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Three Outbreaks of Salmonellosis Associated with Baby Poultry from Three Hatcheries — United States, 2006

During 2006, state health departments notified CDC of three outbreaks of *Salmonella* species infections in persons who had been in contact with chicks and other baby poultry (ducklings, goslings, and baby turkeys) purchased at agricultural feed stores. The feed stores received the poultry from hatcheries, and each of the three outbreaks was traced to a single hatchery. For decades, baby poultry, particularly chicks and ducklings, have been known to be a source of salmonellosis (1–4). More recently, the source of birds associated with salmonellosis outbreaks has been traced back to individual hatcheries. Many persons who purchase baby poultry remain unaware that contact with these birds puts them and others who are exposed to the birds, especially children and immunocompromised persons, at risk for salmonellosis. This report describes the three outbreaks and provides recommendations for preventing transmission of *Salmonella* infection from birds to humans.

Hatchery A. In May 2006, during routine surveillance of laboratory results, the public health laboratory at the Michigan Department of Community Health detected a cluster of cases that were culture positive for *Salmonella* serotype 4,5,12,i:–. Laboratory analysis of the isolates by pulsed-field gel electrophoresis (PFGE)* yielded an indistinguishable DNA pattern that was later designated as the outbreak strain. During April–July, the laboratory isolated the outbreak strain from a total of 21 clinical samples obtained from ill persons in Michigan. Ill persons were interviewed† by state public health officials and asked about symptoms and possible sources of

exposure. All 21 patients reported diarrhea, and six (29%) reported bloody diarrhea. Twelve (57%) patients reported vomiting. Seven (33%) of the 21 ill patients were hospitalized for a median of 4 days (range: 1–9 days); complete data on recovery status were not available at the time of interview. The median age of hospitalized patients was 31 years (range: 7 months–79 years). The median age of all patients was 18 years (range: 7 months–79 years). Twelve (57%) patients reported exposure to baby poultry in the 7 days before illness onset; eight of these patients reported purchasing the birds as a source of meat or eggs, two patients reported purchasing the birds as family pets, and for two patients, the reason for purchase was unknown. The hatchery source of the baby poultry was determined for eight (67%) of the 12 patients who reported exposure; two patients purchased birds directly from hatchery A in Michigan, and six patients purchased birds from five different agricultural feed stores that had all received birds from hatchery A. This hatchery also was the source of chicks and ducklings that caused salmonellosis outbreaks in Michigan in 1999 and 2000 (6).

Hatchery B. On May 3, 2006, the Nebraska Health and Human Services System received a report of two children with stool-culture–confirmed salmonellosis. The health department began an investigation on May 4 and learned that the two patients both attended the same Nebraska day care center,

*PFGE provides a DNA pattern for each isolate; closely related or indistinguishable PFGE patterns suggest a common source and can be used to distinguish outbreak cases from concurrent sporadic cases. Persons with indistinguishable PFGE patterns might be included in the case count, regardless of whether exposure to the outbreak source is confirmed.

† For all investigations described in this report, if the patient was a young child, a family member was interviewed.

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where they had handled pet chicks brought into the center by a parent. Additional interviews at the day care center detected a total of 10 persons (nine students and one staff member) with diarrhea (three or more loose stools in 24 hours), and three (30%) with bloody diarrhea. None of the 10 persons were hospitalized. Stool samples were requested of all persons with diarrhea. Of the six additional stool samples obtained, two were positive for *Salmonella* serotype Montevideo. Of the four total positive stool samples, all yielded *Salmonella* serotype Montevideo isolates with indistinguishable PFGE DNA patterns. Three of the four children had handled the chicks, and the fourth had the opportunity to do so, although direct contact could not be confirmed.

During April–June, state public health laboratories identified in the national PulseNet database[§] the same strain of *Salmonella* serotype Montevideo in a total of 56 patients (including those from the Nebraska day care center) from 21 states.[¶] Forty-eight of these patients were interviewed during May–July by state public health officials and asked about symptoms and possible exposures. All interviewed patients reported diarrhea (three or more loose stools in 24 hours), and 25 (52%) reported bloody diarrhea. Eight (17%) patients were hospitalized for a median of 2 days (range: 1–7 days), and all fully recovered; the median age of hospitalized patients was 10 months (range: 27 days–53 years). The median age of all interviewed patients was 24 months (range: 27 days–82 years). Forty-two (88%) of the 48 interviewed patients reported exposure to baby poultry in the 5 days before illness onset. Seventeen (40%) of the interviewed patients purchased the birds for meat or eggs, 18 (43%) purchased them as pets, and for seven patients, the reason for purchase was unknown. Thirty-seven (88%) of 42 patients with exposure to baby poultry purchased the birds at a store, including at least 14 different agricultural feed stores and one general store; other patients did not report the facility from which they purchased the birds.

All 37 patients who purchased baby poultry from a store were asked whether the store provided information on preventing transmission of *Salmonella* species infection from birds to humans; three patients reported receiving this type of information. In addition, 31 patients who reported exposure

[§] PulseNet is the molecular subtyping network for foodborne disease surveillance in the United States. Participants are public health laboratories in all 50 states and federal regulatory agency laboratories. PulseNet participants perform standardized molecular subtyping (or “fingerprinting”) of foodborne disease-causing bacteria by PFGE in real time. The results (DNA fingerprints, or patterns) are then submitted electronically to central databases located at CDC, which enables rapid comparison of PFGE patterns by public health professionals nationwide (5).

[¶] California, Colorado, Iowa, Illinois, Kentucky, Maine, Massachusetts, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Oregon, South Dakota, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming.

to baby poultry were asked whether they were aware that they could contract salmonellosis from baby poultry; 24 (77%) of these patients reported being unaware that baby poultry could be a source of *Salmonella* species infection. The hatchery source of the baby poultry was determined for nine (21%) of the 42 patients who had been exposed to baby poultry; seven of these nine patients purchased the baby poultry from three feed stores that all received birds from hatchery B in New Mexico. PFGE analysis of isolates from baby poultry and environmental swabs from hatchery B yielded a DNA pattern that was indistinguishable from the *Salmonella* Montevideo outbreak strain in the patients. Hatchery B also had been identified previously as the source of chicks that caused outbreaks of human *Salmonella* species infections in 2002 and 2005 (New Mexico Department of Health, unpublished data, 2007).

Hatchery C. During March–May 2006, the Oregon State Public Health Laboratory identified four patients with *Salmonella* serotype Ohio isolates; PFGE analysis yielded indistinguishable DNA patterns. All four patients were interviewed by public health officials and asked whether they had been hospitalized and about possible sources of exposure. The median age of patients was 32 years (range: 1–77 years). One patient was hospitalized.

All four patients reported exposure to baby poultry in the days before illness onset. Three of the four patients had purchased chicks from one agricultural feed store; the source for the fourth patient was unknown. After a review of invoices from the feed store, the source for the chicks was determined to be hatchery C in neighboring Washington. Hatchery C had been identified previously as the source of chicks that caused outbreaks of salmonellosis in 1995, 1996, 2003, 2004, and 2005 (Oregon Department of Public Health, unpublished data, 2007).

To assess the prevalence of *Salmonella* species in chicks at retail stores, the Oregon Department of Agriculture and the Oregon Public Health Division surveyed 16 agricultural feed stores in western Oregon during February–March 2006. Although the surveys began before the outbreak was detected, the data were used to assist in the subsequent outbreak investigation. Store representatives were asked about conditions under which birds were purchased, housed, and sold. In addition, cloacal swabs from 137 chicks from the 16 stores were cultured for *Salmonella*; serotypes Ohio, Montevideo, or Tennessee were recovered from 25 (18%) of the chicks from 10 of the 16 stores. All agricultural feed stores with chicks whose swabs yielded *Salmonella* Ohio received these chicks from hatchery C.

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Editorial Note: This report describes three concurrent outbreaks of salmonellosis that occurred during 2006, the first year during which more than one baby-poultry–associated salmonellosis outbreak has been recognized. These outbreaks demonstrate that salmonellosis associated with baby poultry purchased from agricultural feed stores is a source of *Salmonella* infection in humans and an ongoing public health problem.

Each year in the United States, an estimated 1.4 million *Salmonella* infections result in thousands of hospitalizations and hundreds of deaths (7). The percentage caused by contact with baby poultry remains unknown, and few measures have been implemented to prevent transmission of *Salmonella* organisms from baby poultry to humans.

Fewer than 20 hatcheries in the United States provide the majority of baby poultry sold in agricultural feed stores in the nation, and certain hatcheries have been implicated repeatedly as sources of baby-poultry–associated salmonellosis outbreaks. Such outbreaks might be prevented by control measures at these and other hatcheries and at agricultural feed stores, where most persons purchase baby poultry. Providing information to customers about the health risks of bird contact and providing adequate handwashing facilities might prevent such infections (8). Certain state health departments (e.g., in Washington and Oregon) have urged feed stores to display warnings and provide point-of-sale educational materials to persons purchasing baby poultry; however, such campaigns are voluntary and might not be implemented. Increased emphasis on such point-of-sale educational materials might reduce numbers of infections. Evaluation of the effectiveness of mandated point-of-sale education in reducing baby-poultry–associated salmonellosis might help guide future prevention programs.

Although the purchase of baby poultry from agricultural feed stores by persons for meat or eggs or as pets is legal in all states, a 2005 survey indicated that the sale of chicks to individual persons is regulated by law in certain states. For example, 13 states** and the District of Columbia (DC) prohibit the sale of birds that have been dyed. Arkansas, Kentucky,

** Arkansas, Florida, Illinois, Kentucky, Massachusetts, Michigan, Montana, New Jersey, New York, Pennsylvania, South Carolina, Tennessee, and Vermont.

New York, and Wisconsin have laws establishing a minimum number of birds that can be sold to individual persons, and 12 states^{††} and DC have laws restricting the youngest age at which birds can be sold. The effectiveness of such legislation is unknown. None of the hatcheries or stores implicated in the outbreaks were in violation of state laws related to the sale of baby poultry.

The hatchery B outbreak investigation described in this report indicates that persons who purchase baby poultry usually are unaware that *Salmonella* species infections can be transmitted from poultry to humans. Although baby birds such as chicks and ducklings might not appear dirty, they can have feces on their feathers and beaks, areas that children are more likely to touch or place in their mouths, possibly resulting in infection. In addition, all items that have been in contact with birds, such as floors, tables, rugs, sinks, and fingers, can be contaminated with a fecal film.

To reduce the risk for illness or death from salmonellosis, persons should be educated about the risks of contact with baby poultry, should avoid contact with bird feces, and should wash their hands with soap and warm water after handling baby poultry or anything that has been in contact with them. In addition, children aged <5 years should not be allowed to handle baby chicks or other baby birds. At the community level, hatcheries should provide written information for customers at agricultural feed stores and customers who purchase directly from hatcheries, recommending ways to prevent transmission of *Salmonella* organisms from birds to humans. Additional information regarding health risks posed by contact with baby poultry is available at http://www.cdc.gov/healthypets/easter_chicks.htm.

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Update: Chikungunya Fever Diagnosed Among International Travelers — United States, 2006

Chikungunya virus (CHIKV) is a mosquito-borne alphavirus indigenous to tropical Africa and Asia, where it causes endemic and epidemic chikungunya (CHIK) fever, an acute illness characterized by fever, arthralgias, and sometimes arthritis, commonly accompanied by conjunctivitis and rash. Although symptoms of CHIKV infection usually last days to weeks, joint symptoms and signs usually last for months and occasionally for 1 year or longer; deaths from CHIKV infection are rare (1). No specific antiviral treatment exists for CHIKV infection; treatment consists of supportive care, including analgesics and anti-inflammatory medication for joint symptoms. During 2005–2006, an epidemic of CHIK fever occurred on islands in the Indian Ocean and in India, resulting in millions of clinically suspected cases, mainly in southern India (2,3). In the United States, CHIK fever has been diagnosed in travelers from abroad. CDC previously reported 12 imported cases of CHIK fever diagnosed in the United States from 2005 through late September 2006, including 11 with illness onset in 2006 (4). This report of 26 additional imported cases with onset in 2006 underscores the importance of recognizing such cases among travelers. Health-care providers are encouraged to suspect CHIKV infection in travelers with fever and arthralgias who have recently returned from areas with CHIKV transmission. Acute- and convalescent-phase serum specimens can be submitted to CDC for testing through state health departments. Public health officials and health-care providers are encouraged to be vigilant for the possibility of indigenous CHIKV transmission in areas of the United States where CHIKV mosquito vectors are prevalent.

Surveillance for CHIK fever in the United States is passive and laboratory based; the disease is not nationally reportable. In the United States in 2006, diagnostic testing for CHIKV was available at CDC by arrangement through state health departments. Although clinicians were encouraged to submit paired acute- and convalescent-phase serum specimens (ideally separated by 2 weeks), paired specimens were not uniformly available. All serum samples were tested by immunoglobulin M (IgM)-capture enzyme-linked immunosorbent assay (ELISA) and plaque-reduction neutralization (PRNT). IgM-negative acute-phase samples were tested by virus culture. Positive cultures were confirmed by polymerase chain reaction.

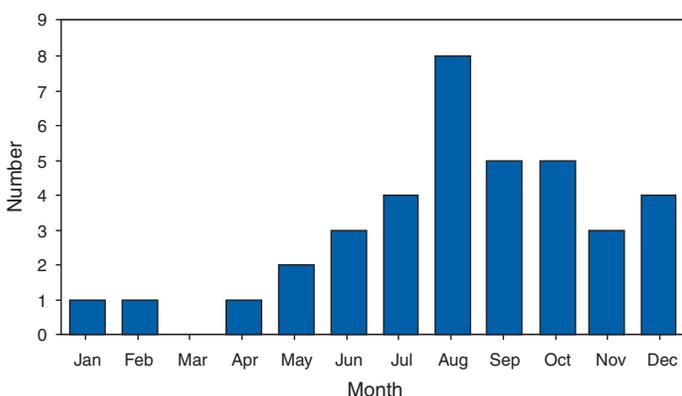
^{††} Alabama, Arkansas, Florida, Kentucky, Massachusetts, Montana, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, and Wisconsin.

Including the previously reported cases (4), CDC confirmed a total of 37 cases of CHIK fever with both positive IgM and PRNT and/or CHIKV isolation among U.S. travelers with onset in 2006; CHIKV was isolated from the blood of five of these patients. Patients were from 17 states (four southern states, four northeastern states, five midwestern states, and four western states) and the District of Columbia. Median age of patients was 49 years (range: 22–78 years), and 54% were female. In 25 (68%) of the 37 cases, onset occurred during June–October 2006 (Figure). The country most commonly visited before traveling to the United States was India, reported by 32 (86%) of the 37 patients; three patients reported visiting Sri Lanka, and one each had visited Zimbabwe and the Indian Ocean island of Réunion. An additional seven travelers returning to the United States in 2006 tested positive for CHIKV antibody by either IgM ELISA or PRNT but not by both.

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Editorial Note: The 37 imported cases of CHIK fever in 2006 were unprecedented in the United States; during the preceding 15-year period, 1991–2005, only seven patients had both IgM and PRNT antibody to CHIKV detected by tests at CDC, and only three of these were known to be returning U.S. travelers (CDC, unpublished data, 2006). Factors contributing to the increase in the number of confirmed cases likely include an increase in the absolute number of infected travelers and the effects of recent CHIK fever publicity on the frequency of clinical diagnosis and submission of samples for laboratory testing (4).

FIGURE. Number (37) of confirmed cases of chikungunya fever, by month of illness onset — United States, 2006



The five patients with positive cultures for CHIKV in 2006 likely represent a small fraction of CHIKV-viremic travelers who entered the United States, including many with subclinical or milder clinical CHIKV infections that were never documented. Human CHIKV infections typically include transient viremia of sufficient concentration to infect feeding vector mosquitoes (1), and approximately one fourth of human CHIKV infections are subclinical (5). Thus, despite the apparent absence of indigenous transmission of CHIKV in the United States or elsewhere in the western hemisphere, the risk for introduction into local vector mosquito populations in 2006 was likely higher than previously observed. In 2007, the risk likely will continue to be higher than usual, especially in tropical and subtropical areas where *Aedes aegypti* and *Aedes albopictus* mosquitoes, the main vectors of CHIKV (6), are seasonally abundant.

Travelers to tropical areas of Asia and Africa should educate themselves regarding CHIK fever and follow CDC recommendations to prevent mosquito bites.* Febrile illness in persons traveling to the United States from Asia and Africa should be reported promptly to local or state public health authorities, and tests for CHIKV infection should be requested (4). Persons with febrile illness suspected to be caused by CHIKV should avoid mosquito exposure for at least 7 days after illness onset to reduce the likelihood of transmitting CHIKV to local mosquitoes, which might then transmit the virus to other humans.

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* Available at <http://www.cdc.gov/ncidod/dvbid/chikungunya> and http://www.cdc.gov/travel/other/2006/chikungunya_india.htm.

Progress Toward Poliomyelitis Eradication — Nigeria, 2005–2006

Only four countries (Afghanistan, India, Nigeria, and Pakistan) have never experienced interruption of poliovirus transmission (1–3). Nigeria had the largest number of cases in 2006, accounting for 1,129 (56%) of the 2,002 cases reported globally. However, major innovations to the national polio-eradication program in Nigeria were initiated in 2006. These innovations, if sustained, should advance the Global Polio Eradication Initiative. Nigeria (2006 population: 140 million) experienced a resurgence in wild poliovirus (WPV) transmission during 2003–2004 after a loss of public confidence* in oral polio vaccine (OPV) and suspension of supplementary immunization activities (SIAs)[†] in certain northern states (4). Subsequently, WPV spread within Nigeria and into 19 polio-free countries (1,5,6). Even after national SIAs recommenced, limited acceptance and ongoing operational problems resulted in low vaccination coverage and continued poliovirus transmission. The number of confirmed polio cases in Nigeria attributed to both WPV type 1 (WPV1) and type 3 (WPV3) increased from 782 in 2004 to 830 in 2005 and to 1,129 in 2006 (as of March 23, 2007). To increase the effectiveness of polio-eradication measures and community acceptance of vaccination, in 2006, health authorities in Nigeria introduced monovalent type 1 OPV (mOPV1) vaccine[§] and changed the way SIAs were implemented. This report summarizes these new approaches and overall progress toward polio eradication in Nigeria during 2005–2006.

Immunization Activities

In 2005, national reported routine vaccination coverage for 3 doses of OPV among infants was 31%. Substantial variation was observed in coverage by state (range: 10%–57%), with lower coverage reported from northern states. In the same year, Nigeria adopted a new Reaching Every Ward strategic approach[¶] to improve routine vaccination coverage. This

strategy focused on enhancing health-worker training and supervision and improving outreach at the local ward level.

Four national and two subnational SIA campaigns with trivalent OPV (tOPV) were conducted in 2005; one national campaign was conducted in February 2006. Despite these campaigns, the number of confirmed polio cases in the second half of 2005 and early 2006 indicated that a substantial proportion of children had not been immunized and remained susceptible to poliovirus infection, especially polio infection attributed to WPV1. The National Programme on Immunization began using mOPV1, which is more effective than tOPV against WPV1, during the March 2006 SIAs in 32 of the 37 states (including all northern states). In May 2006, the National Programme on Immunization introduced a modified strategy of SIA implementation, called immunization plus days (IPDs), during which OPV and other interventions were delivered using a combination of house-to-house vaccine delivery and fixed-post vaccination. Four IPD rounds were conducted during May–November 2006 in polio-affected northern states. The May, June, and September IPDs used mOPV1, whereas tOPV was used in the November round to provide protection against WPV3.

IPDs offered OPV and other vaccines (e.g., measles vaccine and diphtheria-tetanus-pertussis vaccine for eligible children and tetanus toxoid vaccine for pregnant women) at fixed vaccination posts, in addition to house-to-house delivery of OPV (and vitamin A twice in the year). In the targeted northern states, local government areas (LGAs) offered other health interventions when children were brought to vaccination posts. These interventions included distribution of soap, acetaminophen, oral rehydration salts, anthelmintics, and insecticide-treated bed nets. Additional modifications implemented as part of the IPDs were 1) holding community discussions to educate caregivers and address concerns before each round; 2) enhancing detailed SIA planning through involvement of local community leaders; 3) using qualified local health workers on the vaccination teams; and 4) enhancing field supervision by local, state, and federal authorities and through partner agencies.**

* Loss of public confidence resulted from rumors regarding OPV safety, including false allegations that the vaccine could cause sterility or acquired immunodeficiency syndrome in vaccine recipients. Rumors were promoted, especially in northern Nigeria, in response to political tensions at national and state levels. All allegations were refuted on scientific grounds.

[†] Mass campaigns conducted during a short period (days to weeks) during which a dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

[§] mOPV1 contains polio vaccine against WPV1 only and does not provide protection against other WPV types. mOPV1 provides greater immunity to a specific WPV type than does the same number of doses of trivalent OPV. mOPV3 is not yet available in Nigeria.

[¶] An adaptation of the World Health Organization Regional Office for Africa and global Reaching Every District initiative.

** National Programme on Immunization of the Nigeria Ministry of Health, Association of Local Governments of Nigeria, Nigerian state governments, World Health Organization, Rotary International, CDC, United Nations Children's Fund (UNICEF), European Union, International Federation of Red Cross/Red Crescent, World Bank, the Global Alliance for Vaccine and Immunization, the Vaccine Fund, and bilateral development agencies of Canada, Norway, Japan, the United Kingdom, and the United States (U.S. Agency for International Development [USAID]).

Acute Flaccid Paralysis (AFP) Surveillance

The Global Polio Eradication Initiative relies on an acute flaccid paralysis (AFP) surveillance system to identify cases of poliomyelitis. Through this system, AFP cases in all children aged <15 years and suspected polio in persons of any age are reported and investigated as possible poliomyelitis. AFP surveillance quality is monitored according to World Health Organization (WHO) operational targets.^{††} In 2005, Nigeria achieved a national nonpolio AFP detection rate of 7.6 cases per 100,000 population aged <15 years, compared with the WHO target of two cases, increasing to 7.9 per 100,000 children in 2006. In 2005, all 37 states and 85% of the 774 LGAs achieved nonpolio AFP rates of more than two cases per 100,000; in 2006, 90% of LGAs achieved this rate. In 2005, adequate stool specimens were collected for 85% of AFP cases nationally; this percentage increased to 90% in 2006. In 2005, 68% of states and 62% of LGAs reached the target of >80% AFP cases with adequate stool specimens; in 2006, 86% of states and 73% of LGAs reached this target. The proportion of LGAs that reached the target levels for both surveillance indicators increased from 52% in 2005 to 64% in 2006.

Vaccination histories of children aged 6–59 months with nonpolio AFP were used to estimate OPV coverage of the overall target population. In the 10 states with high polio incidence,^{§§} the proportion of nonpolio AFP cases in children who had never received any OPV decreased from 45% in the first quarter of 2005 to 31% in the first quarter of 2006 (Table). After the introduction and continuation of IPDs, the average proportion of nonpolio AFP cases in children who had never received any OPV in these states decreased to 18% in the fourth quarter of 2006.

WPV Incidence

Of the 1,959 WPV cases reported during 2005–2006, a total of 830 (42%) occurred in children aged <2 years (1,867 [95%] were aged <5 years); 1,483 (76%) of cases were in children who had received <3 doses of OPV. During the late 1990s and early 2000s, WPV transmission in Nigeria peaked in July and August during the rainy season and reached its lowest during the dry season (7). In late 2005, the monthly case incidence of WPV1 was atypically high for the dry season.

This was followed early in 2006 by a substantial increase in the number of cases compared with the same period in earlier years. The peak in WPV1 circulation in 2006 occurred in March, with a rapid decrease in cases commencing in June (Figure 1). The decrease in WPV1 incidence was pronounced in the three states with the highest incidence of poliomyelitis (Jigawa, Kano, and Katsina) (Figure 2).^{¶¶} During July–December 2006, WPV1 incidence for these three states was 63% lower than the same period in 2005 (64 cases in 2006 versus 174 cases in 2005). WPV3 circulation did not decrease substantially during 2006.

Of the 830 WPV polio cases with onset in 2005 (580 WPV1 and 250 WPV3), a total of 224 (27%) were reported from Kano state (117 WPV1 and 107 WPV3), and 544 (65%) were reported from nine other high-incidence states (409 WPV1 and 135 WPV3). Of the 1,129 polio cases with onset in 2006 (851 WPV1 and 278 WPV3), 355 (31%) were from Kano (303 WPV1 and 52 WPV3) and 718 (64%) were from the other nine high-incidence states (504 WPV1 and 214 WPV3). Despite the increase in case numbers in 2006, the area of transmission decreased, from 21 affected states (57% of the 37 states in Nigeria) in 2005 to 18 states (49%) in 2006. No state in southern Nigeria has detected WPV since August 2005.

In 2005, a total of 27 WPV1 and 18 WPV3 genetic virus clusters were detected circulating in Nigeria.^{***} In 2006, fewer WPV1 and WPV3 genetic clusters were observed; pending completion of genetic analyses and further observation in 2007, the extent of this decrease is unclear. WPV1 and WPV3 found in Cameroon, Chad, and Niger during 2005–2006 were closely related to viruses found in nearby Nigerian states.

Reported by: National Programme on Immunization, Federal Ministry of Health; Country Office of the World Health Organization, Abuja; Poliovirus Laboratory, Univ of Ibadan, Ibadan; Poliovirus Laboratory, Univ of Maiduguri Teaching Hospital, Maiduguri, Nigeria. African Regional Polio Reference Laboratory, National Institute for Communicable Diseases, Johannesburg, South Africa. Vaccine Preventable Diseases, World Health Organization Regional Office for Africa, Brazzaville, Congo. Immunization, Vaccines, and Biologicals Dept, World Health Organization, Geneva, Switzerland. Div of Viral Diseases and Global Immunization Div, National Center for Immunization and Respiratory Diseases, CDC.

^{††} The current WHO operational targets for countries at high risk for polio transmission are a nonpolio AFP rate of at least two cases per 100,000 population aged <15 years at each subnational level and adequate stool specimen collection for >80% of AFP cases (i.e., two specimens collected >24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen ice packs to a WHO-accredited laboratory and arriving at the laboratory in good condition).

^{§§} Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Yobe, and Zamfara.

^{¶¶} As of March 23, 2007, with laboratory investigations for January AFP cases 99% complete, 27 cases of confirmed WPV have been reported provisionally in the country for January 2007 (seven WPV1 and 20 WPV3), compared with 24 in 2005 (nine WPV1 and 15 WPV3) and 89 in 2006 (80 WPV1 and nine WPV3).

^{***} All WPVs are sequenced across the interval encoding the major capsid protein (VP1) (approximately 900 nucleotides), and results are analyzed to determine the likely origin (by state and LGA) of the virus. Isolates within a cluster share >95% VP1 nucleotide sequence identity.

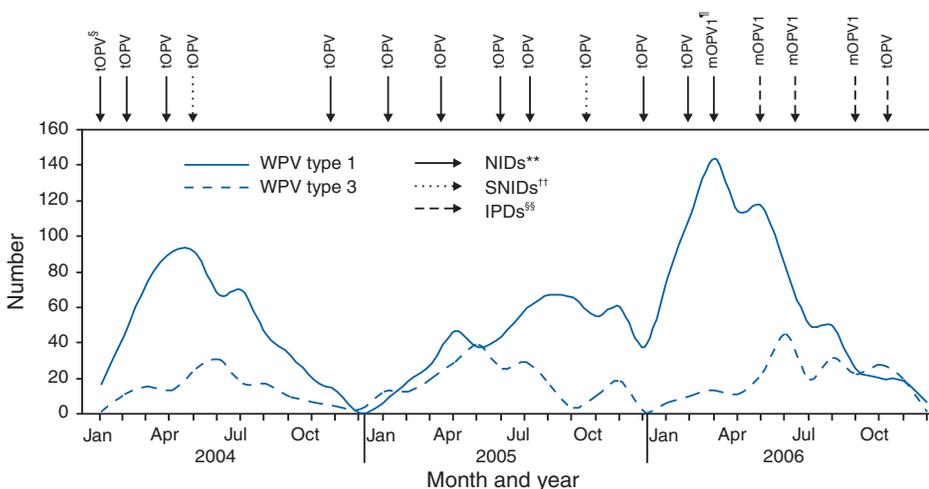
TABLE. Poliovirus vaccination coverage among children aged 6–59 months with nonpolio acute flaccid paralysis, by quarter and number of doses administered — 10 states,* Nigeria, 2005 and 2006†

No. of doses	2005				2006			
	1st quarter [§]	2nd quarter	3rd quarter	4th quarter	1st quarter	2nd quarter	3rd quarter	4th quarter
0	45%	30%	34%	39%	31%	33%	19%	18%
1–2	31%	37%	27%	33%	35%	36%	40%	39%
≥3	21%	31%	36%	25%	31%	28%	34%	37%
Unknown	2%	3%	2%	3%	3%	3%	8%	6%

* Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Yobe, and Zamfara.

† As of March 23, 2007.

§ Analysis for trend across the four 2005 quarters was not statistically significant (chi-square Mantel Haenszel test [χ^2_{mh}] = 0.32, $p = 0.57$), across the four 2006 quarters was significant ($\chi^2_{mh} = 9.99$, $p = 0.002$), and across all eight quarters was significant ($\chi^2_{mh} = 23.99$, $p < 0.0001$). Unknowns were combined with zero doses for this analysis.

FIGURE 1. Number of confirmed poliomyelitis cases, by wild poliovirus (WPV) type, month of onset, type of supplementary immunization activity,* and type of vaccine administered — Nigeria, 2004–2006†

* Mass campaign conducted during a short period (days to weeks) during which a dose of oral poliovirus vaccine (OPV) is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

† As of March 23, 2007.

§ Trivalent OPV.

¶ Monovalent type 1 OPV.

** National immunization days. Nationwide mass campaigns during a short period (days to weeks) during which a single dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

†† Subnational immunization days. Mass campaigns similar to NIDs but in a smaller area.

§§ Immunization plus days. OPV and other interventions are delivered using a combination of house-to-house vaccine delivery and fixed-post vaccination.

Editorial Note: Although SIAs were resumed in all areas in Nigeria in mid-2004, they did not sufficiently curtail the resurgence of WPV transmission that began in 2003–2004. The number of cases in northern states increased substantially in late 2005 and early 2006, particularly WPV1 cases. In December 2005, the Nigerian government mandated the National Programme on Immunization to accelerate polio eradication and enhance routine vaccination. The introduction of mOPV1 in March 2006 and improved community acceptance in response to the introduction of IPDs in May

2006 have been associated with a decrease in WPV1 monthly incidence; in 2006, only 22% of 851 WPV1 cases occurred in the second half of the year. An increase in population immunity against poliovirus infection also is indicated by the decrease in the proportion of nonpolio AFP cases in children who have received zero doses since the introduction of IPDs in May 2006.

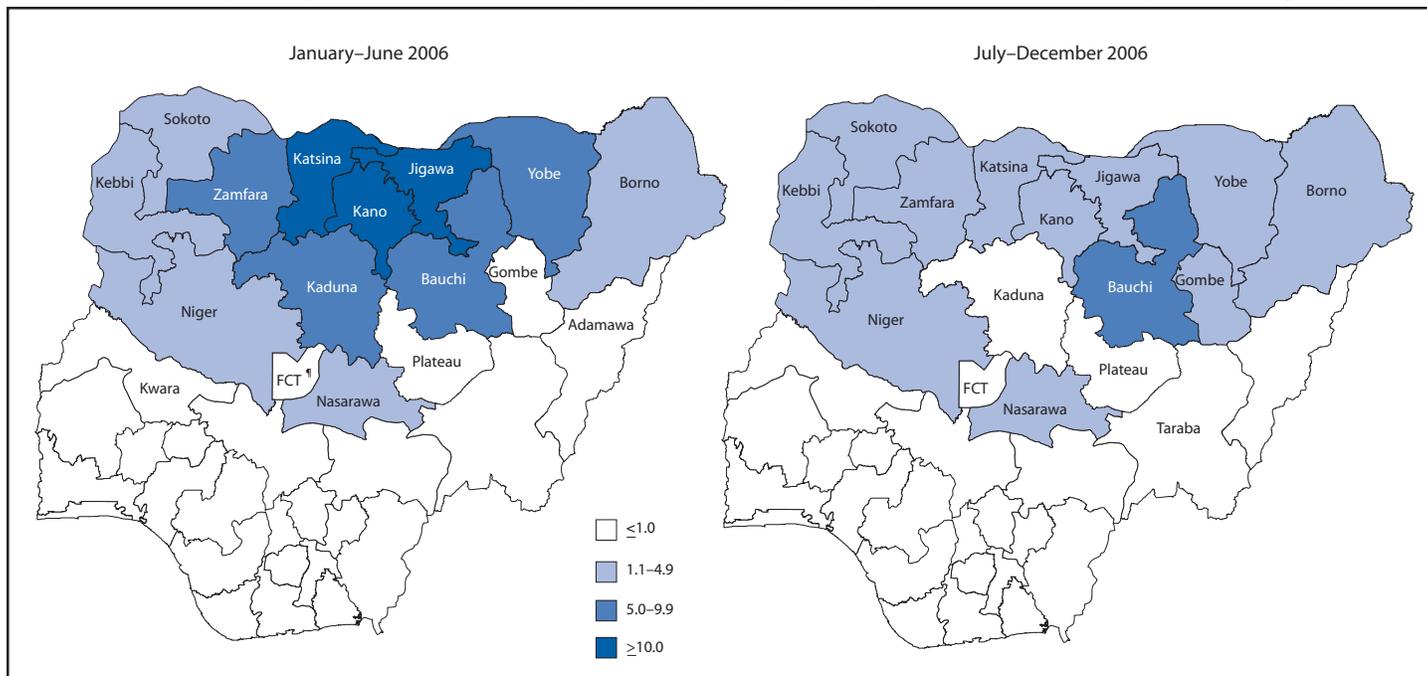
In 2006, polio-eradication measures were concentrated in the 10 states with the most intense transmission of WPV. Because approximately 50% of the target population remains undervaccinated in high-incidence states, further improvements in immunization levels are needed to interrupt poliovirus transmission. The continued involvement of traditional and religious community leaders will be essential to increase both SIA and routine vaccination coverage.

Although the sensitivity of AFP surveillance and the number of reported cases increased in 2006 compared with 2005, WPV was found in fewer states.

Genetic sequence analysis suggests that several genetic virus clusters have been eliminated in 2006; however, by the end of the year, numerous independent chains of transmission persisted.

Compared with tOPV, mOPV1 is more effective, dose for dose, in immunizing children against WPV1; a single dose of mOPV1 has been estimated as the equivalent of 3 doses of tOPV in terms of seroconversion against WPV1 (8). Thus, in 2006, the Nigerian Polio Program decided to target preferentially WPV1 circulation using mOPV1 for most SIAs.

FIGURE 2. Rate* of poliomyelitis attributed to wild poliovirus (WPV) type 1, by state† and semiannual period — Nigeria, 2006§



* Annualized rate for each half year per 100,000 children aged <5 years.

† Only states with reported polio cases in each half year in 2006 are labeled.

§ As of March 23, 2007.

¶ Federal Capital Territory.

Because of its greater transmissibility, WPV1 poses a greater threat of wide geographic spread compared with WPV3, as was observed during the 2003–2004 polio outbreak in Nigeria and neighboring countries. Use of tOPV in IPDs in northern states in November 2006 and early 2007 should curtail WPV3 transmission.

For 2007, priority has been given to further improving IPDs planning and supervision in the highest-risk LGAs in the high-incidence states. Communication and health-education activities will continue to be modified and strengthened according to findings from program monitoring and evaluation. These measures are expected to increase the impact of SIAs during the WPV low-transmission season and of SIAs scheduled for the remainder of the year. Nigeria achieved some key milestones in 2006 toward improving child survival. The Nigerian government and its immunization partners are committed to interrupting WPV transmission in Nigeria and to building sustainable means of enhancing child health. Continuation and expansion of IPDs and use of mOPV1 is needed to interrupt WPV1 transmission in Nigeria; periodic use of tOPV will continue to reduce WPV3 circulation.

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Notice to Readers

National Public Health Week — April 2–8, 2007

Since 1995, National Public Health Week has been observed each year during the first week in April. During this year's observance, April 2–8, 2007, American Public Health Association members and partners will host events throughout the United States, encouraging all persons, especially vulnerable populations, to “Take the First Step!” toward creating preparedness plans for public health threats.

In conjunction with the observance, CDC's Coordinating Office for Terrorism Preparedness and Emergency Response and Public Health Training Network will host a live satellite broadcast, "Pandemic Influenza: Progress in Planning and Exercising: Federal, State, and Local Perspectives," on April 5, from 1 p.m. to 2:30 p.m. EST. A panel will discuss progress in pandemic influenza planning and exercising and answer viewers' questions. The broadcast also will be available as a live webcast.

Additional information regarding the satellite broadcast is available at <http://www2a.cdc.gov/phtn>. Additional information on National Public Health Week is available at <http://www.nphw.org>.

Notice to Readers

Introduction to Public Health Surveillance Course

CDC and Rollins School of Public Health at Emory University will cosponsor a course, Introduction to Public Health Surveillance, to be held May 7–11, 2007, at Emory University. The course is designed for state and local public health professionals.

The course will provide practicing public health professionals with the theoretical and practical tools necessary to design, implement, and evaluate an effective surveillance program. Topics include overview and history of surveillance systems; planning considerations; sources and collection of data; analysis, interpretation, and communication of data; surveillance systems technology; ethics and legalities; state and local concerns; and future considerations. Tuition will be charged.

Additional information and applications are available from Emory University by mail (Hubert Global Health Dept., 1518 Clifton Rd. NE, Rm. 746, Atlanta, GA 30322), by telephone (404-727-3485), by fax (404-727-4590), online (<http://www.sph.emory.edu/epicourses>), or by e-mail (pvaleri@sph.emory.edu).

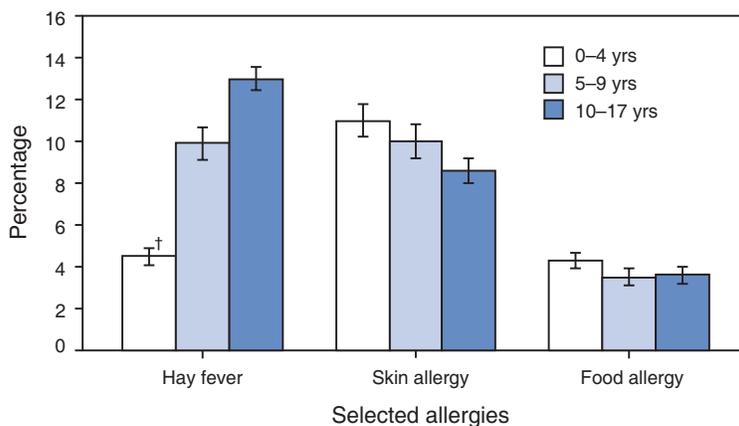
Erratum: Vol. 56, No. 10

In the report, "Fruit and Vegetable Consumption Among Adults—United States, 2005," on page 215, the second sentence in the first complete paragraph should read, "The prevalence of consuming fruit two or more times per day was 28.7% among **men** and 36.4% among **women**."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children with Selected Allergies,* by Age Group — United States, 2003–2005



* Based on parental responses to the following survey questions: “During the past 12 months, has [child’s name] had any of the following conditions...Hay fever? Any kind of food or digestive allergy? Eczema or any kind of skin allergy?”

† 95% confidence interval.

During 2003–2005, the percentage of children with hay fever increased with age; children aged 10–17 years were nearly three times as likely to have hay fever than children aged 0–4 years. In contrast, the percentage of children with skin allergies decreased with age, and the percentage of children with food allergies did not vary with age.

SOURCE: Health data for all ages. National Health Interview Survey, 2003–2005. Hyattsville, MD: US Department of Health and Human Services, CDC. Available at <http://209.217.72.34/hdaa/tableviewer/tableview.aspx?reportId=186>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 24, 2007 (12th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	—	0	19	19	16	20	28	
infant	—	13	2	95	85	87	76	69	
other (wound & unspecified)	—	2	1	45	31	30	33	21	
Brucellosis	—	22	1	119	120	114	104	125	
Chancroid	—	1	1	34	17	30	54	67	
Cholera	—	—	—	6	8	5	2	2	
Cyclosporiasis§	1	10	3	135	543	171	75	156	FL (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§§:									
California serogroup	—	—	0	63	80	112	108	164	
eastern equine	—	—	—	7	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	0	9	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	12	1	569	786	537	362	511	
human monocytic	—	23	1	500	506	338	321	216	
human (other & unspecified)	—	7	0	226	112	59	44	23	
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	2	0	9	9	19	32	34	
nonserotype b	—	10	3	102	135	135	117	144	
unknown serotype	4	72	5	247	217	177	227	153	NYC (1), CO (1), AZ (1), OR (1)
Hansen disease§	—	9	2	73	87	105	95	96	
Hantavirus pulmonary syndrome§	—	2	0	37	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	1	18	2	272	221	200	178	216	FL (1)
Hepatitis C viral, acute	13	140	22	839	652	713	1,102	1,835	NY (2), OH (1), MI (1), WV (2), NC (4), ID (1), OR (2)
HIV infection, pediatric (age <13 yrs)††	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality§§	4	39	1	41	45	—	N	N	TN (1), IL (2), AZ (1)
Listeriosis	1	89	10	814	896	753	696	665	NY (1)
Measles¶¶	—	2	1	52	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	41	6	232	297	—	—	—	TX (1)
serogroup B	—	19	4	144	156	—	—	—	
other serogroup	—	4	1	25	27	—	—	—	
unknown serogroup	5	155	21	716	765	—	—	—	OH (1), IN (1), MO (1), FL (1), AZ (1)
Mumps	4	175	45	6,541	314	258	231	270	NY (1), FL (1), WA (2)
Plague	—	—	—	16	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	3	0	20	16	12	12	18	
Q fever§	2	27	2	178	136	70	71	61	MO (1), NC (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	7	0	8	11	10	7	18	
Rubella, congenital syndrome	—	—	0	1	1	—	1	1	
SARS-CoV§§§	—	—	0	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	14	4	101	129	132	161	118	OH (1)
Syphilis, congenital (age <1 yr)	1	35	7	334	329	353	413	412	NC (1)
Tetanus	—	1	0	33	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	14	3	96	90	95	133	109	
Trichinellosis	—	—	0	14	16	5	6	14	
Tularemia	—	2	0	89	154	134	129	90	
Typhoid fever	1	45	5	317	324	322	356	321	IN (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	—	0	4	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	1	3	1	N	N	
Vibriosis (non-cholera <i>Vibrio</i> species infections)§	1	19	—	N	N	N	N	N	FL (1)
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 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. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

¶ 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 West Nile virus are available in Table II.

** 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. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed). A total of 40 cases were reported for the 2006–07 flu season.

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

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

††† No rubella cases were reported for the current week.

§§§ 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 March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	8,537	19,868	22,939	193,060	224,929	80	151	478	1,792	1,990	15	68	301	506	597
New England	686	668	1,358	7,324	6,439	—	0	0	—	—	—	3	22	21	71
Connecticut	231	184	827	1,505	1,250	N	0	0	N	N	—	0	5	5	38
Maine§	55	45	72	597	461	—	0	0	—	—	—	0	6	7	7
Massachusetts	291	304	604	3,739	3,278	—	0	0	—	—	—	0	14	—	19
New Hampshire	31	39	69	460	393	—	0	0	—	—	—	0	5	4	5
Rhode Island§	61	64	108	814	755	—	0	0	—	—	—	0	5	—	—
Vermont§	17	20	45	209	302	N	0	0	N	N	—	1	5	5	2
Mid. Atlantic	1,828	2,478	4,052	26,116	27,446	—	0	0	—	—	2	10	33	63	97
New Jersey	166	390	543	3,420	4,373	N	0	0	N	N	—	0	3	—	3
New York (Upstate)	496	502	2,634	4,972	4,427	N	0	0	N	N	1	3	13	18	18
New York City	652	757	1,325	8,742	9,543	N	0	0	N	N	—	2	12	10	28
Pennsylvania	514	777	1,006	8,982	9,103	N	0	0	N	N	1	4	18	35	48
E.N. Central	1,281	3,171	4,167	30,374	39,086	1	1	3	9	8	3	16	110	94	133
Illinois	365	1,005	1,296	9,821	12,871	—	0	0	—	—	—	2	22	3	20
Indiana	361	374	631	4,664	4,822	—	0	0	—	—	1	1	18	8	6
Michigan	403	757	1,225	8,399	6,385	1	1	3	7	5	2	2	9	21	22
Ohio	58	625	1,455	3,805	9,842	—	0	2	2	3	—	5	33	44	49
Wisconsin	94	370	527	3,685	5,166	N	0	0	N	N	—	5	53	18	36
W.N. Central	550	1,192	1,445	12,496	14,495	—	0	54	2	—	—	12	77	77	73
Iowa	125	160	224	1,925	2,075	N	0	0	N	N	—	2	28	13	5
Kansas	—	147	271	1,529	1,905	N	0	0	N	N	—	1	8	11	14
Minnesota	—	246	322	1,826	3,053	—	0	54	—	—	—	3	25	20	30
Missouri	311	450	628	5,220	5,276	—	0	1	2	—	—	2	21	13	16
Nebraska§	58	102	180	1,125	1,150	N	0	0	N	N	—	1	16	5	4
North Dakota	13	30	64	312	448	N	0	0	N	N	—	0	1	1	—
South Dakota	43	50	84	559	588	N	0	0	N	N	—	1	7	14	4
S. Atlantic	699	3,755	6,115	32,329	42,091	—	0	1	1	2	4	17	68	163	147
Delaware	69	69	111	858	864	N	0	0	N	N	—	0	3	2	—
District of Columbia	93	63	161	1,062	638	—	0	0	—	—	—	0	2	3	5
Florida	—	960	1,187	3,300	10,773	N	0	0	N	N	4	8	32	84	56
Georgia	—	702	3,022	5,705	7,161	N	0	0	N	N	—	5	12	44	41
Maryland§	100	341	466	3,603	3,970	—	0	1	1	2	—	0	2	4	7
North Carolina	—	624	1,772	6,449	9,100	—	0	0	—	—	—	0	11	7	23
South Carolina§	—	384	2,105	5,402	3,245	N	0	0	N	N	—	1	14	10	5
Virginia§	437	464	687	5,398	5,771	N	0	0	N	N	—	1	5	8	9
West Virginia	—	58	96	552	569	N	0	0	N	N	—	0	3	1	1
E.S. Central	769	1,456	2,085	16,475	17,170	—	0	0	—	—	4	3	14	26	13
Alabama§	61	423	651	3,967	5,749	N	0	0	N	N	3	0	11	12	5
Kentucky	123	137	691	1,324	2,063	N	0	0	N	N	—	1	3	8	4
Mississippi	—	375	957	4,235	3,540	N	0	0	N	N	—	0	3	3	1
Tennessee§	585	519	711	6,949	5,818	N	0	0	N	N	1	1	5	3	3
W.S. Central	1,679	2,150	3,025	22,060	24,963	—	0	1	—	—	1	5	45	22	23
Arkansas§	173	154	337	1,805	1,873	N	0	0	N	N	—	0	2	2	1
Louisiana	46	286	610	1,131	4,129	—	0	1	—	—	—	1	9	5	—
Oklahoma	472	252	423	3,143	2,316	N	0	0	N	N	1	0	4	10	9
Texas§	988	1,450	1,905	15,981	16,645	N	0	0	N	N	—	3	36	5	13
Mountain	373	1,269	2,018	9,671	14,661	77	108	201	1,251	1,504	—	3	39	26	22
Arizona	257	431	993	2,581	4,290	77	105	199	1,228	1,468	—	0	3	7	3
Colorado	78	319	416	1,781	3,595	N	0	0	N	N	—	1	7	11	4
Idaho§	—	46	253	549	788	N	0	0	N	N	—	0	5	1	2
Montana§	14	50	143	557	493	N	0	0	N	N	—	0	26	1	4
Nevada§	—	107	397	1,652	1,579	—	1	3	7	16	—	0	1	—	3
New Mexico§	—	182	314	1,270	2,448	—	0	3	5	4	—	0	5	5	1
Utah	—	97	201	989	1,137	—	1	4	11	14	—	0	3	1	5
Wyoming§	24	27	54	292	331	—	0	0	—	2	—	0	11	—	—
Pacific	672	3,381	4,067	36,215	38,578	2	53	299	529	476	1	1	5	14	18
Alaska	62	86	157	984	935	N	0	0	N	N	—	0	1	—	—
California	496	2,677	3,187	28,320	29,778	2	53	299	529	476	—	0	0	—	—
Hawaii	—	107	133	976	1,342	N	0	0	N	N	—	0	1	—	—
Oregon§	114	162	394	2,106	2,221	N	0	0	N	N	1	1	4	14	18
Washington	—	352	548	3,829	4,302	N	0	0	N	N	—	0	0	—	—
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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	108	236	1,770	1,146	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	4	15	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† 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 March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Giardiasis					Gonorrhea					<i>Haemophilus influenzae</i> , invasive All ages, all serotypes [†]				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	116	309	531	2,622	3,323	3,349	6,849	8,664	62,785	77,292	23	43	137	509	541
New England	—	18	44	106	229	99	109	259	1,154	1,087	—	2	12	22	29
Connecticut	—	5	25	48	45	33	42	203	314	325	—	0	7	15	8
Maine [§]	—	4	15	34	14	3	2	8	19	31	—	0	4	4	4
Massachusetts	—	0	18	—	120	47	47	96	652	552	—	0	7	—	14
New Hampshire	—	0	9	1	6	3	3	9	34	56	—	0	2	3	—
Rhode Island [§]	—	0	17	—	11	12	9	19	121	111	—	0	3	—	1
Vermont [§]	—	3	12	23	33	1	1	5	14	12	—	0	2	—	2
Mid. Atlantic	19	65	120	489	673	526	636	1,351	7,151	7,574	4	10	25	107	123
New Jersey	—	7	16	36	104	96	104	158	1,123	1,252	—	1	4	8	20
New York (Upstate)	11	26	101	187	178	137	122	865	1,339	1,223	2	3	14	27	22
New York City	—	17	33	144	227	123	177	376	2,017	2,372	1	2	6	29	31
Pennsylvania	8	14	35	122	164	170	223	336	2,672	2,727	1	3	8	43	50
E.N. Central	22	41	96	355	579	616	1,272	2,225	11,866	15,856	—	6	14	50	79
Illinois	—	9	27	29	131	124	363	488	3,465	4,885	—	1	5	3	23
Indiana	N	0	0	N	N	173	154	288	1,919	2,138	—	1	10	6	12
Michigan	4	13	38	129	171	255	300	880	3,675	2,537	—	0	5	8	12
Ohio	18	15	32	162	166	28	306	718	1,485	4,553	—	2	6	33	19
Wisconsin	—	9	24	35	111	36	134	179	1,322	1,743	—	0	3	—	13
W.N. Central	10	23	117	193	305	145	383	518	4,120	4,441	2	3	22	29	27
Iowa	—	5	16	41	55	21	37	63	430	438	—	0	1	—	—
Kansas	—	3	11	24	38	—	43	90	470	556	—	0	2	4	3
Minnesota	—	0	87	7	75	—	66	87	540	718	2	1	17	10	10
Missouri	9	9	28	97	97	111	196	269	2,354	2,332	—	0	5	12	11
Nebraska [§]	1	2	9	16	17	11	24	48	251	285	—	0	2	2	3
North Dakota	—	0	4	—	4	—	2	6	14	29	—	0	2	1	—
South Dakota	—	1	6	8	19	2	6	15	61	83	—	0	0	—	—
S. Atlantic	35	51	97	514	475	874	1,613	2,696	13,405	18,178	8	11	28	142	135
Delaware	—	1	4	6	6	23	28	44	346	346	—	0	3	4	—
District of Columbia	—	1	7	15	15	40	35	63	484	426	—	0	2	2	—
Florida	24	23	44	242	201	—	446	549	1,564	4,934	5	3	9	45	42
Georgia	—	12	26	123	91	—	349	1,539	2,377	3,303	—	2	6	41	33
Maryland [§]	—	4	11	39	46	48	119	159	1,245	1,575	—	2	5	24	18
North Carolina	—	0	0	—	—	608	314	571	3,809	4,562	1	0	8	11	14
South Carolina [§]	2	2	8	10	21	—	167	1,135	2,177	1,318	1	1	3	10	11
Virginia [§]	5	9	28	74	93	155	117	238	1,244	1,560	1	1	7	1	13
West Virginia	4	0	21	5	2	—	19	44	159	154	—	0	6	4	4
E.S. Central	3	8	34	73	85	214	587	878	5,951	6,867	—	2	9	29	33
Alabama [§]	2	4	22	33	39	22	194	286	1,633	2,654	—	0	5	7	5
Kentucky	N	0	0	N	N	27	53	268	445	735	—	0	1	1	3
Mississippi	N	0	0	N	N	—	147	434	1,526	1,348	—	0	1	—	1
Tennessee [§]	1	4	12	40	46	165	194	240	2,347	2,130	—	1	6	21	24
W.S. Central	2	7	21	65	34	586	959	1,480	8,944	10,455	1	1	26	28	22
Arkansas [§]	1	3	13	30	16	71	80	142	835	1,090	—	0	2	2	2
Louisiana	—	1	6	10	—	13	172	366	890	2,378	—	0	3	3	1
Oklahoma	1	2	11	25	18	206	97	238	1,395	757	1	1	24	22	18
Texas [§]	N	0	0	N	N	296	575	928	5,824	6,230	—	0	2	1	1
Mountain	12	29	69	259	306	77	268	455	1,969	3,210	7	4	14	77	71
Arizona	—	3	11	46	35	63	106	220	571	1,048	4	2	9	40	29
Colorado	5	10	26	92	101	14	71	93	524	841	3	1	4	17	21
Idaho [§]	2	3	12	22	35	—	2	20	25	47	—	0	1	2	2
Montana [§]	—	2	11	12	15	—	3	20	22	27	—	0	0	—	—
Nevada [§]	—	1	9	14	20	—	34	135	416	555	—	0	2	3	6
New Mexico [§]	—	1	6	16	16	—	30	65	239	425	—	0	2	6	10
Utah	5	7	25	50	79	—	17	28	156	223	—	0	4	9	3
Wyoming [§]	—	1	4	7	5	—	2	5	16	44	—	0	1	—	—
Pacific	13	60	147	568	637	212	787	971	8,225	9,624	1	2	8	25	22
Alaska	—	1	17	14	6	5	11	27	102	122	—	0	2	4	2
California	2	43	71	407	491	184	645	833	6,979	7,989	—	0	6	—	5
Hawaii	—	1	4	12	13	—	15	30	108	237	—	0	1	—	3
Oregon [§]	3	8	14	85	92	23	26	46	241	333	1	1	6	21	11
Washington	8	7	68	50	35	—	77	131	795	943	—	0	1	—	1
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	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	5	19	39	15	—	6	16	91	89	—	0	2	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

[†] Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Hepatitis (viral, acute), by type [†]										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Med	Max				Med	Max				Med	Max			
United States	18	60	116	511	869	35	83	287	699	909	17	49	109	289	286
New England	—	2	20	5	66	—	2	4	11	38	—	1	12	3	16
Connecticut	—	1	3	4	8	—	0	3	3	17	—	0	9	2	3
Maine [§]	—	0	2	—	3	—	0	2	1	4	—	0	2	—	2
Massachusetts	—	0	4	—	38	—	0	1	—	11	—	0	4	—	9
New Hampshire	—	0	16	1	12	—	0	1	2	4	—	0	0	—	1
Rhode Island [§]	—	0	2	—	1	—	0	4	4	1	—	0	6	—	—
Vermont [§]	—	0	2	—	4	—	0	1	1	1	—	0	2	1	1
Mid. Atlantic	1	7	19	62	71	1	8	19	75	110	7	15	53	77	91
New Jersey	—	1	4	6	25	—	2	6	16	33	—	2	11	11	13
New York (Upstate)	1	2	12	16	12	—	1	14	11	11	4	5	30	25	30
New York City	—	2	11	26	22	—	2	6	12	25	—	2	20	6	17
Pennsylvania	—	1	4	14	12	1	3	7	36	41	3	5	19	35	31
E.N. Central	3	6	13	65	70	3	9	19	87	112	6	10	30	63	54
Illinois	—	1	4	17	14	—	2	5	9	41	—	1	11	—	9
Indiana	2	0	7	5	3	—	0	17	2	4	—	1	5	4	3
Michigan	—	2	8	26	28	1	3	10	36	40	—	3	10	24	11
Ohio	1	1	4	17	20	2	3	10	36	25	6	4	19	34	21
Wisconsin	—	0	4	—	5	—	0	3	4	2	—	0	3	1	10
W.N. Central	1	2	8	14	29	1	3	13	31	34	1	1	15	11	7
Iowa	—	0	1	4	2	—	0	2	6	5	—	0	3	1	—
Kansas	—	0	1	—	15	—	0	2	3	3	—	0	2	—	—
Minnesota	1	0	7	1	1	—	0	12	2	1	1	0	11	2	—
Missouri	—	1	3	5	6	—	1	5	16	22	—	0	2	6	5
Nebraska [§]	—	0	2	2	3	1	0	3	3	2	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	3	2	2	—	0	1	1	1	—	0	1	1	—
S. Atlantic	9	8	27	93	139	23	23	55	212	256	1	10	25	75	65
Delaware	—	0	2	—	4	—	0	4	3	11	—	0	2	1	1
District of Columbia	—	0	5	9	1	—	0	2	—	4	—	0	5	—	1
Florida	7	3	13	41	49	13	7	16	79	97	1	3	10	33	27
Georgia	—	1	5	11	8	—	3	8	28	26	—	1	5	11	1
Maryland [§]	—	1	7	8	22	—	2	7	19	44	—	2	8	15	17
North Carolina	2	0	11	5	33	4	1	16	36	48	—	0	5	7	9
South Carolina [§]	—	0	3	3	7	2	2	5	16	16	—	0	2	3	1
Virginia [§]	—	1	4	16	15	4	2	5	24	6	—	1	5	3	7
West Virginia	—	0	3	—	—	—	0	23	7	4	—	0	4	2	1
E.S. Central	—	2	7	21	29	3	6	20	51	75	—	2	9	12	9
Alabama [§]	—	0	2	2	2	1	1	10	13	22	—	0	2	1	1
Kentucky	—	0	4	4	11	—	1	5	1	18	—	1	5	5	2
Mississippi	—	0	5	5	1	—	1	7	7	8	—	0	2	—	—
Tennessee [§]	—	1	5	10	15	2	3	7	30	27	—	1	7	6	6
W.S. Central	—	7	20	36	66	—	18	128	103	135	—	1	12	11	4
Arkansas [§]	—	0	9	3	14	—	1	4	7	14	—	0	1	1	1
Louisiana	—	0	4	4	2	—	1	5	14	4	—	0	2	—	—
Oklahoma	—	0	3	—	3	—	1	14	8	1	—	0	6	—	1
Texas [§]	—	5	15	29	47	—	15	108	74	116	—	1	12	10	2
Mountain	3	5	15	69	94	1	3	9	24	50	—	2	8	20	13
Arizona	3	3	13	61	58	—	0	2	—	18	—	1	4	6	2
Colorado	—	1	3	5	14	1	0	4	5	9	—	0	2	3	3
Idaho [§]	—	0	2	—	4	—	0	2	3	4	—	0	3	1	2
Montana [§]	—	0	3	—	1	—	0	0	—	—	—	0	1	—	—
Nevada [§]	—	0	1	2	5	—	1	5	8	11	—	0	2	2	3
New Mexico [§]	—	0	2	1	6	—	0	2	3	5	—	0	2	2	—
Utah	—	0	2	—	6	—	0	5	5	3	—	0	6	5	3
Wyoming [§]	—	0	1	—	—	—	0	1	—	—	—	0	1	1	—
Pacific	1	15	52	146	305	3	11	38	105	99	2	1	11	17	27
Alaska	—	0	1	1	1	—	0	3	2	1	—	0	1	—	—
California	—	13	48	132	285	1	8	26	74	71	—	1	11	14	27
Hawaii	—	0	2	2	5	—	0	1	—	1	—	0	0	—	—
Oregon [§]	—	1	3	6	8	1	2	5	21	18	—	0	0	—	—
Washington	1	1	4	5	6	1	1	12	8	8	2	0	1	3	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	8	12	—	1	9	11	4	—	0	1	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

[†] Data for acute hepatitis C, viral are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	30	250	1,019	1,213	1,241	1	25	46	129	273	6	19	40	219	342
New England	1	20	260	73	87	—	0	6	—	8	—	1	3	5	13
Connecticut	—	9	227	20	37	—	0	3	—	1	—	0	2	2	3
Maine§	—	2	39	28	14	—	0	1	—	—	—	0	3	1	2
Massachusetts	—	0	3	—	18	—	0	3	—	5	—	0	2	—	6
New Hampshire	—	3	95	20	15	—	0	3	—	1	—	0	2	—	2
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	—	—
Vermont§	1	1	15	5	2	—	0	0	—	1	—	0	1	2	—
Mid. Atlantic	21	153	571	592	835	—	5	18	28	76	—	2	11	20	50
New Jersey	—	26	187	102	229	—	1	7	—	22	—	0	2	—	4
New York (Upstate)	14	57	392	151	284	—	1	7	6	6	—	1	4	5	5
New York City	—	3	24	5	12	—	3	9	16	38	—	1	4	4	20
Pennsylvania	7	45	237	334	310	—	1	4	6	10	—	0	4	11	21
E.N. Central	1	12	158	17	63	—	3	10	21	34	2	2	12	27	41
Illinois	—	0	1	—	—	—	1	6	6	12	—	0	3	3	12
Indiana	—	0	3	—	—	—	0	2	1	5	1	0	5	7	3
Michigan	1	1	5	6	3	—	0	2	5	5	—	0	4	8	9
Ohio	—	0	5	2	7	—	0	2	4	9	1	1	4	9	11
Wisconsin	—	11	154	9	53	—	0	3	5	3	—	0	2	—	6
W.N. Central	—	5	169	20	29	—	1	13	11	5	1	1	5	23	14
Iowa	—	1	8	1	4	—	0	1	1	1	—	0	3	6	1
Kansas	—	0	2	4	—	—	0	2	—	—	—	0	1	1	—
Minnesota	—	2	167	15	24	—	0	12	7	2	—	0	3	4	2
Missouri	—	0	2	—	—	—	0	1	1	1	1	0	3	9	7
Nebraska§	—	0	2	—	1	—	0	1	2	—	—	0	1	1	4
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	1	—
S. Atlantic	7	42	134	467	196	1	5	15	36	76	1	4	10	34	62
Delaware	2	7	28	73	66	—	0	1	1	1	—	0	1	—	2
District of Columbia	—	0	7	2	5	—	0	2	1	—	—	0	1	—	—
Florida	3	1	5	13	6	1	1	4	9	9	1	1	7	11	24
Georgia	—	0	1	—	1	—	1	6	4	21	—	0	3	5	5
Maryland§	—	20	101	324	110	—	1	4	10	20	—	0	2	10	6
North Carolina	1	0	4	1	7	—	0	4	4	8	—	0	6	3	11
South Carolina§	—	0	2	2	1	—	0	2	—	3	—	0	2	3	5
Virginia§	1	6	36	52	—	—	1	4	7	13	—	0	2	2	9
West Virginia	—	0	14	—	—	—	0	1	—	1	—	0	2	—	—
E.S. Central	—	0	4	5	1	—	0	3	6	6	—	1	3	11	14
Alabama§	—	0	3	1	1	—	0	2	—	2	—	0	2	2	2
Kentucky	—	0	2	—	—	—	0	1	1	1	—	0	1	—	3
Mississippi	—	0	1	—	—	—	0	1	1	1	—	0	3	3	3
Tennessee§	—	0	2	4	—	—	0	2	4	2	—	0	2	6	6
W.S. Central	—	1	6	5	2	—	1	7	3	7	1	1	9	24	20
Arkansas§	—	0	0	—	—	—	0	2	—	—	—	0	1	1	3
Louisiana	—	0	1	—	—	—	0	1	1	1	—	0	4	8	3
Oklahoma	—	0	0	—	—	—	0	2	1	1	—	0	3	4	5
Texas§	—	1	6	5	2	—	1	6	1	5	1	0	9	11	9
Mountain	—	0	4	2	2	—	1	6	6	17	1	1	5	20	25
Arizona	—	0	2	—	2	—	0	3	4	2	1	0	2	3	10
Colorado	—	0	1	—	—	—	0	2	1	6	—	0	2	4	10
Idaho§	—	0	2	—	—	—	0	1	—	—	—	0	1	2	1
Montana§	—	0	1	1	—	—	0	1	—	1	—	0	1	1	—
Nevada§	—	0	1	1	—	—	0	1	—	—	—	0	1	3	1
New Mexico§	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
Utah	—	0	1	—	—	—	0	2	1	7	—	0	2	6	3
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	—	2	17	32	26	—	4	13	18	44	—	5	10	55	103
Alaska	—	0	1	2	—	—	0	4	2	3	—	0	1	1	2
California	—	2	14	26	26	—	2	6	12	34	—	3	8	37	67
Hawaii	N	0	0	N	N	—	0	2	—	—	—	0	2	2	3
Oregon§	—	0	2	4	—	—	0	3	3	4	—	0	3	8	16
Washington	—	0	3	—	—	—	0	7	1	3	—	0	5	7	15
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	57	250	885	1,422	3,263	38	106	173	633	1,098	4	29	118	82	262
New England	—	21	53	46	343	3	11	26	86	114	—	0	1	—	—
Connecticut	—	1	9	—	19	—	4	14	38	26	—	0	0	—	—
Maine†	—	2	15	24	20	—	2	8	15	17	N	0	0	N	N
Massachusetts	—	0	28	—	263	—	0	17	—	49	—	0	1	—	—
New Hampshire	—	2	27	7	2	—	1	5	8	4	—	0	1	—	—
Rhode Island†	—	0	17	—	11	—	0	3	6	4	—	0	1	—	—
Vermont†	—	1	14	15	28	3	2	5	19	14	—	0	0	—	—
Mid. Atlantic	11	35	156	298	392	—	16	57	72	159	—	2	6	10	10
New Jersey	—	4	11	9	97	—	0	0	—	—	—	0	2	—	2
New York (Upstate)	9	20	150	208	103	—	0	0	—	—	—	0	2	—	—
New York City	—	0	8	—	20	—	1	5	16	—	—	0	3	2	2
Pennsylvania	2	10	25	81	172	—	16	56	56	159	—	1	4	8	6
E.N. Central	12	41	79	330	516	—	2	18	1	4	—	1	6	1	3
Illinois	—	10	23	36	122	—	0	7	—	1	—	0	4	—	1
Indiana	—	3	37	2	39	—	0	2	—	—	—	0	1	—	—
Michigan	2	11	39	83	104	—	0	5	—	2	—	0	1	1	—
Ohio	10	12	56	194	176	—	0	9	1	1	—	0	4	—	2
Wisconsin	—	3	8	15	75	—	0	0	—	—	—	0	1	—	—
W.N. Central	2	18	96	101	390	3	6	20	28	35	—	3	14	13	4
Iowa	—	4	16	30	109	—	1	7	2	6	—	0	1	—	—
Kansas	—	4	13	40	101	—	1	5	16	11	—	0	1	—	—
Minnesota	—	0	80	—	—	—	0	6	3	2	—	0	2	—	—
Missouri	2	4	10	17	120	1	1	6	2	3	—	2	12	13	4
Nebraska†	—	1	4	3	51	—	0	0	—	—	—	0	5	—	—
North Dakota	—	0	9	1	4	2	0	7	5	2	—	0	0	—	—
South Dakota	—	0	4	10	5	—	0	4	—	11	—	0	0	—	—
S. Atlantic	13	18	164	207	241	23	38	62	365	559	4	11	68	43	234
Delaware	—	0	1	1	1	—	0	0	—	—	—	0	3	1	3
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	—	—
Florida	5	4	20	76	55	—	0	7	30	176	—	0	5	3	6
Georgia	—	0	3	—	7	—	4	16	36	50	—	1	5	1	3
Maryland†	—	2	6	26	53	—	6	12	50	84	—	1	7	7	12
North Carolina	5	0	111	59	43	15	9	22	93	70	4	3	61	22	206
South Carolina†	3	3	11	19	35	—	3	11	19	28	—	0	5	3	2
Virginia†	—	2	19	21	42	8	12	27	121	135	—	2	13	6	2
West Virginia	—	0	19	3	2	—	2	8	16	16	—	0	2	—	—
E.S. Central	—	6	24	54	65	—	4	13	20	39	—	5	27	13	8
Alabama†	—	1	17	16	15	—	1	8	—	13	—	1	9	5	2
Kentucky	—	0	5	—	12	—	0	4	6	4	—	0	1	—	—
Mississippi	—	0	6	6	9	—	0	2	—	—	—	0	1	—	—
Tennessee†	—	3	11	32	29	—	2	8	14	22	—	4	22	8	6
W.S. Central	2	17	147	52	134	1	3	34	14	136	—	1	28	—	3
Arkansas†	—	1	13	2	9	1	0	5	5	1	—	0	10	—	3
Louisiana	—	0	2	3	3	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	9	—	2	—	1	9	9	9	—	0	18	—	—
Texas†	2	14	134	47	120	—	0	29	—	126	—	0	6	—	—
Mountain	17	41	87	275	810	2	3	28	12	23	—	0	5	2	—
Arizona	6	6	28	54	155	2	2	10	11	22	—	0	2	—	—
Colorado	3	8	26	83	332	—	0	0	—	—	—	0	1	1	—
Idaho†	—	1	7	9	23	—	0	24	—	—	—	0	3	1	—
Montana†	—	1	8	9	31	—	0	2	—	—	—	0	2	—	—
Nevada†	—	0	9	3	15	—	0	1	—	—	—	0	1	—	—
New Mexico†	—	2	8	6	19	—	0	2	—	1	—	0	2	—	—
Utah	8	13	39	101	222	—	0	1	1	—	—	0	2	—	—
Wyoming†	—	1	8	10	13	—	0	2	—	—	—	0	1	—	—
Pacific	—	33	229	59	372	6	4	12	35	29	—	0	1	—	—
Alaska	—	1	8	8	26	1	0	6	20	7	N	0	0	N	N
California	—	22	226	—	199	5	3	11	15	22	—	0	1	—	—
Hawaii	—	1	7	6	34	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	6	18	48	—	0	4	—	—	—	0	1	—	—
Washington	—	4	46	27	65	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	1	6	15	25	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	287	821	1,339	5,418	6,336	17	75	175	303	426	122	258	521	2,046	2,175
New England	1	18	82	112	730	—	2	16	8	103	—	2	14	11	113
Connecticut	—	0	59	59	503	—	0	1	1	84	—	0	8	8	67
Maine [§]	—	2	14	21	13	—	0	8	4	1	—	0	2	2	—
Massachusetts	—	0	53	—	185	—	0	9	—	13	—	0	11	—	39
New Hampshire	—	3	25	15	18	—	0	3	3	2	—	0	2	1	3
Rhode Island [§]	—	1	10	9	8	—	0	2	—	1	—	0	3	—	3
Vermont [§]	1	1	6	8	3	—	0	4	—	2	—	0	2	—	1
Mid. Atlantic	26	90	191	723	714	1	8	62	34	34	2	15	47	87	195
New Jersey	—	16	49	49	135	—	1	16	1	9	—	3	35	6	63
New York (Upstate)	23	27	93	229	131	—	3	14	15	7	2	4	43	23	56
New York City	1	24	50	174	199	—	0	4	2	5	—	5	14	46	54
Pennsylvania	2	30	67	271	249	1	2	47	16	13	—	1	6	12	22
E.N. Central	26	105	198	547	847	2	10	59	44	62	8	24	68	104	209
Illinois	—	27	61	43	237	—	1	7	2	9	—	10	50	16	74
Indiana	14	15	55	87	72	—	1	8	1	6	2	2	17	12	20
Michigan	1	18	35	125	161	—	1	6	8	16	—	2	5	8	55
Ohio	11	23	56	191	226	2	3	18	30	12	6	3	14	52	37
Wisconsin	—	17	27	101	151	—	2	39	3	19	—	3	10	16	23
W.N. Central	23	48	109	422	379	1	11	45	39	59	35	38	77	413	207
Iowa	1	8	26	56	63	—	1	38	1	12	—	2	14	11	6
Kansas	—	7	16	58	60	—	1	4	5	—	—	2	11	7	20
Minnesota	10	11	60	95	86	1	3	26	18	23	3	4	24	66	20
Missouri	10	14	35	145	108	—	2	13	10	20	31	11	69	309	119
Nebraska [§]	2	3	9	26	36	—	1	11	5	3	1	1	14	4	23
North Dakota	—	0	5	7	3	—	0	0	—	—	—	0	18	4	2
South Dakota	—	3	11	35	23	—	0	5	—	1	—	6	24	12	17
S. Atlantic	114	224	395	1,834	1,510	6	12	32	89	63	46	70	143	816	518
Delaware	—	2	10	10	15	—	0	3	4	—	—	0	2	3	—
District of Columbia	—	1	4	8	15	—	0	1	—	—	—	0	5	3	3
Florida	86	95	176	780	645	1	2	9	23	13	46	33	76	513	219
Georgia	—	34	66	335	201	—	1	7	8	10	—	24	54	252	174
Maryland [§]	—	13	33	124	105	—	2	9	15	12	—	1	10	16	30
North Carolina	13	29	130	310	318	1	2	11	16	17	—	1	14	9	49
South Carolina [§]	2	19	55	121	74	—	0	3	—	2	—	0	10	7	33
Virginia [§]	5	20	58	131	125	3	3	11	22	9	—	2	9	13	10
West Virginia	8	1	31	15	12	1	0	5	1	—	—	0	2	—	—
E.S. Central	16	52	138	331	316	1	4	21	17	31	11	12	75	134	145
Alabama [§]	5	10	70	78	115	—	0	5	1	3	8	4	66	41	25
Kentucky	3	9	23	80	62	—	1	12	7	7	—	2	15	13	78
Mississippi	—	12	42	36	51	—	0	0	—	—	—	1	25	25	22
Tennessee [§]	8	17	32	137	88	1	2	9	9	21	3	3	14	55	20
W.S. Central	16	84	186	212	511	—	3	52	12	12	7	37	187	139	233
Arkansas [§]	9	14	45	58	209	—	0	7	4	1	1	2	10	15	19
Louisiana	—	17	42	69	42	—	0	1	—	—	1	2	24	32	8
Oklahoma	7	8	40	55	44	—	0	17	2	1	3	2	9	12	18
Texas [§]	—	46	107	30	216	—	2	48	6	10	2	30	174	80	188
Mountain	32	52	88	420	449	4	7	36	34	41	9	26	87	144	164
Arizona	17	18	45	160	157	2	1	13	14	11	6	11	35	71	92
Colorado	9	12	30	110	106	1	1	8	2	11	2	4	15	22	16
Idaho [§]	2	3	9	24	29	—	2	8	3	4	—	0	3	1	5
Montana [§]	—	2	10	14	19	—	0	0	—	—	—	0	13	2	—
Nevada [§]	—	4	20	33	33	—	0	5	3	7	—	1	20	10	15
New Mexico [§]	—	4	15	30	41	—	1	5	7	4	—	2	15	21	25
Utah	4	4	15	36	50	1	1	14	5	3	1	1	6	6	10
Wyoming [§]	—	1	4	13	14	—	0	3	—	1	—	0	19	11	1
Pacific	33	116	306	817	880	2	4	24	26	21	4	32	90	198	391
Alaska	4	1	5	20	24	N	0	0	N	N	—	0	2	5	1
California	6	89	218	635	680	2	0	5	14	N	2	28	81	163	297
Hawaii	—	5	16	41	46	—	0	3	1	2	—	1	3	6	10
Oregon [§]	1	7	17	47	74	—	1	9	4	13	—	1	6	10	52
Washington	22	10	83	74	56	—	2	22	7	6	2	2	13	14	31
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	4	13	65	79	48	—	0	0	—	—	1	0	6	5	2
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

* Incidence data for reporting years 2006 and 2007 are provisional.

† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; 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 March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease [†] Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	89	88	215	1,099	1,583	19	24	88	347	335
New England	—	2	15	17	58	—	1	4	9	17
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	2	5	5	—	0	2	—	—
Massachusetts	—	0	5	—	41	—	0	4	—	14
New Hampshire	—	0	9	4	8	—	0	4	5	3
Rhode Island [§]	—	0	4	—	3	—	0	3	3	—
Vermont [§]	—	0	2	8	1	—	0	1	1	—
Mid. Atlantic	13	17	39	204	307	—	3	17	32	54
New Jersey	—	2	8	20	58	—	1	4	—	17
New York (Upstate)	9	5	26	78	82	—	2	14	32	33
New York City	—	3	8	34	57	—	0	2	—	4
Pennsylvania	4	6	11	72	110	N	0	0	N	N
E.N. Central	6	15	46	179	362	—	6	14	55	96
Illinois	—	4	11	31	122	—	1	6	9	26
Indiana	5	2	12	25	41	—	0	10	5	9
Michigan	1	3	11	52	74	—	1	5	22	24
Ohio	—	4	19	71	83	—	1	7	18	20
Wisconsin	—	1	6	—	42	—	0	2	1	17
W.N. Central	20	4	57	97	118	5	2	10	31	23
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	10	28	—	0	3	2	6
Minnesota	16	0	52	45	52	5	1	6	16	7
Missouri	2	2	5	31	22	—	0	2	10	6
Nebraska [§]	—	0	2	3	11	—	0	2	2	3
North Dakota	2	0	2	6	4	—	0	1	1	1
South Dakota	—	0	2	2	1	—	0	0	—	—
S. Atlantic	19	20	45	280	321	5	2	12	76	20
Delaware	—	0	2	—	1	—	0	0	—	—
District of Columbia	—	0	2	4	4	—	0	1	—	—
Florida	9	5	16	61	78	5	0	6	20	—
Georgia	—	5	11	72	79	—	0	5	23	—
Maryland [§]	—	4	10	49	70	—	1	5	23	15
North Carolina	2	0	26	32	34	—	0	0	—	—
South Carolina [§]	3	1	5	19	25	—	0	2	7	—
Virginia [§]	3	2	10	38	24	—	0	1	2	—
West Virginia	2	0	6	5	6	—	0	3	1	5
E.S. Central	3	4	11	52	70	3	0	6	23	5
Alabama [§]	N	0	0	N	N	N	0	0	N	N
Kentucky	1	0	4	12	20	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	5
Tennessee [§]	2	3	9	40	50	3	0	6	21	—
W.S. Central	9	6	61	70	114	2	4	39	54	50
Arkansas [§]	1	0	5	9	3	1	0	2	6	8
Louisiana	—	0	2	3	1	—	0	4	12	2
Oklahoma	5	2	5	31	42	1	1	12	17	12
Texas [§]	3	3	56	27	68	—	2	24	19	28
Mountain	17	11	42	176	210	2	4	9	56	68
Arizona	4	5	34	67	120	1	2	7	34	44
Colorado	6	3	9	54	38	1	1	4	15	16
Idaho [§]	—	0	1	5	3	—	0	1	—	1
Montana [§]	N	0	0	N	N	N	0	0	N	N
Nevada [§]	—	0	1	1	1	—	0	0	—	—
New Mexico [§]	1	1	4	10	26	—	0	3	7	7
Utah	6	1	7	37	20	—	0	0	—	—
Wyoming [§]	—	0	1	2	2	—	0	0	—	—
Pacific	2	2	9	24	23	2	0	4	11	2
Alaska	2	0	2	7	N	2	0	2	9	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	17	23	—	0	2	2	2
Oregon [§]	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
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	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years					Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006		Med	Max		
		Med	Max				Med	Max							
United States	38	43	115	670	778	6	7	19	98	102	99	181	260	1,666	1,990
New England	—	0	7	15	10	—	0	1	—	2	3	4	13	39	48
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	10	4	10
Maine§	—	0	2	3	2	—	0	1	—	1	—	0	1	—	3
Massachusetts	—	0	0	—	—	—	0	0	—	—	3	2	7	27	27
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	4	5
Rhode Island§	—	0	4	5	3	—	0	1	—	—	—	0	3	3	2
Vermont§	—	0	2	7	5	—	0	1	—	1	—	0	1	1	1
Mid. Atlantic	3	3	8	45	36	—	0	5	11	3	23	24	44	354	236
New Jersey	—	0	0	—	—	—	0	0	—	—	6	3	8	42	36
New York (Upstate)	1	1	5	17	8	—	0	4	6	—	1	3	14	28	28
New York City	—	0	0	—	—	—	0	0	—	—	15	12	35	238	119
Pennsylvania	2	2	6	28	28	—	0	2	5	3	1	5	12	46	53
E.N. Central	6	10	40	172	176	—	1	8	20	31	13	15	32	130	211
Illinois	—	0	2	1	8	—	0	1	1	3	—	7	13	24	120
Indiana	6	2	30	32	34	—	0	5	3	8	—	1	5	10	18
Michigan	—	0	3	—	8	—	0	1	—	1	8	2	10	31	18
Ohio	—	5	38	139	126	—	1	5	16	19	4	4	9	56	46
Wisconsin	N	0	0	N	N	—	0	0	—	—	1	1	4	9	9
W.N. Central	1	1	51	26	12	—	0	10	3	1	—	5	14	41	51
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	1	3
Kansas	—	0	1	2	—	—	0	0	—	—	—	0	3	4	6
Minnesota	—	0	50	—	—	—	0	10	—	—	—	1	5	15	15
Missouri	1	1	5	24	12	—	0	2	2	1	—	3	9	21	25
Nebraska§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	3	—	—	—	0	1	1	—	—	0	3	—	—
S. Atlantic	18	21	54	312	432	6	3	8	46	40	23	42	136	298	435
Delaware	—	0	1	1	—	—	0	1	1	—	—	0	3	2	7
District of Columbia	—	0	3	4	11	—	0	2	—	2	3	2	7	32	32
Florida	14	12	29	172	197	6	2	8	40	37	—	14	23	68	164
Georgia	—	7	17	122	197	—	0	1	—	1	—	7	105	8	32
Maryland§	—	0	0	—	—	—	0	0	—	—	2	5	14	57	66
North Carolina	—	0	0	—	—	—	0	0	—	—	13	5	21	68	78
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	5	15	19
Virginia§	N	0	0	N	N	—	0	0	—	—	5	3	17	47	36
West Virginia	4	1	17	13	27	—	0	1	5	—	—	0	2	1	1
E.S. Central	5	2	11	45	71	—	0	3	8	11	14	14	29	156	130
Alabama§	N	0	0	N	N	—	0	0	—	—	4	5	17	49	68
Kentucky	1	0	2	9	17	—	0	1	—	2	1	1	9	21	11
Mississippi	—	0	0	—	—	—	0	0	—	—	—	1	8	23	15
Tennessee§	4	2	10	36	54	—	0	3	8	9	9	5	12	63	36
W.S. Central	5	1	5	38	8	—	0	2	4	3	18	30	58	332	309
Arkansas§	—	0	3	1	4	—	0	0	—	2	3	1	7	25	24
Louisiana	—	0	2	12	4	—	0	1	1	1	3	5	30	63	37
Oklahoma	5	0	4	25	—	—	0	2	3	—	3	1	5	23	18
Texas§	—	0	0	—	—	—	0	0	—	—	9	21	31	221	230
Mountain	—	1	7	17	33	—	0	5	6	11	—	8	27	44	101
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	16	11	49
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	3	16
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Nevada§	—	0	3	11	5	—	0	2	3	—	—	1	12	16	23
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	5	11	10
Utah	—	0	7	4	17	—	0	4	2	8	—	0	2	1	2
Wyoming§	—	0	3	2	11	—	0	2	1	3	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	5	37	52	272	469
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	4	3	5
California	N	0	0	N	N	—	0	0	—	—	4	34	45	242	398
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	1	8
Oregon§	N	0	0	N	N	—	0	0	—	—	1	0	6	4	4
Washington	N	0	0	N	N	—	0	0	—	—	—	2	11	22	54
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	2	11	22	33
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting years 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2007, and March 25, 2006 (12th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive					Non-neuroinvasive§				
		Med	Max			Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	972	804	1,435	10,114	12,449	—	1	178	—	3	—	1	399	—	1
New England	8	24	72	131	442	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	3	—	—	—	0	1	—	—
Maine¶	—	2	17	—	88	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	92	—	0	1	—	—	—	0	1	—	—
New Hampshire	4	5	47	46	92	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	4	11	66	85	170	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	91	104	192	1,386	1,583	—	0	11	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	91	104	192	1,386	1,583	—	0	2	—	—	—	0	1	—	—
E.N. Central	199	237	587	3,146	5,007	—	0	43	—	—	—	0	33	—	—
Illinois	—	0	7	2	23	—	0	23	—	—	—	0	23	—	—
Indiana	—	0	0	—	—	—	0	7	—	—	—	0	12	—	—
Michigan	62	97	258	1,252	1,464	—	0	11	—	—	—	0	2	—	—
Ohio	137	128	449	1,666	3,091	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	13	64	226	429	—	0	2	—	—	—	0	2	—	—
W.N. Central	95	29	131	573	638	—	0	36	—	—	—	0	79	—	—
Iowa	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Kansas	—	7	52	258	103	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	6	—	—	—	0	7	—	—
Missouri	35	16	82	211	506	—	0	14	—	—	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	—	—	0	38	—	—
North Dakota	60	0	49	84	13	—	0	5	—	—	—	0	28	—	—
South Dakota	—	1	15	20	16	—	0	7	—	—	—	0	22	—	—
S. Atlantic	152	96	176	1,274	1,261	—	0	2	—	—	—	0	7	—	—
Delaware	—	1	6	8	27	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	5	—	6	—	0	0	—	—	—	0	1	—	—
Florida	30	0	42	338	N	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	24	21	72	369	324	—	0	1	—	—	—	0	0	—	—
Virginia¶	60	29	142	191	396	—	0	0	—	—	—	0	2	—	—
West Virginia	38	25	57	368	508	—	0	1	—	—	—	0	0	—	—
E.S. Central	6	4	43	90	—	—	0	15	—	3	—	0	16	—	—
Alabama¶	6	4	43	88	—	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	—	3	—	0	16	—	—
Tennessee¶	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
W.S. Central	349	198	966	2,720	2,516	—	0	58	—	—	—	0	26	—	1
Arkansas¶	28	11	92	150	214	—	0	4	—	—	—	0	2	—	—
Louisiana	—	2	11	35	11	—	0	13	—	—	—	0	9	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	321	172	873	2,535	2,291	—	0	38	—	—	—	0	16	—	—
Mountain	72	57	102	775	1,002	—	0	61	—	—	—	1	228	—	—
Arizona	—	0	0	—	—	—	0	9	—	—	—	0	15	—	—
Colorado	49	23	51	316	562	—	0	10	—	—	—	0	51	—	—
Idaho¶	N	0	0	N	N	—	0	30	—	—	—	0	157	—	—
Montana¶	—	0	26	87	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	3	—	1	—	0	9	—	—	—	0	16	—	—
New Mexico¶	—	4	21	70	186	—	0	1	—	—	—	0	1	—	—
Utah	23	19	65	302	245	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	—	8	—	0	7	—	—	—	0	10	—	—
Pacific	—	0	9	19	—	—	0	15	—	—	—	0	51	—	—
Alaska	—	0	9	19	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	—	—	0	37	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	19	12	30	127	98	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

† Incidence data for reporting years 2006 and 2007 are provisional.

¶ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

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

TABLE III. Deaths in 122 U.S. cities,* week ending March 24, 2007 (12th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total	
New England	616	420	127	41	13	15	41	S. Atlantic	1,262	792	305	95	43	27	68	
Boston, MA	162	106	34	13	6	3	10	Atlanta, GA	122	68	37	10	5	2	4	
Bridgeport, CT	37	31	5	1	—	—	5	Baltimore, MD	193	113	47	15	10	8	9	
Cambridge, MA	17	11	3	—	—	3	1	Charlotte, NC	123	78	27	11	6	1	16	
Fall River, MA	22	16	5	1	—	—	2	Jacksonville, FL	147	98	32	8	5	4	12	
Hartford, CT	64	42	16	5	—	1	4	Miami, FL	111	71	24	9	5	2	4	
Lowell, MA	19	17	2	—	—	—	3	Norfolk, VA	70	55	12	3	—	—	4	
Lynn, MA	11	7	2	2	—	—	4	Richmond, VA	66	34	21	10	—	1	2	
New Bedford, MA	15	12	1	2	—	—	—	Savannah, GA	68	42	17	3	5	1	7	
New Haven, CT	58	41	11	4	2	—	4	St. Petersburg, FL	65	45	9	5	3	3	4	
Providence, RI	53	34	8	4	4	3	4	Tampa, FL	171	114	42	8	3	4	6	
Somerville, MA	9	5	4	—	—	—	—	Washington, D.C.	104	60	31	12	1	—	—	
Springfield, MA	43	27	7	5	1	3	2	Wilmington, DE	22	14	6	1	—	1	—	
Waterbury, CT	34	24	9	1	—	—	2	E.S. Central	993	667	217	62	24	23	100	
Worcester, MA	72	47	20	3	—	2	—	Birmingham, AL	200	128	45	13	5	9	25	
Mid. Atlantic	2,084	1,400	480	128	38	35	121	Chattanooga, TN	91	71	15	5	—	—	11	
Albany, NY	47	35	8	4	—	—	3	Knoxville, TN	124	77	33	7	5	2	14	
Allentown, PA	24	20	4	—	—	—	3	Lexington, KY	79	63	10	2	2	2	7	
Buffalo, NY	77	47	22	4	3	1	5	Memphis, TN	207	126	55	22	2	2	23	
Camden, NJ	34	22	8	1	1	2	2	Mobile, AL	93	65	17	8	2	1	6	
Elizabeth, NJ	21	16	3	2	—	—	2	Montgomery, AL	55	39	14	—	1	1	3	
Erie, PA	48	31	11	3	2	1	1	Nashville, TN	144	98	28	5	7	6	11	
Jersey City, NJ	26	16	8	2	—	—	4	W.S. Central	1,552	1,000	364	117	36	35	111	
New York City, NY	1,103	753	244	67	20	17	58	Austin, TX	109	68	20	13	5	3	19	
Newark, NJ	66	27	21	11	—	6	2	Baton Rouge, LA	36	17	12	3	1	3	2	
Paterson, NJ	21	10	9	2	—	—	1	Corpus Christi, TX	65	43	18	1	—	3	8	
Philadelphia, PA	250	152	63	22	7	6	11	Dallas, TX	179	108	39	21	5	6	13	
Pittsburgh, PA [‡]	25	18	4	1	1	1	2	El Paso, TX	114	77	28	4	2	3	6	
Reading, PA	30	21	8	1	—	—	1	Fort Worth, TX	140	105	24	5	—	6	12	
Rochester, NY	122	93	24	2	3	—	10	Houston, TX	448	276	119	35	10	8	20	
Schenectady, NY	17	13	3	1	—	—	—	Little Rock, AR	88	63	16	3	5	1	2	
Scranton, PA	24	17	6	1	—	—	1	New Orleans, LA [†]	U	U	U	U	U	U	U	
Syracuse, NY	85	64	20	—	—	1	13	San Antonio, TX	180	112	46	15	7	—	18	
Trenton, NJ	25	15	6	3	1	—	—	Shreveport, LA	59	39	15	4	—	1	2	
Utica, NY	17	12	4	1	—	—	1	Tulsa, OK	134	92	27	13	1	1	9	
Yonkers, NY	22	18	4	—	—	—	1	Mountain	1,299	858	294	89	28	28	89	
E.N. Central	2,141	1,420	506	125	43	47	182	Albuquerque, NM	242	166	56	14	3	1	16	
Akron, OH	49	30	17	—	—	2	4	Boise, ID	66	48	12	4	—	2	2	
Canton, OH	35	20	12	2	—	1	5	Colorado Springs, CO	51	29	14	6	1	1	1	
Chicago, IL	357	202	105	31	11	8	37	Denver, CO	104	71	21	4	2	6	5	
Cincinnati, OH	99	64	26	1	3	5	13	Las Vegas, NV	295	184	78	24	5	4	17	
Cleveland, OH	258	186	56	7	3	6	14	Ogden, UT	29	22	3	3	1	—	2	
Columbus, OH	180	112	49	12	4	3	14	Phoenix, AZ	189	113	50	13	8	5	19	
Dayton, OH	129	90	29	9	—	1	10	Pueblo, CO	38	29	9	—	—	—	1	
Detroit, MI	156	94	36	15	7	4	10	Salt Lake City, UT	138	95	24	11	3	5	14	
Evansville, IN	41	26	14	1	—	—	3	Tucson, AZ	147	101	27	10	5	4	12	
Fort Wayne, IN	65	50	8	3	2	2	4	Pacific	1,366	1,001	248	74	25	18	132	
Gary, IN	22	11	8	2	—	1	—	Berkeley, CA	12	8	4	—	—	—	1	
Grand Rapids, MI	53	45	3	2	1	2	2	Fresno, CA	48	36	9	2	1	—	5	
Indianapolis, IN	204	133	45	14	8	4	16	Glendale, CA	U	U	U	U	U	U	U	
Lansing, MI	56	46	6	4	—	—	4	Honolulu, HI	50	36	8	3	2	1	5	
Milwaukee, WI	115	70	32	8	3	2	14	Long Beach, CA	62	48	7	5	1	1	15	
Peoria, IL	46	31	12	1	—	2	9	Los Angeles, CA	U	U	U	U	U	U	U	
Rockford, IL	61	47	9	5	—	—	6	Pasadena, CA	36	31	3	2	—	—	4	
South Bend, IN	54	44	6	2	—	2	5	Portland, OR	133	99	26	5	1	2	11	
Toledo, OH	101	67	27	5	—	2	12	Sacramento, CA	210	149	41	15	3	2	27	
Youngstown, OH	60	52	6	1	1	—	—	San Diego, CA	151	116	20	6	6	3	15	
W.N. Central	737	498	151	45	15	23	64	San Francisco, CA	125	90	25	5	2	3	13	
Des Moines, IA	77	62	9	2	3	1	9	San Jose, CA	207	158	35	8	3	3	16	
Duluth, MN	40	32	4	4	—	—	4	Santa Cruz, CA	29	20	8	1	—	—	2	
Kansas City, KS	40	20	10	3	2	4	1	Seattle, WA	115	71	28	13	2	1	6	
Kansas City, MO	81	46	19	6	—	10	2	Spokane, WA	56	36	15	1	3	1	5	
Lincoln, NE	35	23	9	3	—	—	3	Tacoma, WA	132	103	19	8	1	1	7	
Minneapolis, MN	68	42	18	6	1	1	6	Total	12,050**	8,056	2,692	776	265	251	908	
Omaha, NE	120	94	16	6	2	2	9									
St. Louis, MO	128	72	36	11	2	3	15									
St. Paul, MN	54	41	9	2	1	1	8									
Wichita, KS	94	66	21	2	4	1	7									

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.

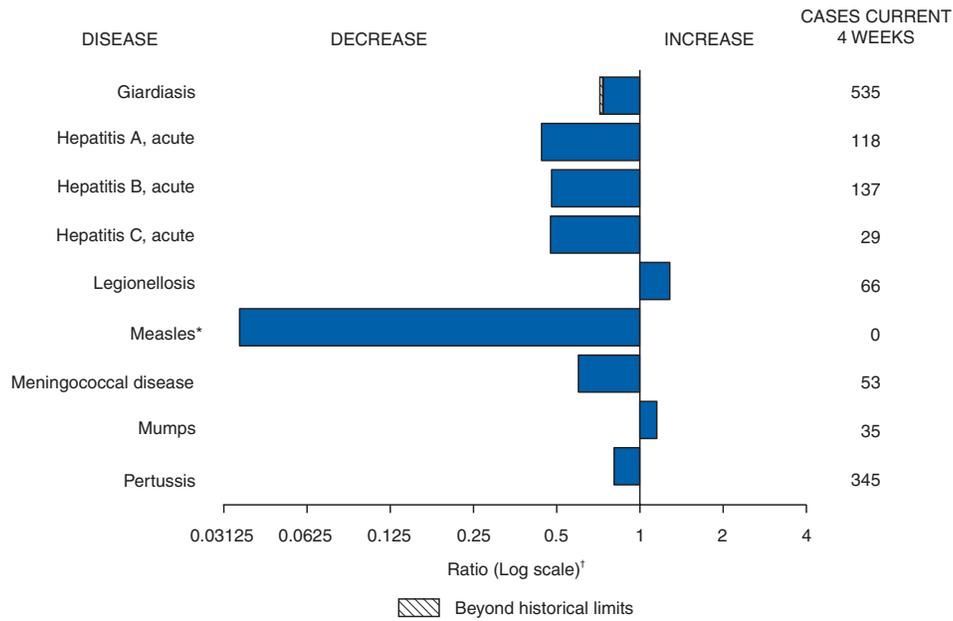
† Pneumonia and influenza.

‡ 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 March 24, 2007, with historical data



* No measles cases reported for the current 4-week period, yielding a ratio for week 12 of zero (0).

† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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