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Update: Syringe Exchange Programs — United States, 2002

Syringe exchange programs (SEPs) provide sterile syringes* in exchange for used syringes to reduce transmission of human immunodeficiency virus (HIV) and other bloodborne infections associated with reuse of contaminated syringes by injection-drug users (IDUs) (*1*). This report summarizes a survey of SEP activities in the United States for January–December 2002 and compares the results with those of previous surveys. The findings indicate that in 2002, for the first time in 8 years, the number of SEPs, the number of localities with SEPs, and public funding for SEPs decreased nationwide; however, the number of syringes exchanged and total budgets across all programs continued to increase. SEPs can help prevent bloodborne pathogen transmission by increasing access to sterile syringes among IDUs and enabling safe disposal of used syringes. Often, programs also provide other public health services, such as HIV testing, risk-reduction education, and referrals for substance-abuse treatment.

In December 2002, staff from Beth Israel Medical Center (BIMC) in New York City and the North American Syringe Exchange Network (NASEN) mailed surveys about syringes exchanged and returned, services provided, and budgets and funding to the directors of all 148 SEPs known to NASEN (compared with 154 known SEPs for the 2000 survey, 131 for 1998, 113 for 1997, 101 for 1996, and 68 for 1994–95) (*2–5*; BIMC, unpublished data, 2000). Data for 2002 were collected from SEP directors during January–July 2003 through telephone interviews with BIMC staff, Internet-based questionnaires, or paper questionnaires returned by fax or mail. With the exception of the Internet-based option, the methods were similar to those used for previous surveys (*2–5*).

Of 148 SEP directors contacted, 126 (85%) completed the survey. These 126 SEPs reported operating in 102 cities† in 31 states and the District of Columbia (DC).§ More than two-thirds (86) of SEPs were in seven states: California (25), Washington (15), New Mexico (14), New York (12), Wisconsin (eight), Massachusetts (six), and Oregon (six).

SEP size was classified by the number of syringes exchanged (Table 1); 119 SEPs reported exchanging a total of 24,878,033 syringes; seven SEPs did not track the number of syringes exchanged. The 11 largest programs¶ exchanged 49% of all syringes.

SEPs provided other services in addition to syringe exchange. One hundred ten (87%) SEPs provided male condoms, 96 (76%) female condoms, 111 (88%) alcohol pads, and 86 (68%) bleach; 97 (77%) provided referrals for substance-abuse

* For this report, the term "syringes" refers to both syringes and needles.

† Cities with more than one SEP: Albuquerque, New Mexico; Chicago, Illinois; Los Angeles, California; Madison, Wisconsin; New York, New York; Portland, Oregon; San Francisco, California; Seattle, Washington; and Tacoma, Washington.

§ States with SEPs: California (25); Washington (15); New Mexico (14); New York (12); Wisconsin (eight); Oregon and Massachusetts (six each); Connecticut and Illinois (five each); Michigan (three); Minnesota, North Carolina, Pennsylvania, Texas, and Vermont (two each); Alaska, Arizona, Colorado, DC, Georgia, Hawaii, Indiana, Kansas, Louisiana, Maine, Missouri, New Jersey, Ohio, Oklahoma, Rhode Island, Tennessee, and Utah (one each).

¶ Largest volume SEPs: Chicago Recovery Alliance (2.7 million syringes), Chicago, Illinois; San Francisco AIDS Foundation HIV Prevention Project (2.5 million), San Francisco, California; Seattle-King County Department of Public Health Needle Exchange Program, Seattle, Washington (1.0 million); Harm Reduction Institute, Indianapolis, Indiana (1.0 million); Point Defiance AIDS Project, Tacoma, Washington (0.9 million); San Diego Clean Needle Exchange Program, San Diego, California (0.9 million); Street Outreach Services, Seattle, Washington (0.8 million); Prevention Point Philadelphia, Pennsylvania (0.7 million); HIV Education and Prevention Project of Alameda, Oakland, California (0.6 million); Needle Exchange Emergency Distribution, Berkeley, California (0.5 million); and one SEP that wanted program information kept confidential.

INSIDE

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TABLE 1. Number of syringes exchanged in syringe exchange programs (SEPs), by program size — United States, 2002

SEP size	No. of syringes per SEP	No. of SEPs	Total no. of syringes exchanged	% of total syringes exchanged
Small	<10,000	22	103,266	0.4
Medium	10,000–55,000	35	899,973	3.6
Large	55,001–499,999	51	11,578,468	47.0
Very large	≥500,000	11	12,296,326	49.0
Total		**119***	**24,878,033**	**100.0**

* Seven of 126 programs responding to the survey did not track the number of syringes exchanged in 2002.

treatment; 91 (72%) offered voluntary on-site counseling and testing for HIV, 54 (43%) for hepatitis C, and 37 (29%) for hepatitis B; 42 (33%) provided vaccination for hepatitis A and 45 (36%) for hepatitis B; 39 (31%) offered sexually transmitted disease (STD) screening; 29 (23%) provided on-site medical care; and 28 (22%) provided tuberculosis screening. Most programs provided risk-reduction and risk-elimination education to IDUs. One hundred fifteen (91%) programs provided education on hepatitis A, B, and C; 114 (90%) on HIV/AIDS prevention; 111 (88%) on safer injection practices; 104 (83%) on abscess prevention and care; 100 (79%) on vein care; 110 (87%) on STD prevention; 110 (87%) on male condom use; and 94 (75%) on female condom use.

During 2002, a total of 126 SEPs maintained an average of six exchange sites each (median: 3.0; range: 1–47). SEPs served clients for an average of 26 hours/week (median: 18 hours/week; range: 1–202 hours/week). Buildings (e.g., storefronts, clinics, or health centers) were the most commonly reported sites; 68 total SEPs (54%) operated 156 sites/week for 1,334 hours/week). Forty-five (36%) programs served clients through health vans or car stops (203 sites/week for 616.5 hours/week), and 25 (20%) operated other types of fixed sites, such as at tables on streets, in private homes, or at shooting galleries (i.e., locations where persons inject drugs) (141 sites/week for 413.5 hours/week). Fifteen (12%) programs used mobile workers on foot or bicycle (81 sites/week for 202.0 hours/week). Of the 126 total SEPs in 2002, 69 (55%) had multiple types of exchange sites, 36 (29%) were entirely building-based, 14 (11%) were vehicle-based, five (4%) used other fixed sites, and two (2%) used mobile sites only. Delivery of syringes and other risk-reduction supplies to residences or meeting spots was reported by 62 (49%) SEPs. Secondary exchange (i.e., exchange of syringes on behalf of other persons) was allowed by 103 (82%) programs.

One hundred ten of the 126 SEPs reported 2002 budget information. The reported budgets totaled $13.0 million. Individual fixed budgets ranged from $0 (nine SEPs) to $1,035,831 (mean: $118,273; median: $53,500) (Table 2). Thirty-one (28%) operated with budgets of less than $25,000,

TABLE 2. Characteristics of syringe exchange programs (SEPs) — United States, 1994–1998 and 2000–2002

Characteristic	1994–1995	1996	1997	1998	2000*	2002
No. of SEPs known to NASEN†	68	101	113	131	154	148
No. of SEPs participating in survey	60	87	100	110	127	126
No. of cities with SEPs participating in survey	46	71	80	81	106	102
No. of states/territories with SEPs participating in survey	21	29	32	33	35	32
No. of syringes exchanged (millions)	8.0	13.9	17.5	19.4	22.6	24.9
Total SEP budgets (millions)	$6.2	$6.5	$8.4	$8.6	$12.1	$13.0
Total public funding (millions)	$2.3	$4.5	$4.2	$6.0	$8.9	$7.3

* Previously unpublished data from survey on year 2000 activities, Beth Israel Medical Center, New York City.
† North American Syringe Exchange Network.

41 (37%) with budgets of $25,000–$100,000, and 38 (35%) with budgets exceeding $100,000. SEPs reported multiple sources of financial support in 2002, including individual contributors, foundations, and state and local governments. In 2002, 58 (46%) of the 126 programs located in 15 states received public funding totaling approximately $7.3 million from city, county, and state governments.**

In 2002, for the first time in 8 years, the number of SEPs, the number of localities with SEPs, and the amount of public funding for SEPs in the United States decreased; however, the total number of syringes exchanged and total budgets for all SEPs surveyed continued to increase. During 2000–2002, the number of SEPs known to NASEN decreased 3.8% (from 154 to 148), the number of states/territories with SEPs decreased 8.6% (from 35 to 32), and public funding of SEPs decreased 18% (from $8.9 million to $7.3 million). During the same period, the number of syringes exchanged increased 10.2% (from 22.6 million to 24.9 million) and total SEP budgets from public and private funds increased 7.4% (from $12.1 to $13.0 million). In addition, compared with data from 1998 (*5*), the proportion of SEPs in 2002 considered medium-sized (10,000–55,000 syringes exchanged) or large (55,001–499,000 syringes exchanged) increased 19%, whereas the proportion of small SEPs (<10,000 syringes exchanged) decreased 33%.

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** Public funding from state governments: California, Colorado, Connecticut, Hawaii, Illinois, Massachusetts, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington. Public funding from county governments: Clark, Cowlitz, King, Skagit, Snohomish, Spokane, Tacoma, and Thurston, Washington; Alameda, Santa Clara, and Santa Cruz, California; Dane and Milwaukee, Wisconsin; Boulder, Colorado; Cook, Illinois; and Multnomah, Oregon. Public funding from city governments: Berkeley, Los Angeles, Reseda, San Francisco, and Santa Monica, California; Coupeville and Seattle, Washington; Chicago, Illinois; Milwaukee, Wisconsin; Portland, Oregon; New York, New York; and Philadelphia, Pennsylvania.

Editorial Note: The results of the 2002 survey suggest that although some SEPs became more efficient at obtaining private funding to distribute more syringes, others were unable to maintain operations. As of June 2004, a total of 184 SEPS were known to NASEN, operating in 36 states, DC, Puerto Rico, and Indian Lands (D Purchase, NASEN, personal communication, 2004), indicating that trends might be changing and require additional monitoring.

The findings in this report are subject to at least three limitations. First, the extent of SEP activity in the United States is probably underestimated because 22 (15%) SEPs known to NASEN did not participate in the survey, and others might exist but not be known to NASEN. Second, data collected were based on program director self-reports and were not verified independently. Third, because 26 (21%) SEPs requested that their survey data be kept confidential, some data are presented only as aggregate state-level or program-size information.

Injections of illicit drugs have been estimated to represent approximately one-third of the estimated 2–3 billion injections occurring outside of health-care settings in the United States each year, second only to insulin injections by persons with diabetes (*6*). Improperly discarded syringes pose a serious risk for injury and infection to sanitation workers and the community (*7*). SEPs contribute to safe disposal of potentially infectious syringes used by IDUs by removing used syringes from the community, not only through direct exchange but also through supplemental collection programs. For example, in San Francisco in 2000, approximately 2 million syringes were recovered at SEPs, and an estimated 1.5 million syringes were collected through a pharmacy-based program that provided free-of-charge sharps containers and accepted filled containers for disposal. As a result, an estimated 3.5 million syringes were recovered from community syringe users and safely disposed of as infectious waste (*8*). Other SEPs offer methods for safe disposal of syringes after hours. For example, in Santa Cruz, California, the Santa Cruz Needle Exchange Program, in collaboration with the Santa Cruz Parks and Recreation Department, installed 12 steel sharps containers in public restrooms throughout the county (S Miller, Santa Cruz Needle Exchange Program, personal communication, 2004).

SEPs provide health and social services to IDUs who might not otherwise be reached. They also remove syringes that are potentially contaminated with HIV and other bloodborne infections from the community. Continued monitoring of SEPs in the United States is necessary to evaluate the long-term effects of this public health intervention.

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Rapid Assessment of Influenza Vaccination Coverage Among HMO Members — Northern California Influenza Seasons, 2001–02 Through 2004–05

The Vaccine Safety Datalink (VSD) is a collaborative project involving CDC and eight health maintenance organizations* (HMOs) in the United States. Computerized data on vaccination, medical outcomes, and patient demographics are collected and linked under a standard protocol at multiple HMOs (*1*). Beginning with the 2003–04 influenza season, the VSD team and one of the HMOs, Kaiser Permanente Northern California (KPNC), established an automated system for rapid detection of potentially adverse events after vaccinations among its members. During the 2004–05 influenza season, in response to the influenza vaccine shortfall and resulting prioritization of vaccine distribution (*2*), this rapid analysis system also was used to assess influenza vaccination coverage weekly among KPNC members. The results indicated that KPNC followed Advisory Committee on Immunization Practices (ACIP) prioritization guidelines by targeting influenza vaccination to children aged 6–23 months and adults aged ≥65 years. For the 2005–06 influenza season, the rapid analysis system should be expanded to include data from additional HMOs and more detailed information on vaccinees (e.g., high risk for influenza complications [*3*]) to better characterize influenza vaccination coverage during the 2005–06 influenza season on a weekly basis.

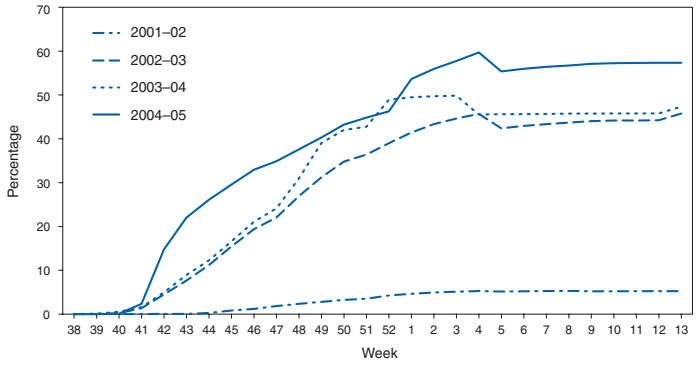
During the 2004–05 influenza season, KPNC had an enrolled population of approximately 3.4 million and received approximately 50% of the influenza vaccine doses it had ordered. By using the KPNC rapid analysis system, the VSD team prospectively assessed weekly influenza vaccination coverage in five age groups (6–23 months, 2–17 years, 18–49 years, 50–64 years, and ≥65 years) for the 2004–05 influenza season. Beginning in October 2004, KPNC provided weekly counts of influenza vaccinations, stratified by age group, from its immunization registry, which tracks 98.7% of KPNC vaccinations. These data were transmitted to CDC via a secure system. By analyzing estimates of weekly KPNC enrollments and exact vaccination counts, VSD was able to provide weekly estimates of influenza vaccination coverage among the five KPNC age groups.

For influenza seasons before 2004–05, the VSD team obtained monthly estimates of total KPNC enrollment for each age group from existing VSD annual data and retrospectively estimated weekly vaccination coverage among KPNC enrollees. However, for the weekly analysis of 2004–05 data, current enrollment estimates by age group were not available; therefore, monthly KPNC enrollment figures from 2003 were used as a proxy for 2004–05 enrollment. A previous sensitivity analysis of this technique for the 2002–03 influenza season determined that estimates of vaccination coverage differed by a range of 0.5% to 3.1% by week and age group when using 2001–02 enrollment as a proxy for the 2002–03 enrollment. To be counted as enrolled for a given month, a person had to be enrolled for the entire month; age for each enrollee was measured from the start of each month of interest. Monthly enrollment estimates were then used to impute corresponding weekly enrollment numbers.

* Group Health Cooperative (Seattle, Washington); Harvard Pilgrim Health Care, Harvard Medical, and Harvard Vanguard (Boston, Massachusetts); Health Partners Research Foundation (Minneapolis, Minnesota); Kaiser Permanente Colorado (Denver); Kaiser Permanente Northern California (Oakland); Kaiser Permanente Northwest (Portland, Oregon); Marshfield Clinic Research Foundation (Marshfield, Wisconsin); and UCLA Center for Vaccine Research/Southern California Kaiser Permanente Health Care Plan (Los Angeles).

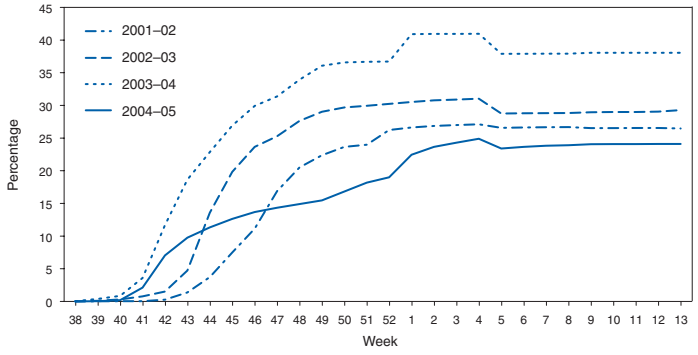
Among KPNC members, influenza vaccination coverage levels for the 2004–05 influenza season were 57.4% (95% confidence interval [CI] = 56.9%–57.8%) for children aged 6–23 months (Figure 1), 6.6% (CI = 6.6%–6.7%) for children aged 2–17 years, 6.0% (CI = 5.9%–6.1%) for adults aged 18–49 years, 24.1% (CI = 24.0%–24.2%) for adults aged 50–64 years (Figure 2), and 71.8% (CI = 71.6%–71.9%) for adults aged ≥65 years (Figure 3). Among two priority groups for influenza vaccination during the 2004–05 influenza season, coverage for children aged 6–23 months was 21.4% greater than the final estimate (47.3%) for the 2003–04 season (Figure 1), and coverage for adults aged ≥65 years was similar to that for the 2003–04 season (71.7%) (Figure 3). For the remaining age groups, including adults aged 50–64 years (Figure 2), coverage estimates were all significantly less than ($p<0.05$) final coverage estimates for the previous two influenza seasons.

FIGURE 1. Cumulative estimated percentage of HMO-enrolled* children aged 6–23 months receiving influenza vaccination, by week — Vaccine Safety Datalink data from Kaiser Permanente Northern California,† influenza seasons 2001–02 through 2004–05



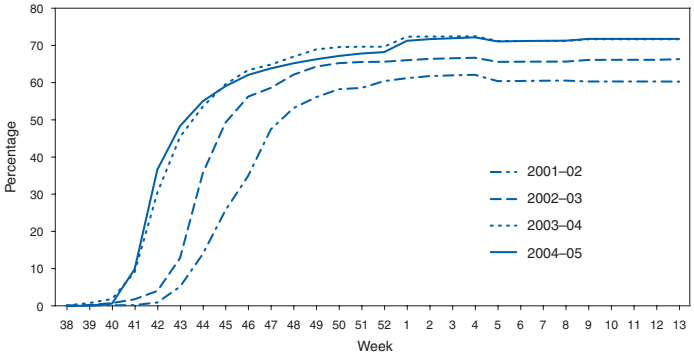
*Health maintenance organization.
†Total enrolled population of 3.4 million (including all ages) in northern California during the 2004–05 influenza season.

FIGURE 2. Cumulative estimated percentage of HMO-enrolled* adults aged 50–64 years receiving influenza vaccination, by week — Vaccine Safety Datalink data from Kaiser Permanente Northern California,† influenza seasons 2001–02 through 2004–05



*Health maintenance organization.
†Total enrolled population of 3.4 million (including all ages) in northern California during the 2004–05 influenza season.

FIGURE 3. Cumulative estimated percentage of HMO-enrolled* adults aged ≥65 years receiving influenza vaccination, by week — Vaccine Safety Datalink data from Kaiser Permanente Northern California,† influenza seasons 2001–02 through 2004–05



*Health maintenance organization.
†Total enrolled population of 3.4 million (including all ages) in northern California during the 2004–05 influenza season.

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Editorial Note: During the 2004–05 influenza season, when vaccine supply was limited, KPNC influenza-vaccination outreach and communication programs for members were targeted to groups at high risk for influenza complications, in accordance with ACIP recommendations (*2,4*). As measured by KPNC's new rapid analysis system, vaccination coverage among its members was greater than or similar to that of previous seasons for the two priority age groups, children aged 6–23 months and adults aged ≥65 years. Vaccination coverage for the nonpriority age groups was significantly lower than that for previous years. These results indicate that KPNC was successful in distributing vaccine to the two priority age groups. In addition, for the first time, a system updated weekly was used to estimate vaccination coverage in a large population of persons of all ages. These weekly reports were reviewed by KPNC to monitor compliance with ACIP guidelines.

The cumulative KPNC results for the 2004–05 influenza season approximated those calculated nationally by the telephone-interview–based Behavioral Risk Factor Surveillance System (BRFSS) survey (*5*), although the two systems differ substantially. The KPNC estimates of vaccination coverage were calculated by using vaccinations recorded in the KPNC immunization registry and estimates of monthly enrollment of mem-

bers in the northern California HMO. BRFSS estimates were based on the self-reported vaccinations of participating members of the civilian, noninstitutionalized population, regardless of health-insurance status, in all 50 states and the District of Columbia. In addition, the KPNC data include influenza vaccinations through April 2, 2005, whereas the BRFSS data include vaccinations through January 31, 2005.

For adults aged ≥65 years, KPNC estimated coverage of 71.8%, and BRFSS estimated coverage of 62.7% (CI = 60.6%–64.8%). For adults aged 18–49 years, the estimates were 6.0% for KPNC and 6.9% (CI = 5.9%–7.9%) for BRFSS, and for adults aged 50–64 years, the estimates were 24.1% for KPNC and 16.5% (CI = 14.7%–18.3%) for BRFSS. Among children aged 6–23 months, KPNC estimated coverage of 57.4%, and BRFSS estimated coverage of 48.4% (CI = 39.6%–57.2%). Finally, for children aged 2–17 years, the estimates were 6.6% for KPNC and 12.3% (CI = 10.5%–14.1%) for BRFSS. According to both KPNC and BRFSS data, vaccine uptake was greatest in October and November and tapered off in December and January during the 2004–05 influenza season.

The findings in this report are subject to at least four limitations. First, influenza vaccination coverage in an HMO might not be generalizable to the overall U.S. population. Second, estimates were obtained only from northern California; future assessments are expected to include additional HMOs in other regions. Third, enrollment figures from 2003 were used as a proxy for 2004–05 enrollment. Finally, certain KPNC members might have obtained influenza vaccinations outside of the HMO, resulting in an underestimate of vaccination coverage; however, such vaccination is unlikely because of the limited supply of influenza vaccine during the 2004–05 influenza season.

Rapid analysis enabled weekly estimates of vaccination coverage in a KNPC population of 3.4 million. If expanded to all eight participating HMOs in the VSD, weekly vaccination coverage estimates could be provided for approximately 5.9 million HMO members (1.8% of the U.S. population). Unlike interview-based survey systems, the VSD vaccination data described in this report were not self-reported; they were collected from immunization registry data and therefore were not subject to recall bias. During the 2005–06 influenza season, the VSD rapid analysis system will perform its principal task of gathering data on potentially adverse events after vaccinations (e.g., with the new meningococcal conjugate vaccine [*6*]). However, the system also will be enhanced by additional HMO populations, and data on influenza vaccinees will enable weekly estimation of vaccination coverage among HMO members at high risk for influenza complications (*3*).

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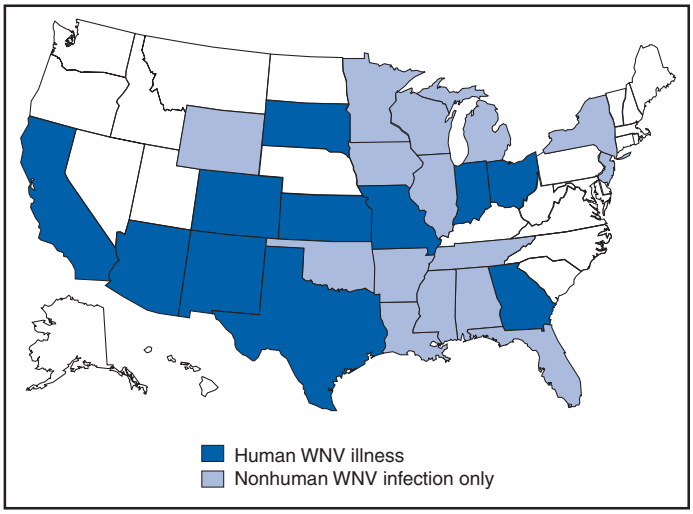
West Nile Virus Activity — United States, 2005

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m., Mountain Daylight Time, July 12, 2005.

Eleven states have reported 25 cases of human WNV illness (Figure and Table) in 2005. Nineteen (79%) of the 24 cases for which such data were available occurred in males; the median age of patients was 45 years (range: 17–80 years). Date of illness onset ranged from May 14 to June 30; one case was fatal.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2005*



* As of 3 a.m., Mountain Daylight Time, July 12, 2005.

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2005*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total reported to CDC**	Deaths
Arizona	2	1	0	**3**	0
California	1	1	0	**2**	0
Colorado	0	7	0	**7**	0
Georgia	0	0	1	**1**	0
Indiana	1	0	0	**1**	0
Kansas	0	1	0	**1**	0
Missouri	1	0	0	**1**	1
New Mexico	1	1	0	**2**	0
Ohio	1	0	0	**1**	0
South Dakota	1	4	0	**5**	0
Texas	1	0	0	**1**	0
Total	**9**	**15**	**1**	**25**	**1**

* As of 3 a.m., Mountain Daylight Time, July 12, 2005.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNet by state and local health departments.

Seven presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET in 2005. Of these, five were reported in Texas, and two in Arizona.

In addition, 281 dead corvids and 96 other dead birds with WNV infection have been reported from 16 states during 2005. WNV infections have been reported in horses in 11 states. WNV seroconversions have been reported in 40 sentinel chicken flocks in five states (Arizona, Arkansas, California, Florida, and Minnesota). A total of 439 WNV-positive mosquito pools have been reported in 13 states.

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

Notice to Readers

2005 Annual Conference on Assessment Initiative — September 20–22, 2005

The 2005 Annual Conference on Assessment Initiative will be held September 20–22, 2005, in Seattle, Washington. The purpose of this meeting is to discuss and share information on innovative systems and methods that improve the way data are used to inform public health programs, services, and policy at the state and local levels. Sessions will cover data dissemination, applied data analysis and presentation techniques, and community health assessment processes and outcomes. The conference is cosponsored by CDC and the National Association for Public Health Statistics and Information Systems.

Participants include staff from state and local health departments, federal agencies, and community organizations involved or interested in the collection, analysis, and dissemination of data for community health assessment. Conference attendees can register online at http://www.psava.com/cha2005. No registration fee will be charged. The deadline for online registration is September 9, 2005. The deadline for making hotel reservations with the Renaissance Seattle Hotel is August 29, 2005 (telephone, 800-546-9184 or 206-583-0300). Additional information for this conference is available at http://www.cdc.gov/epo/dphsi/ai/conference_training.htm.

Notice to Readers

Webcast on Human Papilloma Virus (HPV)

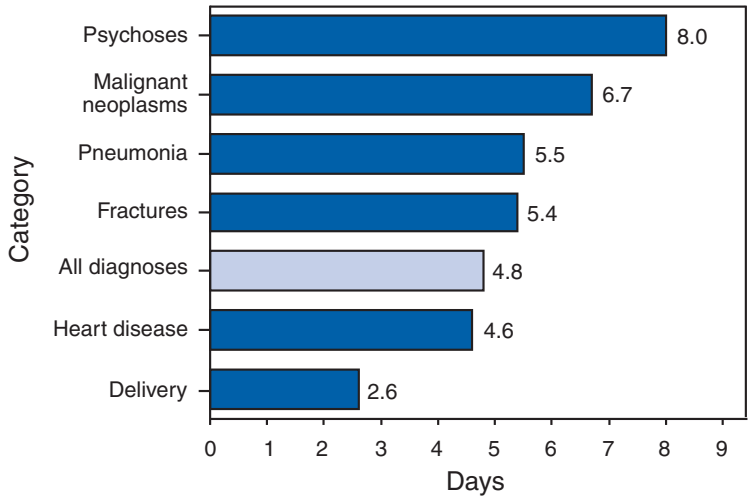
CDC will present a webcast, "HPV and Cervical Cancer: An Update on Prevention Strategies," on August 9, 2005, 1:00–2:00 p.m. EDT. Genital HPV infection is one of the most common sexually transmitted diseases. New information is available about the natural history of HPV infection, the association of different HPV types with various clinical manifestations, HPV transmission, and methods of HPV prevention. In addition, the Food and Drug Administration recently approved the use of a commercially available HPV DNA test for two purposes: 1) management of patients with abnormal Pap test results and 2) as an adjunct to the Pap test for cervical cancer screening in women aged ≥30 years. This new information about HPV might require changes in approaches to cervical cancer screening in primary-care practices and in counseling and educating patients and their sex partners. The webcast will address cervical cancer screening guidelines and strategies for preventing genital HPV infection, including appropriate patient counseling messages.

Information about content, registration, continuing education credit, and accessing the webcast is available at http://www.phppo.cdc.gov/phtn/hpv-05. Information about registration is also available from CDC, telephone 800-418-7246 or 404-639-1292.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Average Length of Hospital* Stay, by Diagnostic Category† — United States, 2003



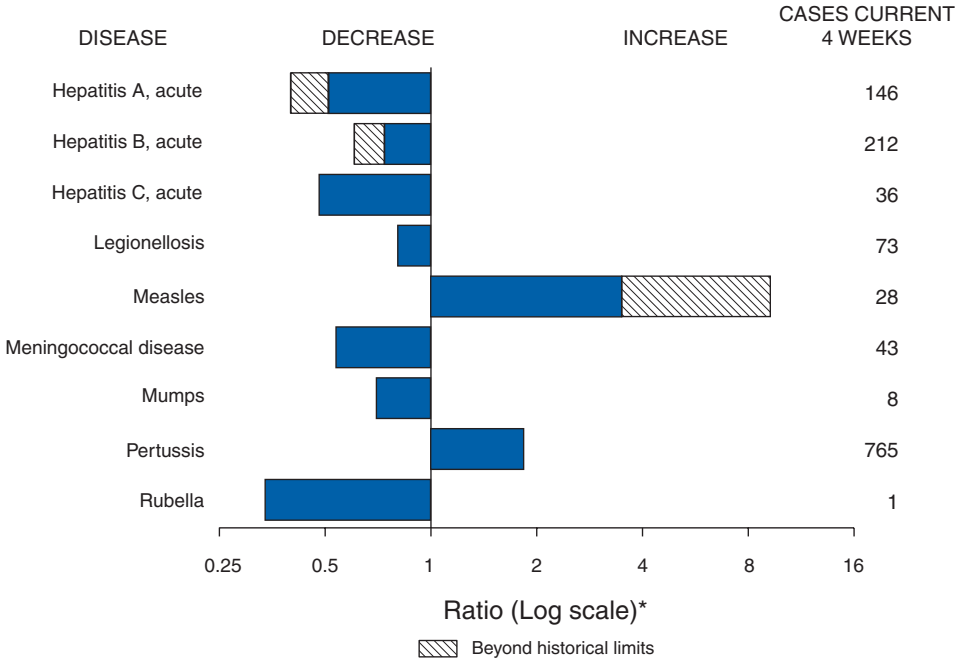
* Only hospitals with an average length of stay of <30 days for all patients (including mental hospitals) and general hospitals or children's general hospitals are included in the survey. Federal, military, and Department of Veterans Affairs hospitals, hospital units of institutions (e.g., prison hospitals), and hospitals with fewer than six beds staffed for patient use are excluded.

† Categories with ≥1 million hospital discharges. *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM). ICD-9-CM codes for psychoses 290–299; malignant neoplasm 140–208, 230–234; pneumonia 480–486; fractures 800–829; heart disease 391–392.0, 393–398, 402, 404, 410–416, 420–429; and delivery V27.

In 2003, patients in six diagnostic categories had ≥1 million hospital discharges. The categories were heart disease (4.4 million), delivery (4.0 million), psychoses (1.6 million), pneumonia (1.4 million), malignant neoplasms (1.3 million), and fractures (1.1 million). The average length of hospital stay for patients with these diagnoses ranged from 2.6 days for deliveries to 8.0 days for psychoses.

SOURCE: DeFrances CJ, Hall MJ, Podgornik MN. 2003 National Hospital Discharge Survey. Advance data from Vital and Health Statistics; no. 359. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2005. Available at http://www.cdc.gov/nchs/data/ad/ad359.pdf.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 9, 2005, with historical data



* 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.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending July 9, 2005 (27th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	68	62
Botulism:			HIV infection, pediatric†¶	150	206
foodborne	5	6	Influenza-associated pediatric mortality†**	40	—
infant	27	41	Measles	49††	19§§
other (wound & unspecified)	13	5	Mumps	129	111
Brucellosis	49	49	Plague	2	—
Chancroid	12	15	Poliomyelitis, paralytic	—	—
Cholera	2	4	Psittacosis†	10	7
Cyclosporiasis†	592	141	Q fever†	50	34
Diphtheria	—	—	Rabies, human	1	—
Domestic arboviral diseases			Rubella	5	9
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	—	—	SARS†**	—	—
eastern equine†§	—	—	Smallpox†	—	—
Powassan†§	—	—	*Staphylococcus aureus*:		
St. Louis†§	—	—	Vancomycin-intermediate (VISA)†	—	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	81	89
human granulocytic (HGE)†	103	111	Tetanus	13	9
human monocytic (HME)†	69	86	Toxic-shock syndrome	52	46
human, other and unspecified †	18	12	Trichinellosis¶¶	8	—
Hansen disease†	37	51	Tularemia†	43	40
Hantavirus pulmonary syndrome†	8	11	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update May 29, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 49 cases reported, 40 were indigenous and nine were imported from another country.
§§ Of 19 cases reported, seven were indigenous and 12 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	16,504	20,011	456,607	470,354	2,228	2,721	992	1,306
NEW ENGLAND	673	729	16,076	15,554	—	—	59	75
Maine	8	14	1,091	1,008	N	N	8	13
N.H.	10	26	882	856	—	—	7	16
Vt.¶	4	13	517	591	—	—	14	7
Mass.	331	234	7,403	6,858	—	—	21	28
R.I.	68	70	1,673	1,716	—	—	1	2
Conn.	252	372	4,510	4,525	N	N	8	9
MID. ATLANTIC	3,059	4,442	54,603	58,190	—	—	135	209
Upstate N.Y.	318	603	11,290	11,427	N	N	36	45
N.Y. City	1,725	2,328	18,826	17,985	—	—	31	63
N.J.	472	786	5,526	9,262	N	N	8	17
Pa.	544	725	18,961	19,516	N	N	60	84
E.N. CENTRAL	1,387	1,702	70,929	83,012	4	5	212	346
Ohio	209	229	19,366	21,066	N	N	75	75
Ind.	198	215	10,139	9,297	N	N	11	37
Ill.	664	846	21,195	23,751	—	—	18	55
Mich.	246	323	12,247	19,327	4	5	31	64
Wis.	70	89	7,982	9,571	N	N	77	115
W.N. CENTRAL	394	392	27,122	28,620	3	5	148	167
Minn.	104	92	4,233	6,044	3	N	42	59
Iowa	48	26	3,345	3,376	N	N	27	30
Mo.	163	169	11,460	10,454	—	3	55	24
N. Dak.	5	13	546	975	N	N	—	8
S. Dak.	9	6	1,408	1,256	—	—	12	22
Nebr.¶	18	21	2,778	2,731	—	2	1	12
Kans.	47	65	3,352	3,784	N	N	11	12
S. ATLANTIC	5,315	6,029	87,586	87,846	—	—	208	220
Del.	81	80	1,671	1,472	N	N	—	—
Md.	637	686	9,319	9,695	—	—	12	10
D.C.	407	355	1,934	1,844	—	—	2	4
Va.¶	273	330	10,550	11,071	—	—	14	24
W. Va.	30	30	1,350	1,446	N	N	4	3
N.C.	399	334	17,159	14,603	N	N	25	38
S.C.¶	287	375	10,314	9,121	—	—	8	11
Ga.	896	888	13,225	16,724	—	—	46	67
Fla.	2,305	2,951	22,064	21,870	N	N	97	63
E.S. CENTRAL	896	946	32,912	30,272	—	3	28	51
Ky.	118	106	5,024	2,868	N	N	10	16
Tenn.¶	369	386	11,253	11,640	N	N	6	14
Ala.¶	244	228	6,429	7,056	—	—	11	11
Miss.	165	226	10,206	8,708	—	3	1	10
W.S. CENTRAL	1,896	2,515	57,218	60,287	—	2	26	51
Ark.	71	125	4,472	4,216	—	1	1	10
La.	370	563	9,954	13,175	—	1	3	—
Okla.	113	87	5,484	5,925	N	N	14	13
Tex.¶	1,342	1,740	37,308	36,971	N	N	8	28
MOUNTAIN	643	717	27,283	26,621	1,491	1,652	61	59
Mont.	4	4	1,071	1,306	N	N	11	11
Idaho¶	7	11	1,112	1,486	N	N	4	6
Wyo.	1	6	568	542	2	—	2	2
Colo.	127	135	7,161	6,892	N	N	20	25
N. Mex.	60	106	2,338	4,466	3	14	2	3
Ariz.	258	278	9,614	7,565	1,453	1,596	7	9
Utah	33	31	2,119	1,780	2	8	7	2
Nev.¶	153	146	3,300	2,584	31	34	8	1
PACIFIC	2,241	2,539	82,878	79,952	730	1,054	115	128
Wash.	196	213	9,949	9,105	N	N	6	—
Oreg.¶	117	131	4,397	4,241	—	—	20	18
Calif.	1,865	2,135	64,136	61,714	730	1,054	89	108
Alaska	10	14	1,970	1,980	—	—	—	—
Hawaii	53	46	2,426	2,912	—	—	—	2
Guam	1	1	—	679	—	—	—	—
P.R.	335	208	2,089	1,956	N	N	N	N
V.I.	8	6	32	202	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update May 29, 2005.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	707	847	97	129	79	67	7,422	8,357	152,905	163,046
NEW ENGLAND	56	57	26	30	10	7	678	765	3,072	3,645
Maine	9	2	5	—	—	—	83	69	68	130
N.H.	5	10	1	5	—	—	35	19	76	61
Vt.	6	6	1	—	—	—	74	66	28	45
Mass.	19	27	6	9	10	7	282	347	1,406	1,557
R.I.	2	5	—	1	—	—	53	54	257	469
Conn.	15	7	13	15	—	—	151	210	1,237	1,383
MID. ATLANTIC	89	112	7	18	8	16	1,414	1,822	15,571	18,563
Upstate N.Y.	43	43	6	7	3	6	505	568	3,152	3,713
N.Y. City	3	25	—	—	—	—	367	551	4,876	5,768
N.J.	14	18	—	4	—	5	171	238	2,066	3,502
Pa.	29	26	1	7	5	5	371	465	5,477	5,580
E.N. CENTRAL	132	178	8	23	5	8	1,152	1,261	28,219	34,223
Ohio	44	43	1	4	3	7	316	367	8,962	10,730
Ind.	21	19	—	—	—	—	N	N	3,996	3,197
Ill.	14	36	1	2	—	1	236	405	8,558	10,131
Mich.	29	35	—	4	2	—	333	292	4,632	7,778
Wis.	24	45	6	13	—	—	267	197	2,071	2,387
W.N. CENTRAL	102	156	19	19	10	14	866	910	8,606	8,464
Minn.	14	32	6	7	2	2	423	307	1,170	1,498
Iowa	28	46	—	—	—	—	107	124	709	598
Mo.	30	23	8	10	3	4	178	256	4,663	4,324
N. Dak.	1	5	—	—	—	5	3	15	31	65
S. Dak.	6	11	2	—	—	—	37	32	197	136
Nebr.	8	24	3	2	3	—	44	64	678	552
Kans.	15	15	—	—	2	3	74	112	1,158	1,291
S. ATLANTIC	88	70	14	13	35	10	1,079	1,326	36,940	39,091
Del.	—	2	N	N	N	N	18	26	408	472
Md.	16	17	2	2	—	2	74	49	3,489	4,119
D.C.	—	1	—	—	—	—	22	38	1,049	1,275
Va.	10	8	6	6	8	—	232	183	3,652	4,403
W. Va.	1	1	—	—	—	—	16	15	371	433
N.C.	—	—	—	—	19	6	N	N	8,101	7,837
S.C.	1	6	—	—	—	—	42	48	4,346	4,449
Ga.	13	15	2	3	—	—	241	425	5,821	7,157
Fla.	47	20	4	2	8	2	434	542	9,703	8,946
E.S. CENTRAL	38	47	—	3	5	8	174	183	12,405	13,024
Ky.	9	11	—	1	4	5	N	N	1,598	1,259
Tenn.	16	16	—	—	1	3	87	95	3,993	4,209
Ala.	11	12	—	—	—	—	87	88	3,696	4,116
Miss.	2	8	—	2	—	—	—	—	3,118	3,440
W.S. CENTRAL	24	44	3	2	3	4	113	132	22,706	22,676
Ark.	4	8	—	—	—	—	38	55	2,324	2,128
La.	3	2	3	—	2	—	18	23	5,288	6,003
Okla.	10	9	—	—	—	—	57	54	2,243	2,455
Tex.	7	25	—	2	1	4	N	N	12,851	12,090
MOUNTAIN	69	77	18	20	3	—	567	626	5,633	5,519
Mont.	5	4	—	—	—	—	20	19	56	49
Idaho	9	21	5	3	1	—	42	81	45	42
Wyo.	—	1	2	1	—	—	12	11	30	28
Colo.	15	20	1	1	1	—	214	211	1,438	1,582
N. Mex.	2	6	3	3	—	—	21	38	404	532
Ariz.	19	7	N	N	N	N	74	88	2,062	1,850
Utah	10	9	7	11	—	—	148	128	339	261
Nev.	9	9	—	1	1	—	36	50	1,259	1,175
PACIFIC	109	106	2	1	—	—	1,379	1,332	19,753	17,841
Wash.	25	35	—	—	—	—	126	143	1,824	1,374
Oreg.	32	12	2	1	—	—	129	198	767	554
Calif.	43	55	—	—	—	—	1,052	914	16,444	14,894
Alaska	6	1	—	—	—	—	37	33	268	324
Hawaii	3	3	—	—	—	—	35	44	450	695
Guam	N	N	—	—	—	—	—	2	—	114
P.R.	—	—	—	—	—	—	26	101	198	147
V.I.	—	—	—	—	—	—	—	—	2	64
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,202	1,158	3	8	63	64	119	108
NEW ENGLAND	93	111	—	1	7	7	4	1
Maine	5	7	—	—	—	—	1	—
N.H.	4	13	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	42	55	—	1	2	2	1	—
R.I.	7	3	—	—	2	—	—	—
Conn.	29	28	—	—	3	3	—	—
MID. ATLANTIC	239	238	—	1	—	3	29	28
Upstate N.Y.	69	81	—	1	—	3	5	4
N.Y. City	43	50	—	—	—	—	9	9
N.J.	44	42	—	—	—	—	7	2
Pa.	83	65	—	—	—	—	8	13
E.N. CENTRAL	157	217	1	—	1	8	10	31
Ohio	81	67	—	—	—	2	7	10
Ind.	41	33	—	—	1	4	1	1
Ill.	15	71	—	—	—	—	2	16
Mich.	13	14	1	—	—	2	—	3
Wis.	7	32	—	—	—	—	—	1
W.N. CENTRAL	63	61	—	2	3	3	9	5
Minn.	21	27	—	1	3	3	—	—
Iowa	—	1	—	1	—	—	—	—
Mo.	30	22	—	—	—	—	7	4
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	6	2	—	—	—	—	1	—
Kans.	5	6	—	—	—	—	—	1
S. ATLANTIC	283	263	1	—	17	18	15	18
Del.	—	—	—	—	—	—	—	—
Md.	40	46	—	—	4	5	—	—
D.C.	—	2	—	—	—	—	—	1
Va.	26	23	—	—	—	—	—	1
W. Va.	16	10	—	—	1	3	3	—
N.C.	52	37	1	—	5	5	—	1
S.C.	13	7	—	—	—	—	1	1
Ga.	57	74	—	—	—	—	7	14
Fla.	79	64	—	—	7	5	4	—
E.S. CENTRAL	71	43	—	—	1	—	12	7
Ky.	6	3	—	—	1	—	1	—
Tenn.	49	29	—	—	—	—	7	5
Ala.	16	11	—	—	—	—	4	2
Miss.	—	—	—	—	—	—	—	—
W.S. CENTRAL	71	47	1	1	5	5	6	1
Ark.	4	1	—	—	1	—	—	—
La.	26	9	1	—	2	—	6	1
Okla.	41	36	—	—	2	5	—	—
Tex.	—	1	—	1	—	—	—	—
MOUNTAIN	165	125	—	3	16	15	27	12
Mont.	—	—	—	—	—	—	—	—
Idaho	3	5	—	—	—	—	1	2
Wyo.	3	—	—	—	—	—	1	—
Colo.	30	30	—	—	—	—	6	3
N. Mex.	15	26	—	—	4	5	1	4
Ariz.	89	44	—	—	10	6	9	1
Utah	12	9	—	2	—	1	7	1
Nev.	13	11	—	1	2	3	2	1
PACIFIC	60	53	—	—	13	5	7	5
Wash.	—	1	—	—	—	—	—	1
Oreg.	24	26	—	—	—	—	5	2
Calif.	26	17	—	—	13	5	1	1
Alaska	4	5	—	—	—	—	1	1
Hawaii	6	4	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
P.R.	—	1	—	—	—	—	—	1
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,858	2,975	2,845	2,992	412	364
NEW ENGLAND	255	441	156	192	7	7
Maine	1	8	8	1	—	—
N.H.	46	11	10	22	—	—
Vt.	3	8	2	2	7	1
Mass.	174	373	113	95	—	6
R.I.	5	10	1	3	—	—
Conn.	26	31	22	69	U	—
MID. ATLANTIC	304	369	585	392	53	66
Upstate N.Y.	53	42	49	38	12	3
N.Y. City	154	144	55	77	—	—
N.J.	47	85	371	107	—	—
Pa.	50	98	110	170	41	63
E.N. CENTRAL	180	236	194	275	65	45
Ohio	27	27	71	66	1	3
Ind.	22	24	15	16	15	3
Ill.	38	77	19	33	—	12
Mich.	77	84	89	135	49	27
Wis.	16	24	—	25	—	—
W.N. CENTRAL	56	87	189	182	25	6
Minn.	3	23	11	20	3	4
Iowa	15	28	65	11	—	—
Mo.	27	16	83	118	20	2
N. Dak.	—	1	—	3	1	—
S. Dak.	—	2	—	—	—	—
Nebr.	3	9	14	17	1	—
Kans.	8	8	16	13	—	—
S. ATLANTIC	275	532	742	965	149	90
Del.	1	5	34	25	78	4
Md.	28	68	89	84	18	2
D.C.	2	4	4	13	—	1
Va.	43	45	84	108	8	8
W. Va.	3	1	20	4	5	16
N.C.	39	34	86	92	9	6
S.C.	10	32	53	78	2	8
Ga.	49	198	95	287	4	7
Fla.	100	145	277	274	25	38
E.S. CENTRAL	117	90	188	247	46	38
Ky.	6	12	36	27	4	16
Tenn.	84	64	69	119	8	10
Ala.	14	6	44	40	8	2
Miss.	13	8	39	61	26	10
W.S. CENTRAL	107	399	193	153	18	57
Ark.	4	51	20	63	—	1
La.	36	21	27	30	8	3
Okla.	3	17	20	39	—	2
Tex.	64	310	126	21	10	51
MOUNTAIN	183	233	291	231	20	21
Mont.	7	4	3	1	—	2
Idaho	15	11	6	6	—	1
Wyo.	—	3	1	7	—	—
Colo.	21	22	27	23	10	4
N. Mex.	9	12	7	10	—	U
Ariz.	111	149	198	120	—	3
Utah	13	25	29	22	6	2
Nev.	7	7	20	42	4	9
PACIFIC	381	588	307	355	29	34
Wash.	23	32	37	28	7	9
Oreg.	26	41	47	61	11	10
Calif.	319	498	213	254	11	14
Alaska	3	3	7	8	—	—
Hawaii	10	14	3	4	—	1
Guam	—	1	—	10	—	8
P.R.	14	23	9	42	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	610	795	259	301	3,785	6,996	513	662
NEW ENGLAND	38	23	9	13	256	1,113	26	58
Maine	2	—	—	3	18	29	3	4
N.H.	4	—	1	1	31	49	3	—
Vt.	—	1	—	—	5	16	1	3
Mass.	23	14	5	4	131	720	17	36
R.I.	3	2	1	1	3	76	2	2
Conn.	6	6	2	4	68	223	—	13
MID. ATLANTIC	173	184	60	67	2,616	4,576	141	164
Upstate N.Y.	44	36	22	20	628	1,280	25	19
N.Y. City	19	23	10	11	—	148	65	81
N.J.	34	24	9	17	945	1,410	31	37
Pa.	76	101	19	19	1,043	1,738	20	27
E.N. CENTRAL	120	190	24	55	49	552	40	62
Ohio	57	89	11	17	31	22	12	15
Ind.	8	16	1	10	6	4	—	7
Ill.	12	24	—	11	—	54	11	18
Mich.	32	53	7	15	4	5	13	13
Wis.	11	8	5	2	8	467	4	9
W.N. CENTRAL	19	20	11	5	149	80	26	41
Minn.	1	1	2	1	112	39	11	18
Iowa	3	3	4	1	23	13	4	2
Mo.	9	11	2	2	12	20	10	11
N. Dak.	1	1	2	—	—	—	—	2
S. Dak.	2	1	—	—	—	—	—	1
Nebr.	1	1	—	1	—	6	—	2
Kans.	2	2	1	—	2	2	1	5
S. ATLANTIC	140	170	61	39	621	598	106	153
Del.	8	3	N	N	222	88	—	3
Md.	35	32	10	6	298	387	37	30
D.C.	2	7	—	—	3	2	3	8
Va.	12	16	5	6	40	34	11	12
W. Va.	5	3	2	1	3	2	1	—
N.C.	14	15	11	8	24	49	15	9
S.C.	3	6	1	1	7	6	3	7
Ga.	11	25	11	8	—	10	16	33
Fla.	50	63	21	9	24	20	20	51
E.S. CENTRAL	26	42	12	17	16	23	12	20
Ky.	7	11	1	4	1	11	3	1
Tenn.	10	19	6	8	15	9	6	4
Ala.	8	11	4	3	—	3	3	11
Miss.	1	1	1	2	—	—	—	4
W.S. CENTRAL	10	91	12	23	31	15	33	68
Ark.	1	—	—	2	2	2	2	6
La.	4	5	6	2	3	2	2	4
Okla.	2	2	—	—	—	—	2	2
Tex.	3	84	6	19	26	11	27	56
MOUNTAIN	52	43	5	12	3	5	27	22
Mont.	4	1	—	—	—	—	—	—
Idaho	1	5	—	1	1	2	—	1
Wyo.	3	4	—	—	—	2	1	—
Colo.	15	8	2	3	—	—	15	7
N. Mex.	2	1	1	—	—	—	—	1
Ariz.	14	10	—	—	—	1	5	5
Utah	6	11	—	1	2	—	4	5
Nev.	7	3	2	7	—	—	2	3
PACIFIC	32	32	65	70	44	34	102	74
Wash.	—	5	6	6	1	2	8	3
Oreg.	N	N	4	5	5	14	3	10
Calif.	32	27	55	57	37	18	83	58
Alaska	—	—	—	—	1	—	3	—
Hawaii	—	—	—	2	N	N	5	3
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	1	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	700	744	53	60	36	30	—	1	611	653
NEW ENGLAND	52	41	1	5	—	5	—	1	51	30
Maine	2	8	—	—	—	1	—	—	2	7
N.H.	8	3	—	—	—	—	—	—	8	3
Vt.	4	1	—	—	—	—	—	—	4	1
Mass.	26	24	—	5	—	4	—	—	26	15
R.I.	2	1	—	—	—	—	—	—	2	1
Conn.	10	4	1	—	—	—	—	1	9	3
MID. ATLANTIC	92	111	27	33	4	5	—	—	61	73
Upstate N.Y.	23	32	3	5	3	3	—	—	17	24
N.Y. City	12	20	—	—	—	—	—	—	12	20
N.J.	26	20	—	—	—	—	—	—	26	20
Pa.	31	39	24	28	1	2	—	—	6	9
E.N. CENTRAL	61	78	15	15	5	5	—	—	41	58
Ohio	28	41	—	3	5	4	—	—	23	34
Ind.	10	12	—	—	—	1	—	—	10	11
Ill.	3	1	—	—	—	—	—	—	3	1
Mich.	15	12	15	12	—	—	—	—	—	—
Wis.	5	12	—	—	—	—	—	—	5	12
W.N. CENTRAL	44	48	2	—	1	4	—	—	41	44
Minn.	6	14	1	—	—	—	—	—	5	14
Iowa	12	10	—	—	1	2	—	—	11	8
Mo.	15	14	1	—	—	1	—	—	14	13
N. Dak.	—	1	—	—	—	—	—	—	—	1
S. Dak.	2	2	—	—	—	1	—	—	2	1
Nebr.	3	2	—	—	—	—	—	—	3	2
Kans.	6	5	—	—	—	—	—	—	6	5
S. ATLANTIC	136	146	4	2	7	2	—	—	125	142
Del.	2	2	—	—	—	—	—	—	2	2
Md.	15	7	2	—	2	—	—	—	11	7
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	16	10	—	—	—	—	—	—	16	10
W. Va.	5	4	1	—	—	—	—	—	4	4
N.C.	20	23	1	—	5	2	—	—	14	21
S.C.	12	13	—	—	—	—	—	—	12	13
Ga.	12	9	—	—	—	—	—	—	12	9
Fla.	54	73	—	—	—	—	—	—	54	73
E.S. CENTRAL	35	36	—	1	3	—	—	—	32	35
Ky.	11	5	—	1	3	—	—	—	8	4
Tenn.	15	11	—	—	—	—	—	—	15	11
Ala.	5	10	—	—	—	—	—	—	5	10
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	55	42	1	1	5	1	—	—	49	40
Ark.	9	10	—	—	—	—	—	—	9	10
La.	24	25	—	1	2	—	—	—	22	24
Okla.	12	4	1	—	3	1	—	—	8	3
Tex.	10	3	—	—	—	—	—	—	10	3
MOUNTAIN	59	41	2	1	5	4	—	—	52	36
Mont.	—	3	—	—	—	—	—	—	—	3
Idaho	1	4	—	—	—	—	—	—	1	4
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	13	11	2	—	—	—	—	—	11	11
N. Mex.	1	6	—	1	—	3	—	—	1	2
Ariz.	32	6	—	—	2	—	—	—	30	6
Utah	7	3	—	—	2	—	—	—	5	3
Nev.	5	5	—	—	1	1	—	—	4	4
PACIFIC	166	201	1	2	6	4	—	—	159	195
Wash.	30	17	1	2	4	4	—	—	25	11
Oreg.	25	40	—	—	—	—	—	—	25	40
Calif.	101	137	—	—	—	—	—	—	101	137
Alaska	1	2	—	—	—	—	—	—	1	2
Hawaii	9	5	—	—	2	—	—	—	7	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	4	9	—	—	—	—	—	—	4	9
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	—	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	8,608	6,467	2,572	3,158	428	472	14,546	16,371	5,102	6,213
NEW ENGLAND	513	818	364	269	1	9	963	833	118	126
Maine	13	4	27	30	N	N	74	39	4	2
N.H.	25	25	7	10	—	—	78	48	4	5
Vt.	59	40	27	10	—	—	49	25	6	2
Mass.	384	708	214	108	—	8	522	516	71	80
R.I.	12	16	8	18	1	1	40	48	9	8
Conn.	20	25	81	93	—	—	200	157	24	29
MID. ATLANTIC	727	1,219	288	414	28	37	1,833	2,229	528	655
Upstate N.Y.	264	885	229	210	1	1	509	468	145	294
N.Y. City	44	82	16	9	2	12	405	624	204	191
N.J.	126	88	N	N	8	8	260	447	140	114
Pa.	293	164	43	195	17	16	659	690	39	56
E.N. CENTRAL	1,771	1,834	62	33	15	17	1,932	2,300	358	478
Ohio	663	225	30	9	12	6	562	537	39	80
Ind.	146	45	4	4	—	4	147	214	33	93
Ill.	206	380	17	11	1	6	486	761	84	190
Mich.	114	64	11	7	2	1	384	392	128	54
Wis.	642	1,120	—	2	—	—	353	396	74	61
W.N. CENTRAL	1,221	414	202	324	62	51	1,031	1,089	546	183
Minn.	337	76	37	25	—	—	254	266	31	24
Iowa	344	45	36	38	1	1	152	216	42	38
Mo.	223	202	31	15	58	43	330	292	393	78
N. Dak.	67	52	13	36	—	—	15	19	2	2
S. Dak.	1	11	38	68	2	—	63	50	16	7
Nebr.	114	5	—	69	—	7	75	70	31	7
Kans.	135	23	47	73	1	—	142	176	31	27
S. ATLANTIC	544	324	860	1,238	217	214	3,795	3,668	906	1,505
Del.	13	—	—	9	1	3	32	30	5	3
Md.	98	60	141	148	23	19	282	301	29	55
D.C.	4	6	—	—	—	—	20	18	8	21
Va.	91	87	290	233	9	7	371	373	46	58
W. Va.	28	5	22	33	3	1	66	72	—	—
N.C.	41	46	264	346	146	110	605	388	88	138
S.C.	163	53	5	87	10	24	204	312	40	293
Ga.	18	15	135	177	15	41	568	722	229	361
Fla.	88	52	3	205	10	9	1,647	1,452	461	576
E.S. CENTRAL	246	75	76	71	56	66	885	1,008	699	361
Ky.	71	11	7	13	—	—	145	151	115	39
Tenn.	115	41	24	23	44	35	280	286	379	172
Ala.	40	13	45	28	11	17	270	257	161	120
Miss.	20	10	—	7	1	14	190	314	44	30
W.S. CENTRAL	251	323	543	641	21	65	1,000	1,710	877	1,769
Ark.	135	21	20	28	12	34	301	215	32	31
La.	22	10	—	—	3	3	300	356	56	189
Okla.	—	17	54	73	5	27	170	150	393	259
Tex.	94	275	469	540	1	1	229	989	396	1,290
MOUNTAIN	2,131	551	108	66	23	9	945	1,033	313	380
Mont.	401	15	—	10	1	2	41	67	5	4
Idaho	66	18	—	—	1	1	54	79	2	6
Wyo.	19	3	12	—	1	2	25	23	—	1
Colo.	738	281	9	10	3	1	237	257	46	65
N. Mex.	70	80	—	2	—	2	78	111	36	68
Ariz.	597	107	83	44	13	1	304	310	180	196
Utah	213	37	—	—	4	—	136	104	19	19
Nev.	27	10	4	—	—	—	70	82	25	21
PACIFIC	1,204	909	69	102	5	4	2,162	2,501	757	756
Wash.	275	329	—	—	—	—	213	221	38	54
Oreg.	369	248	2	2	—	2	154	213	35	36
Calif.	478	312	66	89	5	2	1,636	1,845	664	637
Alaska	22	10	1	11	—	—	24	32	6	5
Hawaii	60	10	—	—	—	—	135	190	14	24
Guam	—	—	—	—	—	—	—	44	—	34
P.R.	1	—	32	30	N	N	86	190	1	13
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,530	2,844	1,363	1,365	477	465	3,863	3,919	119	215
NEW ENGLAND	96	198	22	80	50	67	113	106	—	1
Maine	6	6	N	N	—	2	1	2	—	—
N.H.	8	15	—	—	3	N	6	3	—	—
Vt.	9	8	9	6	3	1	—	—	—	—
Mass.	66	90	—	22	44	39	81	63	—	—
R.I.	7	17	13	7	—	5	2	15	—	1
Conn.	—	62	U	45	U	20	23	23	—	—
MID. ATLANTIC	581	497	137	103	94	70	483	507	10	23
Upstate N.Y.	188	161	53	46	44	46	39	42	4	1
N.Y. City	100	77	U	U	17	U	312	305	5	9
N.J.	116	108	N	N	14	6	63	90	1	12
Pa.	177	151	84	57	19	18	69	70	—	1
E.N. CENTRAL	505	662	362	318	124	114	374	468	20	28
Ohio	125	159	236	228	54	56	109	123	2	1
Ind.	52	73	118	90	31	22	36	31	1	1
Ill.	110	184	8	—	35	1	178	188	6	4
Mich.	196	192	—	N	—	N	40	106	9	22
Wis.	22	54	N	N	4	35	11	20	2	—
W.N. CENTRAL	164	197	32	13	52	50	123	96	1	3
Minn.	60	96	—	—	29	31	31	17	—	1
Iowa	N	N	N	N	—	N	1	4	—	—
Mo.	47	42	27	10	5	8	76	54	1	1
N. Dak.	5	9	—	—	2	2	—	—	—	—
S. Dak.	16	8	3	3	—	—	—	—	—	—
Nebr.	12	14	2	—	6	5	3	5	—	—
Kans.	24	28	N	N	10	4	12	16	—	1
S. ATLANTIC	518	556	555	698	56	34	968	945	24	37
Del.	1	3	1	4	—	N	6	3	—	1
Md.	124	86	—	—	36	22	175	174	8	5
D.C.	6	5	14	5	2	4	62	31	—	1
Va.	44	42	N	N	—	N	65	53	3	1
W. Va.	12	16	76	75	18	8	2	3	—	—
N.C.	80	84	N	N	U	U	119	85	7	4
S.C.	20	46	—	77	—	N	30	65	1	10
Ga.	89	140	109	168	—	N	136	158	—	2
Fla.	142	134	355	369	—	N	373	373	5	13
E.S. CENTRAL	110	150	118	94	5	9	217	211	13	15
Ky.	23	47	21	21	N	N	17	24	—	1
Tenn.	87	103	97	71	—	N	98	74	9	7
Ala.	—	—	—	—	—	N	84	90	3	5
Miss.	—	—	—	2	5	9	18	23	1	2
W.S. CENTRAL	103	221	89	43	57	93	655	615	33	42
Ark.	10	9	12	6	13	7	29	23	—	3
La.	6	2	77	37	19	21	138	145	5	3
Okla.	73	44	N	N	16	28	22	18	1	2
Tex.	14	166	N	N	9	37	466	429	27	34
MOUNTAIN	398	313	48	15	33	28	197	206	14	27
Mont.	—	—	—	—	—	—	5	1	—	—
Idaho	1	5	N	N	—	N	18	13	1	2
Wyo.	2	6	20	5	—	—	—	1	—	—
Colo.	149	62	N	N	32	28	21	38	—	—
N. Mex.	25	69	—	N	—	—	27	53	1	2
Ariz.	170	146	N	N	—	N	69	85	12	23
Utah	50	24	27	8	1	—	4	4	—	—
Nev.	1	1	1	2	—	—	53	11	—	—
PACIFIC	55	50	—	1	6	—	733	765	4	39
Wash.	N	N	N	N	N	N	64	52	—	—
Oreg.	N	N	N	N	5	N	16	18	—	—
Calif.	—	—	N	N	N	N	646	692	4	39
Alaska	—	—	—	—	—	N	4	—	—	—
Hawaii	55	50	—	1	1	—	3	3	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	102	73	6	3
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 9, 2005, and July 10, 2004 (27th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	5,028	6,462	102	137	13,281	12,622	26	159	7
NEW ENGLAND	158	213	12	14	935	1,832	—	—	—
Maine	8	11	1	—	206	180	—	—	—
N.H.	4	8	—	—	159	—	—	—	—
Vt.	4	—	—	—	32	406	—	—	—
Mass.	105	120	7	12	538	56	—	—	—
R.I.	14	25	1	1	—	—	—	—	—
Conn.	23	49	3	1	U	1,190	—	—	—
MID. ATLANTIC	1,014	999	28	35	2,888	60	—	3	—
Upstate N.Y.	130	124	5	2	—	—	—	—	—
N.Y. City	524	514	8	13	—	—	—	2	—
N.J.	221	214	8	11	—	—	—	—	—
Pa.	139	147	7	9	2,888	60	—	1	—
E.N. CENTRAL	670	576	5	16	3,863	3,979	2	1	—
Ohio	134	105	—	3	878	999	1	—	—
Ind.	64	69	—	—	120	N	1	—	—
Ill.	324	251	1	8	25	1	—	—	—
Mich.	108	111	2	4	2,585	2,497	—	1	—
Wis.	40	40	2	1	255	482	—	—	—
W.N. CENTRAL	215	234	2	3	205	130	7	4	4
Minn.	88	84	2	2	—	—	—	—	—
Iowa	17	19	—	—	N	N	—	2	—
Mo.	59	69	—	1	131	2	1	1	—
N. Dak.	2	3	—	—	10	73	—	—	—
S. Dak.	6	5	—	—	64	55	5	—	3
Nebr.	14	16	—	—	—	—	—	—	—
Kans.	29	38	—	—	—	—	1	1	1
S. ATLANTIC	1,048	1,310	13	17	1,120	1,515	1	4	—
Del.	2	14	—	—	14	4	—	—	—
Md.	119	128	3	5	—	—	—	—	—
D.C.	28	4	—	—	18	18	—	—	—
Va.	134	104	3	3	209	353	—	—	—
W. Va.	12	12	—	—	643	848	—	—	N
N.C.	108	139	2	3	—	N	—	—	—
S.C.	106	108	—	—	236	292	—	—	—
Ga.	164	330	2	3	—	—	1	—	—
Fla.	375	471	3	3	—	—	—	4	—
E.S. CENTRAL	286	294	1	6	—	—	1	3	—
Ky.	56	54	1	2	N	N	—	—	—
Tenn.	132	108	—	4	—	—	—	—	—
Ala.	98	99	—	—	—	—	1	2	—
Miss.	—	33	—	—	—	—	—	1	—
W.S. CENTRAL	430	1,073	3	10	2,625	3,608	1	5	—
Ark.	49	63	—	—	—	—	—	1	—
La.	—	—	—	—	103	46	—	—	—
Okla.	71	80	—	—	—	—	—	—	—
Tex.	310	930	3	10	2,522	3,562	1	4	—
MOUNTAIN	166	268	3	6	1,645	1,498	12	118	2
Mont.	6	4	—	—	—	—	—	—	—
Idaho	—	—	—	—	—	—	—	—	—
Wyo.	—	1	—	—	43	22	—	—	—
Colo.	27	69	—	1	1,169	1,181	7	4	—
N. Mex.	8	19	—	—	101	U	2	—	1
Ariz.	112	108	1	2	—	—	3	113	1
Utah	13	22	1	1	332	295	—	—	—
Nev.	—	45	1	2	—	—	—	1	—
PACIFIC	1,041	1,495	35	30	—	—	2	21	1
Wash.	109	121	2	2	N	N	—	—	—
Oreg.	54	41	2	—	—	—	—	—	—
Calif.	802	1,257	25	22	—	—	2	21	1
Alaska	15	16	—	—	—	—	—	—	—
Hawaii	61	60	6	6	—	—	—	—	—
Guam	—	36	—	—	—	86	—	—	—
P.R.	—	49	—	—	106	255	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending July 9, 2005 (27th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	426	300	82	22	10	12	41
Boston, Mass.	112	72	29	3	4	4	8
Bridgeport, Conn.	32	24	5	1	—	2	5
Cambridge, Mass.	16	13	1	1	1	—	3
Fall River, Mass.	18	11	4	1	1	1	2
Hartford, Conn.	28	20	4	1	2	1	6
Lowell, Mass.	19	12	6	—	—	1	2
Lynn, Mass.	13	10	1	1	—	1	1
New Bedford, Mass.	23	20	1	1	1	—	1
New Haven, Conn.	23	16	5	1	—	1	1
Providence, R.I.	46	32	10	3	—	1	4
Somerville, Mass.	3	1	1	1	—	—	—
Springfield, Mass.	34	22	6	5	1	—	2
Waterbury, Conn.	12	9	2	1	—	—	2
Worcester, Mass.	47	38	7	2	—	—	4
MID. ATLANTIC	1,917	1,336	400	119	38	21	81
Albany, N.Y.	44	34	7	2	1	—	2
Allentown, Pa.	25	22	1	2	—	—	2
Buffalo, N.Y.	98	75	16	4	1	2	5
Camden, N.J.	21	15	4	1	—	1	2
Elizabeth, N.J.	21	20	1	—	—	—	3
Erie, Pa.	41	27	10	4	—	—	3
Jersey City, N.J.	36	18	14	3	1	—	—
New York City, N.Y.	896	626	182	56	18	13	31
Newark, N.J.	53	19	21	10	1	—	—
Paterson, N.J.	18	9	6	3	—	—	—
Philadelphia, Pa.	270	182	65	13	7	3	8
Pittsburgh, Pa.§	44	28	11	4	1	—	2
Reading, Pa.	24	18	3	3	—	—	2
Rochester, N.Y.	131	93	26	7	3	2	9
Schenectady, N.Y.	17	15	2	—	—	—	2
Scranton, Pa.	26	18	7	1	—	—	2
Syracuse, N.Y.	99	74	16	5	4	—	6
Trenton, N.J.	20	16	4	—	—	—	1
Utica, N.Y.	16	11	3	1	1	—	—
Yonkers, N.Y.	17	16	1	—	—	—	1
E.N. CENTRAL	1,696	1,089	395	118	49	45	100
Akron, Ohio	43	27	7	4	—	5	3
Canton, Ohio	38	30	5	2	—	1	3
Chicago, Ill.	316	177	90	32	10	7	27
Cincinnati, Ohio	21	15	3	2	—	1	2
Cleveland, Ohio	156	102	28	11	6	9	6
Columbus, Ohio	182	117	42	14	6	3	11
Dayton, Ohio	83	58	21	2	—	2	1
Detroit, Mich.	150	78	48	13	8	3	8
Evansville, Ind.	44	35	9	—	—	—	—
Fort Wayne, Ind.	46	27	14	2	3	—	4
Gary, Ind.	8	6	1	1	—	—	—
Grand Rapids, Mich.	41	30	5	2	4	—	2
Indianapolis, Ind.	180	118	42	12	3	5	14
Lansing, Mich.	46	31	9	1	3	2	4
Milwaukee, Wis.	83	61	17	4	—	1	6
Peoria, Ill.	35	21	9	3	—	2	—
Rockford, Ill.	50	37	11	1	1	—	3
South Bend, Ind.	34	26	6	1	1	—	1
Toledo, Ohio	100	59	24	9	4	4	1
Youngstown, Ohio	40	34	4	2	—	—	4
W.N. CENTRAL	594	378	134	48	17	17	32
Des Moines, Iowa	75	53	16	2	1	3	6
Duluth, Minn.	48	34	9	2	2	1	2
Kansas City, Kans.	21	11	7	1	2	—	—
Kansas City, Mo.	47	29	10	5	2	1	2
Lincoln, Nebr.	27	17	6	3	1	—	3
Minneapolis, Minn.	92	47	27	10	3	5	5
Omaha, Nebr.	71	54	11	4	—	2	6
St. Louis, Mo.	72	34	21	14	1	2	1
St. Paul, Minn.	86	60	16	4	3	3	5
Wichita, Kans.	55	39	11	3	2	—	2
S. ATLANTIC	948	563	241	80	31	32	46
Atlanta, Ga.	107	56	34	15	1	1	2
Baltimore, Md.	153	86	42	18	5	2	12
Charlotte, N.C.	125	64	35	9	6	11	8
Jacksonville, Fla.	116	76	22	12	3	3	5
Miami, Fla.	U	U	U	U	U	U	U
Norfolk, Va.	31	18	4	4	3	2	1
Richmond, Va.	48	29	10	3	3	3	6
Savannah, Ga.	38	27	9	1	—	1	—
St. Petersburg, Fla.	45	32	11	1	1	—	3
Tampa, Fla.	172	118	35	8	5	5	8
Washington, D.C.	102	52	35	7	4	4	—
Wilmington, Del.	11	5	4	2	—	—	1
E.S. CENTRAL	717	465	160	54	20	18	58
Birmingham, Ala.	142	88	34	9	4	7	13
Chattanooga, Tenn.	66	47	14	3	—	2	5
Knoxville, Tenn.	59	45	5	6	1	2	5
Lexington, Ky.	76	54	11	5	3	3	5
Memphis, Tenn.	183	111	53	16	3	—	14
Mobile, Ala.	44	28	12	3	—	1	4
Montgomery, Ala.	24	18	4	2	—	—	5
Nashville, Tenn.	123	74	27	10	9	3	7
W.S. CENTRAL	1,127	695	282	84	42	24	49
Austin, Tex.	76	51	15	5	3	2	4
Baton Rouge, La.	36	25	9	1	1	—	2
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	162	93	40	13	12	4	6
El Paso, Tex.	40	27	8	4	1	—	2
Ft. Worth, Tex.	109	70	21	8	5	5	4
Houston, Tex.	293	176	77	22	12	6	17
Little Rock, Ark.	61	39	18	2	—	2	1
New Orleans, La.	56	34	13	5	2	2	1
San Antonio, Tex.	165	103	42	12	5	3	6
Shreveport, La.	28	18	8	2	—	—	—
Tulsa, Okla.	101	59	31	10	1	—	6
MOUNTAIN	771	498	177	63	19	13	41
Albuquerque, N.M.	104	61	26	11	4	2	2
Boise, Idaho	35	25	6	—	1	3	1
Colo. Springs, Colo.	42	34	4	2	1	1	1
Denver, Colo.	85	39	28	10	6	2	4
Las Vegas, Nev.	238	153	58	19	6	1	13
Ogden, Utah	27	21	3	2	—	1	3
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	33	17	11	5	—	—	1
Salt Lake City, Utah	96	62	23	9	1	1	7
Tucson, Ariz.	111	86	18	5	—	2	9
PACIFIC	1,392	932	312	85	39	23	105
Berkeley, Calif.	11	9	2	—	—	—	3
Fresno, Calif.	86	57	19	7	3	—	6
Glendale, Calif.	17	12	5	—	—	—	2
Honolulu, Hawaii	60	45	10	4	—	1	3
Long Beach, Calif.	47	34	11	2	—	—	4
Los Angeles, Calif.	318	210	72	19	13	4	31
Pasadena, Calif.	5	4	1	—	—	—	1
Portland, Oreg.	83	60	11	4	2	5	5
Sacramento, Calif.	165	111	36	9	4	5	10
San Diego, Calif.	129	83	31	7	5	3	5
San Francisco, Calif.	86	55	18	6	5	2	7
San Jose, Calif.	104	76	20	3	4	1	14
Santa Cruz, Calif.	23	15	7	1	—	—	1
Seattle, Wash.	116	66	35	13	1	1	6
Spokane, Wash.	51	33	12	4	1	1	3
Tacoma, Wash.	91	62	22	6	1	—	4
TOTAL	9,588¶	6,256	2,183	673	265	205	553

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.

¶ Total includes unknown ages.

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