nile Virus Activity — United States, January 1–August 15, 2006

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, August 15, 2006. A total of 26 states had reported 388 cases of human WNV illness to CDC (Figure, Table). A total of 214 (56%) cases for which such data were available occurred in males; median age of patients was 49 years (range: 2–91 years). Dates of illness onset ranged from January 6 to August 10; a total of 13 cases were fatal. A total of 68 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2006. Of these, 20 were reported from Nebraska; 18 were reported from Texas; five were reported from California; four were reported from Utah; three each were reported from Oklahoma and South Dakota; two each were reported from Idaho, Iowa, Kentucky, and Mississippi; and one each was reported from Arizona, Colorado, Minnesota, Nevada, North Dakota, Wisconsin, and Wyoming. Of the 68 PVDs, 10 persons (median age: 43 years [range: 18–59 years]) subsequently had West Nile fever.

⁴ Additional information regarding interpretation of specific state ABLES data, definitions, and rate calculations is available at <http://www.cdc.gov/niosh/topics/ABLES/ables.html>.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2006*



* As of August 15, 2006.

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2006*

State	Neuroinvasive disease†	West Nile fever‡	Other clinical/unspecified¶	Total reported to CDC**	Deaths
Arizona	2	2	1	5	0
California	9	21	6	36	0
Colorado	5	18	0	23	0
Connecticut	0	1	0	1	0
Georgia	0	0	1	1	0
Idaho	13	98	1	112	2
Illinois	1	1	0	2	0
Indiana	1	0	0	1	0
Iowa	1	3	0	4	0
Kansas	0	1	0	1	0
Michigan	1	0	0	1	1
Minnesota	11	8	0	19	2
Mississippi	23	6	0	29	2
Missouri	1	0	1	2	0
Montana	1	1	0	2	0
Nebraska	4	4	0	8	0
Nevada	9	15	3	27	0
New York	1	0	0	1	0
North Dakota	0	5	0	5	0
Oklahoma	4	0	0	4	1
Oregon	0	4	0	4	0
Pennsylvania	4	0	0	4	0
South Dakota	12	15	0	27	0
Texas	47	8	0	55	5
Utah	8	5	0	13	0
Wyoming	0	1	0	1	0
Total	158	217	13	388	13

* As of August 15, 2006.

† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).

‡ Cases with no evidence of neuroinvasion.

¶ Illnesses for which sufficient clinical information was not provided.

** Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

In addition, 1,033 dead corvids and 199 other dead birds with WNV infection have been reported in 30 states and New York City during 2006. WNV infections have been reported in horses in 18 states and one squirrel in Kansas. WNV seroconversions have been reported in 237 sentinel chicken flocks in eight states (Arizona, Arkansas, California, Florida, Iowa, North Carolina, North Dakota, and Utah). Five seropositive sentinel horses were reported in Montana. A total of 3,456 WNV-positive mosquito pools have been reported from 30 states.

Additional information about national WNV activity is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and at <http://westnilemaps.usgs.gov>.

Notice to Readers

Final 2005 Reports of Notifiable Diseases

The tables listed in this report on pages 883–93 summarize finalized data from the National Notifiable Diseases Surveillance System (NNDSS) for 2005, as of June 30, 2006. These data will be published in more detail in the *Summary of Notifiable Diseases, United States, 2005 (1)*. Because no cases of anthrax, diphtheria, neuroinvasive or non-neuroinvasive western equine encephalitis virus disease, severe acute respiratory syndrome–associated coronavirus syndrome, smallpox, or yellow fever were reported in the United States during 2005, these notifiable diseases do not appear in these tables.

Policies for reporting NNDSS data to CDC can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspected). The publication criteria used for the 2005 finalized tables are listed in the “Print Criteria” column of the NNDSS event code list, available at <http://www.cdc.gov/epo/dphsi/phs/files/nndssevenecodelistjanuary2006.pdf>. The NNDSS website (<http://www.cdc.gov/epo/dphsi/nndsshis.htm>) is updated annually to include the latest national surveillance case definitions approved by the Council of State and Territorial Epidemiologists for enumerating data on nationally notifiable infectious diseases. Population estimates for the states are from the National Center for Health Statistics bridged-race estimates of the July 1, 2004, U.S. resident population from the Vintage 2004 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. This data set was released on September 9, 2005, and is available at <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. Populations for territories are 2004 estimates from the U.S. Census Bureau

International Data Base Data Access Display Mode, available at <http://www.census.gov/ipc/www/idbprint.html>.

Reference

1. CDC. Summary of notifiable diseases, United States, 2005. *MMWR* 2005;53(53)(in press).

Errata: Vol. 53, No. 3

In the report, “Economic Costs Associated with Mental Retardation, Cerebral Palsy, Hearing Loss, and Vision Impairment — United States, 2003,” the special education costs for hearing loss and vision impairment were incorrect.

Consequently, on page 57, in the first paragraph, the fourth sentence should read as follows: “On the basis of that analysis, estimated lifetime costs in 2003 dollars are expected to total \$51.2 billion for persons born in 2000 with mental retardation, \$11.5 billion for persons with cerebral palsy, \$1.9 billion for persons with hearing loss, and \$2.6 billion for persons with vision impairment.”

On page 58, in the second full paragraph, the third through sixth sentences should read as follows: “Average lifetime costs per person were estimated at \$1,014,000 for persons with mental retardation, \$921,000 for persons with cerebral palsy, \$383,000 for persons with hearing loss, and \$601,000 for persons with vision impairment (Table). Indirect costs accounted for the largest percentage (range:

69%–81%) of total costs associated with each DD. Total direct costs (i.e., direct medical plus direct nonmedical) amounted to approximately \$12.3 billion for persons with mental retardation, \$2.2 billion for persons with cerebral palsy, \$601 million for persons with hearing loss, and \$721 million for persons with vision impairment. Among total direct costs, special education accounted for a substantial percentage (range: 42%–78%) for each DD.”

On page 58, in the Table, “Estimated prevalence and lifetime economic costs for mental retardation, cerebral palsy, hearing loss, and vision impairment, by cost category — United States, 2003,” the dollar amounts for hearing loss and vision impairment should be as follows: under “Direct nonmedical costs (millions),” 469 and 652, respectively; under “Total costs (millions),” 1,931 and 2,636, respectively; and under “Average costs per person,” 383,000 and 601,000, respectively.

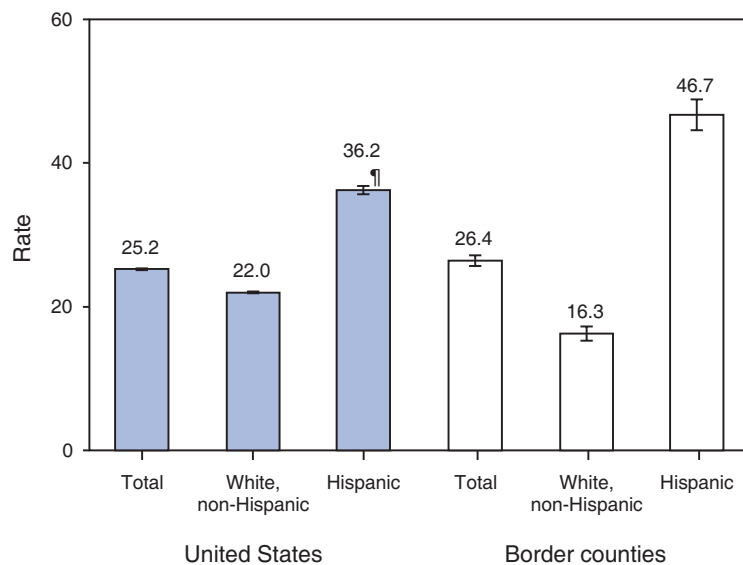
Erratum: Vol. 55, No. 31

In the report, “The Global HIV/AIDS Pandemic, 2006,” on page 841, an error occurred in the fifth sentence under the subheading, “Asia.” The sentence should read as follows: “In China, IDUs account for approximately half of 650,000 persons living with HIV; in contrast, the epidemics in Thailand and Cambodia have been driven largely by commercial sex.”

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Diabetes Death Rate* for Hispanics† Compared with Non-Hispanic Whites — United States Versus Counties Along the U.S.-Mexico Border,§ 2000–2002



* Age adjusted per 100,000 population.

† Might be of any race.

§ U.S. counties within 62 miles (100 km) of the border with Mexico.

¶ 95% confidence interval.

During 2000–2002, the age-adjusted diabetes death rate for Hispanics was 64.5% higher than for non-Hispanic whites in the United States. The difference was even greater in counties near the U.S.-Mexico border, where the age-adjusted rate for Hispanics was nearly three times the rate for non-Hispanic whites.

SOURCE: National Vital Statistics System. Mortality data for 2000–2002. Available at <http://www.cdc.gov/nchs/deaths.htm>.

TABLE 2. Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Total resident population (in thousands)	AIDS [†]	Botulism			Brucellosis	Chancroid [¶]
			Foodborne	Infant	Other [§]		
United States	293,655	41,120**	19	85	31	120	17
New England	14,238	1,546	—	1	—	2	1
Maine	1,317	22	—	—	—	—	—
New Hampshire	1,299	37	—	1	—	1	—
Vermont	621	7	—	—	—	—	—
Massachusetts	6,416	716	—	—	—	1	1
Rhode Island	1,081	90	—	—	—	—	—
Connecticut	3,504	674	—	—	—	—	—
Mid. Atlantic	40,332	9,150	2	15	4	12	1
New York (Upstate)	11,123	1,516	—	—	—	4	—
New York City	8,104	4,834	—	—	4	6	1
New Jersey	8,699	1,276	2	7	—	1	—
Pennsylvania	12,406	1,524	—	8	—	1	—
E.N. Central	46,033	4,102	2	1	—	19	1
Ohio	11,459	796	—	—	—	2	1
Indiana	6,238	414	—	—	—	—	—
Illinois	12,714	1,938	1	1	—	13	—
Michigan	10,113	829	1	—	—	1	—
Wisconsin	5,509	125	—	—	—	3	—
W.N. Central	19,697	890	—	1	1	7	—
Minnesota	5,101	223	—	—	—	1	—
Iowa	2,954	95	—	—	—	1	—
Missouri	5,755	384	—	1	—	1	—
North Dakota	634	10	—	—	—	—	—
South Dakota	771	19	—	—	1	—	—
Nebraska	1,747	49	—	—	—	3	—
Kansas	2,735	110	—	—	—	1	—
S. Atlantic	55,182	12,223	1	9	—	15	6
Delaware	830	177	—	2	—	2	—
Maryland	5,558	1,596	—	5	—	1	—
District of Columbia	554	708	—	—	—	1	—
Virginia	7,460	649	—	1	—	1	—
West Virginia	1,815	76	—	—	—	—	—
North Carolina	8,541	945	1	—	—	3	5
South Carolina	4,198	621	—	—	—	1	—
Georgia	8,829	2,396	—	—	—	3	—
Florida	17,397	5,055	—	1	—	3	1
E.S. Central	17,480	2,031	—	2	—	1	—
Kentucky	4,146	267	—	1	—	—	—
Tennessee	5,901	851	—	—	—	—	—
Alabama	4,530	523	—	1	—	1	—
Mississippi	2,903	390	—	—	—	—	—
W.S. Central	33,283	4,654	1	3	1	21	5
Arkansas	2,753	242	—	—	—	—	—
Louisiana	4,516	976	—	1	—	3	4
Oklahoma	3,524	284	1	1	—	1	—
Texas	22,490	3,152	—	1	1	17	1
Mountain	19,799	1,562	—	8	2	12	2
Montana	927	20	—	—	1	—	—
Idaho	1,393	26	—	1	—	—	—
Wyoming	507	6	—	—	—	2	1
Colorado	4,601	364	—	1	—	3	—
New Mexico	1,903	139	—	1	—	1	—
Arizona	5,744	645	—	1	1	5	1
Utah	2,389	66	—	3	—	—	—
Nevada	2,335	296	—	1	—	1	—
Pacific	47,611	4,962	13	45	23	31	1
Washington	6,204	486	—	2	1	—	—
Oregon	3,595	220	—	2	—	1	—
California	35,894	4,117	4	41	22	26	1
Alaska	655	29	9	—	—	1	—
Hawaii	1,263	110	—	—	—	3	—
American Samoa	58	—	—	—	—	—	—
C.N.M.I.	78	2	—	—	—	—	—
Guam	166	2	—	—	—	—	—
Puerto Rico	3,895	1,038	—	—	N	—	3
U.S. Virgin Islands	109	17	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* No cases of anthrax; diphtheria; domestic arboviral disease, western equine encephalitis, neuroinvasive and nonneuroinvasive; severe acute respiratory syndrome-associated coronavirus (SARS-CoV); smallpox; or yellow fever were reported in 2005. Data on chronic hepatitis B and hepatitis C virus infection (past or present) are not included because they are undergoing data quality review. Data on human immunodeficiency virus (HIV) infections are not included because HIV infection reporting has been implemented on different dates and using different methods than for AIDS case reporting.

† Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Divisions of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STDs, and Tuberculosis Prevention (NCHHSTP) (proposed), through December 31, 2005.

§ Includes cases reported as wound and unspecified botulism.

¶ Totals reported to the Division of STD Prevention, NCHHSTP, as of May 5, 2006.

** No cases of AIDS in persons with unknown state of residence were reported in 2005.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Chlamydia††	Cholera	Coccidioidomycosis	Cryptosporidiosis	Cyclosporiasis
United States	976,445	8	6,542	5,659	543
New England	33,772	—	—	362	58
Maine	2,254	—	N	30	N
New Hampshire	1,842	—	—	38	—
Vermont	957	—	N	39	N
Massachusetts	14,411	—	—	152	22
Rhode Island	3,269	—	—	19	1
Connecticut	11,039	—	N	84	35
Mid. Atlantic	120,379	1	—	1,595	53
New York (Upstate)	25,313	1	N	1,131	20
New York City	38,653	—	N	148	21
New Jersey	19,152	—	N	58	12
Pennsylvania	37,261	—	N	258	N
E.N. Central	173,619	2	10	1,417	15
Ohio	43,806	—	N	561	1
Indiana	20,063	—	N	94	1
Illinois	50,559	—	—	158	9
Michigan	38,730	2	10	107	2
Wisconsin	20,461	—	N	497	2
W.N. Central	58,835	1	16	589	1
Minnesota	12,189	—	15	165	—
Iowa	7,390	—	N	110	—
Missouri	22,371	1	1	220	1
North Dakota	1,667	—	N	5	N
South Dakota	2,701	—	N	29	—
Nebraska	5,098	—	N	20	N
Kansas	7,419	—	N	40	—
S. Atlantic	177,386	—	2	709	398
Delaware	3,392	—	—	6	—
Maryland	18,291	—	2	33	3
District of Columbia	3,678	—	—	18	1
Virginia	22,668	—	N	77	3
West Virginia	2,944	—	N	21	—
North Carolina	31,183	—	N	92	2
South Carolina	18,296	—	N	24	2
Georgia	33,562	—	N	152	13
Florida	43,372	—	N	286	374
E.S. Central	69,812	—	—	228	3
Kentucky	8,351	—	N	149	N
Tennessee	23,084	—	N	48	3
Alabama	17,109	—	N	29	N
Mississippi	21,268	—	—	2	—
W.S. Central	111,001	2	—	249	1
Arkansas	8,507	—	—	8	—
Louisiana	17,227	2	N	83	—
Oklahoma	13,407	—	—	43	—
Texas	71,860	—	N	115	1
Mountain	63,447	—	3,629	143	5
Montana	2,400	—	—	23	—
Idaho	2,799	—	N	15	N
Wyoming	1,173	—	5	3	—
Colorado	15,432	—	N	50	1
New Mexico	8,456	—	19	17	4
Arizona	21,264	—	3,516	11	—
Utah	4,602	—	23	11	—
Nevada	7,321	—	66	13	N
Pacific	168,194	2	2,885	367	9
Washington	18,616	—	—	99	5
Oregon	9,018	—	N	50	4
California	130,716	—	2,885	214	N
Alaska	4,355	—	—	3	—
Hawaii	5,489	2	—	1	—
American Samoa	—	—	—	—	—
C.N.M.I.	—	—	—	—	—
Guam	807	3	—	—	—
Puerto Rico	3,714	—	N	N	N
U.S. Virgin Islands	235	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

†† Totals reported to the Division of STD Prevention, NCHHSTP, as of May 5, 2006. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Domestic arboviral diseases ^{§§}									
	California serogroup		Eastern equine		Powassan		St. Louis		West Nile	
	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive	Neuro-invasive	Nonneuro-invasive
United States	73	7	21	—	1	—	7	6	1,309	1,691
New England	—	—	11	—	—	—	—	—	9	4
Maine	—	—	—	—	—	—	—	—	—	—
New Hampshire	—	—	7	—	—	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—	—	—
Massachusetts	—	—	4	—	—	—	—	—	4	2
Rhode Island	—	—	—	—	—	—	—	—	1	—
Connecticut	—	—	—	—	—	—	—	—	4	2
Mid. Atlantic	—	—	—	—	1	—	—	—	47	22
New York (Upstate)	—	—	—	—	1	—	—	—	19	5
New York City	—	—	—	—	—	—	—	—	11	3
New Jersey	—	—	—	—	—	—	—	—	3	3
Pennsylvania	—	—	—	—	—	—	—	—	14	11
E.N. Central	17	4	—	—	—	—	—	—	259	156
Ohio	14	1	—	—	—	—	—	—	46	15
Indiana	—	1	—	—	—	—	—	—	11	12
Illinois	—	1	—	—	—	—	—	—	137	115
Michigan	—	—	—	—	—	—	—	—	54	8
Wisconsin	3	1	—	—	—	—	—	—	11	6
W.N. Central	2	—	—	—	—	—	—	—	169	471
Minnesota	2	—	—	—	—	—	—	—	18	27
Iowa	—	—	—	—	—	—	—	—	14	23
Missouri	—	—	—	—	—	—	—	—	17	13
North Dakota	—	—	—	—	—	—	—	—	12	74
South Dakota	—	—	—	—	—	—	—	—	36	193
Nebraska	—	—	—	—	—	—	—	—	55	133
Kansas	—	—	—	—	—	—	—	—	17	8
S. Atlantic	49	3	7	—	—	—	—	—	34	29
Delaware	—	—	—	—	—	—	—	—	1	1
Maryland	—	—	—	—	—	—	—	—	4	1
District of Columbia	—	—	—	—	—	—	—	—	3	2
Virginia	2	2	—	—	—	—	—	—	—	1
West Virginia	15	—	—	—	—	—	—	—	—	—
North Carolina	31	1	—	—	—	—	—	—	2	2
South Carolina	—	—	1	—	—	—	—	—	5	—
Georgia	1	—	1	—	—	—	—	—	9	11
Florida	—	—	5	—	—	—	—	—	10	11
E.S. Central	4	—	2	—	—	—	5	5	65	38
Kentucky	—	—	—	—	—	—	—	—	5	—
Tennessee	2	—	—	—	—	—	—	1	15	3
Alabama	1	—	2	—	—	—	—	—	6	4
Mississippi	1	—	—	—	—	—	5	4	39	31
W.S. Central	1	—	1	—	—	—	2	—	275	150
Arkansas	—	—	—	—	—	—	—	—	13	15
Louisiana	1	—	1	—	—	—	2	—	117	54
Oklahoma	—	—	—	—	—	—	—	—	17	14
Texas	—	—	—	—	—	—	—	—	128	67
Mountain	—	—	—	—	—	—	—	1	145	240
Montana	—	—	—	—	—	—	—	—	8	17
Idaho	—	—	—	—	—	—	—	—	3	10
Wyoming	—	—	—	—	—	—	—	—	6	6
Colorado	—	—	—	—	—	—	—	—	21	85
New Mexico	—	—	—	—	—	—	—	—	20	13
Arizona	—	—	—	—	—	—	—	1	52	61
Utah	—	—	—	—	—	—	—	—	21	31
Nevada	—	—	—	—	—	—	—	—	14	17
Pacific	—	—	—	—	—	—	—	—	306	581
Washington	—	—	—	—	—	—	—	—	—	—
Oregon	—	—	—	—	—	—	—	—	1	6
California	—	—	—	—	—	—	—	—	305	575
Alaska	—	—	—	—	—	—	—	—	—	—
Hawaii	—	—	—	—	—	—	—	—	—	—
American Samoa	—	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	—	—	—
U.S. Virgin Islands	—	—	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

§§ Totals reported to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (NCZVED) (proposed) (ArboNET Surveillance), as of June 23, 2006.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Ehrlichiosis			Enterohemorrhagic <i>Escherichia coli</i>			Giardiasis	Gonorrhea ^{††}
	Human granulocytic	Human monocytic	Human (other & unspecified)	O157:H7	Shiga toxin positive			
					Non-O157	Not serogrouped		
United States	786	506	112	2,621	501	407	19,733	339,593
New England	113	30	3	159	56	13	1,712	6,104
Maine	4	1	1	16	13	—	203	142
New Hampshire	1	2	—	16	3	—	66	177
Vermont	—	—	—	16	5	—	187	60
Massachusetts	62	19	—	59	15	13	724	2,537
Rhode Island	16	6	2	9	—	—	132	438
Connecticut	30	2	—	43	20	—	400	2,750
Mid. Atlantic	267	151	12	324	109	30	3,627	34,661
New York (Upstate)	221	85	2	144	83	10	1,412	7,316
New York City	—	—	—	17	—	—	873	10,401
New Jersey	42	64	N	63	8	7	457	5,722
Pennsylvania	4	2	10	100	18	13	885	11,222
E. N. Central	161	8	48	546	52	45	3,310	72,651
Ohio	2	1	—	149	13	8	817	20,985
Indiana	—	—	—	77	—	—	N	8,094
Illinois	2	4	1	102	10	28	772	20,019
Michigan	2	—	—	85	2	8	783	17,684
Wisconsin	155	3	47	133	27	1	938	5,869
W. N. Central	189	62	14	393	56	104	2,514	18,785
Minnesota	186	24	1	121	35	25	1,239	3,482
Iowa	N	N	N	98	2	—	280	1,606
Missouri	3	38	13	75	11	12	522	9,455
North Dakota	N	N	N	16	1	6	26	128
South Dakota	—	—	—	29	4	—	118	351
Nebraska	—	—	—	54	3	7	116	1,158
Kansas	—	—	—	—	—	54	213	2,605
S. Atlantic	27	118	17	255	101	114	2,828	78,928
Delaware	3	4	—	9	7	—	58	913
Maryland	9	63	1	36	32	7	210	7,035
District of Columbia	N	N	N	2	—	—	56	2,146
Virginia	—	4	9	53	38	20	602	8,346
West Virginia	—	2	—	3	3	1	55	770
North Carolina	4	29	4	—	—	64	N	15,072
South Carolina	8	4	2	9	1	4	106	8,561
Georgia	2	8	1	31	18	—	754	15,860
Florida	1	4	—	112	2	18	987	20,225
E. S. Central	6	21	5	135	10	32	433	28,117
Kentucky	1	4	—	48	7	21	N	2,935
Tennessee	3	16	5	50	2	11	233	8,605
Alabama	2	1	—	30	—	—	200	9,406
Mississippi	—	—	—	7	1	—	—	7,171
W. S. Central	22	115	9	92	19	58	349	45,386
Arkansas	5	35	2	13	—	—	88	4,476
Louisiana	N	N	—	7	12	3	64	9,572
Oklahoma	17	79	—	35	2	1	197	5,228
Texas	—	1	7	37	5	54	N	26,110
Mountain	1	1	—	236	89	11	1,586	13,689
Montana	—	—	—	16	—	—	81	158
Idaho	N	N	N	32	14	7	155	119
Wyoming	—	—	—	8	2	—	31	87
Colorado	N	N	N	75	7	1	534	3,224
New Mexico	—	1	—	12	13	—	91	1,552
Arizona	1	—	—	35	20	—	183	4,951
Utah	—	—	—	38	28	—	398	727
Nevada	N	N	N	20	5	3	113	2,880
Pacific	—	—	4	481	9	—	3,374	41,263
Washington	—	—	—	137	—	—	381	3,739
Oregon	—	—	—	149	9	—	416	1,562
California	—	—	4	182	N	N	2,404	34,338
Alaska	N	N	N	N	N	—	110	600
Hawaii	—	—	—	13	—	—	63	1,024
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	11	106
Puerto Rico	N	N	N	2	—	—	274	328
U.S. Virgin Islands	—	—	—	—	—	—	—	30

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

^{††} Totals reported to the Division of STD Prevention, NCHHSTP, as of May 5, 2006.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	<i>Haemophilus influenzae</i> , invasive disease				Hansen disease (leprosy)	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome, postdiarrheal
	Age <5 years						
	All ages, serotypes	Serotype b	Nonserotype b	Unknown serotype			
United States	2,304	9	135	217	87	26	221
New England	176	—	12	7	7	—	10
Maine	12	—	—	3	N	—	—
New Hampshire	9	—	—	—	—	—	1
Vermont	9	—	—	2	N	—	—
Massachusetts	77	—	4	1	6	—	3
Rhode Island	14	—	2	1	—	—	1
Connecticut	55	—	6	—	1	N	5
Mid. Atlantic	452	1	3	46	6	—	20
New York (Upstate)	142	1	2	10	N	—	13
New York City	80	—	—	14	5	—	3
New Jersey	92	—	—	12	—	N	4
Pennsylvania	138	—	1	10	1	—	N
E.N. Central	377	1	10	35	2	1	20
Ohio	110	—	—	14	—	—	8
Indiana	71	—	9	—	—	—	—
Illinois	124	—	—	17	—	1	4
Michigan	24	1	1	2	2	—	5
Wisconsin	48	—	—	2	—	—	3
W.N. Central	130	—	3	16	4	3	36
Minnesota	53	—	3	3	1	—	17
Iowa	—	—	—	—	1	—	8
Missouri	37	—	—	8	2	—	4
North Dakota	6	—	—	1	N	—	—
South Dakota	—	—	—	—	—	2	3
Nebraska	16	—	—	4	—	—	2
Kansas	18	—	—	—	—	1	2
S. Atlantic	540	2	37	37	2	1	36
Delaware	—	—	—	—	—	—	—
Maryland	78	—	7	1	—	—	—
District of Columbia	10	—	—	1	—	1	—
Virginia	61	—	—	9	—	—	1
West Virginia	29	—	6	1	N	—	3
North Carolina	74	1	8	—	—	—	6
South Carolina	35	—	—	3	—	—	1
Georgia	113	—	—	17	N	—	5
Florida	140	1	16	5	2	—	20
E.S. Central	120	—	—	20	1	—	19
Kentucky	14	—	—	3	1	—	N
Tennessee	88	—	—	14	—	—	15
Alabama	18	—	—	3	—	N	4
Mississippi	—	—	—	—	—	—	—
W.S. Central	127	1	11	12	25	4	19
Arkansas	7	—	1	1	1	—	2
Louisiana	38	1	2	11	1	—	—
Oklahoma	74	—	8	—	—	—	5
Texas	8	—	—	—	23	4	12
Mountain	222	2	23	24	2	16	15
Montana	—	—	—	—	—	—	—
Idaho	5	—	—	2	—	—	2
Wyoming	9	—	—	1	—	1	—
Colorado	43	—	1	10	—	8	10
New Mexico	32	1	5	2	—	1	—
Arizona	105	1	13	4	1	5	3
Utah	13	—	2	2	—	—	—
Nevada	15	—	2	3	1	1	—
Pacific	160	2	36	20	38	1	46
Washington	5	—	—	4	N	1	4
Oregon	54	—	—	6	N	—	6
California	65	2	36	3	16	—	36
Alaska	27	—	—	7	—	N	N
Hawaii	9	—	—	—	22	—	—
American Samoa	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—
Guam	15	—	—	—	2	—	—
Puerto Rico	4	—	—	2	2	—	—
U.S. Virgin Islands	—	—	—	—	—	—	—

N: Not notifiable.

U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Hepatitis, viral, acute			Influenza-associated pediatric mortality***	Legionellosis	Listeriosis	Lyme disease	Malaria
	A	B	C					
United States	4,488	5,119	652	45	2,301	896	23,305	1,494
New England	452	158	27	3	158	61	4,751	86
Maine	8	14	—	N	7	3	247	5
New Hampshire	82	29	—	—	9	9	265	6
Vermont	5	6	17	2	10	2	54	2
Massachusetts	287	54	—	1	66	19	2,336	39
Rhode Island	19	5	—	N	31	8	39	10
Connecticut	51	50	10	—	35	20	1,810	24
Mid. Atlantic	629	677	100	15	763	213	13,215	367
New York (Upstate)	112	101	21	—	240	68	5,165	61
New York City	278	132	—	7	119	44	400	190
New Jersey	154	239	16	2	121	37	3,363	79
Pennsylvania	85	205	63	6	283	64	4,287	37
E.N. Central	356	566	141	3	461	118	1,739	154
Ohio	51	136	9	2	206	36	58	30
Indiana	23	57	25	N	33	9	33	10
Illinois	130	157	3	—	66	32	127	74
Michigan	105	169	104	1	120	26	62	24
Wisconsin	47	47	—	—	36	15	1,459	16
W.N. Central	117	206	32	2	104	45	1,031	79
Minnesota	33	42	15	1	34	15	917	41
Iowa	22	31	—	1	8	7	89	9
Missouri	26	76	13	—	30	6	15	18
North Dakota	2	—	1	N	3	4	3	1
South Dakota	1	8	—	—	21	—	2	—
Nebraska	16	17	3	—	4	6	2	3
Kansas	17	32	—	N	4	7	3	7
S. Atlantic	713	1,414	81	7	435	183	2,343	329
Delaware	6	37	—	—	19	—	646	3
Maryland	82	160	5	1	112	19	1,235	99
District of Columbia	6	13	—	N	14	3	10	11
Virginia	93	146	13	2	55	17	274	44
West Virginia	4	69	19	N	27	8	61	3
North Carolina	84	167	21	—	36	34	49	40
South Carolina	40	133	1	—	14	15	15	11
Georgia	124	202	9	4	39	25	6	50
Florida	274	487	13	N	119	62	47	68
E.S. Central	232	368	74	1	88	30	16	30
Kentucky	24	67	16	—	33	5	5	10
Tennessee	145	158	27	N	39	11	8	14
Alabama	44	90	14	—	13	9	3	6
Mississippi	19	53	17	1	3	5	—	—
W.S. Central	552	944	119	—	78	60	72	153
Arkansas	20	72	1	—	9	2	—	6
Louisiana	65	69	2	N	4	15	3	5
Oklahoma	6	61	14	—	10	4	—	12
Texas	461	742	102	N	55	39	69	130
Mountain	344	196	40	4	96	29	23	61
Montana	10	10	1	—	6	—	—	—
Idaho	20	14	1	—	4	—	2	—
Wyoming	1	3	—	—	4	—	3	2
Colorado	48	61	21	2	20	6	—	24
New Mexico	28	20	1	—	4	4	3	3
Arizona	195	U	—	1	26	13	10	21
Utah	21	40	6	—	15	4	2	7
Nevada	21	48	10	1	17	2	3	4
Pacific	1,093	590	38	10	118	157	115	235
Washington	48	65	U	N	17	12	13	21
Oregon	46	95	13	N	14	11	3	12
California	971	412	24	10	83	132	95	177
Alaska	4	8	—	N	1	N	4	7
Hawaii	24	10	1	—	3	2	—	18
American Samoa	1	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	2	18	8	—	—	—	—	—
Puerto Rico	68	63	—	N	1	1	—	4
U.S. Virgin Islands	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

*** Totals reported to the Division of Viral and Rickettsial Diseases, NCZVED, as of May 20, 2006.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Measles		Meningococcal disease				
	Indigenous	Imported ^{†††}	All serogroups	Serogroup A, C, Y, & W-135	Serogroup B	Other serogroup	Serogroup unknown
United States	42	24	1,245	297	156	27	765
New England	—	1	70	32	12	2	24
Maine	—	—	2	—	—	—	2
New Hampshire	—	1	12	—	—	—	12
Vermont	—	—	5	2	—	1	2
Massachusetts	—	—	32	18	6	1	7
Rhode Island	—	—	4	1	3	—	—
Connecticut	—	—	15	11	3	—	1
Mid. Atlantic	3	6	166	25	13	1	127
New York (Upstate)	—	1	49	19	11	—	19
New York City	2	4	28	—	—	—	28
New Jersey	1	1	32	—	—	—	32
Pennsylvania	—	—	57	6	2	1	48
E.N. Central	36	5	159	21	10	3	125
Ohio	2	1	45	4	2	—	39
Indiana	32	1	19	7	4	—	8
Illinois	1	1	34	—	—	—	34
Michigan	—	1	35	10	4	3	18
Wisconsin	1	1	26	—	—	—	26
W.N. Central	—	—	86	32	16	2	36
Minnesota	—	—	17	5	5	1	6
Iowa	—	—	18	10	7	—	1
Missouri	—	—	28	10	4	1	13
North Dakota	—	—	2	—	—	—	2
South Dakota	—	—	4	4	—	—	—
Nebraska	—	—	6	3	—	—	3
Kansas	—	—	11	—	—	—	11
S. Atlantic	—	1	222	83	34	1	104
Delaware	—	1	4	—	—	—	4
Maryland	—	—	22	9	7	1	5
District of Columbia	—	—	5	1	—	—	4
Virginia	—	—	35	12	7	—	16
West Virginia	—	—	8	6	—	—	2
North Carolina	—	—	32	14	9	—	9
South Carolina	—	—	14	3	2	—	9
Georgia	—	—	18	—	—	—	18
Florida	—	—	84	38	9	—	37
E.S. Central	—	1	61	7	6	—	48
Kentucky	—	—	20	—	—	—	20
Tennessee	—	1	28	5	5	—	18
Alabama	—	—	6	2	1	—	3
Mississippi	—	—	7	—	—	—	7
W.S. Central	—	3	129	50	37	7	35
Arkansas	—	—	18	8	5	—	5
Louisiana	—	—	32	16	7	—	9
Oklahoma	—	—	18	6	4	6	2
Texas	—	3	61	20	21	1	19
Mountain	—	1	90	40	16	9	25
Montana	—	—	—	—	—	—	—
Idaho	—	—	7	1	—	—	6
Wyoming	—	—	—	—	—	—	—
Colorado	—	—	18	8	5	5	—
New Mexico	—	—	5	1	—	—	4
Arizona	—	1	34	16	5	2	11
Utah	—	—	12	7	2	1	2
Nevada	—	—	14	7	4	1	2
Pacific	3	6	262	7	12	2	241
Washington	—	2	34	5	11	—	18
Oregon	—	2	55	—	—	—	55
California	2	2	157	—	—	—	157
Alaska	—	—	4	—	—	—	4
Hawaii	1	—	12	2	1	2	7
American Samoa	—	—	1	—	—	—	1
C.N.M.I.	—	—	—	—	—	—	—
Guam	—	—	1	—	—	—	1
Puerto Rico	—	—	7	—	—	—	7
U.S. Virgin Islands	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

††† Imported cases include only those directly related to importation from other countries.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Mumps	Pertussis	Plague	Poliomyelitis, paralytic ^{§§§}	Psittacosis	Q Fever	Rabies	
							Animal	Human
United States	314	25,616	8	1	16	136	5,915	2
New England	11	1,636	—	—	—	8	700	—
Maine	2	55	—	—	—	3	61	—
New Hampshire	1	186	—	—	—	—	13	—
Vermont	—	90	—	—	—	N	58	—
Massachusetts	7	1,167	—	—	—	5	329	—
Rhode Island	—	53	—	—	—	—	29	—
Connecticut	1	85	—	—	N	—	210	—
Mid. Atlantic	64	1,473	—	—	3	5	999	—
New York (Upstate)	32	656	—	—	2	1	565	—
New York City	15	111	—	—	—	1	28	—
New Jersey	9	192	—	—	—	—	N	—
Pennsylvania	8	514	—	—	1	3	406	—
E.N. Central	48	3,913	—	—	1	25	201	—
Ohio	8	1,185	—	—	1	3	70	—
Indiana	1	396	—	—	—	4	12	—
Illinois	10	922	—	—	—	11	51	—
Michigan	24	321	—	—	—	2	40	—
Wisconsin	5	1,089	—	—	—	5	28	—
W.N. Central	19	4,521	—	—	1	17	436	—
Minnesota	6	1,571	—	—	—	—	71	—
Iowa	6	1,106	—	—	1	N	108	—
Missouri	4	656	—	—	—	13	73	—
North Dakota	3	168	—	—	—	—	36	—
South Dakota	—	183	—	—	—	2	68	—
Nebraska	—	295	—	—	—	2	—	—
Kansas	—	542	—	—	—	—	80	—
S. Atlantic	36	1,450	—	—	6	11	2,087	—
Delaware	—	16	—	—	1	—	—	—
Maryland	10	219	—	—	4	1	380	—
District of Columbia	—	11	—	—	—	—	—	—
Virginia	2	363	—	—	—	2	495	—
West Virginia	—	53	—	—	—	N	71	—
North Carolina	13	127	—	—	1	6	459	—
South Carolina	1	405	—	—	—	1	225	—
Georgia	2	48	—	—	—	—	256	—
Florida	8	208	—	—	—	1	201	—
E.S. Central	10	516	—	—	1	5	149	1
Kentucky	—	155	—	—	—	2	17	—
Tennessee	3	217	—	—	—	2	48	—
Alabama	6	82	N	—	1	—	79	—
Mississippi	1	62	—	—	—	1	5	1
W.S. Central	37	2,723	—	—	—	9	856	—
Arkansas	2	321	—	—	—	—	36	—
Louisiana	8	51	—	—	—	N	—	—
Oklahoma	2	127	—	—	—	3	79	—
Texas	25	2,224	—	—	N	6	741	—
Mountain	20	4,214	7	1	1	36	270	—
Montana	1	586	—	—	—	—	15	—
Idaho	—	220	—	—	1	—	12	—
Wyoming	2	53	—	—	—	3	17	—
Colorado	6	1,383	3	—	—	25	18	—
New Mexico	—	196	4	—	—	4	10	—
Arizona	1	1,108	—	1	—	2	169	—
Utah	7	618	—	—	—	—	15	—
Nevada	3	50	—	—	—	2	14	—
Pacific	69	5,170	1	—	3	20	217	1
Washington	3	1,047	—	—	1	2	U	—
Oregon	N	619	—	—	1	2	8	—
California	47	3,182	1	—	1	16	205	1
Alaska	1	159	—	—	—	N	4	—
Hawaii	18	163	—	—	—	—	—	—
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	3	2	—	—	—	—	—	—
Puerto Rico	3	6	—	—	—	—	71	—
U.S. Virgin Islands	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

§§§ Cases of vaccine-associated paralytic polio (VAPP) caused by polio vaccine virus.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Rocky Mountain spotted fever	Rubella	Rubella, congenital syndrome	Salmonellosis	Shigellosis	Streptococcal disease, invasive, group A	Streptococcal toxic-shock syndrome
United States	1,936	11	1	45,322	16,168	4,715	129
New England	10	3	1	2,158	323	283	21
Maine	N	—	—	164	15	14	N
New Hampshire	1	2	1	177	19	18	—
Vermont	—	—	—	93	16	11	2
Massachusetts	6	1	—	1,144	192	128	—
Rhode Island	3	—	—	112	23	12	—
Connecticut	—	—	—	468	58	100	19
Mid. Atlantic	71	2	—	5,253	1,293	895	7
New York (Upstate)	2	1	—	1,427	329	276	—
New York City	7	1	—	1,196	416	171	—
New Jersey	30	—	—	960	318	179	—
Pennsylvania	32	—	—	1,670	230	269	7
E. N. Central	41	1	—	5,743	1,205	909	61
Ohio	21	—	—	1,338	139	192	17
Indiana	1	—	—	680	191	110	6
Illinois	11	—	—	1,837	409	307	35
Michigan	6	1	—	952	241	208	3
Wisconsin	2	—	—	936	225	92	—
W. N. Central	154	—	—	2,618	1,785	306	7
Minnesota	2	—	—	573	96	122	2
Iowa	7	—	—	410	103	—	—
Missouri	128	—	—	801	1,017	73	3
North Dakota	1	—	—	86	6	18	—
South Dakota	5	—	—	160	131	26	1
Nebraska	6	—	—	219	160	27	—
Kansas	5	—	—	369	272	40	1
S. Atlantic	1,010	1	—	13,016	2,514	959	14
Delaware	7	—	—	126	11	6	—
Maryland	75	1	—	806	103	178	N
District of Columbia	2	—	—	60	15	13	—
Virginia	121	—	—	1,172	134	110	—
West Virginia	10	—	—	215	2	27	6
North Carolina	625	—	—	1,712	202	124	8
South Carolina	70	—	—	1,444	105	38	—
Georgia	86	—	—	1,929	672	203	—
Florida	14	—	—	5,552	1,270	260	N
E. S. Central	229	1	—	2,966	1,200	180	4
Kentucky	3	1	—	488	335	35	4
Tennessee	136	—	—	835	538	145	—
Alabama	72	—	—	739	225	N	N
Mississippi	18	—	—	904	102	—	—
W. S. Central	379	—	—	5,240	4,236	396	—
Arkansas	137	—	—	739	62	23	—
Louisiana	6	—	—	908	137	N	N
Oklahoma	206	—	—	448	937	132	—
Texas	30	—	—	3,145	3,100	241	N
Mountain	40	—	—	2,470	993	659	14
Montana	1	—	—	146	5	—	—
Idaho	3	—	—	150	19	5	—
Wyoming	3	—	—	85	5	5	—
Colorado	4	—	—	582	170	182	6
New Mexico	4	—	—	251	137	95	—
Arizona	25	—	—	746	547	303	—
Utah	—	—	—	310	46	69	5
Nevada	—	—	—	200	64	N	3
Pacific	2	3	—	5,858	2,619	128	1
Washington	—	1	—	552	167	N	N
Oregon	2	1	—	410	126	N	N
California	—	1	—	4,546	2,278	N	N
Alaska	N	—	—	60	13	N	N
Hawaii	—	—	—	290	35	128	1
American Samoa	—	—	—	7	7	—	—
C.N.M.I.	—	—	—	—	—	—	—
Guam	—	—	—	46	20	—	—
Puerto Rico	N	—	—	690	9	—	N
U.S. Virgin Islands	—	—	—	—	—	—	—

N: Not notifiable.

U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	<i>Streptococcus pneumoniae</i> , invasive disease		Syphilis ^{†††}			Tetanus	Toxic-shock syndrome	Trichinellosis
	Drug-resistant,		All stages ^{****}	Congenital (age <1 yr)	Primary & secondary			
	all ages	Age <5 yrs						
United States	2,996	1,495	33,278	329	8,724	27	90	16
New England	255	123	668	1	225	—	5	2
Maine	N	—	6	—	1	—	N	—
New Hampshire	—	11	33	—	16	—	2	—
Vermont	13	6	1	—	1	—	1	—
Massachusetts	107	55	398	—	125	—	1	1
Rhode Island	29	8	64	—	24	—	1	1
Connecticut	106	43	166	1	58	—	N	—
Mid. Atlantic	215	190	5,376	25	1,037	5	21	2
New York (Upstate)	88	81	667	7	89	4	5	—
New York City	—	32	3,184	1	616	—	2	—
New Jersey	—	44	813	16	133	1	5	—
Pennsylvania	127	33	712	1	199	—	9	2
E.N. Central	645	356	3,024	46	944	3	19	4
Ohio	357	82	502	2	211	1	4	1
Indiana	199	74	288	2	62	—	1	—
Illinois	39	102	1,608	23	525	1	5	1
Michigan	50	61	488	17	105	1	9	2
Wisconsin	—	37	138	2	41	—	—	—
W.N. Central	236	122	717	4	252	3	15	1
Minnesota	191	80	206	1	70	—	9	—
Iowa	—	—	28	—	9	1	5	1
Missouri	37	10	372	3	147	2	—	—
North Dakota	3	9	1	—	1	—	—	—
South Dakota	3	—	4	—	2	—	1	—
Nebraska	2	8	18	—	4	—	—	—
Kansas	—	15	88	—	19	—	—	—
S. Atlantic	1,160	342	8,151	50	2,311	5	7	2
Delaware	3	1	35	—	11	—	—	—
Maryland	6	66	1,005	16	313	1	N	—
District of Columbia	16	3	365	—	114	—	—	—
Virginia	N	34	655	3	143	1	1	1
West Virginia	132	28	18	—	3	—	—	—
North Carolina	N	N	712	10	274	—	4	—
South Carolina	—	24	549	4	84	—	—	—
Georgia	389	107	1,924	1	645	—	2	N
Florida	614	79	2,888	16	724	3	N	1
E.S. Central	199	20	1,967	8	487	1	2	—
Kentucky	32	N	129	—	52	1	—	N
Tennessee	166	N	916	3	217	—	1	—
Alabama	N	—	551	5	169	—	1	—
Mississippi	1	20	371	—	49	—	—	—
W.S. Central	233	248	5,914	84	1,247	—	1	—
Arkansas	14	23	231	7	52	—	1	—
Louisiana	107	36	1,237	11	278	—	N	—
Oklahoma	112	46	159	1	44	—	—	—
Texas	—	143	4,287	65	873	—	N	—
Mountain	53	85	1,574	36	423	2	14	—
Montana	1	—	7	—	7	—	—	—
Idaho	N	—	54	—	20	—	2	—
Wyoming	26	—	1	—	—	—	—	—
Colorado	N	52	144	1	46	1	6	—
New Mexico	—	33	183	6	56	—	—	—
Arizona	U	U	792	28	175	1	1	—
Utah	26	—	50	—	10	—	2	—
Nevada	N	N	343	1	109	—	3	—
Pacific	—	9	5,887	75	1,798	8	6	5
Washington	N	N	359	—	152	1	N	—
Oregon	N	6	109	—	41	—	N	—
California	N	—	5,340	75	1,585	7	6	2
Alaska	N	N	22	—	9	—	N	3
Hawaii	—	3	57	—	11	—	—	—
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Guam	—	4	19	1	2	—	—	—
Puerto Rico	N	N	1,223	11	226	3	N	—
U.S. Virgin Islands	—	—	13	—	1	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

^{†††} Totals reported to the Division of STD Prevention, NCHHSTP, as of May 5, 2006.

^{****} Includes the following categories: primary, secondary, latent (including neurosyphilis, early latent, late latent, late with clinical manifestations other than neurosyphilis, and unknown latent), and congenital syphilis.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2005

Area	Tuberculosis ^{††††}	Tularemia	Typhoid fever	Vancomycin-intermediate <i>Staphylococcus aureus</i>	Vancomycin-resistant <i>Staphylococcus aureus</i>	Varicella (chickenpox)	Varicella deaths ^{§§§§}
United States	14,097	154	324	2	3	32,242	3
New England	436	12	23	—	—	5,284	—
Maine	17	—	1	N	—	331	—
New Hampshire	4	—	—	—	—	337	—
Vermont	8	—	—	—	—	693	—
Massachusetts	265	12	13	—	—	2,214	—
Rhode Island	47	—	1	—	—	N	—
Connecticut	95	—	8	—	—	1,709	—
Mid. Atlantic	2,099	4	62	1	—	4,752	—
New York (Upstate)	305	2	8	—	—	N	—
New York City	984	—	33	N	—	—	—
New Jersey	485	—	12	—	—	N	—
Pennsylvania	325	2	9	1	—	4,752	—
E.N. Central	1,326	6	39	—	3	6,239	1
Ohio	260	1	2	—	—	1,725	—
Indiana	146	2	2	—	—	N	—
Illinois	596	1	23	—	—	106	1
Michigan	246	2	6	—	3	3,916	—
Wisconsin	78	—	6	N	N	492	—
W.N. Central	479	48	7	—	—	695	—
Minnesota	199	—	6	—	—	—	—
Iowa	55	—	—	—	—	N	—
Missouri	108	27	—	—	—	477	—
North Dakota	6	—	—	—	—	82	—
South Dakota	16	8	—	—	—	136	—
Nebraska	35	8	—	—	—	N	—
Kansas	60	5	1	N	N	—	—
S. Atlantic	2,937	2	60	1	—	3,729	2
Delaware	26	—	1	—	—	35	—
Maryland	283	—	13	N	N	N	—
District of Columbia	56	—	—	N	N	43	—
Virginia	355	—	20	—	—	1,834	1
West Virginia	28	—	—	—	—	1,143	—
North Carolina	329	—	6	—	—	—	—
South Carolina	261	1	—	—	—	674	—
Georgia	505	—	9	1	—	N	—
Florida	1,094	1	11	—	—	N	1
E.S. Central	741	13	7	—	—	306	—
Kentucky	124	3	2	N	N	N	—
Tennessee	298	9	2	—	—	N	—
Alabama	216	1	1	N	—	306	—
Mississippi	103	—	2	—	—	—	—
W.S. Central	2,050	40	32	—	—	8,624	—
Arkansas	114	19	—	—	—	159	—
Louisiana	257	—	1	—	—	129	—
Oklahoma	144	20	1	—	—	—	—
Texas	1,535	1	30	—	—	8,336	—
Mountain	595	14	14	—	—	2,613	—
Montana	10	2	—	—	—	—	—
Idaho	23	—	—	—	—	N	—
Wyoming	—	2	—	—	—	53	—
Colorado	101	5	7	—	—	1,797	—
New Mexico	39	2	1	N	N	212	—
Arizona	281	2	4	—	—	U	—
Utah	29	1	1	—	—	551	—
Nevada	112	—	1	N	N	N	—
Pacific	3,434	15	80	—	—	—	—
Washington	256	9	11	N	N	N	—
Oregon	103	2	4	N	N	N	—
California	2,904	3	53	N	N	N	—
Alaska	59	1	—	N	N	N	—
Hawaii	112	—	12	—	—	—	—
American Samoa	5	—	1	—	—	—	—
C.N.M.I.	56	—	—	—	—	—	—
Guam	64	—	1	—	—	445	—
Puerto Rico	113	—	—	N	—	762	—
U.S. Virgin Islands	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

†††† Totals reported to the Division of Tuberculosis Elimination, NCHHSTP, as of May 12, 2006.

§§§§ Death counts provided by the Division of Viral Diseases, National Center for Immunization and Respiratory Diseases (proposed), as of December 31, 2005.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 12, 2006 (32nd Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2005	2004	2003	2002	2001	
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	3	1	19	16	20	28	39	
infant	1	51	2	90	87	76	69	97	PA (1)
other (wound & unspecified)	3	37	1	33	30	33	21	19	CA (3)
Brucellosis	—	60	3	122	114	104	125	136	
Chancroid	1	24	0	17	30	54	67	38	NY (1)
Cholera	—	4	0	8	5	2	2	3	
Cyclosporiasis§	7	71	6	734	171	75	156	147	NY (1), MD (1), SC (2), FL (3)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§§:†									
California serogroup	—	5	6	78	112	108	164	128	
eastern equine	—	—	1	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	2	3	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	21	178	17	790	537	362	511	261	NY (11), MN (10)
human monocytic	22	186	11	522	338	321	216	142	NY (13), MN (1), MO (3), VA (1), NC (2), GA (1), KY (1)
human (other & unspecified)	2	46	2	122	59	44	23	6	MO (1), TN (1)
<i>Haemophilus influenzae</i> §,¶¶									
invasive disease (age <5 yrs):									
serotype b	—	4	1	9	19	32	34	—	
nonserotype b	3	55	3	135	135	117	144	—	MN (2), CO (1)
unknown serotype	3	123	3	217	177	227	153	—	PA (1), GA (1), AK (1)
Hansen disease§	—	37	2	88	105	95	96	79	
Hantavirus pulmonary syndrome§	—	21	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	5	103	6	221	200	178	216	202	CT (2), NC (1), UT (1), CA (1)
Hepatitis C viral, acute	11	483	34	771	713	1,102	1,835	3,976	CT (3), OH (2), MI (2), MN (1), MD (1), CO (1), WA (1)
HIV infection, pediatric (age <13 yrs)§,¶¶	—	52	5	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶¶	—	41	0	49	—	N	N	N	
Listeriosis	9	330	20	892	753	696	665	613	PA (1), OH (1), MD (2), VA (1), NC (1), FL (2), CO (1)
Measles	3***	28	1	66	37	56	44	116	NY (2), FL (1)
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	—	139	4	297	—	—	—	—	
serogroup B	—	93	2	157	—	—	—	—	
other serogroup	—	12	1	27	—	—	—	—	
Mumps	26	5,465	6	314	258	231	270	266	NY (1), PA (1), OH (1), MO (2), ND (5), KS (7), VA (2), AL (5), CA (2)
Plague	—	5	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	2	12	0	19	12	12	18	25	CA (2)
Q fever§	1	85	1	139	70	71	61	26	CA (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	5	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	70	1	129	132	161	118	77	PA (1), NC (1)
<i>Streptococcus pneumoniae</i> §									
invasive disease (age <5 yrs)	19	685	8	1,257	1,162	845	513	498	RI (2), NY (2), PA (2), OH (2), MI (1), MN (4), ND (1), MD (2), OK (2), CO (1)
Syphilis, congenital (age <1 yr)	—	145	7	361	353	413	412	441	
Tetanus	1	15	1	27	34	20	25	37	PA (1)
Toxic-shock syndrome (other than streptococcal)§	1	57	2	96	95	133	109	127	OH (1)
Trichinellosis	—	9	0	19	5	6	14	22	
Tularemia§	—	45	4	154	134	129	90	129	
Typhoid fever	2	156	8	324	322	356	321	368	CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	2	—	2	—	N	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (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, Viral Hepatitis, STDs, and Tuberculosis Prevention (proposed). 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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

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

*** Of the three measles cases reported for the current week, none were indigenous and three were imported from another country.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 12, 2006, and August 13, 2005 (32nd 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	531	248	2,153	8,373	13,163	20	24	125	709	828
New England	156	37	780	1,399	2,335	—	1	12	39	34
Connecticut	154	8	753	1,096	284	—	0	10	10	—
Maine†	—	2	13	52	172	—	0	1	3	3
Massachusetts	—	2	112	32	1,735	—	0	3	17	24
New Hampshire	—	5	32	187	110	—	0	3	8	4
Rhode Island	—	0	12	—	13	—	0	8	—	2
Vermont†	2	1	7	32	21	—	0	1	1	1
Mid. Atlantic	265	151	1,176	4,899	7,695	—	5	13	120	230
New Jersey	—	25	115	1,047	2,732	—	1	3	28	59
New York (Upstate)	242	76	1,150	2,102	1,836	—	1	11	20	27
New York City	—	1	18	7	268	—	2	8	50	119
Pennsylvania	23	40	245	1,743	2,859	—	1	3	22	25
E.N. Central	2	13	59	588	1,353	1	2	8	65	95
Illinois	—	0	6	—	104	—	1	5	21	52
Indiana	1	0	3	10	20	—	0	3	7	3
Michigan	1	1	7	28	25	—	0	2	12	17
Ohio	—	1	5	23	31	1	0	3	19	15
Wisconsin	—	10	59	527	1,173	—	0	3	6	8
W.N. Central	52	10	98	286	296	—	0	32	30	31
Iowa	—	1	7	44	68	—	0	1	1	4
Kansas	—	0	2	3	3	—	0	2	5	4
Minnesota	52	6	96	225	214	—	0	30	14	11
Missouri	—	0	3	6	9	—	0	2	5	12
Nebraska†	—	0	2	7	—	—	0	2	3	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	40	30	124	977	1,342	9	7	15	209	185
Delaware	—	9	26	317	463	—	0	1	5	3
District of Columbia	4	0	7	24	7	—	0	2	3	6
Florida	2	1	5	25	15	2	1	6	38	31
Georgia	—	0	1	1	5	—	1	6	55	38
Maryland†	12	15	87	451	690	4	1	5	47	64
North Carolina	1	0	5	17	32	2	0	8	16	20
South Carolina†	1	0	3	7	9	—	0	2	7	5
Virginia†	20	3	25	130	115	1	1	9	36	17
West Virginia	—	0	44	5	6	—	0	2	2	1
E.S. Central	—	0	4	7	19	—	0	3	16	17
Alabama†	—	0	1	3	—	—	0	2	8	3
Kentucky	—	0	2	1	3	—	0	2	2	5
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	—	0	4	3	16	—	0	1	3	9
W.S. Central	—	0	5	8	55	1	2	31	45	65
Arkansas	—	0	1	—	4	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	6	3
Texas†	—	0	5	8	48	1	1	29	38	57
Mountain	—	0	4	12	12	2	1	9	34	34
Arizona	—	0	4	3	2	1	0	9	13	6
Colorado	—	0	1	2	—	—	0	2	9	19
Idaho†	—	0	1	1	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	1	1	3	—	0	1	1	2
New Mexico†	—	0	1	—	2	—	0	1	1	2
Utah	—	0	1	5	1	1	0	2	9	4
Wyoming	—	0	0	—	3	—	0	1	—	1
Pacific	16	4	22	197	56	7	4	13	151	137
Alaska	—	0	1	2	4	1	0	4	20	3
California	14	3	21	187	32	6	3	10	102	101
Hawaii	N	0	0	N	N	—	0	2	4	13
Oregon†	1	0	2	5	16	—	0	2	7	7
Washington	1	0	3	3	4	—	0	5	18	13
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	—	3
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 August 12, 2006, and August 13, 2005 (32nd 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	2	1	155	158	462	16	0	203	217	723
New England	—	0	3	—	1	—	0	2	1	—
Connecticut	—	0	2	—	1	—	0	1	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	5	5	—	0	4	—	7
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	1
New York City	—	0	2	1	—	—	0	2	—	2
Pennsylvania	—	0	3	4	5	—	0	2	—	4
E. N. Central	—	0	39	3	59	—	0	18	1	35
Illinois	—	0	25	1	41	—	0	16	1	31
Indiana	—	0	2	1	1	—	0	1	—	—
Michigan	—	0	14	1	4	—	0	3	—	—
Ohio	—	0	9	—	11	—	0	4	—	3
Wisconsin	—	0	3	—	2	—	0	2	—	1
W.N. Central	—	0	26	29	62	—	0	80	36	210
Iowa	—	0	3	1	1	—	0	5	3	8
Kansas	—	0	3	—	2	—	0	1	1	N
Minnesota	—	0	5	11	6	—	0	5	8	9
Missouri	—	0	4	1	6	—	0	3	—	4
Nebraska [§]	—	0	9	4	19	—	0	24	4	46
North Dakota	—	0	4	—	6	—	0	15	5	35
South Dakota	—	0	7	12	22	—	0	32	15	108
S. Atlantic	—	0	6	—	9	—	0	3	—	13
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	7	—	0	1	—	10
Georgia	—	0	3	—	—	—	0	3	—	2
Maryland [§]	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	1	—	0	1	—	1
South Carolina [§]	—	0	1	—	1	—	0	0	—	—
Virginia [§]	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E. S. Central	—	0	10	23	12	—	0	5	6	10
Alabama [§]	—	0	1	—	2	—	0	2	—	1
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	23	7	—	0	5	6	8
Tennessee [§]	—	0	3	—	3	—	0	1	—	1
W.S. Central	—	1	25	51	107	—	0	22	8	61
Arkansas	—	0	3	—	3	—	0	2	—	6
Louisiana	—	0	12	—	58	—	0	7	—	28
Oklahoma	—	0	6	4	3	—	0	3	—	1
Texas [§]	—	1	16	47	43	—	0	13	8	26
Mountain	2	0	16	38	35	16	0	43	140	72
Arizona	—	0	8	2	10	—	0	8	2	14
Colorado	—	0	5	5	4	—	0	13	18	41
Idaho [§]	1	0	5	13	—	15	0	36	98	1
Montana	—	0	3	1	3	—	0	9	1	2
Nevada [§]	1	0	4	9	5	—	0	8	15	4
New Mexico [§]	—	0	3	—	8	—	0	4	—	3
Utah	—	0	6	8	5	1	0	8	5	5
Wyoming	—	0	2	—	—	—	0	1	1	2
Pacific	—	0	44	9	172	—	0	63	25	315
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	44	9	172	—	0	63	21	311
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon [§]	—	0	1	—	—	—	0	2	4	4
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.

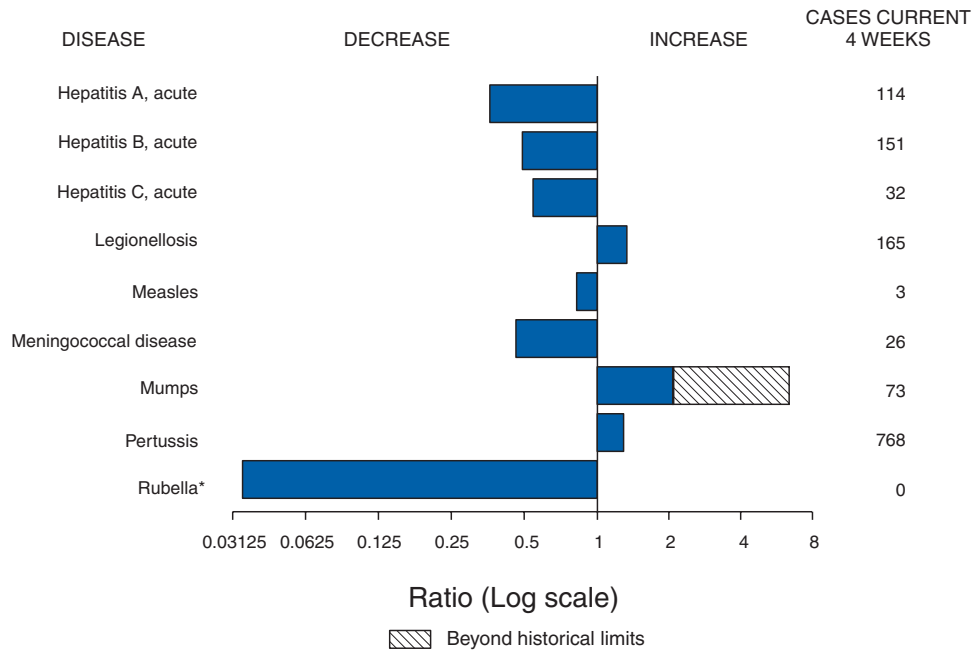
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* 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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals August 12, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 32 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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