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Toxicology Testing and Results for Suicide Victims — 13 States, 2004

In 2003, an estimated 31,484 suicides (10.7 per 100,000 population) occurred in the United States (*1*). Suicide was the fourth leading cause of death among persons aged 10–64 years and the second and third leading causes of death among persons aged 25–34 and 10–24 years, respectively (*2*). Few studies have attempted to determine the contribution of substance use to suicide (*3,4*). To assess toxicology testing practices and to determine the prevalence of positive results for alcohol or other drugs, CDC analyzed test results of suicide victims in the 13 states that collected data for the National Violent Death Reporting System (NVDRS) in 2004. This report summarizes the results of that analysis, which determined that 1) the percentage of suicide victims tested varied among states, ranging from 25.9% to 97.7%; 2) of those victims tested, 33.3% were positive for alcohol, and 16.4% were positive for opiates; and 3) similar percentages of poisoning suicide (i.e., suspected intentional overdose) and nonpoisoning suicide victims tested positive for alcohol or other drugs, with the exception of opiates. These results underscore the need to continue monitoring toxicology test results of suicide victims, which might identify patterns of substance use that can help guide development of effective suicide interventions. Such data can be enhanced by uniform, comprehensive, toxicology testing practices on a state and national basis.

NVDRS is a state-based surveillance system that collects information on all violent deaths (i.e., homicides, suicides, legal interventions, unintentional deaths by firearm, or deaths of undetermined intent) in participating states, combining data from death certificates with toxicology results from coroners and medical examiners (*5,6*). The study described in this report was based on 2004 data collected from 13 states* as of July 2006; these states represented 23.4% of the U.S. population. Suicides were included when listed by coroners or medical examiners as the manner of death; whether a suicide resulted from poisoning or nonpoisoning was determined by the cause of death listed.

During 2004, NVDRS received data on 7,277 deaths by suicide. In certain states, toxicology testing was performed routinely on nearly all suicide victims; in other states, testing was performed selectively, an apparent targeting of suicides in which use of alcohol or other drugs was suspected as likely causing or contributing to the deaths. Of the 7,277 victims, testing for at least one substance was performed on 5,550 (76.3%). The percentage of suicide deaths for which at least one test was completed varied among states from 25.9% to 97.7%.†

Overall, the percentage of suicide victims tested varied by type of substance tested: alcohol (74.4%), cocaine (48.4%), opiates (i.e., heroin or prescription opioid analgesics) (45.3%), amphetamines (38.8%), and marijuana (29.6%) (Table 1). The percentage of victims tested also varied among states by type of substance tested, ranging from 97.4% to 25.1% for alcohol, 95.3% to 1.1% for amphetamines, 96.5% to 7.5%

* Alaska, Colorado, Georgia, Maryland, Massachusetts, New Jersey, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Virginia, and Wisconsin.

† Alaska, 62 (41.1%) suicide victims tested; Colorado, 578 (88.0%); Georgia, 563 (62.2%); Maryland, 366 (75.9%); Massachusetts, 337 (78.7%); New Jersey, 554 (89.2%); North Carolina, 906 (87.0%); Oklahoma, 455 (88.3%); Oregon, 136 (25.9%); Rhode Island, 83 (96.5%); South Carolina, 286 (64.3%); Virginia, 812 (97.7%); and Wisconsin, 412 (69.9%).

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for cocaine, 96.5% to 10.9% for opiates, and 95.3% to 0.4% for marijuana.

Among all suicide victims with positive test results, the greatest percentage tested positive for alcohol (33.3%), followed by opiates (16.4%), cocaine (9.4%), marijuana (7.7%), and amphetamines (3.9%). Among states (excluding those in which fewer than 20 victims were tested), the percentage of positive tests ranged from 27.4% to 40.6% for alcohol, none to 23.0% for amphetamines, 3.1% to 21.8% for cocaine, and 9.6% to 63.7% for opiates. Numbers of positive tests for marijuana in individual states were too small to be considered (Table 1).

Greater percentages of victims of suicides caused by poisoning were tested (Table 2) than nonpoisoning suicide victims (Table 3). Tests for alcohol were conducted in 82.0% of poisoning suicides and 72.9% of nonpoisoning suicides. Similar differences were observed for amphetamines (54.2% versus 35.8%), cocaine (66.0% versus 44.9%), opiates (70.7% versus 40.2%), and marijuana (42.3% versus 27.0%). However, despite greater testing in poisoning suicides, with the exception of opiates, the proportions of tests with positive results were similar for poisoning and nonpoisoning suicides, respectively: 31.6% versus 33.7% for alcohol, 5.8% versus 3.3% for amphetamines, and 8.3% versus 9.7% for cocaine. For opiates, 39.8% of poisoning victims tested positive, compared with 8.2% of nonpoisoning victims (Tables 2 and 3).

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Editorial Note: In this study, substantial percentages of suicide victims tested positive for alcohol or other drugs. The most frequently identified substance was alcohol, found in one third of those tested; four other substances were identified in approximately 10% of tested victims. These test results are consistent with previous studies demonstrating use of alcohol or other drugs by suicide victims (*7,8*).

Among states, substantial variation was observed in both the percentage of suicide victims tested for alcohol or other drugs and the specific substances included in testing. In addition, states were more likely to test victims of suspected poisoning suicide than nonpoisoning suicide. However, the similarities in positive test results involving four of the five substance types in poisoning and nonpoisoning suicides suggest that use of alcohol or other drugs might contribute substantially to suicides overall, regardless of cause of death. The finding that opiates (the fifth substance type) were nearly five times more prevalent among poisoning suicide victims is consistent with evidence that prescription opioid analgesics cause more intentional overdose deaths than illegal non-opioid drugs (CDC, unpublished data, 2006).

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TABLE 1. Number of suicides, percentage of victims tested for alcohol or other drugs, and percentage of tests with positive results, by type of substance tested — National Violent Death Reporting System, 13 states, 2004

		Alcohol		Amphetamines		Cocaine		Opiates*		Marijuana	
	No. of	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
State	suicides	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Alaska	151	55 (36.4)	19 (34.5)	51 (33.8)	2 (3.9)	51 (33.8)	10 (19.6)	52 (34.4)	6 (11.5)	50 (33.1)	15 (30.0)
Colorado	657	529 (80.5)	215 (40.6)	432 (65.8)	34 (7.9)	478 (72.8)	36 (7.5)	484 (73.7)	56 (11.6)	405 (61.6)	37 (9.1)
Georgia	905	546 (60.3)	167 (30.6)	235 (26.0)	11 (4.7)	538 (59.4)	42 (7.8)	258 (28.5)	41 (15.9)	234 (25.9)	5 (2.1)
Maryland	482	366 (75.9)	109 (29.8)	357 (74.1)	0 (0.0)	357 (74.1)	25 (7.0)	356 (73.9)	34 (9.6)	4 (0.8)	0 —
Massachusetts	428	329 (76.9)	123 (37.4)	268 (62.6)	1 (0.4)	324 (75.7)	42 (13.0)	322 (75.2)	43 (13.4)	75 (17.5)	10 (13.3)
New Jersey	621	545 (87.8)	172 (31.6)	541 (87.1)	6 (1.1)	544 (87.6)	51 (9.4)	543 (87.4)	77 (14.2)	543 (87.4)	27 (5.0)
North Carolina	1,041	887 (85.2)	274 (30.9)	11 (1.1)	8 (72.7)	78 (7.5)	17 (21.8)	113 (10.9)	72 (63.7)	17 (1.6)	3 (17.6)
Oklahoma	515	453 (88.0)	124 (27.4)	94 (18.3)	10 (10.6)	96 (18.6)	7 (7.3)	96 (18.6)	31 (32.3)	2 (0.4)	0 —
Oregon	526	132 (25.1)	50 (37.9)	74 (14.1)	17 (23.0)	65 (12.4)	2 (3.1)	72 (13.7)	25 (34.7)	66 (12.5)	9 (13.6)
Rhode Island	86	83 (96.5)	32 (38.6)	82 (95.3)	0 (0.0)	83 (96.5)	9 (10.8)	83 (96.5)	17 (20.5)	82 (95.3)	3 (3.7)
South Carolina	445	283 (63.6)	106 (37.5)	275 (61.8)	14 (5.1)	276 (62.0)	27 (9.8)	274 (61.6)	33 (12.0)	275 (61.8)	22 (8.0)
Virginia	831	809 (97.4)	270 (33.4)	17 (2.0)	1 (5.9)	245 (29.5)	29 (11.8)	257 (30.9)	66 (25.7)	14 (1.7)	3 (21.4)
Wisconsin	589	399 (67.7)	142 (35.6)	389 (66.0)	5 (1.3)	388 (65.9)	33 (8.5)	387 (65.7)	40 (10.3)	386 (65.5)	32 (8.3)
Total	**7,277**	**5,416 (74.4)**	**1,803 (33.3)**	**2,826 (38.8)**	**109 (3.9)**	**3,523 (48.4)**	**330 (9.4)**	**3,297 (45.3)**	**541 (16.4)**	**2,153 (29.6)**	**166 (7.7)**

* Heroin or prescription opioid analgesics.

TABLE 2. Number of suicides by poisoning (suspected intentional overdose), percentage of victims tested for alcohol or other drugs, and percentage of tests with positive results, by type of substance tested — National Violent Death Reporting System, 13 states, 2004

	No. of	Alcohol		Amphetamines		Cocaine		Opiates*		Marijuana	
	poisoning	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
State	suicides	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Alaska	22	12 (54.5)	3 (25.0)	12 (54.5)	1 (8.3)	12 (54.5)	3 (25.0)	12 (54.5)	3 (25.0)	12 (54.5)	3 (25.0)
Colorado	145	112 (77.2)	41 (36.6)	98 (67.6)	6 (6.1)	102 (70.3)	5 (4.9)	115 (79.3)	39 (33.9)	92 (63.4)	5 (5.4)
Georgia	127	105 (82.7)	29 (27.6)	84 (66.1)	7 (8.3)	101 (79.5)	6 (5.9)	100 (78.7)	24 (24.0)	85 (66.9)	3 (3.5)
Maryland	77	68 (88.3)	26 (38.2)	68 (88.3)	0 —	68 (88.3)	4 (5.9)	68 (88.3)	19 (27.9)	0 —	0 —
Massachusetts†	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
New Jersey	127	119 (93.7)	30 (25.2)	118 (92.9)	1 (0.8)	118 (92.9)	8 (6.8)	119 (93.7)	40 (33.6)	119 (93.7)	4 (3.4)
North Carolina	188	161 (85.6)	49 (30.4)	8 (4.3)	6 (75.0)	63 (33.5)	8 (12.7)	96 (51.1)	67 (69.8)	12 (6.4)	2 (16.7)
Oklahoma	83	79 (95.2)	18 (22.8)	66 (79.5)	3 (4.5)	67 (80.7)	4 (6.0)	67 (80.7)	29 (43.3)	2 (2.4)	0 (0.0)
Oregon	114	64 (56.1)	20 (31.3)	43 (37.7)	9 (20.9)	38 (33.3)	2 (5.3)	45 (39.5)	24 (53.3)	39 (34.2)	6 (15.4)
Rhode Island	17	15 (88.2)	8 (53.3)	15 (88.2)	0 —	15 (88.2)	5 (33.3)	15 (88.2)	9 (60.0)	15 (88.2)	0 —
South Carolina	49	33 (67.3)	10 (30.3)	33 (67.3)	2 (6.1)	34 (69.4)	3 (8.8)	33 (67.3)	15 (45.5)	33 (67.3)	1 (3.0)
Virginia	129	121 (93.8)	37 (30.6)	9 (7.0)	1 (11.1)	78 (60.5)	11 (14.1)	85 (65.9)	52 (61.2)	2 (1.6)	0 —
Wisconsin	132	103 (78.0)	42 (40.8)	102 (77.3)	2 (2.0)	102 (77.3)	7 (6.9)	101 (76.5)	20 (19.8)	101 (76.5)	2 (2.0)
Total	**1,210**	**992 (82.0)**	**313 (31.6)**	**656 (54.2)**	**38 (5.8)**	**798 (66.0)**	**66 (8.3)**	**856 (70.7)**	**341 (39.8)**	**512 (42.3)**	**26 (5.1)**

* Heroin or prescription opioid analgesics.
† Massachusetts data for suicides by poisoning not available.

TABLE 3. Number of nonpoisoning suicides, percentage of victims tested for alcohol or other drugs, and percentage of tests with positive results, by type of substance tested — National Violent Death Reporting System, 13 states, 2004

	No. of	Alcohol		Amphetamines		Cocaine		Opiates*		Marijuana	
	nonpoisoning	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
State	suicides	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Alaska	129	43 (33.3)	16 (37.2)	39 (30.2)	1 (2.6)	39 (30.2)	7 (17.9)	40 (31.0)	3 (7.5)	38 (29.5)	12 (31.6)
Colorado	512	417 (81.4)	174 (41.7)	334 (65.2)	28 (8.4)	376 (73.4)	31 (8.2)	369 (72.1)	17 (4.6)	313 (61.1)	32 (10.2)
Georgia	778	441 (56.7)	138 (31.3)	151 (19.4)	4 (2.6)	437 (56.2)	36 (8.2)	158 (20.3)	17 (10.8)	149 (19.2)	2 (1.3)
Maryland	405	298 (73.6)	83 (27.9)	289 (71.4)	0 (0.0)	289 (71.4)	21 (7.3)	288 (71.1)	15 (5.2)	4 (1.0)	0 —
Massachusetts	428	329 (76.9)	123 (37.4)	268 (62.6)	1 (0.4)	324 (75.7)	42 (13.0)	322 (75.2)	43 (13.4)	75 (17.5)	10 (13.3)
New Jersey	494	426 (86.2)	142 (33.3)	423 (85.6)	5 (1.2)	426 (86.2)	43 (10.1)	424 (85.8)	37 (8.7)	424 (85.8)	23 (5.4)
North Carolina	853	726 (85.1)	225 (31.0)	3 (0.4)	2 (66.7)	15 (1.8)	9 (60.0)	17 (2.0)	5 (29.4)	5 (0.6)	1 (20.0)
Oklahoma	432	374 (86.6)	106 (28.3)	28 (6.5)	7 (25.0)	29 (6.7)	3 (10.3)	29 (6.7)	2 (6.9)	0 —	0 —
Oregon	412	68 (16.5)	30 (44.1)	31 (7.5)	8 (25.8)	27 (6.6)	0 (0.0)	27 (6.6)	1 (3.7)	27 (6.6)	3 (11.1)
Rhode Island	69	68 (98.6)	24 (35.3)	67 (97.1)	0 —	68 (98.6)	4 (5.9)	68 (98.6)	8 (11.8)	67 (97.1)	3 (4.5)
South Carolina	396	250 (63.1)	96 (38.4)	242 (61.1)	12 (5.0)	242 (61.1)	24 (9.9)	241 (60.9)	18 (7.5)	242 (61.1)	21 (8.7)
Virginia	702	688 (98.0)	233 (33.9)	8 (1.1)	0 —	167 (23.8)	18 (10.8)	172 (24.5)	14 (8.1)	12 (1.7)	3 (25.0)
Wisconsin	457	296 (64.8)	100 (33.8)	287 (62.8)	3 (1.0)	286 (62.6)	26 (9.1)	286 (62.6)	20 (7.0)	285 (62.4)	30 (10.5)
Total	**6,067**	**4,424 (72.9)**	**1,490 (33.7)**	**2,170 (35.8)**	**71 (3.3)**	**2,725 (44.9)**	**264 (9.7)**	**2,441 (40.2)**	**200 (8.2)**	**1,641 (27.0)**	**140 (8.5)**

* Heroin or prescription opioid analgesics.

The relationship between substance use and other suicide risk factors is complex; the chronology and causal pathway of events leading to suicide are difficult to determine. To better understand the results of this study, CDC is funding a survey of coroner and medical examiner toxicology laboratories to examine practices and protocols regarding testing of suicide victims.

The findings in this report are subject to at least three limitations. First, high percentages of positive results in a state might reflect targeted testing rather than greater drug use in that state. Second, manner of death for certain suspected suicides might have been listed as undetermined, excluding those cases from the study; the scope of this limitation has been documented previously (*9*). Finally, the alcohol or other drugs in the bodies of victims were only recorded as present or absent; no evaluations were conducted to determine whether the concentrations present were lethal or intoxicating.

Despite evidence of substance use among substantial numbers of suicide victims, none of the 13 states reporting to NVDRS in 2004 conducted comprehensive alcohol and drug screenings on all suicide victims. Previous studies of subpopulations by specific substance, geographic area, race/ethnicity, and age have documented the limited toxicology screening performed in certain states. Descriptions of cases selected for toxicology screening suggest subjective determinations for testing on the basis of local policy and individual coroner or medical examiner preference (*10*).

More comprehensive toxicology testing for suicide victims might provide greater insight into trends and geographic variations in the role of substance use in suicides. Comprehensive toxicology data also could be linked with demographic data already collected by coroners and medical examiners at the state and local levels. These combined data could enable studies of the relationship of substance use to suicides in specific populations at greatest risk. Such studies remain critical to better understanding of suicidal behavior and development of effective interventions.

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Improvement in Lipid and Glycated Hemoglobin Control Among Black Adults with Diabetes — Raleigh and Greensboro, North Carolina, 1997–2004

Previous studies have indicated that, in the United States, black persons with diabetes have lower levels of glycemic and lipid control (*1,2*) and are at increased risk for diabetes-related complications (*3*) than white persons with the disease. Clinical trials have demonstrated that glycemic and lipid control can reduce the risk for microvascular and macrovascular complications among adults (*4,5*). In addition, recent studies of national survey data have indicated a secular trend of gradual improvements in blood pressure, cholesterol levels, and smoking rates among U.S. persons with diabetes (*6,7*). These studies have demonstrated an increase in the proportion of persons who meet recommended levels for blood pressure, glycated hemoglobin (HbA1c), and cholesterol (*6,7*). Whether black persons in the United States have benefited from these overall improvements is unclear. Surveys conducted among black adults in Raleigh and Greensboro, North Carolina, as part of Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together), provided an opportunity to examine trends in diabetes control and risk for complications (*8*). Project DIRECT is a community-based intervention aimed at improving self-care, access to care, and quality of care for residents with diabetes (*9*). The analyses described in this report examined whether glycemic and lipid control improved in both communities from 1997 to 2004, a period of rapid advances in clinical understanding of how to control diabetes and its complications. This report summarizes the results of those analyses, which indicated improvements in the proportion of black adults with diabetes who reported that they were meeting recommended levels of HbA1c, low-density lipoprotein (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol, triglycerides, and total cholesterol. However, a substantial number of these persons smoked and were above recommended glycemic and lipid levels at follow-up.

Therefore, continued education of the public is important in improving quality of care and reducing risk factors for persons at high risk for diabetes and cardiovascular disease.

As part of Project DIRECT, cross-sectional, population-based health surveys were conducted in person in two predominately black communities, one in southeast Raleigh and one in Greensboro, North Carolina, in 1997 (baseline) and 2004 (follow-up). The target population for each survey consisted of civilian, noninstitutionalized, English-speaking residents of the selected areas who were aged ≥18 years. The baseline survey used a multistage area probability sample design to select addresses for screening. The follow-up survey used a systematic random sample of mailing address lists within selected census tracts of the two communities. In the baseline and follow-up surveys, participants who answered "yes" to the question, "Have you ever been told by a doctor that you have diabetes?" were identified as persons with a previous diagnosis of diabetes. These participants were asked to complete the diabetes module, which examined levels of diabetes care, access to care, and preventive health-care practices. Women who reported being told they had diabetes during pregnancy only were classified as not having diabetes. Baseline survey participants with self-reported diabetes and all black respondents in the follow-up survey were asked to complete a laboratory examination.

In 1997, a total of 2,639 households were screened, and 2,300 persons agreed to participate (response rate: 84.4% in Raleigh, 88.9% in Greensboro). Of the 2,300 participants, 617 had diabetes, and 407 agreed to participate in an examination. In the follow-up survey, 3,540 households were screened, and 3,083 persons agreed to participate (response rate: 78.9% in Raleigh, 83.5% in Greensboro). Of the 3,083 participants, 729 had diabetes, and 435 agreed to participate in an examination. A trained phlebotomist conducted the health examinations, which included measurements of height and weight to determine body mass index (BMI), defined as weight (kg) divided by height (m^2), and fasting blood draws. Blood samples were transported to a central laboratory to assess HbA1c and lipid levels (HDL, LDL, total cholesterol, and triglycerides). The following criteria were used to classify persons as having glycemic, lipid, and BMI measures outside the ranges recommended by the American Diabetes Association: HbA1c >7%, HDL cholesterol <40 mg/dL, LDL cholesterol ≥130 mg/dL, total cholesterol ≥200 mg/dL, triglycerides ≥200 mg/dL, and BMI ≥30 (*10*). Smoking and insulin use were also assessed.

Data were weighted to reflect the age, sex, and racial/ethnic composition of the study population based on the 2000 U.S. Census population. However, the results in this report are for black adults only. Prevalence estimates and estimated variances for the baseline and follow-up survey results were calculated; the two-sided Student's t-test was used to test the hypothesis that proportions were equal in the two surveys.

Sociodemographic data were collected in the baseline and follow-up surveys (Table 1). The proportion of the population self-reporting diabetes who were obese (BMI ≥30) increased significantly (p<0.05) from the baseline to the follow-up survey (50.3% to 58.8%) (Table 2). However, improvements were reported in HbA1c and lipid levels. The proportion of black adults not meeting recommended HbA1c levels declined from 79.2% to 55.7%. The proportion not meeting recommended LDL cholesterol levels declined from 49.9% to 18.5%, and the proportion not meeting recommended total cholesterol levels declined from 57.8% to 26.4%. Significant decreases also were found in the proportion of persons not meeting recommended levels of triglycerides (16.6% to 11.5%) and HDL cholesterol (32.3% to 23.5%). The one risk factor that did not improve was smoking; prevalence remained at approximately 46%. In addition, the proportion of persons using insulin significantly decreased, from 47.6% to 39.6% (p<0.01). These results were then age standardized to the 2000 U.S. Census population, which yielded

TABLE 1. Sociodemographic characteristics of black adults with diabetes — Raleigh and Greensboro, North Carolina, 1997 and 2004

	1997		2004	
Characteristic	**%**	**(SE*)**	**%**	**(SE)**
Age group (yrs)				
18–24	1.8	(0.6)	1.2	(0.6)
25–44	13.5	(1.7)	16.5	(1.6)
45–64	48.4	(2.2)	39.4	(2.0)
65–74	27.2	(2.0)	25.2	(1.9)
≥75	9.2	(1.4)	17.7	(1.7)
Sex				
Men	36.7	(2.3)	35.0	(2.0)
Women	63.3	(2.3)	65.0	(2.0)
Education				
Less than high school	38.8	(2.3)	31.8	(2.0)
High school or GED†	30.6	(2.4)	34.4	(2.0)
Some college	19.3	(1.9)	19.8	(1.7)
College degree	11.3	(1.5)	14.0	(1.5)
Health insurance				
Private/Employee	52.1	(3.6)	46.0	(2.1)
Medicare/Medicaid	33.2	(3.6)	37.8	(2.0)
Military	2.4	(0.9)	2.1	(0.6)
Other	1.2	(0.7)	0.2	(0.2)
Uninsured	11.2	(2.0)	13.9	(1.5)
Duration of residence (yrs)§				
<2	—	—	16.0	(2.7)
2–9	—	—	28.0	(2.9)
≥10	—	—	56.0	(3.4)

SOURCES: Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together) 1997 baseline survey (sample size = 617) and 2004 follow-up survey (sample size = 729).
* Standard error.
† General Educational Development.
§ Item not included in the 1997 baseline survey.

TABLE 2. Prevalence of cardiovascular risk factors among black adults with diabetes — Raleigh and Greensboro, North Carolina, 1997 and 2004

	Unadjusted				Age standardized*			
	1997		2004		1997		2004	
Risk factor	%	(SE†)	%	(SE)	%	(SE)	%	(SE)
Obesity§	50.3	(2.6)	58.8	(2.1)¶	53.1	(3.5)	64.4	(3.3)**
Insulin use	47.6	(2.9)	39.6	(2.8)**	56.3	(3.9)	41.6	(4.4)¶
Smoking	46.9	(3.5)	45.1	(3.7)	59.2	(5.3)	54.8	(6.4)
Glycated hemoglobin (HbA1c) >7%	79.2	(2.1)	55.7	(2.7)¶	82.5	(2.6)	61.9	(3.9)¶
HDL†† <40 mg/dL	32.3	(2.7)	23.5	(2.4)¶	34.2	(4.2)	27.4	(4.0)
LDL§§ ≥130 mg/dL	49.9	(2.8)	18.5	(2.1)¶	43.7	(4.0)	18.7	(3.1)¶
Total cholesterol ≥200 mg/dL	57.8	(2.6)	26.4	(2.4)¶	50.1	(3.7)	26.1	(3.6)¶
Triglycerides ≥200 mg/dL	16.6	(2.0)	11.5	(1.7)**	18.7	(3.3)	11.0	(2.4)**

SOURCES: Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together) 1997 baseline survey (sample size = 617) and 2004 follow-up survey (sample size = 729).
* Standardized to the 2000 U.S. population.
† Standard error.
§ Defined as body mass index (weight [kg] / height [m^2]) ≥30.
¶ p<0.01.
** p<0.05.
†† High-density lipoprotein cholesterol.
§§ Low-density lipoprotein cholesterol.

consistent results, although differences in HDL cholesterol levels were no longer statistically significant. Except for the secular trends described in this report, no overall significant differences in glycemic or lipid levels or in BMI were found between residents in southeast Raleigh and Greensboro.

Reported by: *SA Rutledge, PhD, EW Gregg, PhD, G Beckles, MD, DE Williams, MD, PhD, Project DIRECT Evaluation Study Group, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: The findings in this report indicate that the proportion of persons with diabetes from two predominately black communities in North Carolina who met the recommended glycemic and lipid levels increased from 1997 to 2004. These findings parallel national data (*6,7*). Improvements in lipid levels nationally have been attributed to multiple factors, including increased awareness and education, lipid testing, declining saturated fat and cholesterol content in the diet, and the proliferation of highly efficacious lipid-lowering drugs (*6*). Similarly, controlling glycemic levels has been the focus of major awareness campaigns directed at patients (e.g., the "Be Smart About Your Heart: Control the ABCs of Diabetes" campaign by the National Diabetes Education Program [NDEP]), and the aim of quality-improvement efforts in diabetes care. Measures to prevent or control risk factors through interventions targeting patients, health-care providers, and health-care systems might account for some of the improvements observed. In addition, improvements might be attributable to national public health programs such as NDEP and the National Cholesterol Education Program (NCEP).

In contrast, the increasing proportion of persons who are obese and have diabetes is of concern and parallels trends from national surveys. This finding suggests that, despite apparent improvements in risk-factor control among persons with diabetes, this disease and its consequences will continue to be a threat until rates of obesity and other risk factors are reduced in the U.S. population. For example, despite improvements in risk-factor control among Project DIRECT study participants, approximately 55% remained above recommended HbA1c levels, approximately 26% were above recommended total cholesterol levels, and 23% were above recommended HDL cholesterol levels. The data indicate no change in smoking prevalence. The high proportion of smokers is a public health concern because of their increased risk for macrovascular and microvascular complications.

The findings in this report are subject to at least two limitations. First, the use of mailing lists for the follow-up survey excluded residents who requested removal from the list or who used post office boxes. However, the possible incomplete coverage that resulted from using this method was corrected for by adding housing units missing from the sampling frame. Second, inclusion of data from southeast Raleigh, the site of Project DIRECT's community-based intervention project, might have influenced changes in glycemic and lipid control between the baseline and follow-up study. However, the findings in this report are consistent with those obtained when data from the community of Greensboro were analyzed separately.

Continued education of the public through initiatives of NCEP, NDEP, and other programs remains important in the measures to reduce risk factors and improve quality of care for persons at high risk for diabetes and cardiovascular disease. NDEP is a joint program of CDC and the National Institutes of Health, which are charged with reducing the burden of diabetes and its complications in the United States. One NDEP initiative, "Small Steps. Big Rewards. Prevent Type 2 Diabetes," is designed to increase awareness and knowledge of diabetes in black communities and other populations at high risk. Additional information is available at http://www.ndep.nih.gov/campaigns/SmallSteps/SmallSteps_50ways.htm. CDC provides additional resources and technical assistance to diabetes control and prevention programs throughout the United States and its territories to improve diabetes education, quality of diabetes care, and early detection of diabetes complications.

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Geographic Disparities in Diabetes-Related Amputations — Texas-Mexico Border, 2003

The risk for lower extremity amputation (LEA) is estimated at 15 to 40 times higher among persons with diabetes than among persons without diabetes (*1*). In Texas, the prevalence of diabetes is higher near the Mexico border (*2,3*), where persons are more likely to have lower levels of education, lower incomes, no health insurance, and other barriers to obtaining health care (*4*). To determine whether diabetes-related LEA rates are higher near the Texas-Mexico border, rates were calculated, in both the general population and among persons with diabetes, for diabetes-related LEAs in border and nonborder counties.* Data used for this analysis included 2003 Texas Inpatient Hospital Discharge Data (TIHDD) (*5*), 2003 Texas population estimates, and data from the 2003 Texas Behavioral Risk Factor Surveillance System (BRFSS). The results of the analysis indicated that the age- and sex-adjusted rate of diabetes-related LEAs in the general population along the border was nearly double the rate of nonborder counties. Among persons with diabetes, the rate along the border also was significantly higher than among those in nonborder counties, but the rate differences were primarily among men aged ≥45 years. Additional measures to prevent diabetes and improve education regarding diabetes care are needed to reduce the excess burden of LEAs among persons with diabetes along the border.

In this analysis, the number of LEAs among persons with diabetes was determined using the 2003 TIHDD, which includes demographic, administrative, and medical information for all hospital discharges from approximately 95% of state-licensed hospitals in Texas. Veterans Affairs hospitals are exempt from reporting, as are hospitals in counties with a population <35,000 or with fewer than 100 licensed hospital beds. An LEA in a person with diabetes was defined as any hospital discharge with an *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code for a lower extremity nontraumatic amputation procedure (ICD-9-CM 84.1) and a discharge diagnosis that included a code for diabetes (ICD-9-CM 250). Rates of diabetes-related LEAs in the population were calculated using 2003 Texas population estimates for border and nonborder counties as the denominator.

To estimate the rate of LEAs among persons with diabetes, the denominator was calculated by multiplying age- and sex-specific diabetes prevalence estimates for border and nonborder regions from the 2003 Texas BRFSS by the corresponding population estimates for each region. BRFSS is a cross-sectional, random-digit–dialed telephone survey conducted in each state among noninstitutionalized civilians aged ≥18 years. Respondents were classified as persons with diabetes if they reported that a doctor had told them they had diabetes and the diabetes was not pregnancy related. No distinction was made between type 1 and 2 diabetes. Overall rates comparing border and nonborder counties were adjusted for age (18–44, 45–64, or ≥65 years) and sex using the 2000 U.S standard population. Because of missing county data (n = 40) and age data (n = 29 [2%] border counties, n = 197 [3%] nonborder counties), 266 discharges for LEA were excluded from rate calculations. Rate ratios (RRs) and

*Border counties were defined as the 32 (of 254) counties within 100 km (62 miles) of the Mexico border.

corresponding 95% confidence intervals (CIs) comparing border and nonborder counties were calculated overall and by age group and sex.

In 2003, a total of 7,325 LEAs (including the 266 excluded from rate calculations) occurred among persons with diabetes. The number of diabetes-related LEAs in border counties was 1,168, compared with 6,117 in nonborder counties. The age distribution for LEAs in border counties was significantly different from the distribution in nonborder counties (p<0.01, chi-square test), with a higher proportion of LEAs among persons aged ≥65 years residing along the border (Table 1). A significantly higher proportion of men along the border underwent LEAs (65.2%) than did men in nonborder counties (59.9%; p<0.01). The overall age- and sex-adjusted rate of LEAs in the population was 8.3 per 10,000 persons (CI = 7.7–8.7) in border counties and 4.5 (CI = 4.4–4.6) in nonborder counties (Table 2). Rates were higher among both men and women in border counties but were greatest among men aged ≥45 years. Among persons with diabetes, the overall age- and sex-adjusted rate of LEAs was 53.6 per 10,000 persons (CI = 50.5–56.7) in border counties compared with 39.9 (CI = 38.8–40.9) in nonborder counties. Rates among women were similar in border and nonborder counties. The disparity in rates among men was greater with increasing age (Table 3).

Reported by: *P Huang, MD, Texas Dept of State Health Svcs. D Bensyl, PhD, Office of Workforce and Career Development; EA Miller, PhD, EIS Officer, CDC.*

TABLE 1. Number and percentage of hospital discharges for diabetes-related lower extremity amputations in border and nonborder counties, by selected characteristics — Texas, 2003*

	Border counties		Nonborder counties	
Characteristic	**No.**	**(%)**	**No.**	**(%)**
Sex†				
Male	745	(65.2)	3,560	(59.9)
Female	397	(34.8)	2,379	(40.1)
Race/Ethnicity†				
Black, non-Hispanic	3	(0.3)	1,315	(21.5)
Hispanic	993	(85.2)	2,057	(40.5)
White, non-Hispanic	71	(6.1)	2,469	(40.5)
Other	98	(8.4)	263	(4.3)
Age group (yrs)†				
18–44	56	(4.9)	448	(7.6)
45–64	459	(40.3)	2,691	(45.5)
≥65	624	(54.8)	2,781	(47.0)
Payer†				
Medicare	767	(65.7)	3,666	(60.2)
Medicaid	191	(16.4)	476	(7.8)
Commercial	96	(8.2)	858	(14.1)
Self-pay	73	(6.3)	552	(9.1)
Other	40	(3.4)	536	(8.8)

* Totals differ because of missing data.
† Significant difference (p<0.01, chi-square test) between border and nonborder counties.

TABLE 2. Numbers, rates, and rate ratios (RRs) of diabetes-related lower extremity amputations in border and nonborder counties, by sex and age group — Texas, 2003*

	Border counties		Nonborder counties			
Characteristic	**No.**	**Rate†**	**No.**	**Rate**	**RR**	**(95% CI§)**
Overall	**1,139**	**8.3¶**	**5,920**	**4.5¶**	**1.8**	**(1.7–1.9)**
Men						
18–44 yrs	45	1.0	326	0.8	1.2	(0.9–1.7)
45–64 yrs	327	16.8	1,736	8.1	2.1	(1.8–2.3)
≥65 yrs	370	37.7	1,484	18.0	2.1	(1.9–2.3)
Women						
18–44 yrs	11	0.2	122	0.3	0.7	(0.4–1.4)
45–64 yrs	132	6.0	955	4.3	1.4	(1.1–1.7)
≥65 yrs	254	19.7	1,297	15.5	1.7	(1.5–1.9)

* Only includes amputations with available data for sex and age.
† Per 10,000 population.
§ Confidence interval.
¶ Age and sex adjusted to the 2000 U.S. standard population.

TABLE 3. Numbers, rates, and rate ratios (RRs) of diabetes-related lower extremity amputations among persons with diabetes in border and nonborder counties, by sex and age group — Texas, 2003*

	Border counties		Nonborder counties			
Characteristic	**No.**	**Rate†**	**No.**	**Rate**	**RR**	**(95% CI§)**
Overall	**1,139**	**53.6§**	**5,920**	**39.9§**	**1.3**	**(1.2–1.6)**
Men						
18–44 yrs	45	34.2	326	32.3	1.1	(0.8–1.4)
45–64 yrs	327	88.2	1,736	58.1	1.5	(1.3–1.7)
≥65 yrs	370	214.0	1,484	101.3	2.1	(1.9–2.4)
Women						
18–44 yrs	11	7.4	122	9.0	0.8	(0.4–1.5)
45–64 yrs	132	44.2	955	35.5	1.3	(1.0–1.5)
≥65 yrs	254	83.3	1,297	81.3	1.0	(0.9–1.2)

* Only includes amputations with available data for sex and age.
† Per 10,000 persons with diabetes.
§ Age and sex adjusted to the 2000 U.S. standard population.

Editorial Note: Rates of diabetes-related LEAs in the general population were higher along the Texas-Mexico border compared with nonborder counties, especially among men. This is consistent with the higher prevalence of diabetes along the border. The estimated prevalence of diabetes from the 2003 Texas BRFSS was 9.5% in border counties and 7.9% in nonborder counties. However, the prevalence along the border might be considerably higher. Another study using blood samples and self-report to determine diabetes prevalence estimated the prevalence at 16.1% along the entire U.S.-Mexico border (*3*).

Numerous barriers to health care have been identified among residents of border counties. For example, physicians are unevenly distributed, and the ratio of population to health professionals is high (*6*). Additionally, residents along the border have lower education levels, greater poverty, and a greater prevalence of persons without insurance than residents of nonborder counties (*6*). Because of these barriers, diabetes complications might be more advanced, which could lead to higher rates of LEAs among persons with diabetes. Rates calculated among persons with diabetes were higher in border counties, but primarily among men aged ≥45 years.

The disabling and life-altering nature of LEAs has substantial effects on society and the health-care system. Total charges for diabetes-related LEA hospitalizations in Texas reached $324 million in 2003. Because of the greater prevalence of diabetes and possibly because of poor access to and use of preventive health-care services, LEAs disproportionately affect the border region. The border region accounted for 19% ($61 million) of the charges for all diabetes-related LEA hospitalizations in Texas, even though the border population is only 10% of the state's population. In addition, a significantly larger proportion of diabetes-related LEAs in border counties were paid for by Medicaid than in nonborder counties (16.4% versus 7.8%, respectively; $p<0.01$, chi-square test).

The findings in this report are subject to at least four limitations. First, rates were calculated based on the number of hospital discharges for amputations rather than the number of persons who received an amputation. The TIHDD does not distinguish between whether a person was discharged for an amputation or a subsequent reamputation (i.e., a higher level amputation on the same extremity, such as a toe amputation followed by a foot amputation on one leg) within the same year. One study in Texas estimated the rate of reamputation to be as high as 26.7% within a year (*7*); therefore, a disproportionately higher rate of reamputations along the border might have contributed to the higher rates of amputations found in this analysis. Second, rates of LEAs among persons with diabetes were calculated using a denominator based on diabetes prevalence estimates from the Texas BRFSS. Because BRFSS is a landline telephone survey and estimates of diabetes prevalence are based on self-report, the BRFSS survey is thought to underestimate diabetes prevalence (*8*). Finally, race/ethnicity data were defined and collected differently in each data set used in this analysis, and few amputations occurred in border counties among non-Hispanics; therefore, corresponding rates and RRs limited to non-Hispanics were imprecise, and rates adjusted for and stratified by race/ethnicity are not presented. However, differences between residents with diabetes in border counties and nonborder counties were similar when comparing LEA rates among Hispanics only.[†]

[†] For Hispanics with diabetes in border versus nonborder counties, men: 18–44 years (RR = 1.2), 45–64 years (RR = 1.6), ≥65 years (RR = 1.8); women: 18–44 years (RR = 0.9), 45–64 years (RR = 1.1), ≥65 years (RR = 1.0).

Controlling blood-glucose levels, having regular foot examinations and doctor visits, and using appropriate footwear can prevent diabetes-related amputations. Community outreach to educate the public and improve access to health care along the border is important. Diabetes education interventions along the U.S.-Mexico border have proven to be effective in teaching diabetes self-management, resulting in better diabetes control (*9,10*). Future interventions in Texas border communities should include community health workers (known as *promotores de salud*), culturally adapted curricula, and classes at community health centers to increase diabetes knowledge. Furthermore, measures to prevent obesity and diabetes are essential to reduce the effects of diabetes along the border.

Acknowledgments

This report is based, in part, on contributions from the Texas Health Care Information Collection, Texas Dept of State Health Svcs, and A De, Office of Workforce and Career Development, CDC.

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Notice to Readers

National Influenza Vaccination Week — November 27–December 3, 2006

Each year in the United States, approximately 5%–20% of the population is infected with influenza virus, an estimated 200,000 persons are hospitalized from influenza complications, and an estimated 36,000 persons die from influenza. Influenza vaccination is the best way to prevent influenza and its severe complications. Anyone who wants to reduce their risk for acquiring influenza should be vaccinated each influenza season. However, annual influenza vaccination is recommended for the following groups (*1*).

- persons at high risk for influenza-related complications and severe disease, including:
  - — children aged 6–59 months,
  - — pregnant women,
  - — persons aged ≥50 years,
  - — persons of any age with certain chronic medical conditions; and
- persons who live with or care for persons at high risk, including:
  - — household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk, and
  - — health-care workers.

Although influenza vaccination is recommended before or early in the influenza season, persons who are not vaccinated early (particularly those in the recommended groups) should seek vaccination as soon as possible throughout the fall and winter months; influenza viruses can circulate anytime during November–April.

To help raise awareness regarding the importance of influenza vaccination throughout the influenza season, the Department of Health and Human Services, CDC, the National Influenza Vaccine Summit, and other partners have designated November 27–December 3 as National Influenza Vaccination Week. Because of phased vaccine distribution this year, many health-care providers did not receive their full orders of vaccine as early in the influenza vaccination season as they would have preferred; the timing of distribution this season underscores the importance of raising awareness of the benefits of vaccination in November, December, and beyond. CDC encourages state and local health departments, public health partners, and health-care providers to plan vaccination clinics and other activities to promote influenza vaccination. Free materials, including posters and educational flyers, are available at http://www.cdc.gov/flu/gallery.

Reference

1. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(No. RR-10).

Notice to Readers

Satellite Broadcast: Adult Immunization 2006

CDC and the Public Health Training Network will present the satellite broadcast and webcast, "Adult Immunization 2006" on December 7, 2006, at noon EST. The 2.5-hour broadcast will outline vaccine-preventable diseases among adults in the United States, highlight the 2006–2007 Adult Immunization Schedule, and describe strategies to improve adult vaccination coverage levels. The program will include a discussion of vaccines routinely recommended for adults, including influenza, pneumococcal, Tdap, human papillomavirus, and herpes zoster. The program also will address vaccines recommended for health-care workers and identify resources for vaccine recommendations for international travel. Participants nationwide can interact with course instructors via toll-free telephone lines during a live question-and-answer session.

Additional information about the program is available at http://www2.cdc.gov/phtn/adult-imm06/default.asp. Information for site administrators about establishing and registering a viewing location for groups is available at http://www.cdc.gov/phtnonline. This website also is appropriate for individual participants who wish to view the broadcast from a specific location or who seek Continuing Education credit.

No registration is necessary to access the webcast via an Internet connection. The webcast will be available until January 8, 2007, and will become available as a self-study DVD and Internet-based program in February 2007.

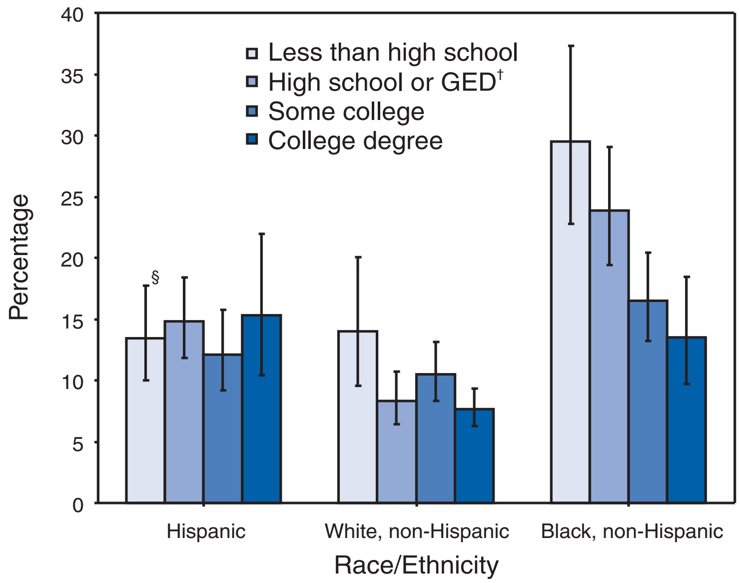
Erratum: Vol. 55, No. 45

In the QuickStats, "Prevalence of Overweight Among Persons Aged 2–19 Years, by Sex — National Health and Nutrition Examination Survey (NHANES), United States, 1999–2000 Through 2003–2004," on page 1229, the second sentence should read, "By 2003–2004, approximately 12.5 million persons aged **2–19** years (17.1%) were overweight."

Please note: An erratum has been published for this issue. To view the erratum, please click here.

QuickStats

Percentage of Persons Aged 22–44 Years at Increased Risk for Human Immunodeficiency Virus (HIV) Infection, by Race/Ethnicity and



* Available at http://www.cdc.gov/nchs/nsfg.htm. As part of the survey, respondents answered a set of self-administered questions about number of opposite-sex sex partners, exchanging sex for money or drugs, male-male sex, illicit drug use, and other HIV risk behaviors during the 12 months preceding the survey.
† General Educational Development.
§ 95% confidence interval.

In 2002, although educational attainment was not related to HIV risk status among Hispanic and non-Hispanic white persons aged 22–44 years, higher education was strongly associated with lower HIV risk among non-Hispanic black persons. For example, 13.5% of black college graduates were at increased risk for HIV, compared with 29.5% of blacks with less than a high school education. Overall, 12.7% of men and 10.0% of women (a total of 10.6 million persons aged 22–44 years) reported sexual or drug-related behaviors that placed them at increased risk for HIV.

SOURCE: Anderson JE, Mosher WD, Chandra A. Measuring HIV risk in the U.S. population aged 15–44: results from Cycle 6 (2002) of the National Survey of Family Growth. Adv Data 2006;377. Available at http://www.cdc.gov/nchs/data/ad/ad377.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 18, 2006 (46th 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	—	8	0	19	16	20	28	39	
infant	—	72	2	90	87	76	69	97	
other (wound & unspecified)	—	43	1	33	30	33	21	19	
Brucellosis	2	95	2	122	114	104	125	136	IN (1), TN (1)
Chancroid	—	26	1	17	30	54	67	38	
Cholera	—	6	0	8	5	2	2	3	
Cyclosporiasis§	—	106	2	716	171	75	156	147	
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	49	1	80	112	108	164	128	
eastern equine	—	6	0	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	7	0	13	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	16	350	7	790	537	362	511	261	NY (16)
human monocytic	7	347	6	521	338	321	216	142	NY (6), MD (1)
human (other & unspecified)	—	157	1	122	59	44	23	6	
*Haemophilus influenzae,***									
invasive disease (age <5 yrs):									
serotype b	—	8	0	9	19	32	34	—	
nonserotype b	—	74	3	135	135	117	144	—	
unknown serotype	2	169	2	217	177	227	153	—	SC (1), AZ (1)
Hansen disease§	—	63	2	88	105	95	96	79	
Hantavirus pulmonary syndrome§	—	27	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	1	221	4	221	200	178	216	202	OH (1)
Hepatitis C viral, acute	6	658	28	751	713	1,102	1,835	3,976	OH (1), NC (2), GA (1), FL (1), OR (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§	—	40	0	45	—	N	N	N	
Listeriosis	8	625	15	892	753	696	665	613	NY (1), OH (1), IN (1), NC (1), FL (2), CA (2)
Measles¶¶	—	44	1	66	37	56	44	116	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	3	173	4	297	—	—	—	—	NC (3)
serogroup B	—	107	2	157	—	—	—	—	
other serogroup	—	16	0	27	—	—	—	—	
Mumps	16	6,005	5	314	258	231	270	266	NY (7), OH (2), MO (1), KS (2), MD (1), AZ (1), UT (1), CA (1)
Plague	—	16	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	1	19	0	19	12	12	18	25	NY (1)
Q fever§	1	133	1	139	70	71	61	26	FL (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	9	—	11	10	7	18	23	
Rubella, congenital syndrome	—	1	0	1	—	1	1	3	
SARS-CoV§,†††	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	85	1	129	132	161	118	77	
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	15	959	17	1,257	1,162	845	513	498	NY (3), MO (1), MD (3), OK (2), CO (4), AZ (2)
Syphilis, congenital (age <1 yr)	4	239	8	361	353	413	412	441	NC (1), AZ (3)
Tetanus	—	19	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	1	86	2	96	95	133	109	127	KY (1)
Trichinellosis	—	11	0	19	5	6	14	22	
Tularemia§	—	78	2	154	134	129	90	129	
Typhoid fever	2	242	5	324	322	356	321	368	OH (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	3	0	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 year 2006 are provisional, whereas data for 2001, 2002, 2003, 2004, and 2005 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/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Pediatric HIV data will not be updated monthly for the remainder of this year due to upgrading of the national HIV/AIDS surveillance data management system. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

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

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

††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 18, 2006, and November 19, 2005 (46th Week)*

	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005
United States	8,434	19,318	35,170	841,113	849,997	131	151	1,643	7,220	4,121	57	71	594	4,591	6,998
New England	691	646	1,550	29,674	28,435	—	0	0	—	—	1	4	36	262	335
Connecticut	31	178	1,214	8,439	8,346	N	0	0	N	N	—	0	33	33	77
Maine§	50	42	67	2,001	2,001	N	0	0	N	N	—	0	4	35	30
Massachusetts	494	296	607	13,802	12,720	—	0	0	—	—	—	1	14	88	145
New Hampshire	71	38	65	1,800	1,641	—	0	0	—	—	—	1	5	45	34
Rhode Island	25	63	107	2,661	2,881	—	0	0	—	—	—	0	6	14	13
Vermont§	20	19	43	971	846	N	0	0	N	N	1	0	5	47	36
Mid. Atlantic	468	2,397	3,696	104,802	105,261	—	0	0	—	—	3	10	444	504	2,987
New Jersey	—	363	497	15,482	17,133	N	0	0	N	N	—	0	3	11	56
New York (Upstate)	468	499	1,727	21,281	21,009	N	0	0	N	N	3	3	441	156	2,530
New York City	—	740	1,567	33,086	34,332	N	0	0	N	N	—	2	7	90	141
Pennsylvania	—	757	1,104	34,953	32,787	N	0	0	N	N	—	4	17	247	260
E.N. Central	988	3,140	12,578	137,784	144,367	—	1	3	41	11	9	15	105	1,132	1,554
Illinois	—	974	1,695	45,515	44,939	—	0	0	—	—	—	2	18	139	151
Indiana	356	390	510	17,243	17,900	N	0	0	N	N	1	1	18	89	79
Michigan	517	661	9,888	30,738	24,542	—	0	3	35	11	—	2	8	128	102
Ohio	42	631	1,424	27,180	38,866	—	0	2	6	—	8	5	33	334	744
Wisconsin	73	387	531	17,108	18,120	N	0	0	N	N	—	5	53	442	478
W.N. Central	713	1,157	1,455	51,944	52,422	—	0	12	1	4	3	11	76	782	580
Iowa	187	159	225	7,353	6,519	N	0	0	N	N	1	1	28	167	119
Kansas	197	146	269	6,385	6,531	N	0	0	N	N	1	1	8	77	35
Minnesota	—	231	347	9,631	10,952	—	0	12	—	3	—	3	22	204	127
Missouri	248	446	611	20,159	19,975	—	0	1	1	1	—	2	19	169	242
Nebraska§	81	97	176	4,747	4,522	N	0	0	N	N	1	1	16	88	26
North Dakota	—	33	58	1,446	1,474	N	0	0	N	N	—	0	4	9	1
South Dakota	—	51	116	2,223	2,449	N	0	0	N	N	—	1	7	68	30
S. Atlantic	2,288	3,688	4,935	163,119	156,036	—	0	1	3	2	28	15	70	1,031	680
Delaware	64	68	92	3,153	3,021	N	0	0	N	N	—	0	3	13	6
District of Columbia	—	52	138	2,302	3,366	—	0	0	—	—	1	0	2	14	15
Florida	878	957	1,156	43,333	38,110	N	0	0	N	N	17	6	32	498	317
Georgia	12	661	2,142	28,306	27,976	—	0	0	—	—	7	4	12	217	132
Maryland§	—	324	468	14,998	16,498	—	0	1	3	2	2	0	3	18	29
North Carolina	381	613	1,772	29,646	28,329	N	0	0	N	N	—	1	11	90	83
South Carolina§	557	332	1,452	17,514	15,978	N	0	0	N	N	1	1	13	122	21
Virginia§	396	430	840	21,238	20,336	N	0	0	N	N	—	1	6	50	64
West Virginia	—	57	226	2,629	2,422	N	0	0	N	N	—	0	3	9	13
E.S. Central	509	1,388	1,947	64,155	61,905	—	0	0	—	—	5	3	12	165	207
Alabama§	—	406	756	17,936	14,601	N	0	0	N	N	3	1	10	75	25
Kentucky	—	157	402	7,202	7,724	N	0	0	N	N	—	1	5	35	139
Mississippi	—	363	807	16,324	18,922	—	0	0	—	—	—	0	3	16	2
Tennessee§	509	510	608	22,693	20,658	N	0	0	N	N	2	0	5	39	41
W.S. Central	541	2,189	3,605	95,888	98,370	1	0	1	2	—	1	3	41	289	220
Arkansas	135	155	335	7,309	7,700	1	0	0	1	—	—	0	2	20	6
Louisiana	67	250	608	11,806	15,489	—	0	1	1	N	—	0	9	54	81
Oklahoma	339	220	2,159	11,232	10,412	N	0	0	N	N	1	1	4	38	41
Texas§	—	1,458	1,904	65,541	64,769	N	0	0	N	N	—	2	32	177	92
Mountain	764	1,025	1,839	45,262	55,575	86	112	452	4,946	2,703	7	3	39	353	130
Arizona	533	368	881	17,062	18,697	86	108	448	4,827	2,605	—	0	3	24	10
Colorado	100	148	482	5,480	13,695	N	0	0	N	N	2	1	7	66	48
Idaho§	—	49	191	2,333	2,369	N	0	0	N	N	—	0	5	35	14
Montana§	—	43	195	2,189	2,050	N	0	0	N	N	—	1	26	128	16
Nevada§	13	85	432	4,465	6,334	—	1	4	52	58	—	0	1	9	11
New Mexico§	—	179	339	8,126	7,383	—	0	3	13	19	—	0	5	25	17
Utah	118	94	176	4,470	4,023	—	1	3	52	18	1	0	3	18	11
Wyoming	—	27	54	1,137	1,024	—	0	2	2	3	4	0	11	48	3
Pacific	1,472	3,331	5,079	148,485	147,626	44	46	1,179	2,227	1,401	—	2	52	73	305
Alaska	—	82	152	3,617	3,755	—	0	0	—	—	—	0	1	4	3
California	987	2,578	4,231	116,804	114,501	44	46	1,179	2,227	1,401	—	0	14	—	179
Hawaii	1	102	135	4,552	4,902	N	0	0	N	N	—	0	1	4	1
Oregon§	90	170	315	7,728	7,926	N	0	0	N	N	—	1	7	65	66
Washington	394	348	604	15,784	16,542	N	0	0	N	N	—	0	38	—	56
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	27	—	753	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	83	187	3,855	3,652	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	16	178	196	—	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 year 2006 is 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 November 18, 2006, and November 19, 2005 (46th Week)*

	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	208	319	1,029	15,025	17,126	2,857	6,578	14,136	292,844	292,735	22	39	142	1,731	1,967
New England	6	23	75	1,064	1,504	123	110	288	5,006	5,077	1	2	19	136	150
Connecticut	—	0	37	253	310	7	43	241	1,998	2,138	1	0	9	43	44
Maine†	4	2	13	161	188	1	2	8	115	124	—	0	4	19	10
Massachusetts	—	9	18	357	677	98	47	86	2,219	2,217	—	1	7	52	72
New Hampshire	—	0	9	27	56	8	3	9	174	156	—	0	2	9	8
Rhode Island	—	0	25	100	107	8	9	19	441	388	—	0	7	4	7
Vermont†	2	3	12	166	166	1	1	4	59	54	—	0	2	9	9
Mid. Atlantic	47	62	254	2,904	3,097	135	647	1,014	28,216	30,230	4	7	30	327	380
New Jersey	—	9	13	339	410	—	103	164	4,428	5,075	—	0	4	—	78
New York (Upstate)	45	24	227	1,103	1,080	135	122	455	5,542	6,142	4	2	27	127	106
New York City	2	15	29	777	814	—	173	382	8,346	9,225	—	1	6	72	72
Pennsylvania	—	15	31	685	793	—	221	399	9,900	9,788	—	3	8	128	124
E.N. Central	10	48	82	2,180	3,012	382	1,254	7,047	56,289	58,805	3	5	14	241	333
Illinois	—	9	21	358	706	—	371	710	17,368	17,759	—	1	6	47	112
Indiana	N	0	0	N	N	161	161	244	7,670	7,237	—	1	11	72	56
Michigan	—	14	37	613	717	175	262	5,880	13,010	10,048	—	0	3	19	23
Ohio	10	16	32	736	719	14	303	648	12,383	18,591	3	2	6	76	102
Wisconsin	—	10	40	473	870	32	133	172	5,858	5,170	—	0	4	27	40
W.N. Central	10	28	260	1,592	2,039	233	369	441	16,500	16,651	—	2	15	133	100
Iowa	1	5	15	260	254	44	36	62	1,629	1,433	—	0	1	1	—
Kansas	2	3	11	179	191	59	41	124	1,789	2,304	—	0	3	14	14
Minnesota	—	1	238	481	894	—	62	105	2,510	3,094	—	0	9	71	40
Missouri	6	9	28	489	464	108	190	251	8,892	8,390	—	0	6	32	30
Nebraska†	1	2	9	103	111	22	26	56	1,250	1,022	—	0	2	8	14
North Dakota	—	0	7	17	16	—	3	7	107	99	—	0	3	7	2
South Dakota	—	1	5	63	109	—	6	15	323	309	—	0	0	—	—
S. Atlantic	54	50	95	2,347	2,469	980	1,599	2,334	73,278	68,742	10	10	24	470	465
Delaware	—	1	4	35	52	22	27	44	1,309	798	—	0	1	1	—
District of Columbia	2	1	4	57	51	—	35	61	1,460	1,887	—	0	2	7	9
Florida	24	19	44	1,009	870	381	451	549	20,437	17,640	2	3	9	151	118
Georgia	25	11	26	518	664	14	326	1,014	14,382	13,142	1	2	6	89	98
Maryland†	3	3	11	190	192	—	125	186	5,564	6,235	3	1	5	63	65
North Carolina	N	0	0	N	N	214	310	766	15,500	13,641	2	0	9	51	71
South Carolina†	—	1	7	90	100	237	145	704	7,925	7,320	2	0	3	32	32
Virginia†	—	9	50	422	498	112	132	288	5,876	7,445	—	1	8	57	46
West Virginia	—	0	6	26	42	—	17	42	825	634	—	0	4	19	26
E.S. Central	13	8	41	464	380	175	557	867	26,041	24,891	—	2	7	89	107
Alabama†	11	5	29	264	177	—	185	311	8,248	8,190	—	0	5	21	17
Kentucky	N	0	0	N	N	—	55	168	2,648	2,715	—	0	1	4	12
Mississippi	—	0	0	—	—	—	143	436	6,477	6,310	—	0	1	3	—
Tennessee†	2	4	12	200	203	175	193	238	8,668	7,676	—	1	4	61	78
W.S. Central	6	5	31	271	301	297	902	1,430	41,550	40,157	2	1	15	59	103
Arkansas	5	2	8	126	78	81	81	142	3,796	4,017	—	0	2	7	7
Louisiana	—	0	5	29	59	71	153	354	7,312	8,577	—	0	3	10	34
Oklahoma	1	2	24	116	164	145	79	764	4,189	4,139	2	1	14	42	55
Texas†	N	0	0	N	N	—	567	915	26,253	23,424	—	0	1	—	7
Mountain	35	30	66	1,481	1,383	194	220	552	10,368	11,875	1	4	8	170	198
Arizona	—	3	36	139	131	125	92	201	4,227	4,282	1	1	7	79	97
Colorado	8	9	33	487	483	43	45	90	2,067	2,843	—	1	4	43	39
Idaho†	2	3	12	161	138	—	2	15	139	103	—	0	1	5	5
Montana†	—	2	11	97	65	—	3	20	168	134	—	0	0	—	—
Nevada†	—	1	8	85	105	1	25	194	1,421	2,471	—	0	1	1	14
New Mexico†	—	1	6	57	81	—	31	65	1,477	1,352	—	0	4	23	25
Utah	24	7	19	419	354	25	17	25	767	618	—	0	4	16	9
Wyoming	1	1	4	36	26	—	2	6	102	72	—	0	1	3	9
Pacific	27	59	202	2,722	2,941	338	804	968	35,596	36,307	1	2	15	106	131
Alaska	—	1	17	95	102	—	11	24	493	517	—	0	2	9	27
California	25	42	105	1,934	2,092	215	659	835	29,350	30,238	—	0	9	27	52
Hawaii	—	1	3	40	59	—	18	29	782	915	—	0	1	16	9
Oregon†	2	8	14	348	378	16	28	49	1,180	1,372	1	1	6	52	43
Washington	—	6	90	305	310	107	75	142	3,791	3,265	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	11	—	2	15	—	81	—	0	1	—	14
Puerto Rico	—	1	12	77	243	—	5	16	239	327	—	0	0	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	5	30	45	—	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 year 2006 is 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 November 18, 2006, and November 19, 2005 (46th Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks Med	A — Previous 52 weeks Max	A — Cum 2006	A — Cum 2005	B — Current week	B — Previous 52 weeks Med	B — Previous 52 weeks Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks Med	Legionellosis — Previous 52 weeks Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	35	64	245	2,922	3,747	56	84	574	3,586	4,293	24	43	127	2,112	1,961
New England	—	3	20	152	428	—	2	8	86	140	3	2	12	113	143
Connecticut	—	1	2	37	47	—	1	3	29	44	2	0	9	48	33
Maine†	—	0	2	6	4	—	0	2	19	12	—	0	2	8	7
Massachusetts	—	0	6	51	276	—	0	5	14	47	—	0	4	27	64
New Hampshire	—	0	16	37	80	—	0	2	13	28	—	0	1	1	9
Rhode Island	—	0	4	12	15	—	0	4	9	3	—	0	10	21	21
Vermont†	—	0	2	9	6	—	0	1	2	6	1	0	2	8	9
Mid. Atlantic	1	7	17	317	594	3	8	55	359	585	6	14	47	795	680
New Jersey	—	2	6	71	138	—	2	8	85	215	—	2	10	95	113
New York (Upstate)	1	1	14	82	89	3	1	43	56	52	6	6	30	303	169
New York City	—	2	10	107	274	—	2	5	77	120	—	2	13	116	112
Pennsylvania	—	1	5	57	93	—	3	9	141	198	—	4	18	281	286
E.N. Central	4	6	13	278	334	12	8	24	366	511	8	8	25	420	397
Illinois	—	1	4	61	118	—	1	7	60	145	—	0	4	21	54
Indiana	1	0	5	30	19	6	0	17	53	34	—	1	3	32	28
Michigan	2	2	8	101	105	1	3	6	129	169	—	2	9	121	108
Ohio	1	1	4	49	47	5	2	10	116	119	8	3	19	210	175
Wisconsin	—	1	4	37	45	—	0	2	8	44	—	0	5	36	32
W.N. Central	1	2	30	120	83	1	4	22	143	244	—	1	15	70	93
Iowa	—	0	2	10	19	—	0	3	15	25	—	0	3	10	8
Kansas	1	0	5	27	16	1	0	2	9	27	—	0	2	5	3
Minnesota	—	0	29	16	3	—	0	13	23	29	—	0	11	24	26
Missouri	—	1	3	42	30	—	2	6	77	132	—	0	3	19	29
Nebraska†	—	0	2	17	14	—	0	2	18	24	—	0	2	8	4
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	8	1	—	0	1	1	7	—	0	1	4	21
S. Atlantic	17	10	29	506	661	18	24	66	1,032	1,241	5	8	19	390	369
Delaware	—	0	2	10	6	—	1	4	41	30	—	0	2	10	16
District of Columbia	—	0	2	7	4	—	0	2	7	11	2	0	5	29	12
Florida	5	4	13	194	263	11	8	19	376	431	1	3	9	144	103
Georgia	1	1	5	56	117	3	3	8	147	183	—	0	4	20	33
Maryland†	—	1	6	61	68	—	3	10	138	139	2	1	7	81	102
North Carolina	11	0	20	95	81	4	0	23	147	150	—	0	5	33	30
South Carolina†	—	0	3	23	39	—	2	7	73	140	—	0	1	4	14
Virginia†	—	1	11	54	79	—	1	18	54	122	—	1	7	56	41
West Virginia	—	0	3	6	4	—	0	18	49	35	—	0	3	13	18
E.S. Central	—	2	8	115	228	4	6	16	305	335	1	1	9	87	79
Alabama†	—	0	3	17	42	4	2	9	104	85	—	0	2	10	13
Kentucky	—	0	5	31	24	—	1	5	63	64	1	0	4	35	28
Mississippi	—	0	1	8	18	—	0	2	17	47	—	0	1	1	3
Tennessee†	—	1	5	59	144	—	2	7	121	139	—	1	7	41	35
W.S. Central	—	4	77	217	425	9	13	315	636	563	—	0	32	43	43
Arkansas	—	0	9	37	18	—	1	3	44	63	—	0	3	3	6
Louisiana	—	0	4	19	61	—	0	5	31	65	—	0	2	4	2
Oklahoma	—	0	2	6	4	9	0	17	70	39	—	0	3	1	7
Texas†	—	4	73	155	342	—	11	295	491	396	—	0	26	35	28
Mountain	6	5	17	243	299	1	3	16	151	170	1	2	8	116	90
Arizona	6	2	16	152	169	—	0	3	31	—	—	1	5	38	22
Colorado	—	1	4	33	37	—	1	5	31	52	—	0	2	22	19
Idaho†	—	0	2	9	21	1	0	2	13	15	—	0	3	11	4
Montana†	—	0	3	10	8	—	0	7	—	3	—	0	1	6	5
Nevada†	—	0	2	11	20	—	1	5	30	46	—	0	2	8	19
New Mexico†	—	0	3	12	24	—	0	2	19	18	—	0	1	5	4
Utah	—	0	2	13	19	—	0	5	27	34	1	0	6	26	13
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	6	18	163	974	695	8	11	61	508	504	—	2	9	78	67
Alaska	—	0	0	—	4	—	0	3	9	7	—	0	0	—	1
California	6	15	162	879	581	8	8	41	380	338	—	2	9	78	63
Hawaii	—	0	2	10	22	—	0	1	6	7	—	0	0	—	3
Oregon†	—	0	5	41	44	—	1	5	69	93	N	0	0	N	N
Washington	—	1	13	44	44	—	0	18	44	59	—	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	0	—	18	—	0	0	—	—
Puerto Rico	—	0	6	30	60	—	1	8	27	49	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting year 2006 is provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 18, 2006, and November 19, 2005 (46th Week)*

	Lyme disease					Malaria				
		Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005
United States	171	236	2,153	15,412	19,921	4	25	125	1,112	1,247
New England	121	30	780	2,711	3,614	—	1	11	45	67
Connecticut	7	11	753	1,630	778	—	0	3	11	17
Maine†	21	1	34	253	239	—	0	1	4	5
Massachusetts	—	1	23	33	2,283	—	0	3	19	36
New Hampshire	—	5	90	519	227	—	0	3	9	6
Rhode Island	93	0	62	186	37	—	0	8	1	2
Vermont†	—	1	14	90	50	—	0	1	1	1
Mid. Atlantic	43	136	1,176	8,686	11,374	—	5	13	239	329
New Jersey	—	21	172	1,848	3,277	—	0	3	28	72
New York (Upstate)	43	63	1,150	3,682	3,625	—	1	11	42	47
New York City	—	1	18	145	381	—	2	9	128	176
Pennsylvania	—	34	234	3,011	4,091	—	1	4	41	34
E.N. Central	—	9	146	1,356	1,691	—	2	7	109	133
Illinois	—	0	2	—	126	—	1	4	44	71
Indiana	—	0	3	19	30	—	0	3	10	6
Michigan	—	1	6	53	55	—	0	2	17	21
Ohio	—	1	5	43	53	—	0	3	27	24
Wisconsin	—	8	141	1,241	1,427	—	0	3	11	11
W.N. Central	—	6	169	719	872	—	0	32	50	45
Iowa	—	1	8	87	91	—	0	1	2	8
Kansas	—	0	2	4	3	—	0	2	7	6
Minnesota	—	3	167	606	759	—	0	30	29	11
Missouri	—	0	2	10	14	—	0	1	6	17
Nebraska†	—	0	2	11	3	—	0	1	4	3
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	7	27	113	1,653	2,129	4	7	15	294	275
Delaware	—	7	28	437	619	—	0	1	5	3
District of Columbia	1	0	7	56	8	2	0	2	5	8
Florida	3	1	5	45	42	—	1	6	56	53
Georgia	—	0	1	6	6	1	1	6	76	47
Maryland†	3	14	70	804	1,143	1	1	5	65	94
North Carolina	—	0	4	29	44	—	0	8	28	30
South Carolina†	—	0	2	18	19	—	0	2	9	8
Virginia†	—	3	25	245	232	—	1	9	48	29
West Virginia	—	0	44	13	16	—	0	1	2	3
E.S. Central	—	0	3	27	34	—	0	3	21	29
Alabama†	—	0	3	10	3	—	0	2	9	6
Kentucky	—	0	2	7	5	—	0	1	3	10
Mississippi	—	0	0	—	—	—	0	1	4	—
Tennessee†	—	0	2	10	26	—	0	2	5	13
W.S. Central	—	0	3	17	74	—	2	31	79	114
Arkansas	—	0	1	—	4	—	0	1	2	6
Louisiana	—	0	0	—	3	—	0	1	4	5
Oklahoma	—	0	0	—	—	—	0	2	7	10
Texas†	—	0	3	17	67	—	1	29	66	93
Mountain	—	0	4	30	21	—	1	9	63	52
Arizona	—	0	2	9	8	—	0	9	22	13
Colorado	—	0	1	5	—	—	0	1	13	24
Idaho†	—	0	2	5	2	—	0	1	1	—
Montana†	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	2	3	—	0	1	4	3
New Mexico†	—	0	1	2	3	—	0	1	4	3
Utah	—	0	1	6	2	—	0	2	17	7
Wyoming	—	0	1	1	3	—	0	0	—	2
Pacific	—	4	16	213	112	—	4	13	212	203
Alaska	—	0	1	3	4	—	0	4	23	6
California	—	4	15	194	79	—	3	10	142	149
Hawaii	N	0	0	N	N	—	0	2	4	18
Oregon†	—	0	2	13	20	—	0	1	11	12
Washington	—	0	3	3	9	—	0	5	32	18
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	1	4
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 November 18, 2006, and November 19, 2005 (46th Week)*

	Meningococcal disease, invasive										Pertussis				
	All serogroups					Serogroup unknown									
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005
United States	10	19	85	890	1,070	6	12	58	594	662	119	258	2,877	11,342	20,458
New England	—	1	3	41	64	—	0	2	28	22	5	25	83	1,023	1,310
Connecticut	—	0	2	10	12	—	0	2	3	1	—	1	5	37	64
Maine†	—	0	1	6	2	—	0	1	4	2	—	1	11	80	50
Massachusetts	—	0	2	15	30	—	0	2	15	5	—	16	43	594	987
New Hampshire	—	0	2	6	12	—	0	2	6	12	2	2	36	159	90
Rhode Island	—	0	1	2	3	—	0	0	—	—	—	0	17	49	36
Vermont†	—	0	1	2	5	—	0	0	—	2	3	2	14	104	83
Mid. Atlantic	—	2	13	94	137	—	2	11	90	105	34	35	137	1,633	1,172
New Jersey	N	0	1	N	31	N	0	1	N	31	—	4	13	184	165
New York (Upstate)	N	0	7	N	36	N	0	5	N	12	34	15	123	773	455
New York City	—	1	4	56	24	—	1	4	56	24	—	1	8	64	96
Pennsylvania	—	0	5	38	46	—	0	5	34	38	—	13	26	612	456
E.N. Central	1	2	11	105	147	—	1	6	73	117	22	39	133	1,690	3,482
Illinois	—	0	4	18	33	—	0	4	18	33	—	6	23	231	836
Indiana	—	0	5	21	18	—	0	1	8	8	—	4	75	213	298
Michigan	—	0	3	20	33	—	0	1	9	18	5	9	39	541	283
Ohio	1	1	5	42	41	—	1	4	34	36	17	12	30	541	1,041
Wisconsin	—	0	2	4	22	—	0	2	4	22	—	4	21	164	1,024
W.N. Central	—	1	4	56	74	—	0	3	18	30	8	24	552	1,082	3,506
Iowa	—	0	2	18	15	—	0	1	5	1	—	6	38	246	978
Kansas	—	0	1	2	9	—	0	1	2	9	6	6	25	277	442
Minnesota	—	0	2	13	14	—	0	1	4	5	—	0	485	161	1,025
Missouri	—	0	2	14	27	—	0	1	2	12	1	6	42	266	481
Nebraska†	—	0	2	6	5	—	0	1	4	3	1	2	9	86	270
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	25	26	134
South Dakota	—	0	1	2	4	—	0	0	—	—	—	0	4	20	176
S. Atlantic	7	3	14	170	198	4	1	7	71	89	7	18	46	903	1,277
Delaware	—	0	1	4	4	—	0	1	4	4	—	0	1	3	15
District of Columbia	—	0	1	1	5	—	0	1	1	4	—	0	3	6	8
Florida	—	1	6	65	74	—	0	5	24	30	1	4	9	192	185
Georgia	—	0	3	14	15	—	0	3	14	15	—	0	3	20	45
Maryland†	—	0	2	12	22	—	0	1	2	5	2	3	9	118	187
North Carolina	6	0	11	30	29	3	0	3	10	7	—	0	22	177	98
South Carolina†	1	0	2	20	13	1	0	2	9	8	4	3	11	161	379
Virginia†	—	0	4	16	30	—	0	1	7	14	—	1	27	183	316
West Virginia	—	0	2	8	6	—	0	0	—	2	—	0	9	43	44
E.S. Central	1	1	4	40	52	1	1	4	32	41	5	7	27	332	468
Alabama†	—	0	1	6	5	—	0	1	4	3	5	1	18	99	78
Kentucky	1	0	2	11	17	1	0	2	11	17	—	1	5	54	141
Mississippi	—	0	1	4	6	—	0	1	4	6	—	1	4	39	56
Tennessee†	—	0	2	19	24	—	0	2	13	15	—	3	10	140	193
W.S. Central	—	1	23	55	99	—	0	6	23	24	2	15	360	652	2,148
Arkansas	—	0	3	9	14	—	0	2	6	3	1	2	21	71	283
Louisiana	—	0	2	6	29	—	0	1	3	6	—	0	3	13	49
Oklahoma	—	0	4	11	14	—	0	0	—	2	—	0	124	19	1
Texas†	—	0	16	29	42	—	0	4	14	13	1	13	215	549	1,815
Mountain	—	1	5	62	82	—	0	4	30	23	36	56	230	2,333	3,655
Arizona	—	0	3	17	31	—	0	3	17	10	2	8	177	443	880
Colorado	—	0	2	19	17	—	0	1	2	—	10	14	40	683	1,214
Idaho†	—	0	1	3	6	—	0	1	2	5	—	2	8	81	195
Montana†	—	0	1	4	—	—	0	1	2	—	—	2	9	103	571
Nevada†	—	0	1	4	12	—	0	0	—	2	—	0	9	55	48
New Mexico†	—	0	1	6	5	—	0	1	3	4	—	2	6	101	171
Utah	—	0	1	5	11	—	0	0	—	2	24	14	39	795	527
Wyoming	—	0	2	4	—	—	0	2	4	—	—	1	8	72	49
Pacific	1	5	29	267	217	1	5	25	229	211	—	32	1,334	1,694	3,440
Alaska	—	0	1	2	3	—	0	1	2	3	—	1	15	63	130
California	1	3	14	166	137	1	3	14	166	137	—	22	1,136	1,192	1,720
Hawaii	—	0	1	7	11	—	0	1	7	6	—	1	4	70	157
Oregon†	—	1	7	62	47	—	1	4	43	47	—	2	8	95	615
Washington	—	0	25	30	19	—	0	11	11	18	—	5	195	274	818
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	N	0	0	N	7	N	0	0	N	7	—	0	1	2	6
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 November 18, 2006, and November 19, 2005 (46th 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	73	119	229	5,586	5,338	5	40	246	1,894	1,616	452	808	2,291	36,854	39,366
New England	11	11	26	609	643	—	0	2	2	8	5	25	451	1,675	1,979
Connecticut	6	3	14	192	189	—	0	0	—	—	—	0	443	443	437
Maine†	2	2	8	104	53	N	0	0	N	N	3	2	10	109	154
Massachusetts	—	4	17	178	309	—	0	1	1	6	—	17	53	782	1,044
New Hampshire	—	1	5	48	12	—	0	1	1	1	1	3	25	192	161
Rhode Island	—	0	3	24	27	—	0	2	—	1	—	0	17	83	95
Vermont†	3	1	5	63	53	—	0	0	—	—	1	1	6	66	88
Mid. Atlantic	10	27	61	1,406	900	—	1	5	72	93	16	83	272	4,502	4,644
New Jersey	N	0	0	N	N	—	0	1	7	28	—	14	48	802	898
New York (Upstate)	10	10	24	499	504	—	0	2	5	1	15	24	233	1,155	1,104
New York City	—	0	5	31	28	—	0	3	19	7	1	23	49	1,096	1,104
Pennsylvania	—	16	45	876	368	—	1	3	41	57	—	29	67	1,449	1,538
E.N. Central	4	2	18	157	168	—	0	6	36	41	35	101	187	4,489	5,154
Illinois	—	0	7	46	50	—	0	1	3	11	—	23	51	991	1,690
Indiana	—	0	2	11	11	—	0	1	7	1	6	15	67	778	572
Michigan	1	1	5	46	37	—	0	1	2	6	2	18	34	860	836
Ohio	3	0	9	54	70	—	0	4	23	21	27	22	56	1,130	1,202
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	16	27	730	854
W.N. Central	3	5	20	277	302	—	3	15	204	148	25	44	107	2,349	2,336
Iowa	—	1	7	57	—	—	0	1	5	7	—	8	22	392	381
Kansas	3	1	5	74	74	—	0	1	2	5	5	7	16	329	332
Minnesota	—	1	6	39	66	—	0	2	4	2	—	11	60	639	506
Missouri	—	1	6	64	69	—	3	11	169	122	16	13	35	686	731
Nebraska†	—	0	0	—	—	—	0	5	24	7	4	3	8	168	205
North Dakota	—	0	7	22	29	—	0	1	—	—	—	0	46	27	36
South Dakota	—	0	4	21	64	—	0	0	—	5	—	2	7	108	145
S. Atlantic	36	38	174	1,948	1,927	2	20	94	1,071	828	223	219	392	10,065	11,471
Delaware	—	0	0	—	—	—	0	3	18	7	—	2	10	136	115
District of Columbia	—	0	0	—	—	—	0	1	1	2	1	1	4	57	53
Florida	—	0	158	158	201	—	0	3	19	13	113	95	185	4,264	4,730
Georgia	24	4	9	213	239	—	0	5	40	85	39	31	72	1,567	1,801
Maryland†	—	7	13	307	350	1	1	6	70	67	15	12	29	638	748
North Carolina	12	9	22	470	436	—	17	87	795	468	43	33	130	1,508	1,532
South Carolina†	—	3	11	156	204	1	0	5	33	69	12	18	51	904	1,292
Virginia†	—	11	27	549	445	—	1	13	92	110	—	20	57	867	1,032
West Virginia	—	1	13	95	52	—	0	2	3	7	—	2	19	124	168
E.S. Central	—	4	16	224	140	—	4	30	337	282	22	54	149	2,742	2,727
Alabama†	—	1	8	78	74	—	1	10	108	72	7	16	71	974	664
Kentucky	—	0	4	27	17	—	0	1	3	3	4	8	23	397	450
Mississippi	—	0	2	4	5	—	0	1	2	17	—	11	42	692	854
Tennessee†	—	2	9	115	44	—	3	21	224	190	11	14	31	679	759
W.S. Central	7	11	34	562	807	3	1	161	115	183	29	79	922	3,586	3,932
Arkansas	5	0	4	31	33	2	0	10	51	118	23	15	47	857	678
Louisiana	—	0	0	—	—	—	0	1	4	6	—	13	42	719	853
Oklahoma	2	1	9	60	72	1	0	154	36	29	6	8	48	454	369
Texas†	—	10	29	471	702	—	0	4	24	30	—	31	839	1,556	2,032
Mountain	2	3	27	198	250	—	1	6	50	31	31	51	88	2,288	2,142
Arizona	1	2	10	129	161	—	0	6	12	17	17	17	67	778	597
Colorado	—	0	0	—	18	—	0	1	2	4	9	12	30	557	527
Idaho†	—	0	25	25	—	—	0	3	13	3	1	3	9	158	135
Montana†	—	0	2	13	15	—	0	2	2	1	—	3	16	114	109
Nevada†	—	0	1	2	14	—	0	0	—	—	—	3	20	172	177
New Mexico†	1	0	2	10	10	—	0	2	8	4	—	4	15	213	231
Utah	—	0	1	11	15	—	0	2	6	—	4	5	15	254	285
Wyoming	—	0	2	8	17	—	0	1	7	2	—	1	4	42	81
Pacific	—	4	12	205	201	—	0	1	7	2	66	111	426	5,158	4,981
Alaska	—	0	4	15	1	—	0	0	—	—	—	1	7	66	56
California	—	3	11	165	193	—	0	1	5	—	62	89	292	4,066	3,789
Hawaii	—	0	0	—	—	—	0	0	—	—	—	4	10	213	269
Oregon†	—	0	4	25	7	—	0	1	2	2	4	8	16	373	381
Washington	U	0	0	U	U	N	0	0	N	N	—	8	124	440	486
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	7
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	2	3	—	35
Puerto Rico	—	1	6	68	61	N	0	0	N	N	4	5	35	230	585
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 year 2006 is 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 November 18, 2006, and November 19, 2005 (46th Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)[†]					Shigellosis					Streptococcal disease, invasive, group A				
	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	23	53	297	2,451	2,933	217	256	1,013	11,761	13,620	39	92	282	4,234	4,010
New England	1	3	70	238	204	1	3	65	217	296	1	4	15	183	259
Connecticut	—	0	69	69	53	—	0	59	59	52	U	0	2	U	92
Maine[§]	—	0	8	37	28	—	0	2	3	14	—	0	2	17	14
Massachusetts	—	1	9	82	83	—	2	11	128	180	—	2	6	101	117
New Hampshire	1	0	3	25	16	1	0	4	8	13	—	0	9	44	17
Rhode Island	—	0	2	8	7	—	0	3	13	20	—	0	3	7	9
Vermont[§]	—	0	2	2	17	—	0	2	6	17	1	0	2	14	10
Mid. Atlantic	1	4	107	186	330	2	16	72	747	1,137	7	18	43	807	790
New Jersey	—	0	3	3	70	—	4	34	241	288	—	2	8	122	166
New York (Upstate)	—	0	103	12	125	2	4	60	207	241	7	4	32	275	220
New York City	—	0	4	32	17	—	5	13	222	378	—	3	8	133	156
Pennsylvania	—	0	4	8	118	—	1	6	77	230	—	6	13	277	248
E.N. Central	12	10	54	570	591	8	20	37	898	1,062	2	14	44	711	816
Illinois	—	1	7	64	128	—	7	18	307	363	—	3	11	144	272
Indiana	1	1	8	77	68	6	2	18	148	167	2	2	11	104	93
Michigan	—	2	7	84	84	—	3	8	137	216	—	3	12	196	190
Ohio	11	3	18	173	160	2	3	14	174	106	—	4	19	215	176
Wisconsin	—	2	39	172	151	—	3	9	132	210	—	1	4	52	85
W.N. Central	—	8	32	481	490	6	34	77	1,490	1,514	1	5	57	312	251
Iowa	—	2	8	116	94	—	2	10	98	92	N	0	0	N	N
Kansas	—	0	4	23	52	2	3	20	132	214	—	1	5	53	37
Minnesota	—	3	27	218	160	—	3	23	201	83	—	0	52	143	96
Missouri	—	1	10	82	89	4	11	69	613	902	1	1	5	70	62
Nebraska[§]	—	1	8	55	58	—	2	14	119	131	—	0	4	27	22
North Dakota	—	0	15	—	7	—	0	18	103	4	—	0	5	11	10
South Dakota	—	0	5	40	30	—	4	22	224	88	—	0	3	8	24
S. Atlantic	6	8	39	417	374	109	57	135	2,908	2,170	19	21	44	1,032	836
Delaware	—	0	2	7	9	—	0	2	9	11	—	0	2	10	6
District of Columbia	—	0	1	2	1	—	0	2	15	13	—	0	2	15	10
Florida	1	2	29	83	84	56	27	77	1,399	1,060	8	5	16	272	227
Georgia	—	2	6	82	49	49	19	73	1,062	598	5	5	12	212	181
Maryland[§]	5	1	8	90	71	4	2	10	117	94	3	4	12	182	160
North Carolina	3	2	7	104	59	—	1	21	143	184	3	0	26	148	115
South Carolina[§]	—	0	2	8	11	—	1	9	72	93	—	1	6	54	33
Virginia[§]	—	0	8	—	87	—	1	9	87	116	—	2	11	113	82
West Virginia	—	0	5	12	3	—	0	2	4	1	—	0	6	26	22
E.S. Central	1	1	12	90	172	21	13	78	800	1,113	—	3	11	178	161
Alabama[§]	—	0	5	39	29	16	3	71	352	208	N	0	0	N	N
Kentucky	1	1	12	90	74	3	4	15	221	293	—	0	5	35	31
Mississippi	—	0	0	—	8	—	1	9	83	91	—	0	0	—	—
Tennessee[§]	—	0	4	24	61	2	3	12	144	521	—	3	9	143	130
W.S. Central	—	1	52	68	102	25	37	596	1,587	3,272	2	7	58	331	279
Arkansas	—	0	7	33	12	8	2	9	110	57	—	0	5	25	19
Louisiana	—	0	1	—	21	—	1	25	127	132	—	0	2	8	—
Oklahoma	—	0	17	35	26	3	2	286	122	596	2	2	14	93	102
Texas[§]	1	2	44	100	43	14	29	308	1,228	2,487	—	4	43	205	158
Mountain	2	5	16	279	287	28	22	89	1,294	851	7	11	77	580	517
Arizona	2	2	13	111	30	13	12	36	659	445	4	6	57	308	218
Colorado	—	1	8	94	75	6	3	16	217	154	3	3	8	131	160
Idaho[§]	—	1	7	73	48	—	0	3	14	17	—	0	2	8	3
Montana[§]	—	0	1	—	15	—	0	10	39	5	—	0	0	—	—
Nevada[§]	—	0	5	22	22	—	1	20	103	56	—	0	0	—	—
New Mexico[§]	—	0	1	4	24	—	2	15	155	128	—	1	7	66	75
Utah	—	1	14	114	64	1	1	6	75	41	—	1	7	63	56
Wyoming	—	0	3	18	9	8	0	8	32	5	—	0	1	4	5
Pacific	—	2	50	122	383	17	38	148	1,820	2,205	—	2	9	100	101
Alaska	—	0	0	—	—	—	0	2	9	11	—	0	0	—	—
California	—	4	18	—	131	17	32	104	1,520	1,910	—	0	0	—	—
Hawaii	—	0	2	16	13	—	1	4	42	32	—	2	9	100	101
Oregon[§]	1	2	13	114	151	—	2	31	117	119	N	0	0	N	N
Washington	—	2	32	106	88	—	2	43	132	133	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	7	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	—	17	—	0	0	—	—
Puerto Rico	—	0	0	—	2	—	0	2	13	9	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is 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 November 18, 2006, and November 19, 2005 (46th 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	19	51	333	2,179	2,242	62	175	334	7,951	7,564	695	824	2,857	36,104	25,442
New England	—	1	24	33	200	1	4	17	175	189	7	35	144	1,297	4,692
Connecticut	U	0	7	U	82	—	0	11	38	44	U	0	58	U	1,454
Maine†	—	0	2	9	N	—	0	2	8	1	—	3	20	151	275
Massachusetts	—	0	6	—	89	1	3	6	107	108	—	0	54	94	2,056
New Hampshire	—	0	0	—	—	—	0	2	11	14	4	6	47	440	290
Rhode Island	—	0	11	10	18	—	0	2	9	21	—	0	0	—	—
Vermont†	—	0	2	14	11	—	0	1	2	1	3	12	50	612	617
Mid. Atlantic	2	3	15	150	184	2	21	35	972	913	—	102	183	4,128	4,271
New Jersey	N	0	0	N	N	—	3	8	145	119	—	0	0	—	—
New York (Upstate)	2	1	10	56	71	2	3	14	134	69	—	0	0	—	—
New York City	U	0	0	U	U	—	10	23	468	546	—	0	0	—	—
Pennsylvania	—	2	9	94	113	—	5	12	225	179	—	102	183	4,128	4,271
E.N. Central	5	12	41	508	563	12	17	39	777	814	365	245	587	12,950	5,174
Illinois	—	0	3	17	32	—	7	23	355	456	—	1	7	68	91
Indiana	5	2	21	146	171	1	1	4	80	57	—	0	475	475	—
Michigan	—	0	4	18	39	4	2	19	109	73	103	102	174	4,046	3,329
Ohio	—	6	32	327	321	6	4	8	173	193	262	128	420	7,717	1,363
Wisconsin	N	0	0	N	N	1	1	4	60	35	—	13	52	644	391
W.N. Central	1	1	191	101	39	1	5	11	229	232	63	28	98	1,566	500
Iowa	N	0	0	N	N	—	0	3	18	8	N	0	0	N	N
Kansas	N	0	0	N	N	1	0	3	23	17	5	3	24	293	—
Minnesota	—	0	191	60	—	—	0	2	21	66	—	0	0	—	—
Missouri	1	1	3	39	32	—	3	8	151	135	58	22	82	1,170	338
Nebraska†	—	0	1	1	2	—	0	1	3	4	—	0	0	—	—
North Dakota	—	0	1	—	2	—	0	1	1	1	—	0	25	45	36
South Dakota	—	0	1	1	3	—	0	3	12	1	—	1	12	58	126
S. Atlantic	11	26	53	1,147	939	17	43	186	1,887	1,895	28	88	860	3,809	2,229
Delaware	—	0	2	—	3	1	0	2	17	10	—	1	5	61	28
District of Columbia	—	0	3	26	13	—	2	9	112	102	3	0	5	45	37
Florida	9	14	36	636	508	9	15	23	662	633	—	0	0	—	—
Georgia	2	8	29	387	310	1	7	147	338	433	—	0	0	—	—
Maryland†	—	0	0	—	—	—	5	19	252	268	—	0	4	11	—
North Carolina	N	0	0	N	N	4	5	17	271	246	—	0	0	—	—
South Carolina†	—	0	0	—	—	2	1	6	61	75	25	15	53	934	552
Virginia†	N	0	0	N	N	—	3	17	169	125	—	30	812	1,441	600
West Virginia	—	1	14	98	105	—	0	1	5	3	—	26	70	1,317	1,012
E.S. Central	—	3	13	131	161	4	13	26	652	424	3	1	70	119	221
Alabama†	N	0	0	N	N	—	5	19	280	140	3	1	70	117	221
Kentucky	—	0	2	—	28	—	1	8	63	47	N	0	0	N	N
Mississippi	—	0	0	—	1	—	1	7	68	43	—	0	1	2	—
Tennessee†	—	3	13	131	132	4	5	13	241	194	N	0	0	N	N
W.S. Central	—	0	5	20	106	16	28	52	1,392	1,115	157	186	1,757	9,783	6,020
Arkansas	—	0	3	12	13	6	1	5	74	46	—	9	110	739	24
Louisiana	—	0	4	8	93	8	4	27	263	253	—	0	8	48	119
Oklahoma	N	0	0	N	N	2	1	6	66	35	—	0	0	—	—
Texas†	N	0	0	N	N	—	22	36	989	781	157	163	1,647	8,996	5,877
Mountain	—	2	9	89	50	6	8	25	366	382	72	58	138	2,452	2,335
Arizona	N	0	0	N	N	5	3	16	161	157	—	0	0	—	—
Colorado	N	0	0	N	N	1	1	3	44	43	51	31	76	1,313	1,632
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana†	—	0	1	—	—	—	0	1	1	6	—	0	2	2	—
Nevada†	—	0	0	—	—	—	1	12	91	98	—	0	0	—	—
New Mexico†	—	0	1	1	—	—	1	5	58	49	2	4	34	326	190
Utah	—	1	9	46	25	—	0	2	9	9	19	13	55	758	460
Wyoming	—	1	4	42	25	—	0	0	—	—	—	0	11	53	53
Pacific	—	0	0	—	—	3	34	51	1,501	1,600	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	9	6	—	0	0	—	—
California	N	0	0	N	N	1	29	42	1,301	1,418	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	16	9	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	3	17	32	N	0	0	N	N
Washington	N	0	0	N	N	2	2	10	158	135	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	—	3	7	—	428
Puerto Rico	N	0	0	N	N	—	3	10	120	196	1	7	47	316	639
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting year 2006 is 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 November 18, 2006, and November 19, 2005 (46th Week)*

	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
		Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005
United States	—	1	170	1,357	1,190	—	1	380	2,384	1,683
New England	—	0	3	9	9	—	0	2	3	4
Connecticut	—	0	3	7	4	—	0	1	2	2
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	1	1	2
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	1	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	6	18	47	—	0	3	7	22
New Jersey	—	0	2	2	3	—	0	1	2	3
New York (Upstate)	—	0	0	—	19	—	0	0	—	5
New York City	—	0	4	8	11	—	0	2	4	3
Pennsylvania	—	0	2	8	14	—	0	1	1	11
E.N. Central	—	0	42	231	258	—	0	22	99	156
Illinois	—	0	21	117	136	—	0	19	70	115
Indiana	—	0	7	26	11	—	0	2	7	12
Michigan	—	0	10	42	54	—	0	1	2	8
Ohio	—	0	11	35	46	—	0	3	11	15
Wisconsin	—	0	2	11	11	—	0	2	9	6
W.N. Central	—	0	35	214	169	—	0	76	440	463
Iowa	—	0	3	21	14	—	0	4	13	23
Kansas	—	0	3	17	17	—	0	3	13	N
Minnesota	—	0	6	30	18	—	0	7	35	27
Missouri	—	0	13	47	17	—	0	2	12	13
Nebraska§	—	0	8	41	55	—	0	35	175	133
North Dakota	—	0	5	20	12	—	0	28	117	74
South Dakota	—	0	7	38	36	—	0	22	75	193
S. Atlantic	—	0	2	13	34	—	0	4	7	29
Delaware	—	0	0	—	1	—	0	0	—	1
District of Columbia	—	0	0	—	3	—	0	1	1	2
Florida	—	0	1	3	10	—	0	0	—	11
Georgia	—	0	1	2	9	—	0	3	5	11
Maryland§	—	0	2	7	4	—	0	1	1	1
North Carolina	—	0	0	—	2	—	0	0	—	2
South Carolina§	—	0	0	—	5	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	1
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	14	106	65	—	0	15	92	38
Alabama§	—	0	2	7	6	—	0	0	—	4
Kentucky	—	0	0	—	5	—	0	1	1	—
Mississippi	—	0	10	84	39	—	0	15	89	31
Tennessee§	—	0	4	15	15	—	0	2	2	3
W.S. Central	—	0	59	342	157	—	0	26	204	150
Arkansas	—	0	4	23	13	—	0	2	5	15
Louisiana	—	0	14	88	—	—	0	9	81	54
Oklahoma	—	0	6	26	17	—	0	4	18	14
Texas§	—	0	38	205	127	—	0	15	100	67
Mountain	—	0	61	338	145	—	0	222	1,300	240
Arizona	—	0	9	47	52	—	0	12	56	61
Colorado	—	0	10	60	21	—	0	48	250	85
Idaho§	—	0	30	111	3	—	0	151	752	10
Montana§	—	0	3	12	8	—	0	7	21	17
Nevada§	—	0	9	34	14	—	0	13	75	17
New Mexico§	—	0	1	3	20	—	0	1	5	13
Utah	—	0	8	56	21	—	0	17	101	31
Wyoming	—	0	7	15	6	—	0	8	40	6
Pacific	—	0	15	86	306	—	0	45	232	581
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	15	79	305	—	0	33	179	575
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	2	7	1	—	0	12	50	6
Washington	—	0	0	—	—	—	0	2	3	—
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 year 2006 is 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).

TABLE III. Deaths in 122 U.S. cities,* week ending November 18, 2006 (46th Week)

Reporting Area	All causes, by age (years)						P&I[†]
	All Ages	≥65	45-64	25-44	1-24	<1	Total
New England	584	426	109	28	12	9	50
Boston, MA	135	83	31	12	4	5	13
Bridgeport, CT	40	27	10	3	—	—	3
Cambridge, MA	15	12	3	—	—	—	2
Fall River, MA	23	17	4	1	—	1	3
Hartford, CT	52	38	9	3	2	—	4
Lowell, MA	28	23	3	1	1	—	3
Lynn, MA	10	7	2	1	—	—	1
New Bedford, MA	27	21	5	1	—	—	2
New Haven, CT	22	13	6	1	1	1	3
Providence, RI	71	53	13	3	1	1	3
Somerville, MA	5	4	1	—	—	—	—
Springfield, MA	60	52	8	—	—	—	2
Waterbury, CT	35	29	6	—	—	—	2
Worcester, MA	61	47	8	2	3	1	9
Mid. Atlantic	2,277	1,575	487	132	35	46	109
Albany, NY	42	30	7	3	1	1	—
Allentown, PA	24	20	1	3	—	—	2
Buffalo, NY	68	46	15	2	—	5	4
Camden, NJ	19	11	7	1	—	—	—
Elizabeth, NJ	17	9	6	2	—	—	1
Erie, PA	56	48	5	2	—	1	5
Jersey City, NJ	U	U	U	U	U	U	U
New York City, NY	1,355	931	307	74	19	22	63
Newark, NJ	38	11	14	2	2	9	1
Paterson, NJ	11	6	2	2	—	1	—
Philadelphia, PA	292	188	67	26	5	6	9
Pittsburgh, PA[§]	U	U	U	U	U	U	U
Reading, PA	21	15	4	2	—	—	1
Rochester, NY	156	116	24	7	8	1	10
Schenectady, NY	26	23	2	1	—	—	2
Scranton, PA	27	19	8	—	—	—	3
Syracuse, NY	70	57	11	2	—	—	6
Trenton, NJ	19	13	4	2	—	—	—
Utica, NY	11	10	—	1	—	—	—
Yonkers, NY	25	22	3	—	—	—	2
E.N. Central	2,225	1,473	494	151	62	45	134
Akron, OH	44	29	9	4	—	2	—
Canton, OH	31	23	8	—	—	—	7
Chicago, IL	397	242	101	34	13	7	30
Cincinnati, OH	104	58	28	6	7	5	7
Cleveland, OH	217	151	45	7	8	6	4
Columbus, OH	196	129	48	10	6	3	14
Dayton, OH	115	84	21	7	—	3	9
Detroit, MI	195	106	52	27	8	2	12
Evansville, IN	55	39	11	2	1	2	1
Fort Wayne, IN	74	55	13	5	1	—	3
Gary, IN	16	5	7	4	—	—	—
Grand Rapids, MI	70	47	15	3	1	4	8
Indianapolis, IN	213	132	54	15	6	6	12
Lansing, MI	62	48	10	2	2	—	4
Milwaukee, WI	128	87	26	10	4	1	9
Peoria, IL	41	28	7	3	3	—	4
Rockford, IL	58	40	13	4	—	1	1
South Bend, IN	56	45	6	4	—	1	—
Toledo, OH	89	69	13	3	2	2	3
Youngstown, OH	64	56	7	1	—	—	6
W.N. Central	533	360	104	38	20	11	25
Des Moines, IA	74	50	18	3	3	—	3
Duluth, MN	45	35	6	1	1	2	2
Kansas City, KS	24	14	4	3	2	1	1
Kansas City, MO	83	55	19	6	2	1	6
Lincoln, NE	31	26	4	—	1	—	3
Minneapolis, MN	75	49	13	8	1	4	5
Omaha, NE	U	U	U	U	U	U	U
St. Louis, MO	57	32	16	5	4	—	3
St. Paul, MN	47	34	6	4	1	2	2
Wichita, KS	97	65	18	8	5	1	—

Reporting Area	All causes, by age (years)						P&I[†]
	All Ages	≥65	45-64	25-44	1-24	<1	Total
S. Atlantic	1,236	766	304	113	31	22	66
Atlanta, GA	137	78	36	16	6	1	2
Baltimore, MD	179	84	66	22	4	3	11
Charlotte, NC	102	65	25	9	2	1	12
Jacksonville, FL	189	129	45	10	2	3	10
Miami, FL	101	57	30	10	2	2	5
Norfolk, VA	74	50	11	6	4	3	3
Richmond, VA	18	12	4	1	1	—	1
Savannah, GA	75	49	16	5	2	3	3
St. Petersburg, FL	57	41	11	3	—	2	3
Tampa, FL	198	141	39	13	2	3	12
Washington, D.C.	89	47	20	16	5	1	1
Wilmington, DE	17	13	1	2	1	—	3
E.S. Central	952	607	229	72	25	19	69
Birmingham, AL	239	146	64	16	8	5	25
Chattanooga, TN	89	61	21	4	2	1	3
Knoxville, TN	109	75	19	10	4	1	6
Lexington, KY	76	47	17	8	2	2	3
Memphis, TN	136	85	33	12	3	3	19
Mobile, AL	74	49	16	8	—	1	3
Montgomery, AL	67	35	24	8	—	—	5
Nashville, TN	162	109	35	6	6	6	5
W.S. Central	1,497	973	364	100	21	39	67
Austin, TX	98	63	25	6	1	3	9
Baton Rouge, LA	80	51	19	5	2	3	—
Corpus Christi, TX	60	42	11	5	—	2	3
Dallas, TX	187	113	55	10	4	5	8
El Paso, TX	99	72	16	9	2	—	5
Fort Worth, TX	109	72	32	5	—	—	9
Houston, TX	313	179	88	30	3	13	10
Little Rock, AR	89	53	28	5	2	1	2
New Orleans, LA[¶]	U	U	U	U	U	U	U
San Antonio, TX	224	162	43	11	3	5	13
Shreveport, LA	81	58	17	2	2	2	4
Tulsa, OK	157	108	30	12	2	5	4
Mountain	1,136	715	256	99	37	28	64
Albuquerque, NM	173	110	40	19	3	—	9
Boise, ID	58	41	10	4	1	2	6
Colorado Springs, CO	73	56	6	7	1	3	2
Denver, CO	95	53	23	9	5	5	3
Las Vegas, NV	216	134	49	20	8	5	15
Ogden, UT	48	40	6	2	—	—	4
Phoenix, AZ	213	106	66	22	11	8	10
Pueblo, CO	35	26	6	2	1	—	2
Salt Like City, UT	112	69	27	9	2	5	8
Tucson, AZ	113	80	23	5	5	—	5
Pacific	1,264	838	286	79	35	25	98
Berkeley, CA	17	12	5	—	—	—	1
Fresno, CA	183	126	33	13	7	4	12
Glendale, CA	8	5	1	1	1	—	—
Honolulu, HI	76	50	19	3	—	4	11
Long Beach, CA	50	36	14	—	—	—	6
Los Angeles, CA	93	40	31	14	3	5	2
Pasadena, CA	20	19	—	—	1	—	4
Portland, OR	155	106	29	11	5	3	8
Sacramento, CA	U	U	U	U	U	U	U
San Diego, CA	165	113	32	10	7	3	23
San Francisco, CA	U	U	U	U	U	U	U
San Jose, CA	164	111	40	5	3	5	13
Santa Cruz, CA	28	17	8	1	—	2	4
Seattle, WA	164	102	42	15	4	1	10
Spokane, WA	79	54	19	5	1	—	4
Tacoma, WA	90	64	21	2	3	—	4
Total	11,732**	7,750	2,641	813	278	246	686

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.

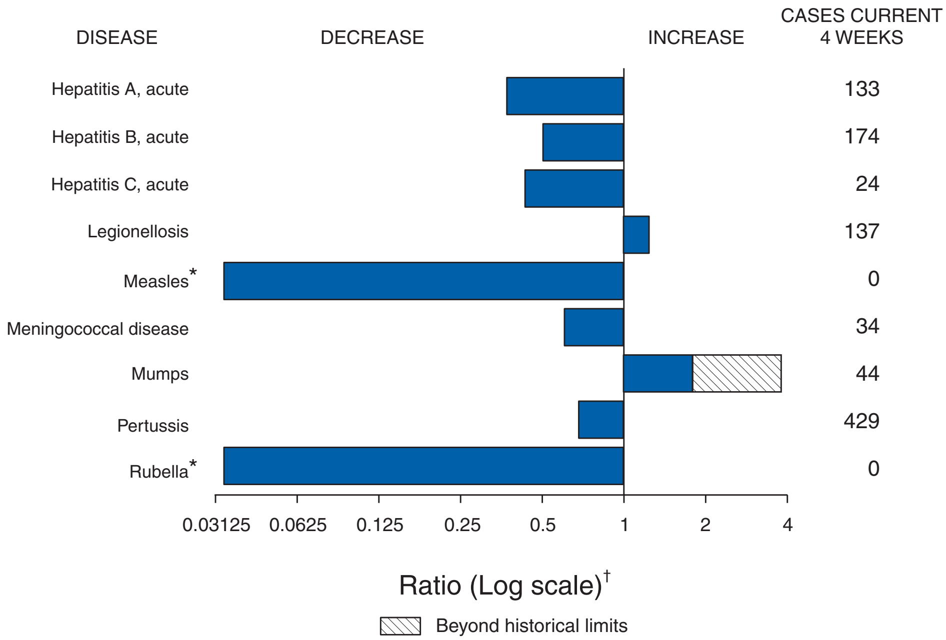
† Pneumonia and influenza.

§ 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 November 18, 2006, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 46 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 Data Team and 122 Cities Mortality Data

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