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Populations Receiving Optimally Fluoridated Public Drinking Water — United States, 1992–2006

Water fluoridation has been identified by CDC as one of 10 great public health achievements of the 20th century. The decline in the prevalence and severity of dental caries (tooth decay) in the United States during the past 60 years has been attributed largely to the increased use of fluoride (1). Community water fluoridation is an equitable and cost-effective method for delivering fluoride to the community (2-4). A Healthy People 2010 objective is to increase to 75% the proportion of the U.S. population served by community water systems who receive optimally fluoridated water* (5). To update and revise previous reports on fluoridation in the United States (4) and describe progress toward the Healthy People 2010 objective, CDC analyzed fluoridation data for the period 1992-2006 from the 50 states and District of Columbia (DC). The results indicated that the percentage of the U.S. population served by community water systems who received optimally fluoridated water increased from 62.1% in 1992, to 65.0% in 2000, and 69.2% in 2006, and those percentages varied substantially by state. Public health officials and policymakers in states with lower percentages of residents receiving optimal water fluoridation should consider increasing their efforts to promote fluoridation of community water systems to prevent dental caries.

Since 1945, the U.S. Public Health Service and CDC (beginning in 1975) have tracked the number of persons in the United States receiving fluoridated water.[†] The U.S. Environmental Protection Agency (EPA) does not regulate water fluoridation, and EPA's Safe Drinking Water Information System (SDWIS) only tracks fluoride concentrations in

water systems with naturally occurring fluoride levels above the established regulatory maximum contaminant level (4.0 ppm§). Water fluoridation is managed at the state level, and CDC relies on states to provide data on individual community water systems (e.g., population served, fluoride concentration, and fluoride source). During 1998–2000, CDC, in partnership with the Association of State and Territorial Dental Directors, developed the Water Fluoridation Reporting System (WFRS) to support management and tracking of state fluoridation programs. WFRS is a voluntary system designed, in part, to make additional use of community water system data that states were already required to report to EPA as part of SDWIS.

In March 2007, CDC asked state dental directors and drinking water administrators to validate their state data reported via WFRS for 2006. Estimates of the population served by community water systems were based on the number of households served (i.e., service connections) and the number of persons in each household. Some states supplemented population data in WFRS with population data from SDWIS, which can differ slightly from WFRS. The percentage of the population served by community water systems who received

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^{*} Defined as a fluoride concentration of 0.7–1.2 ppm, depending on the average maximum daily air temperature in the area; optimal concentrations are set lower in warmer climates, where the populations drink more water, and higher in cooler climates.

[†] Available at http://www.cdc.gov/nohss/fsgrowth_text.htm.

[§] EPA also has set a secondary maximum contaminant level of 2.0 ppm as a precaution against possible tooth discoloration or pitting from excess fluoride exposure during the formative period for young children. Additional information is available at http://www.epa.gov/safewater/consumer/2ndstandards.html.

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optimally fluoridated water was calculated by dividing the population served by community water systems with optimal fluoride levels by the total population served by community water systems.

For eight states and DC, the reported 2006 total community water system population estimates exceeded mid-year intercensal state population estimates (6), which can occur when applying a standard persons-per-household factor to the number of households served. For these eight states and DC, state community water system population estimates were set equal to the intercensal state population estimates, and estimates of the population receiving optimally fluoridated water were reduced by a factor equal to the state's intercensal population estimate divided by the initially reported total state community water system population. National community water system population estimates were calculated by adding the state community water system population estimates after this reduction.

CDC previously published a report on fluoridation estimates for 2000 (4), using WFRS data reviewed by state oral health programs. At that time, state community water system populations that exceeded the state's 2000 census populations (seven states and DC) were changed to match the 2000 census populations. Earlier, in calculating 1992 fluoridation estimates, state community water system populations that exceeded state census population estimates also were changed to match 1992 intercensal state population estimates (10 states and DC). Because these two reports used the reduced state community water system populations for their calculations without making any adjustments to the populations receiving fluoridated water, the percentages potentially were overstated. This report revises the 2000 fluoridation percentage estimates, applying the same methods used to produce the 2006 estimates, and reflecting improvements in the quality and accuracy of some WFRS state data. The 1992 fluoridation estimates could not be revised similarly because water system population data from 1992 were no longer available.

In 2006, 69.2% of the U.S. population served by community water systems received optimally fluoridated water (Table 1), an increase from 62.1% in 1992, and from 65.0% in 2000 (Table 2). State-specific percentages in 2006 ranged from 8.4% in Hawaii to 100% in DC (median: 77.0%). In 2006, the *Healthy People 2010* target of 75% had been met by 25 states and DC (Table 1). Overall, approximately 184 million persons served by community water systems received fluoridated water; of that number, approximately 8 million persons received water with sufficient naturally occurring fluoride concentrations.

During 1992–2006, 39 states reported increases in the percentage of their populations served by community water

TABLE 1. Estimated number and percentage of persons served by community water systems who received optimally fluoridated water,* by state/area — United States, 2006

ildoridated water,	by State/area	Offica Otates, 200	
State/	No. served by community	No. receiving optimally	
Area	water systems	fluoridated water	(%)
United States	265,794,252	184,028,038	(69.2)
Alabama [†]	4,599,030	3,814,295	(82.9)
Alaska	519,379	308,801	(59.5)
Arizona	5,611,581	3,147,245	(56.1)
Arkansas	2,561,312	1,648,317	(64.4)
California ^{†§}	36,457,549	9,881,390	(27.1)
Colorado	4,190,698	3,085,319	(73.6)
Connecticut	2,691,412	2,393,487	(88.9)
Delaware	819,176	603,207	(73.6)
District of Columbia [†]	581,530	581,530	(100.0)
Florida	16,729,803	13,006,128	(77.7)
Georgia [†]	9,393,941	8,974,302	(95.8)
Hawaii ^{†§}	1,285,498	107,684	(8.4)
Idaho	1,011,949	316,350	(31.3)
Illinois	11,484,994	11,355,747	(98.9)
Indiana	4,550,057	4,327,916	(95.1)
Iowa	2,558,575	2,363,277	(92.4)
Kansas	2,563,505	1,669,657	(65.1)
Kentucky [†]	4,206,074	4,199,519	(99.8)
Louisiana [†]	4,287,768	1,731,807	(40.4)
Maine	630,136	501,290	(79.6)
Maryland	4,847,653	4,549,055	(93.8)
Massachusetts [†]	6,437,193	3,802,732	(59.1)
Michigan	7,335,365	6,664,706	(90.9)
Minnesota	3,956,659	3,905,754	(98.7)
Mississippi [†]	2,910,540	1,480,601	(50.9)
Missouri	4,928,689	3,928,100	(79.7)
Montana	794,563	248,850	(31.3)
Nebraska	1,420,624	991,292	(69.8)
Nevada	2,422,152	1,744,984	(72.0)
New Hampshire	832,656	354,637	(42.6)
New Jersey	7,839,608	1,771,324	(22.6)
New Mexico	1,567,857	1,207,034	(77.0)
New York	17,471,590	12,733,582	(72.9)
North Carolina	6,498,294	5,689,906	(87.6)
North Dakota	574,346	552,785	(96.2)
Ohio	10,021,630	8,948,975	(89.3)
Oklahoma	3,392,725	2,493,521	(73.5) (27.4)
Oregon	3,069,204	839,727 5,610,873	` ,
Pennsylvania Rhode Island	10,390,234	5,610,873	(54.0) (84.6)
South Carolina	977,261 3,545,617	826,863	(94.6)
South Dakota	691,333	3,355,873	
	5,220,410	657,022 4,889,987	(95.0)
Tennessee Texas	21,731,824	16,979,975	(93.7) (78.1)
Utah	2,242,897	1,216,980	(54.3)
Vermont	529,441		, ,
Virginia		310,953 5,830,328	(58.7)
Washington	6,135,847 5,628,782	3,542,948	(95.0) (62.9)
West Virginia	1,360,193	1,247,301	(91.7)
Wisconsin	3,868,775	3,471,706	(89.7)
Wyoming	446,323	162,396	(36.4)
** yourning	770,020	102,000	(50.4)

^{*}Defined as a fluoride concentration of 0.7-1.2 ppm, depending on the

TABLE 2. Healthy People 2010 baseline estimate of the percentage of population served by community water systems who received optimally fluoridated water* in 1992, revised 2000 estimate, and percentage-point changes over time, by state/area — United States, 1992, 2000, and 2006

state/area — Uni	ted States	5, 1992, 200	0, and 2006	
State/Area	Healthy People 1992 baseline %	Revised 2000 %	Percentage- point change (2000 to 2006)	Percentage- point change (1992 to 2006)
United States†	62.1	65.0	4.2	7.1
Alabama [†]	82.6	83.1	-0.2	0.3
Alaska	61.2	55.2	4.3	-1.7
Arizona	49.9	55.5	0.6	6.2
Arkansas†§	58.7	48.1	16.3	5.7
California§	15.7	28.7	-1.6	11.4
Colorado ^{†§}	81.7	73.0	0.6	-8.1
Connecticut	85.9	73.0 88.8	0.6	3.0
	67.4	80.9	-7.3	6.2
Delaware				
District of Columbia		100.0	0.0	0.0
Florida	58.3	62.6	15.1	19.4
Georgia	92.1 13.0	92.9	2.9	3.7 -4.6
Hawaii [†] Idaho	48.3	8.7 45.4	-0.3 -14.1	-4.6 -17.0
Illinois	95.2	93.4	5.5	3.7
Indiana	98.6	95.3	-0.2	-3.5
lowa	91.4	91.3	1.1	1.0
Kansas	58.4	62.5	2.6	6.7
Kentucky	100.0	96.1	3.7	-0.2
Louisiana ^T	55.7	50.6	-10.2	-15.3
Maine	55.8	75.4	4.2	23.8
Maryland [†]	85.8	76.1	17.7	8.0
Massachusetts†§	57.0	54.8	4.3	2.1
Michigan	88.5	90.7	0.2	2.4
Minnesota	93.4	98.2	0.5	5.3
Mississippi [†]	48.4	46.1	4.8	2.5
Missouri ^T	71.4	67.1	12.6	8.3
Montana	25.9	22.2	9.1	5.4
Nebraska ^{†§}	62.1	69.8	0.0	7.7
Nevada ^{†§}	2.1	66.2	5.8	69.9
New Hampshire	24.0	43.0	-0.4	18.6
New Jersey	16.2	15.5	7.1	6.4
New Mexico	66.2	76.7	0.3	10.8
New York ^{†§}	69.7	74.7	-1.8	3.2
North Carolina	78.5	83.3	4.3	9.1
North Dakota	96.4	95.4	0.8	-0.2
Ohio +8	87.9	87.6	1.7	1.4
Oklahoma†§	58.0	73.1	0.4	15.5
Oregon†§	24.8	17.2	4.7	2.6
Pennsylvania	20.9	54.2	-0.2	33.1
Rhode Island	100.0	85.1	-0.5	-15.4
South Carolina	90.0	91.2	3.4	4.6
South Dakota†§	100.0	86.2	8.8	-5.0
Tennessee	92.0	94.5	-0.8	1.7
Texas	64.0	65.7	12.4	14.1
Utah ^{†§}	3.1	1.7	52.6	51.2
Vermont	57.4	54.2	4.5	1.3
Virginia	72.1	93.3	1.7	22.9
Washington ^{†§}	53.2	41.0	21.9	9.7
West Virginia ^{†§}	82.1	65.3	26.4	9.6
Wisconsin	93.0	89.3	0.4	-3.3
Wyoming [†]	35.7	29.7	6.7	0.7
* Defined as a fluor	ride concer	ntration of 0.7	7_1.2 nnm. dei	nending on the

^{*}Defined as a fluoride concentration of 0.7-1.2 ppm, depending on the

West Virginia, 87.0%; Wyoming, 30.3%. Complete data for 2000 were not available from WFRS; state provided

additional information.

average maximum daily air temperature in the area.

State's estimated population served by community water systems exceeded the U.S. Census intercensal state population estimate; therefore, number of persons receiving optimally fluouridate water was reduced by the ratio of the intercensal population estimate to the community water

systems population estimate. SComplete data were not available from the Water Fluoridation Reporting System; state provided additional information.

average maximum daily air temperature in the area.

Estimate for 2000 was changed from that previously reported because of new methodology, improvements in the quality and accuracy of Water Fluoridation Reporting System (WFRS) data, or rounding error. Previous estimates were as follows: United States, 65.8%; Alabama, 89.2%; Arkansas, 59.9%; Colorado, 76.9%; Hawaii, 9.0%; Louisiana, 53.2%; Maryland, 90.7%; Massachusetts, 55.8%; Mississippi, 46.0%; Missouri, 80.5%; Nebraska, 77.7%; Nevada, 65.9%; New York, 67.8%; Oklahoma, 74.6%; Oregon, 22.7%; South Dakota, 88.4%; Utah, 2.0%; Washington, 57.8%;

systems who received optimally fluoridated water; percentage-point increases ranged from 0.3 in Alabama to 69.9 in Nevada (median: 6.2). Ten states had decreases; percentage-point decreases ranged from 0.2 in Kentucky and North Dakota to 17.0 in Idaho (median: 4.3) (Table 2). Throughout 1992–2006, 100% of the DC population served by community water systems received optimally fluoridated water.

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Editorial Note: Dental caries is a complex, chronic disease with multiple protective factors (e.g., dental sealants or healthy dietary practices), including fluoride (7); teeth remain at risk for decay throughout the lifespan, with older adults experiencing rates of caries similar to rates among children (8). Community water fluoridation has been effective in preventing tooth decay (1). Commercially sold bottled waters might or might not contain fluoride, and most bottled waters do not contain fluoride in optimal concentrations (9).

WFRS data indicate that, from 1992 to 2006, the percentage of the U.S. population served by community water systems who received optimally fluoridated water increased from 62.1% to 69.2%. During that period, the percentage increased in most states; by 2006, half the states had reached the *Healthy* People 2010 target of 75%. However, the 2006 data also indicate substantial differences among states in progress toward that target. For example, in California, the percentage of the state population served by community water systems who received optimally fluoridated water increased by 11.4 percentage points from 1992 to 2006. However, in 2006, the percentage of the California population served by community water systems who received optimally fluoridated was only 27.1%, third lowest among states. A 1995 state law required community water systems in California to implement fluoridation if state funds were provided to the community; however, implementation has been limited by engineering and funding constraints. In Idaho, the percentage receiving optimally fluoridated water declined by 17.0 percentage points from 1992 to 2006 because of reclassification from optimal to below optimal of a large community water system in Boise. In Louisiana, the percentage declined by 15.3 points during the same period, largely because of relocation of a substantial number of residents from areas with fluoridation to areas without fluoridation after Hurricane Katrina. In Maine, several local referenda were passed during 1996-2004, authorizing community water systems to fluoridate; as a result, 29 communities gained access to fluoridated water. The Maine percentage increased by 23.8 percentage points during 1992-2006.

The findings in this report are subject to at least three limitations. First, revision of estimated percentages for 2000 using original community water system populations without similar revision of 1992 percentages resulted in a slight underestimation of percentage-point changes among certain states from 1992 to 2006. Second, changes in percentages over time for some states resulted from improvements in the quality and accuracy of WFRS data collection and not from actual increases or decreases in the state population with optimal fluoridation. Finally, not all data came from WFRS; some states provided data from other sources, which might have reduced comparability of estimates among states.

Since its development during 1998–2000, WFRS has become a valuable tool for monitoring fluoridation programs, improving fluoridation data quality, and routinely reporting fluoridation status at national, state, and local levels. For 2006, 48 states and DC reported their data via WFRS. In 2002, CDC developed and launched two Internet-based systems to provide public access to water fluoridation information stored in WFRS. Oral Health Maps generates maps showing fluoridation percentages at state and county levels and provides summary data tables. My Water's Fluoride provides public access to fluoridation information for individual community water systems.** Currently, 36 states provide public access to water fluoridation information online via Oral Health Maps and My Water's Fluoride.

Attainment of the *Healthy People 2010* objective will require 1) recognition by policymakers and the public that dental caries remains an important public health problem and that fluoridation is an equitable and cost-effective method of addressing the problem, even in smaller populations where the per-capita cost of fluoridation is higher; 2) continuing science-based education of the public about the established safety of fluoridation; and 3) the political will to adopt new fluoridation systems in communities that are not served currently (10). To overcome the challenges facing fluoridation, public health professionals at the national, state, and local level will need to enhance their promotion of fluoridation and commit the necessary resources for equipment, personnel, and training.

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[¶] Available at http://apps.nccd.cdc.gov/gisdoh.

^{**} Available at http://apps.nccd.cdc.gov/mwf/index.asp.

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References

- US Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Available at http:// silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf.
- Truman BI, Gooch BF, Sulemana I, et al. Reviews of evidence on interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. Am J Prev Med 2002;23 (suppl 1):21–54.
- 3. Griffin SO, Jones K, Tomar SL. An economic evaluation of community water fluoridation. J Publ Health Dent 2001;61:78–86.
- CDC. Populations receiving optimally fluoridated public drinking water—United States, 2000. MMWR 2002;51:144–7.
- 5. US Department of Health and Human Services. Oral health; 21-9: increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. In: Healthy people 2010: understanding and improving health. 2nd ed. Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.healthypeople.gov/document/html/volume2/21oral.htm.
- US Census Bureau. Population, population change and estimated components of population change: April 1, 2000 to July 1, 2007. Washington, DC: US Census Bureau; 2007. Available at: http://www.census.gov/popest/datasets.html.
- 7. Crall JJ. Rethinking prevention. Pediatr Dent 2006;28:96–101;192–8.

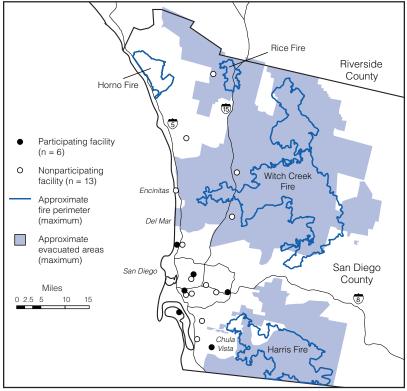
- 8. Griffin SO, Regnier E, Griffin PM, Huntley V. Effectiveness of fluoride in preventing caries in adults. J Dent Res 2007;86:410–5.
- CDC. Fact sheet on questions about bottled water and fluoride. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. Available at http://www.cdc.gov/fluoridation/fact_sheets/bottled_water.htm.
- CDC. Building capacity to fluoridate: literature review. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://www.cdc.gov/fluoridation/pdf/fluoride_campaign_lit_review.doc.

Monitoring Health Effects of Wildfires Using the BioSense System — San Diego County, California, October 2007

During October 21–26, 2007, wildfires consumed hundreds of thousands of acres and forced the evacuation of more than 300,000 persons in San Diego County, California (1). During large-scale emergencies, data are needed to assess health effects, plan response, and evaluate response adequacy (2). This report describes some of the health effects of the wildfires based on data from the CDC BioSense system, which receives emergency department (ED) patient chief complaint information and physician diagnosis codes from six hospitals in San Diego County. Analysis of these data indicated that ED visits for respiratory disease, especially those associated with dyspnea and asthma, increased during a 5-day fire period compared with the preceding 20 weekdays. For the six hospitals combined, visits for dyspnea increased from 48.6 to 72.6 per day, and visits with diagnoses of asthma increased from 21.7 to 40.4 per day. Local, state, and federal public health personnel should continue collaborative efforts to expand and monitor automated surveillance systems so that timely information is available during emergencies.

BioSense is a national system that enables receipt, analysis, and visualization of electronic health-care data for public health use (3). Data are available simultaneously to local, state, and federal public health officials and hospital personnel through BioSense, which can be accessed through the CDC Secure Data Network. Hospitals are included in the system based on their ability to supply appropriate electronic data and their willingness to participate. In October 2007, data were being received from EDs at 413 nonfederal hospitals in the United States, including six of the 19 hospitals in San Diego County. These six hospitals were located near but outside the fire and evacuation areas (Figure 1). Data received by BioSense included age, sex, free-text patient-reported chief complaints, and diagnosis codes (usually *International Classification of*

FIGURE 1. Hospitals participating and not participating in BioSense,* approximate fire perimeters, and approximate evacuated areas — San Diego County, California, October 20–29, 2007



^{*} BioSense is a national automated surveillance system operated by CDC that enables receipt, analysis, and visualization of electronic health-care data for public health use.

Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes). As part of standard procedure, diagnoses are assigned to one or more disease indicators, including 11 general syndromes (e.g., respiratory* and gastrointestinal) and 78 more specific subsyndromes (e.g., asthma and dyspnea), on the basis of reference tables (4,5). Free-text chief complaints are parsed automatically for specified keywords and assigned to these syndromes and subsyndromes. Median times from patient visit to receipt of ED data at CDC are 8 hours (interquartile range [IQR] = 0.8–20.8 hours) for chief complaints and 5 days (IQR = 1.5–8.5 days) for diagnosis codes. Once received at CDC, these data are processed and made available in BioSense within 2–3 hours. The daily count of

visits meeting the criteria for each disease indicator is displayed on time-series graphs and compared with the number expected based on a 7-day moving average. A modification of the Early Aberration Reporting System (EARS) C-2 algorithm (5,6) is used to determine statistical significance, which is expressed as a recurrence interval (i.e., the number of expected days between counts as high as those observed). For this report, single-day visit counts with a recurrence interval of \geq 100 days (analogous to $p\leq$ 0.01) were considered statistically significant.

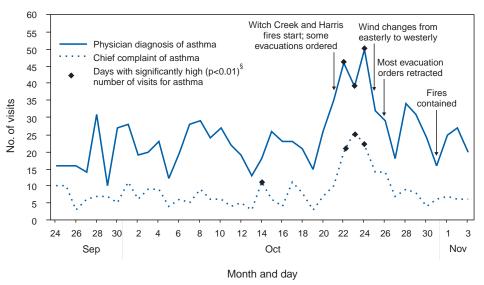
During October 22-30, 2007, CDC personnel monitored BioSense for evidence of health effects possibly related to the wildfires in San Diego County. These data were provided to applicable federal, state, and local public health officials and emergency managers each day. CDC personnel monitored for increases in respiratory disease, gastrointestinal diseases (multiple boil-water orders had been issued), burns, and cardiac dysrhythmias (which have been associated with carbon monoxide and cyanide toxicity from smoke inhalation). Because increased activity was found primarily for respiratory diseases, data in this report are limited to the respiratory syndrome and five respiratory subsyndromes (asthma, bronchitis, chest pain, cough, and dyspnea).

The fire period was defined as October 22–26, 2007. First, BioSense was examined for evidence of single-day increases in the daily count of visits with selected disease indicators among ED patients during the fire period. Next, pooled visit counts from the 5-day fire period were compared with a 20-day pre-fire period. Because the fire period included only weekdays, and because the average number of ED visits differed on weekdays compared with weekends, the 20 week-days during September 24–October 19 were used as the pre-fire period. For the pooled data, the number of visits for a given indicator per hospital per day (normalized by dividing by the mean number of visits for the indicator per day for the hospital during both periods combined) in the pre-fire versus fire period were compared by using the nonparametric Kruskal-Wallis test.

Visits for and diagnoses of asthma increased on October 22, the day after the wildfire started, were significantly high for 3 days (October 22–24), and declined on October 25 after a change in wind speed and direction improved conditions (Figure 2). Asthma chief complaints also were significantly high on 1 day (October 14) during the pre-fire period. Peak asthma chief complaint and diagnosis visit counts were higher during the fire period than they had been in >6 months. Data

^{*} Syndrome definitions were created by a multi-agency working group to assist in ICD-9-CM code-based surveillance for bioterrorism-associated diseases (definitions available at http://www.bt.cdc.gov/surveillance/syndromedef/word/syndromedefinitions.doc). The respiratory syndrome includes codes for the following: acute infection of the upper and/or lower respiratory tract (from the oropharynx to the lungs; includes otitis media); specific diagnosis of acute respiratory tract infection, such as pneumonia attributed to parainfluenza virus; acute nonspecific diagnosis of respiratory tract infection, such as sinusitis, pharyngitis, and laryngitis; and acute nonspecific symptoms of respiratory tract infection, such as cough, stridor, shortness of breath, and throat pain.

FIGURE 2. Number of emergency department visits, by chief complaint* and diagnosis† of asthma — six hospitals, San Diego, California, September 22–November 17, 2007



^{*}Free-text chief complaints are parsed for specified keywords and assigned to syndromes and _subsyndromes.

from individual hospitals indicated that asthma chief complaints and diagnosis visit counts were each high on at least 1 day during the fire period at four of the six hospitals.

Analysis of pooled chief complaint visit counts indicated that the mean number of ED visits per day was 653.0 during the pre-fire period, compared with 680.8 during the fire period (p=0.2). Comparison of chief complaint visit counts in the pre-fire versus fire periods showed significant increases for the respiratory syndrome (from 134.1 to 163.2 mean visits per day; 29.2 excess visits per day), asthma (12.4 excess visits per day), and dyspnea (24.1 excess visits per day) (Table). Comparison of diagnosis codes during the pre-fire versus fire periods showed increases in visits for the respiratory syndrome, asthma, and dyspnea, with 30.3, 18.7, and 7.3 excess visits per day, respectively.

TABLE. Number of emergency department visits for selected respiratory disease indicators — six hospitals, San Diego, California, September 24–October 26, 2007

	Pre-fire	period*	Fire p	eriod [†]	Excess no. of	
Disease indicator	No. of visits	Mean per day	No. of visits	Mean per day	visits per day§	p-value¶
Chief complaint**						
Respiratory syndrome††	2,681	134.1	816	163.2	29.2	< 0.001
Asthma	136	6.8	96	19.2	12.4	< 0.001
Bronchitis	8	0.4	4	0.8	0.4	0.2
Chest pain	1,240	62.0	302	60.4	-1.6	0.4
Cough	314	15.7	73	14.6	-1.1	0.5
Dyspnea	971	48.6	363	72.6	24.1	< 0.001
Diagnosis codes ^{§§}						
Respiratory syndrome	2,355	117.8	740	148.0	30.3	< 0.001
Asthma	434	21.7	202	40.4	18.7	0.001
Bronchitis	247	12.4	82	16.4	4.1	0.3
Chest pain	904	45.2	223	44.6	-0.6	0.9
Cough	175	8.8	42	8.4	-0.4	0.9
Dyspnea	326	16.3	118	23.6	7.3	< 0.001

^{*} Pre-fire period includes the 20 weekdays during September 24–October 19, 2007.

Based on International Classification of Diseases, Ninth Revision, Clinical Modification code 493 (asthma).

Statistical significance determined using a modification of the Early Aberration Reporting System (EARS) C-2 algorithm.

[†] Fire period includes October 22–26, 2007.

[§] Mean number of visits during fire period minus mean number of visits during pre-fire period.

[¶] Kruskal-Wallis test.

^{**} Free-text chief complaints are parsed for specified keywords and assigned to syndromes and subsyndromes.

The Syndrome definitions were created by a multi-agency working group to assist in *International Classification of Diseases*, *Ninth Revision*, *Clinical Modification* (ICD-9-CM) code-based surveillance for bioterrorism-associated diseases (definitions available at http://www.bt.cdc.gov/surveillance/syndromedef/word/syndromedefinitions.doc). The respiratory syndrome includes codes for the following: acute infection of the upper and/or lower respiratory tract (from the oropharynx to the lungs; includes otitis media); specific diagnosis of acute respiratory tract infection, such as pneumonia attributed to parainfluenza virus; acute nonspecific diagnosis of respiratory tract infection, such as cough, stridor, shortness of breath, and throat pain.

^{§§} ICD-9-CM codes included in the respiratory syndrome available at http://www.bt.cdc.gov/surveillance/syndromedef/word/syndromedefinitions.doc. Other codes are as follows: asthma, 493; bronchitis, 466 and 490; chest pain, 786.5; cough, 786.2; and dyspnea, 786.0.

Reported by: M Ginsberg, J Johnson, San Diego County Health and Human Svcs Agency. J Tokars, C Martin, R English, G Rainisch, W Lei, P Hicks, J Burkholder, M Miller, K Crosby, K Akaka, Div of Emergency Preparedness and Response, National Center for Public Health Informatics; A Stock, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; D Sugerman, EIS Officer, CDC.

Editorial Note: Community smoke exposures resulting from wildfires have been associated with increased ED and hospital admissions for chronic obstructive pulmonary disease, bronchitis, asthma, and chest pain (7-9). Therefore, CDC recommends that persons with asthma take precautions to minimize exposure to wildfire smoke (10). In the San Diego County wildfires of October 2007, substantial numbers of adverse health effects likely were avoided by timely evacuation orders (implemented with an emergency telephone notification system and follow-up visits by law enforcement personnel to ensure compliance), school closures, health communications, and other measures implemented by local authorities. On October 25, a decrease in wind speed allowed containment of the fires, and a change in wind direction blew smoke away from populated areas. Nevertheless, this analysis indicated increased ED visits for respiratory indicators, especially asthma, in a subset of San Diego hospitals.

Postdisaster health surveillance often is implemented on an ad hoc basis, sometimes employing inconsistent methods and event definitions (2). If available in the affected area, existing electronic biosurveillance systems can provide data immediately (i.e., without the delay experienced when an ad hoc system is initiated) and provide data from the predisaster period for comparison.

The findings in this report are subject to at least two limitations. First, whether the six nonfederal San Diego County hospitals that participate in BioSense are representative of other area hospitals is uncertain. Second, misclassifications might have occurred because of limitations of patient-reported chief complaints, which are subjective, and diagnosis codes, which have well-recognized limitations. Moreover, the same patient might have made more than one visit on different days, and the same visit might have been classified as showing more than one disease indicator (e.g., a visit with a chief complaint of "asthma and shortness of breath" would have been included in both the asthma and dyspnea categories, but counts from these two categories were analyzed separately and not added together).

BioSense is undergoing several changes that will expand its population coverage, provide greater access to additional data types (e.g., microbiology laboratory data), increase capabilities for collaboration with state and local health departments, and upgrade its technical capabilities. A current strength is the ability to provide simple measures of illnesses, such as asthma associated with wildfires, which can be derived from chief complaints or diagnoses and affect large populations. The same data streams can be used to monitor infections, injuries, and chronic diseases; conduct routine surveillance (e.g., for seasonal influenza); and monitor adverse health effects during large gatherings (e.g., the World Series) and during disasters. These systems can be valuable to state and local officials who are primarily responsible for emergency response and disaster management. Especially when an incident involves multiple jurisdictions, having an aggregate, centralized view of real-time data analyzed and presented with consistent methods can be useful to assess health effects, evaluate response adequacy, and determine whether additional action is required.

References

- County of San Diego. 2007 San Diego County firestorms after action report. San Diego, CA: County of San Diego, Office of Emergency Services; 2007. Available at http://www.sdcounty.ca.gov/oes/docs/ 2007_SanDiego_Fire_AAR_Main_Document_FINAL.pdf.
- CDC. Morbidity surveillance after Hurricane Katrina—Arkansas, Louisiana, Mississippi, and Texas, September 2005. MMWR 2006;55:727–31.
- CDC. BioSense—a national initiative for early detection and quantification of public health emergencies. MMWR 2004;53(Suppl):53–5.
- 4. CDC. Syndrome definitions for diseases associated with critical bioterrorism-associated agents, October 23, 2003. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://www.bt.cdc.gov/surveillance/syndromedef/word/syndromedefinitions.doc.
- CDC. BioSense real-time hospital data user guide, application version 2.08. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/biosense/files/ cdc_biosense_biosense_hospital_data_user_guide_v2.11.doc.
- Hutwagner L, Thompson W, Seeman GM, Treadwell T. The bioterrorism preparedness and response Early Aberration Reporting System (EARS). J Urban Hlth 2003;80(2 Suppl 1):i89–96.
- 7. Sutherland ER, Make BJ, Vedal S, et al. Wildfire smoke and respiratory symptoms in patients with chronic obstructive pulmonary disease. J Allergy Clin Immunol 2005;115:420–2.
- 8. CDC. Surveillance of morbidity during wildfires—central Florida, 1998. MMWR 1999;48:78–9.
- 9. CDC. Leveraging syndromic surveillance during the San Diego wildfires, 2003. MMWR 2005;54(Suppl):190.
- CDC. Wildfires fact sheet. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.bt.cdc.gov/ disasters/wildfires/facts.asp.

Disparities in Secondhand Smoke Exposure — United States, 1988–1994 and 1999–2004

No level of exposure to secondhand smoke (SHS) is safe (1). Breathing SHS can cause heart disease and lung cancer in nonsmoking adults and increases the risk for sudden infant

death syndrome, acute respiratory infections, middle-ear disease, and exacerbation of asthma in children (1-3). In the United States, exposure to SHS declined approximately 70% from the late 1980s through 2002, most likely reflecting widespread implementation of laws and policies prohibiting smoking in indoor workplaces and public places during this period (1,4). Although the major sources of SHS exposure for nonsmoking adults are the home and workplace, the primary source of SHS exposure for children is the home (1); therefore, eliminating smoking in workplaces and public places is less likely to reduce children's exposure to SHS. This report examines changes in the prevalence of self-reported SHS exposure at home and changes in any exposure, as measured by serum cotinine (a biologic indicator of SHS exposure), in nonsmoking children, adolescents, and adults. The analysis was conducted using data from the 1988-1994 and 1999-2004 National Health and Nutrition Examination Surveys (NHANES). The results indicated that self-reported SHS exposure at home and SHS exposure as measured by serum cotinine declined significantly (i.e., by 51.2% and 44.7%, respectively) in the U.S. population from 1988-1994 to 1999-2004; however, the decline was smaller for persons aged 4–11 years and 12-19 years. These results underscore the need to continue surveillance of SHS exposure and to focus on strategies to reduce children's SHS exposure.

NHANES consists of a series of cross-sectional surveys designed to monitor the health and nutritional status of the U.S. civilian, noninstitutionalized population. Participants were selected through a complex, multistage probability design and completed a household interview and standardized physical examination in specially equipped mobile examination centers. Subgroups of the population, including blacks and Mexican Americans, were oversampled to provide reliable estimates for these groups. For persons aged ≥ 4 years in 1988–1994 and aged ≥ 3 years in 1999–2004, blood was collected by venipuncture and serum cotinine levels were measured in blood samples using a high performance liquid chromatography mass spectrometry method at CDC. Serum cotinine levels indicate exposure to nicotine during the past 3–4 days (4).

The study sample was limited to nonsmokers aged ≥ 4 years. Nonsmokers were defined as respondents with serum cotinine ≤ 10 ng/mL. Respondents aged ≥ 12 years were excluded if, at the examination, they reported tobacco or nicotine use during the past 5 days. Serum cotinine measures were available for 83.7% (N = 22,377) of examined persons aged ≥ 4 years in 1988–1994 and for 89.9% (N = 22,994) in 1999–2004.

The final sample size for nonsmokers was 17,261 in 1988–1994 and 17,931 in 1999–2004. Exposure to SHS in nonsmokers was defined as a detectable serum cotinine level of

≥0.05 ng/mL (i.e., the laboratory limit of detection during 1988–1994 and 1999–2000). Serum cotinine was not used as a continuous variable because approximately 50% of results were below the laboratory limit of detection in the study population during 1999–2000. Exposure to SHS inside the home was defined as the presence of at least one household member who smoked cigarettes inside the home.*

The percentage of persons with self-reported home SHS exposure, the percentage with detectable serum cotinine, stratified by age group (4–11 years, 12–19 years, and ≥20 years), race/ethnicity (non-Hispanic white, non-Hispanic black, and Mexican American), and other demographic characteristics were calculated. Data analyses accounted for the complex survey design, differential probabilities of sample selection, nonresponse, and sample noncoverage. Differences between population subgroups and between periods were evaluated using a univariate t-statistic. All significance tests were two-sided using p<0.05 as the level of statistical significance.

The percentage of the U.S. nonsmoking population aged ≥4 years with self-reported home SHS exposure declined from 20.9% in 1988–1994 to 10.2% in 1999–2004 (Table). Similarly, the percentage of the nonsmoking population with detectable serum cotinine declined significantly, from 83.9% in 1988–1994 to 46.4% in 1999–2004. The decline was statistically significant within all subgroups of the study population for both measures of exposure.

The percentage of nonsmokers with detectable serum cotinine was uniformly high for all age groups during 1988–1994. The percentage decreased for all age groups during 1999–2004, and remained highest for those aged 4–11 years (60.5%) and those aged 12–19 years (55.4%) compared with those aged ≥20 years (42.2%). The decline in the prevalence of detectable serum cotinine was 28.1% for those aged 4–11 years, 35.1% for those aged 12–19 years, and 49.5% for those aged ≥20 years.

During 1988–1994, non-Hispanic blacks were more likely than non-Hispanic whites and Mexican Americans to have detectable serum cotinine (93.7%, 83.2%, and 77.7%, respectively). However, by 1999–2004, the gap had increased between non-Hispanic blacks with detectable serum cotinine (70.5%) and non-Hispanic whites (43.0%) and Mexican Americans (40.0%). The percentage of nonsmokers with detectable serum cotinine was inversely associated with family income in both periods, and the decline over time was smaller

^{*} As determined by responses to questions in NHANES 1988–1994 ("Does anyone who lives here smoke cigarettes in the home?") and NHANES 1999–2004 ("Does anyone who lives here smoke cigarettes, cigars, or pipes anywhere inside this home?" and for each household member who smokes: "How many cigarettes per day do you/does [PERSON] usually smoke anywhere inside the home?").

TABLE. Percentage of nonsmoking persons* who had home exposure to secondhand smoke[†] and who had detectable serum cotinine levels (≥0.05 ng/mL) — National Health and Nutrition Examination Survey (NHANES), United States, 1988–1994 and 1999–2004[§]

	Samp	ole size		Н	ome ex	posure		Detectable serum cotinine					
	NHA	ANES		HANES	1	HANES		N	HANES	N	HANES	-	
	1988–	1999–	19	988–1994	19	999–2004	Decrease	19	88–1994	19	99–2004	Decrease	
Characteristic	1994	2004	%	(95% CI ¹)	%	(95% CI)	(%)	%	(95% CI)	%	(95% CI)	(%)	
Total	17,261	17,931	20.9	(19.1–22.8)	10.2	(9.2–11.2)	51.2	83.9	(81.4-86.2)	46.4	(43.0-50.0)	44.7	
Sex													
Male	7,734	8,203	21.0	(19.0-23.3)	10.5	(9.5-11.5)	50.0	87.1	(84.8–89.1) [¶]	51.2	(47.4–54.9) [¶]	41.2	
Female	9,527	9,728	20.8	(18.7–23.1)	10.0	(8.9–11.2)	51.9	81.3	(78.1–84.1)¶	42.5	(39.1–46.0)¶	47.7	
Age group (yrs)													
4–11	3,926	3,395	38.2	(34.4-42.2)**	23.8	(20.7-27.2)**	37.7	84.5	(81.0-87.5)	60.5	(55.7-65.2)**	28.1	
12-19	2,508	5,127	35.4	(31.8-39.2)**	19.5	(17.2-22.0)**	44.9	85.4	(81.3-88.7)	55.4	(50.6-60.0)**	35.1	
≥20 (referent)	10,827	9,409	14.7	(13.2-16.4)	5.9	(5.3-6.7)	59.8	83.5	(80.8-85.9)	42.2	(38.7 - 45.7)	49.5	
Race/Ethnicity ^{††}													
Mexican American	5,595	5,415	21.9	(19.1-25.0)**	6.8	(5.4-8.6)**	68.5	77.7	(72.7-82.1)**	40.0	(35.1-45.1)	48.5	
White, non-Hispanic													
(referent)	6,171	6,860	18.6	(16.3-21.1)	9.8	(8.6-11.2)	47.3	83.2	(80.3-85.7)	43.0	(38.8-47.3)	48.3	
Black, non-Hispanic	4,710	4,206	30.7	(28.2-33.3)**	15.4	(13.7-17.2)**	49.8	93.7	(92.1-95.0)**	70.5	(67.0-73.7)**	24.8	
PIR ^{§§}													
0-1.3 (referent)	5,911	5,841	31.5	(27.8-35.5)	17.9	(15.2-21.0)	43.2	87.6	(84.6-90.0)	62.7	(57.2-67.8)	28.4	
1.3-3.0	5,671	5,274	22.7	(20.0-25.7)**	11.7	(10.3-13.4)**	48.4	84.0	(80.8-86.8)	48.7	(44.6-53.0)**	42.0	
>3.0	4,143	5,582	14.0	(11.7-16.6)**	5.9	(5.1-7.0)**	57.9	81.8	(78.2-84.3)**	37.4	(34.0-41.0)**	54.3	

- * Respondents with serum cotinine ≤10 ng/mL, and for respondents aged ≥12 years, those who at the time of venipuncture reported no tobacco or nicotine product use in the
- [†] The presence of at least one household member who smokes in the home.
- § The differences between 1988–1994 and 1999–2004 in the percentage with home exposure to tobacco smoke and the percentage with detectable serum cotinine levels were statistically significant for the total population and all population subgroups shown in the table.
- ¶ Confidence interval.
- ** p<0.05, by t-test for difference from referent.
- †† Estimates for persons of other racial/ethnic groups are not included here but are included in all other estimates in the table.
- §§ Poverty income ratio, defined as the ratio of family income to the U.S. Census Bureau poverty threshold accounting for family size; it was classified as low income (≤1.3), middle income (1.3–3.0), and high income (>3.0).

for the lowest income group compared with the higher income groups.

Although the percentage decrease in home SHS exposure from 1988–1994 to 1999–2004 was seen for persons of all ages, it was smaller in children, especially those aged 4–11 years, compared with those aged ≥20 years. For SHS exposure in the home, the declines were 37.7%, 44.9%, and 59.8% among those aged 4–11 years, 12–19 years, and ≥20 years, respectively.

During both periods, prevalence of SHS exposure in the home was highest among non-Hispanic blacks and for persons with lower incomes. For both periods, self-reported home SHS exposure was not significantly different in males than in females, but a higher percentage of males had detectable serum cotinine than did females.

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Editorial Note: This report assesses changes in exposure to SHS among nonsmokers from self-reported information about cigarette smoke exposure in the home and by serum cotinine levels. Based on both measures, SHS exposure decreased markedly from 1988–1994 to 1999–2004 for the total U.S. population and major population subgroups. However, despite the decreases in SHS exposure, 46.4% of U.S. nonsmokers still had detectable levels of serum cotinine during 1999–2004,

indicating that SHS exposure remains an important public health problem.

Documented reductions in SHS exposure since the late 1980s have been attributed to widespread implementation of laws and policies restricting or eliminating exposure in workplaces and public places during this period (4,5). Additionally, the prevalence of cigarette smoking has decreased during this period, from 28% in 1988 to 21% in 2004 (6), which likely reduced SHS exposure, particularly in the home.

A recent study reported that the proportion of households that have rules against smoking in the home has increased since the early 1990s, from 43% in 1992–1993 to 72% in 2003 (7). That parallels the decline in the prevalence of SHS exposure in the home reported in this study. However, a higher prevalence of SHS exposure was still evident in the groups aged 4–11 years and 12–19 years compared with the group aged \geq 20 years during 1999–2004, a pattern that has been noted previously (4). Additionally, the disparity in exposure between those aged 4–11 years and 12–19 years compared with those aged \geq 20 years has widened since the early 1990s. The major source of SHS exposure for those aged 4–11 years is from parental smoking in the home (8).

This analysis determined that the decrease in home SHS exposure from 1988–1994 to 1999–2004 was similar for non-Hispanic blacks and non-Hispanic whites. For SHS exposure as measured by serum cotinine, however, the relative decline

was nearly twice as large for non-Hispanic whites compared with non-Hispanic blacks. Previous studies have noted that non-Hispanic blacks have higher serum cotinine levels than non-Hispanic whites, both for smokers and nonsmokers, and that differences in nicotine metabolism might partially explain this disparity (4). At least one study that assessed multiple sources of SHS exposure reported that among nonsmokers, non-Hispanic blacks had higher levels of SHS exposure than other groups, which explained the higher serum cotinine levels in non-Hispanic blacks (9). Information about other sources of exposure to SHS is needed to interpret the disparity between non-Hispanic whites and non-Hispanic blacks in the percentage with detectable serum cotinine in the NHANES surveys.

The findings in this report are subject to at least three limitations. First, the assessment of self-reported home SHS exposure is based only on information about household members who smoke inside the home. Information about smoking inside the home by visitors was not collected. Second, information is not available about potential SHS exposure in locations outside of the home, including automobiles, workplaces, public places, and other homes. Information about smoker behaviors to protect nonsmokers from SHS exposure in the home also was not obtained. Finally, measurement of serum cotinine levels in nonsmokers only provides a measure of overall SHS exposure, regardless of the sources of exposure.

The U.S. Surgeon General has concluded that protecting nonsmokers from SHS exposure can only be accomplished by completely eliminating smoking in indoor places (1). SHS exposure among nonsmokers has declined markedly during the past 2 decades, largely through implementation of laws and policies that prohibit smoking in workplaces and public places (4,6). Despite this success in reducing SHS exposure, the results of this study underscore the need for ongoing prevention efforts to reduce SHS exposure with strategies that focus on protection for those at greatest risk (10).

References

- 1. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.
- California Environmental Protection Agency. Proposed identification
 of environmental tobacco smoke as a toxic air contaminant. Sacramento, CA: Office of Environmental Health Hazard Assessment; 2005.
 Available at http://www.arb.ca.gov/regact/ets2006/ets2006.htm.
- World Health Organization International Agency for Research on Cancer. Monographs on the evaluation of carcinogenic risks to humans. Volume 83: tobacco smoke and involuntary smoking. Lyon, France: IARC Press; 2004.
- 4. Pirkle JL, Bernert JT, Caudill SP, Sosnoff CS, Pechacek TF. Trends in the exposure of nonsmokers in the U.S. population to secondhand smoke. Environ Health Perspect 2006;114:853–8.
- Pickett MS, Schober SE, Brody DJ, Curtin LR, Giovino GA. Smokefree laws and secondhand smoke exposure in US non-smoking adults, 1999–2002. Tob Control 2006;15:302–7.
- National Center for Health Statistics. Health, United States, 2006. With chartbook on trends in the health of Americans. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2006. Available at http://www.cdc.gov/nchs/data/hus/hus06.pdf.
- CDC. State-specific prevalence of smoke-free home rules—United States, 1992–2003. MMWR 2007;56:501–4.
- 8. Jarvis MJ, Goddard E, Higgins V, Feyerabend C, Bryant A, Cook DG. Children's exposure to passive smoking in England since the 1980s: cotinine evidence from population surveys. BMJ 2000;321:343–5.
- Wagenknecht LE, Manolio TA, Sidney S, Burke GL, Haley NJ. Environmental tobacco smoke exposure as determined by cotinine in black and white young adults: the CARDIA study. Environ Res 1993;63: 39–46.
- CDC. Best practices for comprehensive tobacco control programs— 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/tobacco/tobacco_ control_programs/stateandcommunity/best_practices.

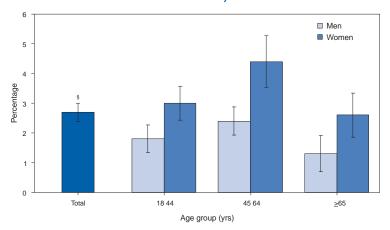
Errata: Vol. 57, No. SS-5

In the MMWR Surveillance Summary (Vol. 57, No. SS-5), "Malaria Surveillance — United States, 2006," errors occurred in Figure 2 on page 35. The title for the figure should read, "Number of imported malaria cases and estimated relative case rates* among U.S. **residents**, by country of acquisition — United States, 2006," and the fourth sentence of the footnote should read, "The number of cases of malaria among U.S. **resident** travelers attributable to each country is displayed next to the country name in parentheses."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults With Symptoms of Serious Psychological Distress,* by Age Group and Sex — National Health Interview Survey,
United States, 2007[†]



- * Results are based on responses to the questions "During the past 30 days, how often did you feel 1) so sad that nothing could cheer you up, 2) nervous, 3) restless or fidgety, 4) hopeless, 5) that everything was an effort, or 6) worthless?" Response codes for the six items for each person were summed to yield a point value on a 0–24-point scale. A value of 13 or more was used to define serious psychological distress.
- [†] Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
- § 95% confidence interval.

In 2007, among all adults \geq 18 years, women were significantly more likely than men to have experienced symptoms of serious psychological distress during the past 30 days. By age group, adults aged 45–64 years were more likely than adults aged \geq 65 years to have experienced these symptoms. Overall, approximately 3% of the U.S. adult population had experienced symptoms of serious psychological distress during the past 30 days.

SOURCE: Heyman KM, Schiller JS, Barnes P. Early release of selected estimates based on data from the 2007 National Health Interview Survey. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2008. Available at http://www.cdc.gov/nchs/about/major/nhis/released200806.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 5, 2008 (27th Week)*

	Current	Cum	5-year weekly	Total o	cases rep	orted for	previou	s years	
Disease	Current week	Cum 2008	weekiy average [†]	2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Anthrax				1	1				, ,
Botulism:									
foodborne	_	4	0	32	20	19	16	20	
infant	_	33	2	85	97	85	87	76	
other (wound & unspecified)	_	6	1	27	48	31	30	33	
Brucellosis	_	39	2	130	121	120	114	104	
Chancroid	_	23	1	23	33	17	30	54	
Cholera	_	_	0	7	9	8	6	2	
Cyclosporiasis§	8	53	9	92	137	543	160	75	NY (1), FL (7)
Diphtheria	_	_	_	_	_	_	_	1	
Domestic arboviral diseases§.¶:									
California serogroup	_	_	4	53	67	80	112	108	
eastern equine	_	_	0	4	8	21	6	14	
Powassan	_	_	0	7	1	1	1	_	
St. Louis	_	_	0	9	10	13	12	41	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	3	101	17	828	578	506	338	321	MD (2), FL (1)
Ehrlichia ewingii	_	_	_	_	_	_	_	_	
Anaplasma phagocytophilum	1	37	23	834	646	786	537	362	FL (1)
undetermined	1	3	9	337	231	112	59	44	TN (1)
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	_	17	0	23	29	9	19	32	
nonserotype b	_	92	3	197	175	135	135	117	
unknown serotype	2	119	3	181	179	217	177	227	NC (1), WA (1)
Hansen disease§	2	35	2	101	66	87	105	95	CA (2)
Hantavirus pulmonary syndrome§	_	7	1	32	40	26	24	26	- ()
Hemolytic uremic syndrome, postdiarrheal§	3	62	6	292	288	221	200	178	OK (1), ID (2)
Hepatitis C viral, acute	14	367	16	849	766	652	720	1,102	NC (4), FL (7), TN (2), CA (1)
HIV infection, pediatric (age <13 yrs)§§	_	_	4	_	_	380	436	504	
Influenza-associated pediatric mortality ^{§,¶¶}	_	86	1	77	43	45	_	N	
Listeriosis	7	246	19	808	884	896	753	696	NY (1), VA (1), NC (1), FL (2), WA (1), CA (1)
Measles***	_	113	2	43	55	66	37	56	
Meningococcal disease, invasive†††:									
A, Č, Y, & W-135	2	158	4	323	318	297	_	_	FL (1), WA (1)
serogroup B	_	88	4	166	193	156	_	_	
other serogroup	_	19	0	34	32	27	_	_	
unknown serogroup	4	366	11	553	651	765	_	_	NC (1), FL (1), WA (1), OR (1)
Mumps	1	239	17	799	6,584	314	258	231	WA (1)
Novel influenza A virus infections	_	_	_	1	N	N	N	N	
Plague	_	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	_	_	_	_	_	1	_	_	
Poliovirus infection, nonparalytic§	_	_	_	_	N	N	N	N	
Psittacosis§	_	4	0	12	21	16	12	12	
Q fever ^{§,§§§} total:	_	46	3	171	169	136	70	71	
acute	_	42	_	_	_	_	_	_	
chronic	_	4	_	_	_	_	_	_	
Rabies, human	_	_	0	1	3	2	7	2	
Rubella	_	7	0	12	11	11	10	7	
Rubella, congenital syndrome	_	_	_	_	1	1	_	1	
SARS-CoV ^{§,****}	_	_	_	_	_	_	_	8	

- —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
 - Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 2003, 2004, 2005, and 2006 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.

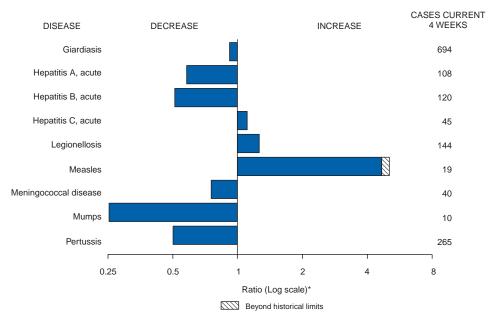
 § Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
 - 1 Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
- ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to E. chaffeensis); Ehrlichiosis, human granulocytic (analogous to Anaplasma phagocytophilum), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of E. ewingii). †† 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. 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.
- The Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Eighty-four cases occurring during the 2007-08 influenza season have been reported.
- No measles cases were reported for the current week.
- ††† Data for meningococcal disease (all serogroups) are available in Table II.
- §§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
- ¶¶¶ 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.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 5, 2008 (27th Week)*

	Current	Cum	5-year weekly	Total o	ases rep	orted for	previou	s years	
Disease	week	2008	average [†]	2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Smallpox§	_		_	_	_		_	_	
Streptococcal toxic-shock syndrome§	1	82	2	132	125	129	132	161	CT (1)
Syphilis, congenital (age <1 yr)	_	93	8	428	349	329	353	413	
Tetanus	_	3	1	27	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	_	31	2	92	101	90	95	133	
Trichinellosis	_	4	0	5	15	16	5	6	
Tularemia	1	26	6	137	95	154	134	129	TN (1)
Typhoid fever	3	177	7	433	353	324	322	356	MD (1), WA (1), CA (1)
Vancomycin-intermediate Staphylococcus au	ıreus§ —	4	0	28	6	2	_	N	
Vancomycin-resistant Staphylococcus aureus	s§ —	_	_	2	1	3	1	N	
Vibriosis (noncholera Vibrio species infection	ıs)§ 6	95	4	445	N	N	N	N	MD (1), VA (1), GA (1), FL (3)
Yellow fever	_	_	_	_	_	_	_	_	

^{-:} No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 5, 2008, 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.

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^{*} Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 2003, 2004, 2005, and 2006 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 and 2008 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.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 5, 2008, and July 7, 2007 (27th Week)*

(27th Week)*				Coccid	ioidomy	cosis		Cryptosporidiosis							
	Current		vious veeks	C	C	Current		vious	Cum		Current		vious veeks	C	C
Reporting area	Current week	Med	Max	Cum 2008	Cum 2007	week	Med	weeks Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007
United States	9,129	21,437	28,892	532,530	556,072	67	126	341	3,337	4,025	40	83	975	1,757	1,660
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	536 232 39 244 1 — 20	682 206 48 313 39 58 17	1,516 1,093 67 660 73 98 36	17,860 5,007 1,292 8,875 1,018 1,445 223	17,735 5,178 1,330 8,112 1,019 1,567 529	N N N N N N N N N N N N N N N N N N	0 0 0 0 0 0	1 0 0 0 1 0	1 N N N 1 —	2 N N N 2 —	1 - - - - 1	5 0 1 2 1 0 1	17 15 5 11 4 3 4	113 15 12 31 27 4 24	133 42 14 40 18 5
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1,878 170 406 1,012 290	2,774 406 561 987 800	4,974 524 2,177 3,147 1,031	74,927 9,949 13,947 29,958 21,073	72,772 11,086 13,191 26,006 22,489	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	11 5 6	12 0 5 2 6	120 8 20 8 103	239 10 77 38 114	200 11 59 35 95
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	670 — 268 402 —	3,474 1,000 384 754 868 378	4,373 1,711 656 1,223 1,530 615	83,796 20,649 10,580 23,012 20,596 8,959	92,682 26,540 10,986 19,857 25,218 10,081	N N — — N	1 0 0 0 0	3 0 0 2 1 0	21 N N 14 7 N	16 N N 12 4 N	2 — 2 —	22 2 2 4 6 6	134 13 41 11 60 60	418 36 69 85 113 115	374 45 26 74 89 140
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	475 — 159 — 208 19 45 44	1,228 163 163 263 468 93 33 53	1,693 251 529 373 576 247 65 81	32,420 4,249 4,716 6,338 12,360 2,426 900 1,431	31,977 4,412 4,129 6,850 11,784 2,648 889 1,265	N N N N N N N N N N N N N N N N N	0 0 0 0 0 0	77 0 0 77 1 0 0		6 N N 6 N N N	8 1 — 5 2 —	18 4 1 5 3 2 0 1	125 61 15 34 14 24 51	309 66 20 81 73 45 2	247 53 32 47 45 17 1 52
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	2,547 58 — 966 4 348 163 614 391 3	3,966 65 117 1,304 636 469 215 463 508	7,609 150 202 1,557 1,338 683 4,783 3,070 1,062 96	97,749 1,913 3,041 35,110 4,699 11,602 10,305 14,000 15,558 1,521	107,760 1,744 3,048 26,701 21,280 10,522 15,571 14,244 13,023 1,627	 z z z z z z z z z z z z z z z z z	0 0 0 0 0 0 0	1 0 1 0 0 1 0 0 0	2 — N N 2 N N N N	2 	12 — 5 — 4 3 —	19 0 0 8 4 0 0 1 1	65 4 2 35 14 3 18 15 6 5	354 7 3 160 105 11 15 22 24 7	374 3 1 165 83 13 43 29 33 4
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	1,039 27 232 369 411	1,538 479 223 343 515	2,394 605 361 1,048 715	40,947 11,495 5,738 9,777 13,937	42,530 12,951 4,015 11,180 14,384	N N N N	0 0 0 0	0 0 0 0	N N N	N N N N	2 - 2 -	4 1 1 1	64 14 40 11 18	54 18 12 6 18	73 24 22 13 14
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	310 190 — 120	2,715 236 376 235 1,809	4,426 455 851 416 3,923	71,435 7,246 7,909 5,968 50,312	60,832 4,558 9,595 6,403 40,276	N N N N	0 0 0 0	1 0 1 0 0	1 N 1 N N	1 N 1 N N	1 1 — —	6 1 0 1 3	37 8 4 11 28	71 14 4 20 33	93 13 27 15 38
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	438 50 37 111 13 144 — 83	1,385 475 299 55 49 184 138 115	1,836 679 488 233 363 416 561 209 34	30,167 10,701 5,135 1,685 1,496 4,970 3,252 2,917	38,010 12,498 9,062 1,929 1,451 4,877 4,832 2,722 639	48 48 N N N	90 88 0 0 1 0 0	170 168 0 0 7 3 7	2,325 2,275 N N N 32 13 4	2,492 2,412 N N N 35 16 29	3 1 - - - 2 -	10 1 2 2 1 0 2 1	567 4 26 71 7 6 9 484 8	164 21 38 29 21 6 25 16 8	125 21 35 7 11 5 35 3
Pacific Alaska California Hawaii Oregon [§] Washington	1,236 54 974 1 207	3,363 94 2,806 110 181 139	4,676 129 4,115 152 402 498	83,229 2,357 72,739 2,812 5,208 113	91,774 2,512 71,373 2,949 4,930 10,010	19 N 19 N N	29 0 29 0 0	217 0 217 0 0 0	987 N 987 N N	1,506 N 1,506 N N	_ _ _ _	2 0 0 0 2 0	20 2 0 4 16 0	35 1 — 1 33 —	41 1 — 40
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	 116 	0 11 116 7	22 — 26 612 21	70 — 102 3,665 292	73 — 448 3,997 103	N — N —	0 0 0 0	0 0 0 0	N — N —	N — N	N — N —	0 0 0 0	0 0 0 0	N — N —	N — N —

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 2007 and 2008 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*.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 5, 2008, and July 7, 2007

				G	onorrhe	a		Hae		s influen s, all ser	<i>zae</i> , invas otypes†	sive			
			vious					evious					vious		
Reporting area	Current week	Med	eeks Max	Cum 2008	Cum 2007	Current week	Med	weeks Max	Cum 2008	Cum 2007	Current week	Med	veeks Max	Cum 2008	Cum 2007
United States	136	299	1,158	6,883	7,496	2,743	6,366	8,913	148,699	177,894	21	46	173	1,466	1,402
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	6 -4 2	24 6 3 9 1 1 3	58 18 10 27 4 15 9	501 144 61 157 46 34 59	562 155 67 238 10 28 64	94 61 1 31 1	96 46 2 45 2 6 1	227 199 7 127 6 13	2,528 1,100 48 1,134 64 168 14	2,839 1,054 61 1,388 84 221 31	1 - - - - 1	3 0 0 1 0 0	12 9 3 5 2 2 3	83 19 8 36 6 7	103 27 7 53 10 5
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	26 — 20 1 5	61 7 23 16 14	131 15 111 29 29	1,322 132 505 358 327	1,346 192 457 417 280	483 78 87 252 66	632 113 129 176 226	1,028 174 545 525 394	16,566 2,795 3,123 5,018 5,630	18,426 3,129 3,048 5,502 6,747	9 5 1 3	9 1 3 1 3	31 7 22 6 9	285 39 89 47 110	270 45 71 52 102
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	5 N 5	50 12 0 11 16 9	96 34 0 21 36 26	983 227 N 210 381 165	1,224 376 N 312 335 201	240 — 92 148 —	1,321 389 157 302 341 120	1,638 589 296 657 685 214	29,305 6,459 4,276 8,477 7,527 2,566	37,340 9,617 4,545 8,165 11,576 3,437	_ _ _ _	7 2 1 0 2 1	28 7 20 3 6 4	201 52 45 9 81 14	212 68 31 16 61 36
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	10 3 — 5 2 —	26 5 3 0 9 4 0	621 24 11 575 23 8 36 6	711 128 43 191 206 98 14 31	450 99 62 6 191 52 6 34	161 — 46 — 95 9 — 11	326 31 42 62 169 25 2	440 56 130 92 235 51 7	8,215 683 1,146 1,462 4,072 667 48 137	10,223 987 1,154 1,775 5,383 733 56 135	1 - - - 1 -	3 0 0 0 1 0 0	24 1 4 21 6 3 2	107 2 10 22 49 17 7	74 1 8 26 28 10 1
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	26 1 	55 1 1 24 11 5 0 3 8	102 6 5 47 28 18 0 7 39	1,173 20 21 576 231 103 N 56 141 25	1,328 18 35 572 285 121 N 40 242	967 20 — 349 1 84 88 207 217	1,443 22 47 473 246 122 136 190 137 16	3,072 44 104 616 561 237 1,949 836 486 34	33,387 595 1,177 11,973 1,752 3,084 4,377 5,066 5,000 363	40,780 702 1,203 11,278 8,590 3,217 7,043 5,149 3,132 466	8 5 2 1 	11 0 0 3 2 2 1 1 1	29 1 1 10 8 5 9 7 22 3	383 3 5 102 88 63 41 30 41	362 5 1 94 72 55 39 34 48
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	4 	10 5 0 0 4	23 11 0 0 16	193 102 N N 91	217 116 N N 101	367 15 88 131 133	565 196 81 132 170	945 287 161 401 261	14,796 4,585 2,223 3,609 4,379	16,304 5,602 1,508 4,132 5,062	_ _ _ _	3 0 0 0 2	8 2 1 2 6	80 14 2 11 53	82 20 4 6 52
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	4 2 — 2 N	7 3 1 3 0	41 11 14 35 0	111 59 13 39 N	160 63 45 52 N	131 87 — 44 —	1,019 80 181 94 643	1,355 167 384 171 1,102	24,177 2,335 3,586 2,240 16,016	25,283 2,140 5,666 2,463 15,014	_ _ _ _	2 0 0 1 0	29 3 2 21 3	65 3 3 54 5	59 5 3 46 5
Mountain Arizona Colorado Idaho [§] Montana [§] Newada [§] New Mexico [§] Utah Wyoming [§]	17 10 2 — — 5	30 3 11 3 2 3 2 6	68 11 26 19 8 6 5 32 3	590 51 228 68 31 52 39 107	693 94 224 58 38 71 60 128 20	91 7 43 4 — 26 — 11	238 80 59 4 1 45 28 12 0	330 130 91 19 48 130 104 36 5	5,369 1,598 1,496 73 47 1,244 640 271	6,981 2,610 1,725 128 47 1,202 814 415 40	1 1 - - - - -	5 2 1 0 0 0 0 1	14 11 4 4 1 1 4 6	186 83 35 8 2 11 20 27	158 62 37 4 — 7 26 19 3
Pacific Alaska California Hawaii Oregon [§] Washington	38 — 18 1 6	58 2 38 1 9	185 5 91 5 19 87	1,299 35 888 16 207 153	1,516 31 1,047 42 196 200	209 7 193 3 6	633 10 555 11 24 24	809 24 683 22 63 97	14,356 248 13,151 291 649 17	264	1 - - - 1	2 0 0 0 1 0	7 4 4 2 4 3	76 11 15 13 34 3	82 5 29 6 41 1
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	_ _ _ _	0 0 2 0	0 1 31 0	 39 	 1 147 	_ _ _ 7 _	0 1 5 1	1 12 23 5	3 	3 — 69 168 26	_ _ _ N	0 0 0 0	0 1 0 0	_ _ _ N	_ _ _ 2 N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Med * Incidence data for reporting years 2007 and 2008 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). Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 5, 2008, and July 7, 2007 (27th Week)*

			A	Hepat	itis (viral, a	acute), by ty	pe ¹	В				Le	gionello	sis	
		Previ					Prev	ious					vious	313	
Reporting area	Current week	52 we		Cum 2008	Cum 2007	Current week		reeks Max	Cum 2008	Cum 2007	Current week		veeks Max	Cum 2008	Cum 2007
United States	26	53	171	1,263	1,402	12	75	259	1,627	2,193	28	50	117	961	929
New England Connecticut	3	2	7 3	53 14	55 8	_	1 0	6 5	25 9	63 24	_	3 1	14 4	37 12	50 8
Maine [§] Massachusetts	_	0	1 5	4 18	1 28	_	0	2	8	3 26	_	0	2	1 1	1 21
New Hampshire	_	0	2	5	10	_	0	1	1	4	_	0	2	5	1
Rhode Island [§] Vermont [§]	_	0 0	2 1	11 1	6 2	_	0 0	3 1	3 1	5 1	=	0 0	5 2	14 4	16 3
Mid. Atlantic New Jersey	2	7 1	18 6	133 22	216 66	1	9 2	18 7	192 36	288 87	21	14 1	37 13	246 18	256 31
New York (Úpstate)	1	1	6	32	35	_	2	7	37	41	12	4	15	78	72
New York City Pennsylvania	1	2 1	7 6	42 37	72 43	1	2 3	5 7	37 82	66 94	9	2 6	11 21	21 129	60 93
E.N. Central Illinois	_1	6 2	15 10	144 45	165 67	_	8 1	18 6	164 36	256 85	=	11 1	35 16	191 19	207 44
Indiana	_	0	4	7	4	_	0	8	19	20	_	1	7	18	16
Michigan Ohio	1	2 1	7 3	58 22	41 34	_	2 2	6 7	49 57	64 71	_	3 4	11 17	50 100	66 71
Visconsin	_	0	2	12	19	_	0	1	3	16	_	0	5	4	10
W.N. Central lowa	_	5 1	29 7	167 73	85 19		2	9 2	49 7	60 13	_	2 0	10 2	47 6	39
Kansas Minnesota	_	0	3 23	8 18	3 42	_	0	1 5	3 4	6 9	_	0	1 6	1 4	5 5
Missouri	_	1	3	29	11	2	1	4	31	22	_	1	4	26	19
Nebraska [§] North Dakota	_	1 0	5 2	37	6	_	0	1 1	4	7	_	0 0	2 2	9	3
South Dakota	_	Ő	1	2	4	_	Ö	2	_	3	_	Ö	1	1	3
S. Atlantic Delaware	12	9 0	17 1	183 4	243	4	16 0	60 3	431 6	540 9	3	8 0	28 2	189 5	188 6
District of Columbia	_	0	0	_	3	_	0	0	_	_	_	0	1	6	7
Florida Georgia	3	3 1	8 3	76 24	72 43	2 1	6 3	12 8	169 62	177 75	1	3 1	10 3	73 12	69 21
∕laryland§	2	1	3	20	42	_	2	6	36	62	1	2	6	44	32
North Carolina South Carolina§	7	0 0	9 4	33 6	25 5	_	0 1	17 6	48 34	75 37	_	0 0	7 2	11 5	22
√irginia [§] Vest Virginia	_	1 0	5 2	17 3	50 3	1	2	16 30	51 25	76 29	1	1 0	6 3	28 5	19
E.S. Central	3	2	9	41	50	2	7	13	170	181	1	2	8	58	46
Alabama [§] Kentucky	_	0 0	4 2	4 14	8 9	_	2	5 5	46 49	64 30	_ 1	0 1	1 3	5 30	5 22
Mississippi	2	0	1	4	6	_	0	3	17	21	_	0	1	1	_
Tennessee§	1	1	6	19	27	2	2	8	58	66	_	1	4	22	19
W.S. Central Arkansas§	_	5 0	55 1	111 4	101 6	_	17 1	131 3	332 18	428 40	_	2 0	23 2	31 5	45 6
Louisiana Oklahoma	_	0 0	3 7	4 4	16 3	_	1 2	4 37	20 45	57 24	_	0	2		2
Texas [§]	_	5	53	99	76	_	11	107	249	307	_	2	18	23	36
Mountain	4	4	10	109	133	1	3 1	8 4	91	119	1	2	6	40	42
Arizona Colorado	2	0	6 3	49 24	95 17	_	0	3	23 12	52 18	1	Ö	5 2	12 3	10
daho [§] Montana [§]	_	0 0	3 2	15 —	2 4	_	0	2 1	4	6	_	0	1 1	2	1
Vevada [§]	_	0	1	3	7	1	1	3	21	28	_	0	2	6	5
New Mexico§ Utah	_	0 0	3 2	14 2	4 2	_	0	2 5	7 21	9 4	_	0	1 3	3 12	5
Wyoming§	_	0	1	2	2	_	0	1	3	2	_	0	0	_	3
Pacific Alaska	1	13 0	51 1	322 2	354 2		9 0	30 2	173 8	258 4		4 0	18 1	122 1	56
California Hawaii	1	11 0	42 1	263 4	315 5	2	6 0	19 2	120 3	189 7	2	3 0	14 1	95 4	44 1
Oregon§	=	1	3	20	13	=	1	4	23	35	_	Ö	2	8	3
Washington	_	1 0	7 0	33	19	_	1	9	19	23	N	0	3 0	14 N	8
American Samoa C.N.M.I.	_	_	_	_	_	_	_	_	_	14 —	N	_	_		N
Guam Puerto Rico	_	0 0	0 4	 11	<u> </u>	_	0 1	1 5	 22	2 41	_	0	0 1	_ 1	3
U.S. Virgin Islands	_	0	0		-	_	Ö	0	_	_	_	0	Ó		_

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.

* Incidence data for reporting years 2007 and 2008 are provisional.

* Data for acute hepatitis C, viral are available in Table I.

* Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 5, 2008, and July 7, 2007

			yme disea	ase				/lalaria			Men	All	serogrou	se, invasi ups	ive ^T
	Current		ious eeks	Cum	Cum	Current		rious reeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	255	317	1,627	5,262	10,508	14	21	136	392	561	6	19	52	631	645
New England	3	28	675	344	3,573	_	1	35	10	31	_	0	3	16	32
Connecticut Maine§	_	2 6	280 61	 70	1,649 50	_	0	27 2	5	1 3	_	0	1 1	1 3	5 5
Massachusetts	_	5	280	28	1,376	_	0	3	2	20	_	0	3	12	15
New Hampshire Rhode Island§	1	10 0	96 77	207	444 1	_	0 0	2 8	1	7 —	_	0	0 1	_	3 1
Vermont§	2	2	9	39	53	_	0	2	2	_	_	0	1	_	3
Mid. Atlantic New Jersey	219	170 32	662 220	3,269 524	3,827 1,613	1	6 0	18 7	86	153 31	_	2	6 1	69 3	76 10
New York (Upstate)	176	63	453	1,073	760	1	1	8	14	28	_	Ö	3	20	24
New York City Pennsylvania	43	1 54	27 293	4 1,668	149 1,305	_	3 1	9 4	57 15	81 13	_	0 1	2 5	14 32	16 26
E.N. Central	2	5	221	45	1,086	_	2	7	52	74	_	3	9	94	95
Illinois	_	0	16	2	77	_	1	6	23	38	_	1	3	28	39
Indiana Michigan		0 1	7 5	3 16	13 17	_	0	1 2	2 8	5 9	_	0	4 2	16 13	13 16
Ohio Wisconsin	_	0 4	4 201	10 14	5 974	_	0	3 3	16 3	12 10	_	1 0	4 2	28 9	22 5
W.N. Central	1	3	740	206	148	_	1	8	22	20		2	8	60	41
Iowa	_	1	8	18	69	_	0	1	2	2	_	0	3	11	9
Kansas Minnesota	_	0	1 731	1 168	8 63	_	0	1 8	3 6	1 11	_	0	1 7	1 16	2 10
Missouri	1	0	3	14	5	_	0	4	6	2	_	0	3	21	13
Nebraska§ North Dakota	_	0	1 9	3 1	3	_	0	2	5	3	_	0	2 1	9 1	2
South Dakota	_	0	1	1	_	_	Ō	0	_	1	_	0	1	1	3
S. Atlantic Delaware	24 15	62 12	221 34	1,216 381	1,764 338	10	5 0	15 1	121	119 3	3	3	7 1	96 1	99
District of Columbia	1	2	8	62	65	_	0	1	1	2	_	0	0	_	_1
Florida Georgia	2	1 0	4	20 3	2 4	2	1	7 3	26 22	22 17	2	1 0	5 3	34 12	36 10
Maryland§	6	30	136	556	999	2	1	5	32	34	_	Ö	2	10	17
North Carolina South Carolina§	_	0	8 4	2 7	20 12	4	0	7 1	15 4	13 4	1	0	4 3	9 14	12 10
Virginia§	_	13	68	177	314	2	1	7	21	24	_	Ö	2	13	13
West Virginia	_	0	9	8	10	_	0	1	_	_	_	0	1	3	
E.S. Central Alabama§		1 0	6 3	21 8	30 9	_	0 0	3 1	7 3	18 3	_	1 0	6 2	36 4	34 7
Kentucky Mississippi	_	0	2 1	1 1	2	_	0	1 1	3	4 1	_	0	2	7 9	6 9
Tennessee§	2	0	4	11	19	_	0	2	1	10	_	0	3	16	12
W.S. Central	_	1	11	25	33	_	1	64	16	46	_	2	13	64	69
Arkansas§ Louisiana	_	0	1 0	_		_	0	1 1	_	13	_	0	1 3	6 12	7 23
Oklahoma	_	0	1	_	_	_	0	4	2	3	_	0	5	10	14
Texas [§]	_	1	10	25	31	_	1	60	14	30	_	1	7	36	25
Mountain Arizona	_	0 0	3 1	14 2	15 —	_	1 0	5 1	13 5	32 6	_	1 0	4 2	33 5	45 11
Colorado Idaho§	_	0	1 2	2 4	<u> </u>	_	0	2	3	12	_	0	2	8 2	15 4
Montana§	_	0	2	2	1	_	0	1	_	2	_	0	1	4	1
Nevada [§] New Mexico [§]	_	0	2 2	1 2	6 3	_	0	3 1	4 1	2 1	_	0	2 1	6 4	3
Utah	_	0	1	_	1	_	0	1		9	_	Ö	2	2	7
Wyoming§	_	0	1	1	_	_	0	0	_	_	_	0	1	2	2
Pacific Alaska	4	4 0	8 2	122 1	32 2	3	3 0	10 2	65 3	68 2	3	4 0	17 2	163 3	154 1
California	4	3	7 0	103	27	3	2	8	52	44	_	3	17	119	113
Hawaii Oregon [§]	<u>N</u>	0	4	N 18	N 3	_	0	1 2	2 4	2 12	<u> </u>	0 0	2	1 22	4 22
Washington	_	0	7	_	_	_	0	3	4	8	2	0	5	18	14
American Samoa C.N.M.I.	<u>N</u>	0	0	N —	N	_	0	0	_	_	_	0	0	_	_
Guam	_	0	0	_	_	_	0	1	1	_	_	0	0	_	_
Puerto Rico U.S. Virgin Islands	N N	0	0	N N	N N	_	0	1 0	1	1	_	0	1 0	2	6

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 2007 and 2008 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 July 5, 2008, and July 7, 2007 (27th Week)*

(27th Week)*				Rab	ies, anim	nal		Ro	cky Mo	untain sp	otted feve	er			
	Current	Prev	ious eeks	Cum	Cum	Current		vious veeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	61	149	849	3,313	4,728	54	93	177	2,123	2,972	75	29	195	479	787
New England Connecticut	_	24 0	49 5	276	726 38	6 4	8	20 17	173 96	279 118	_	0	2	_	4
Maine [†]	=	1	5	16	37	_	1	5	25	42	N	0	0	N	N
Massachusetts New Hampshire	_	17 1	35 5	224 12	589 37	N 2	0 1	0 4	N 19	N 23	_	0	2 1	_	4
Rhode Island† Vermont†	_	1 0	25 6	19 5	4 21	N	0	0	N 33	N 96	_	0	0	_	_
Mid. Atlantic	10	21	43	376	637	 11	20	32	531	496	_	1	5	29	40
New Jersey	_	1	9	3	107	_	0	0	_	_	_	0	2	2	14
New York (Upstate) New York City	6	7 2	23 7	146 34	309 70	10	9	20 2	218 10	235 28	2	0 0	2	8 10	3 15
Pennsylvania	4	8	23	193	151	1	10	23	303	233	_	0	2	9	8
E.N. Central Illinois	2	20 3	189 8	631 58	896 96	N	3	43 0	43 N	54 N	_	0	3	9 1	28 19
Indiana Michigan		0	12 16	22 74	31 135	_	0	1 32	1 25	6 28	_	0	1	1	3
Ohio	_	6	176	453	411	_	1 1	11	25 17	20	_	0	3	6	2 4
Wisconsin	_	2	14	24	223	N	0	0	N	N	_	0	1	_	_
W.N. Central lowa	7	11 1	142 5	317 31	340 104	5	4 0	13 3	69 9	139 15	10	4 0	34 5	122	147 7
Kansas Minnesota	1 4	1 0	5 131	24 99	57 59	_	0	7 6	 19	76 10	_	0	2 4	_	6 1
Missouri	_	3	18	120	51	5	0	3	21	17	8	3	25	115	126
Nebraska [†] North Dakota	2	1 0	12 5	38 1	21 3	_	0	0 8	13	 11	2	0	2	6	5
South Dakota	_	Ö	2	4	45	_	Ö	2	7	10	_	Ö	1	1	2
S. Atlantic Delaware	7	13 0	50 2	327 5	508 6	32	40 0	73 0	1,086	1,183	60	7 0	109 2	165 5	369 10
District of Columbia	_	0	1	2	7	_	0	0	_	_	_	0	2	2	2
Florida Georgia	7	3 0	9	97 19	119 27	 21	0 6	28 37	71 187	128 124	3	0 0	3 6	3 13	4 37
Maryland† North Carolina	_	1 0	6 38	32 76	65 180	 10	9	18 16	221 251	209 261	2 55	1 0	6 96	21 78	27 213
South Carolina†	_	1	22	40	45	_	0	0	_	46	_	0	4	14	29
Virginia [†] West Virginia	_	2	11 12	52 4	50 9	<u> </u>	12 0	27 11	297 59	377 38	_	1 0	8 3	28 1	45 2
E.S. Central	2	7	31	115	162	_	3	7	67	80	3	4	16	71	138
Alabama† Kentucky	_	1 0	6 4	19 22	39 13	_	0	0 3	 17	 10	_	1 0	10 1	20	31 4
Mississippi Tennessee [†]	1 1	3	29 4	46 28	55 55	_	0	1	2 48	-		0	3 10	4 47	8 95
W.S. Central	2	19	198	395	488	_	9	40	53	595	_	2	153	70	39
Arkansas†	_	2	17	36	99	_	1	6	36	14	_	0	15	8	7
Louisiana Oklahoma	_	0 0	2 26	3 13	13 2	_	0 0	2 32	 16	3 45	_	0 0	2 132	2 54	1 21
Texas [†]	2	18	179	343	374	_	4	34	1	533	_	1	8	6	10
Mountain Arizona		19 3	37 10	450 107	579 150	N	2	8 0	30 N	23 N	_	0 0	2	11 5	19 3
Colorado Idaho†	4	4 0	13 4	76 18	146 25	_	0	0 4	_	_	_	0	2 1	_	
Montana [†]	_	0	11	58	30	_	0	3	1	5	_	0	1	2	1
Nevada [†] New Mexico [†]	_	0 1	7 7	17 24	25 32	_	0	2	3 18	3 5	_	0 0	0 1	_ 1	4
Utah	4	6	27	145	156	_	0	2	2	5	_	0	Ô	_	9
Wyoming [†] Pacific	23	0 18	2 303	5 426	15 392	_	0 4	4 10	6 71	5 123	_	0	2 1	3 2	3
Alaska	2	1	29	46	23	_	0	4	12	36	N	0	0	N	N
California Hawaii	_	8 0	129 2	168 4	232 12	_	3 0	8 0	57 —	83	N	0 0	1 0	1 N	1 N
Oregon [†] Washington	1 20	2 5	14 169	72 136	53 72	_	0	3 0	2	4	N	0	1 0	1 N	2 N
American Samoa	_	0	0	_	_	N	0	0	N	N	N	0	0	N	N
C.N.M.I. Guam	_	-	_ 0	_	_	=	- 0	<u></u>		=		<u></u>	<u></u>		
Puerto Rico	_	0	0	_	_	1	1	5	30	26	N	0	0	N	N
U.S. Virgin Islands		0	0			N	0	0	N	N	N	0	0	N	N

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* Incidence data for reporting years 2007 and 2008 are provisional.

* Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Med: Median. Max: Maximum.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 5, 2008, and July 7, 2007 (27th Week)*

		S	almonello	sis		Shiga t	oxin-pro	ducing E	. coli (ST	EC)†		,	Shigellos	is	
	Current		rious eeks	C	Cum	Current		/ious	C	C	Current		vious	C	Cum
Reporting area	week	Med	Max	Cum 2008	2007	week	Med	veeks Max	Cum 2008	Cum 2007	week	Med	weeks Max	Cum 2008	2007
United States	440	809	2,110	15,721	18,902	52	69	244	1,668	1,623	197	387	1,227	8,279	7,632
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	2 - - - - - 2	19 0 2 14 3 1	230 201 14 60 10 13	615 201 61 221 55 37 40	1,304 431 55 658 75 46 39	_ _ _ _ _	4 0 0 2 0 0 0	19 15 4 9 5 3	69 15 4 24 14 7 5	160 71 17 54 9 3	_ _ _ _	2 0 0 2 0 0 0	22 20 1 8 1 9	66 20 3 34 1 7	150 44 13 81 4 6 2
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	52 — 33 2 17	87 16 25 22 31	212 48 73 48 83	1,960 293 562 482 623	2,617 569 618 576 854	6 -5 - 1	8 1 3 1 2	194 7 190 5 11	352 6 284 22 40	187 50 58 19 60	19 — 19 —	26 6 7 9 2	78 16 36 35 65	963 188 340 377 58	290 62 53 115 60
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	13 — 13 —	88 24 9 16 26 13	263 187 34 43 65 37	1,789 454 183 334 593 225	2,819 1,082 253 414 584 486	1 - 1 -	10 1 1 2 2 3	36 13 12 12 17 16	182 18 15 42 67 40	210 35 22 35 56 62	_ _ _ _	73 17 10 1 21 10	145 37 83 7 104 39	1,428 392 365 34 433 204	1,042 279 31 29 367 336
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	19 1 4 — 5 9 —	51 8 6 13 14 5 0 2	95 18 18 39 29 13 35	1,101 186 104 285 321 125 22 58	1,254 222 198 285 336 111 16 86	7 — 3 4 —	13 2 0 3 3 2 0 1	38 13 3 15 12 6 20 5	251 51 9 60 78 35 2 16	245 57 26 71 42 26 5	3 1 2 - -	22 2 0 4 9 0 0 2	57 9 2 11 37 3 15	432 69 7 112 137 — 32 75	1,086 41 16 122 825 12 3 67
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	196 — 120 33 16 10 13 4	244 2 1 92 37 15 20 20 17 4	442 8 4 181 86 44 228 52 49 25	4,162 62 23 1,952 689 306 386 355 314 75	4,425 64 30 1,780 706 338 600 341 502 64	17 1 3 4 3 5 1	12 0 0 2 1 2 1 0 2	40 2 1 18 6 5 24 3 9	289 7 6 85 29 48 33 18 49	275 10 — 70 33 38 45 5 71 3	39 — 12 12 2 3 7 3	74 0 0 24 27 2 1 8 4 0	149 2 3 75 47 7 12 32 14 61	1,678 7 7 478 658 29 54 355 83 7	2,459 5 10 1,369 881 49 35 45 64
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	25 7 7 — 11	57 15 9 14 16	144 50 23 57 34	1,045 284 170 279 312	1,234 341 233 303 357	2 - 1 - 1	5 1 1 0 2	26 19 12 2 12	113 36 18 4 55	85 21 26 3 35	34 3 5 — 26	51 13 9 17 11	178 43 35 112 32	1,032 230 179 227 396	736 273 157 212 94
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	38 19 — 19	98 13 8 11 56	894 50 44 72 794	1,519 238 80 267 934	1,584 234 329 178 843	1 - 1 -	5 1 0 0 3	25 4 1 14 11	89 22 — 15 52	117 20 6 12 79	86 26 — 5 55	56 3 5 3 39	748 19 17 32 702	1,739 232 78 54 1,375	938 46 281 50 561
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	33 16 10 2 — 2 — 3	56 17 11 3 1 5 6 5	87 40 44 10 10 12 27 17 5	1,378 406 398 77 39 105 193 138 22	1,174 380 273 59 45 127 122 126 42	10 4 2 2 — 2 — —	8 1 2 2 0 0 0 1	42 8 17 16 3 3 5 9	182 33 47 38 14 13 16 17	183 55 32 35 — 14 22 25	11 9 1 — — — 1	18 9 2 0 0 2 1 1	40 30 6 2 1 13 6 5	355 165 43 5 2 104 22 11	372 185 55 6 13 15 59 14 25
Pacific Alaska California Hawaii Oregon [§] Washington	62 1 39 2 1	110 1 76 5 6 12	399 5 286 14 15 103	2,152 25 1,566 107 179 275	2,491 46 1,864 126 167 288	8 -4 - 1 3	9 0 5 0 1	40 1 34 5 11 13	141 3 83 5 17 33	161 — 90 15 19 37	5 - 5 - -	30 0 26 1 1 2	79 1 61 43 5 20	586 — 507 21 24 34	559 7 448 16 34 54
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	_ _ _ _	0 0 12 0	1 2 55 0	1 8 172	11 391	_ _ _ _	0 0 0 0	0 0 1 0	_ _ _ 2 _	_ _ _ _	_ _ _ _	0 0 0 0	1 3 2 0	1 13 5 —	3 10 19

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* Incidence data for reporting years 2007 and 2008 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 July 5, 2008, and July 7, 2007 (27th Week)*

	Stre			invasive, gı	oup A	Streptococcus pneumoniae, invasive disease, nondrug resistant [†] Age <5 years					
Reporting area	Current week		eeks Max	Cum 2008	Cum 2007	Current week		vious veeks Max	Cum 2008	Cum 2007	
United States	30	95	259	3,243	3,343	7	35	164	940	1,025	_
New England	1	6	31	209	271	_	1	14	41	84	
Connecticut Maine§	_	0	28	71	83	_	0	11	_	11	
Massachusetts	_	0 2	3 7	17 83	18 132	_	0 1	1 5	1 30	1 56	
New Hampshire	_	0	2	16	21	_	0	1	7	8	
Rhode Island [§] /ermont [§]	<u>_</u>	0 0	6 2	12 10	2 15	_	0 0	1 1	2 1	6 2	
/lid. Atlantic	7	16	43	679	654	2	4	19	116	190	
New Jersey	_	3	9	106	122	_	1	6	21	39	
New York (Upstate) New York City	3	6 3	18 10	231 120	196 161	<u>2</u>	2 1	14 12	62 33	64 87	
Pennsylvania	4	5	16	222	175	N	Ö	0	N	N	
.N. Central	_	17	59	656	678	_	6	23	187	191	
llinois	_	5	16	175	207	_	1	6	43	45	
ndiana Michigan	_	2 3	11 10	87 86	69 145	_	0 1	14 5	23 41	12 56	
Ohio	_	5	15	187	164	_	1	5	35	39	
Visconsin	_	2	38	121	93	_	1	9	45	39	
V.N. Central	2	4	39	257	219	1	2	16	79	54	
owa Kansas	_	0 0	0 6	32	<u> </u>	_	0 0	0 3	 12	_	
Minnesota	_	0	35	116	107	_	0	13	28	33	
∕lissouri Iebraska§	_	2	10 3	62 24	57 15	1_	1 0	2 3	24 6	15 5	
lorth Dakota	_	0	5	9	10	_	0	2	4	1	
South Dakota	2	0	2	14	6	_	0	1	5	_	
S. Atlantic	6	21	37	638	774	1	6	13	148	177	
Delaware District of Columbia	_	0 0	2 2	6 12	5 16	_	0 0	0 1	<u> </u>		
Florida	3	6	11	151	177	_	1	4	41	36	
Georgia Maryland§	1 2	4 4	10 9	132 116	151 136		1 1	5 5	10 38	39 43	
North Carolina	_	3	10	86	98	N	0	0	36 N	43 N	
South Carolina§	_	1	5	36	75	_	1	4	29	21	
/irginia [§] Vest Virginia	_	3 0	12 3	80 19	98 18	_	0 0	6 1	24 5	31 5	
E.S. Central	_	4	13	104	131	_	2	9	62	49	
Alabama§	N	0	0	N	N	N	0	0	N	N	
Kentucky	 N	0	3	21 N	30 N	N	0 0	0	N 15	N	
Mississippi Γennessee§		0 3	0 13	N 83	N 101	_	2	3 9	15 47	— 49	
N.S. Central	7	8	85	265	186	2	5	66	145	138	
Arkansas§	_	0	2	4	15	_	0	2	5	9	
.ouisiana Oklahoma		0 1	1 19	3 70	13 43	1	0 1	2 7	2 47	24 32	
exas [§]	5	5	65	188	115	1	3	58	91	73	
/lountain	5	11	22	358	351	1	5	12	152	132	
krizona Polorado	3	4	9 8	131 100	129		2 1	8	77 42	65 31	
Colorado daho§	<u>2</u>	0	8 2	110	91 8		0	4 1	3	2	
∕lontana§	N	0	0	N	N		0	1	2	1	
levada [§] lew Mexico [§]	_	0 2	2 7	6 66	2 63	<u>N</u>	0 0	0 3	N 13	N 27	
Jtah	_	1	5	39	53	_	0	4	14	6	
Vyoming [§]	_	0	2	5	5	_	0	1	1	_	
Pacific	2	3	10	77	79 15		0	2 0	10	10	
llaska California	_	0 0	3 0	20	15 —	N N	0	0	N N	N N	
ławaii	2	2	10	57	64	_	0	2	10	10	
Oregon§ Vashington	N N	0 0	0 0	N N	N N	N N	0 0	0 0	N N	N N	
American Samoa	_	0	12	30	4	N	0	0	N	N	
C.N.M.I.	_	_	_	- -	_	<u></u>	_	_		<u> </u>	
Guam Buarta Bias		0	3		7 N		0	0			
Puerto Rico J.S. Virgin Islands	N	0 0	0 0	N	N	N N	0 0	0 0	N N	N N	

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

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

* Incidence data for reporting years 2007 and 2008 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 (NNDSS 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 July 5, 2008, and July 7, 2007

		Stre	eptococc All ages		oniae, inva	sive diseas	Syphilis, primary and secondary									
	Previous						Age <5 years Previous					Previous				
_	Current	52 we	eks	Cum	Cum	Current	52 w	eeks	Cum	Cum	Current	52 v	veeks	Cum	Cum	
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007	
United States	13	50	264	1,518	1,568	5	9	45	244	310	70	229	351	5,564	5,352	
New England Connecticut	1	1 0	41 37	30	83 51	_	0	8 7	5 —	12 4	4 1	6 0	14 6	148 11	120 16	
Maine [§]	1	0	2	13	8	_	0	1 0	1	1		0 4	2	6	2 70	
Massachusetts New Hampshire	_	0	0	_	_	_	0	0	_	_	1	0	11 3	121 7	12	
Rhode Island [§] Vermont [§]	_	0 0	3 2	7 10	13 11	_	0	1 1	2	3 2	_	0	3 5	2 1	18 2	
Mid. Atlantic	2	3	10	129	90	_	0	2	15	22	19	32	45	889	808	
New Jersey	<u> </u>	0	0	_	_	_	0	0	_	_	5 7	4	10	106	100 71	
New York (Upstate) New York City	_	0	5	32 39	29 —	_	0	2 0	4	8 —	7	17	13 30	75 561	498	
Pennsylvania	1	1	8	58	61	_	0	2	11	14	_	5	12	147	139	
E.N. Central Ilinois	_	13 2	50 15	427 56	427 76	_	2	14 6	68 12	70 24	8	16 5	31 19	422 70	433 227	
ndiana	_	3	28	132	94	_	0	11	16	12	2	2	6	71	21	
Michigan Ohio	_	0 7	2 15	8 231	1 256	_	0 1	1 4	2 38	1 33	6	2 4	17 14	113 145	57 95	
Wisconsin	_	0	0	_	_	_	0	0	_	_	_	1	4	23	33	
W.N. Central Iowa	2	2	106 0	103	107	_	0 0	9	7	22	2	8 0	15 2	203 10	157 9	
Kansas	_	1	5	42	58	_	0	1	2	4	_	0	5	19	9	
Minnesota Missouri		0 1	105 8	61	1 39	_	0 0	9 1		14		1 5	4 10	44 127	34 99	
Nebraska [§] North Dakota	_	0	0	_	2	_	0	0	_	_	_	0	1 1	3	3	
South Dakota	_	0	2	_	7	_	0	1	3	4	_	0	3	_	3	
S. Atlantic	7	20	42	624	663	3	4	10	106	144	11	48	215	1,178	1,160	
Delaware District of Columbia	_	0 0	1 3	2 12	5 12	_	0 0	1 0	_	1 1	_	0 2	4 11	8 50	6 99	
Florida Georgia	6 1	11 7	26 19	343 204	364 239	3	2 1	6 6	69 30	74 60	8	18 10	34 175	466 160	387 178	
Maryland∮	_	0	2	3	1	_	0	1	1	_	3	6	13	156	152	
North Carolina South Carolina§	N	0 0	0	N —	N —	N	0	0	N	N —	_	6 2	18 5	162 43	177 52	
√irginia [§] Vest Virginia	N	0	0 7	N 60	N 42	N	0	0 2	N 6	N 8	_	5 0	17 0	133	103 6	
E.S. Central	1	5	14	160	122	2	1	4	31	22	16	20	31	541	409	
Alabama§	N	0	0	N	N	N	0	0	N	N	3	8	17	226	164	
Kentucky Mississippi	1	1 0	4 3	44 1	17 30	_	0 0	2	8	2 4	1 2	1 2	7 15	46 74	34 57	
Tennessee§	_	3	12	115	75	2	1	3	23	16	10	8	14	195	154	
W.S. Central Arkansas§	_	1 0	5 2	26 9	50 1	_	0	2 1	7 2	7 2	_	39 2	62 19	984 72	891 57	
Louisiana	_	0	5	17	49	_	0	2	5	5	_	10	22	189	236	
Oklahoma Texas§	<u>N</u>	0 0	0 0	N —	N —	<u>N</u>	0 0	0 0	N	N —	_	1 25	5 49	42 681	34 564	
Mountain	_	1	6	19	26	_	0	2	4	9	4	9	29	194	212	
Arizona Colorado	_	0 0	0	_	_	_	0	0	_	_		5 1	21 7	78 59	111 23	
ldaho§	N	0	0	N	N	N	0	0	N	N	1	0	1	2	1	
Montana [§] Nevada [§]	N	0 0	0 0	N	N	N	0 0	0 0	N	N	1	0 2	3 6	38	1 46	
New Mexico [§] Utah	_	0 1	1 6	1 18	 15	_	0	0 2	<u> </u>	_ 8	_	1 0	3 2	17	22 7	
Wyoming [§]	_	Ö	1	-	11	_	0	1	_	1	_	0	1	_	1	
Pacific	_ N	0	0				0	1 0	1 N	2 N	6	40	71	1,005	1,162	
Alaska California	N N	0 0	0	N N	N N	N N	0	0	N N	N	1	0 36	1 59	894	5 1,083	
Hawaii Oregon§	N	0	0	N	 N	N	0	1 0	1 N	2 N	_ 1	0	2	11 8	5	
Washington	N	0	0	N	N	N	0	0	N	N	4	3	13	92	61	
American Samoa	N	0	0	N	N	N	0	0	N	N	_	0	0	_	4	
C.N.M.I. Guam	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_	
Puerto Rico U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	_	3 0	10 0	90	76 —	

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: Max * Incidence data for reporting years 2007 and 2008 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 July 5, 2008, and July 7, 2007 (27th Week)*

		West Nile virus disease† Neuroinvasive Nonneuroinvasive§													
	Varicella (chickenpox) Previous						ious				Previous				
Reporting area	Current week	52 w Med	eeks Max	Cum 2008	Cum 2007	Current week		eeks Max	Cum 2008	Cum 2007	Current week	Med Med	veeks Max	Cum 2008	Cum 2007
United States	138	645	1,654	16,932	25,717		1	143	5	71		1	307	12	156
New England	2	15	68	306	1,577	_	0	2	_	_	_	0	2	_	_
Connecticut	_	4	38	_	901	_	0	1	_	_	_	0	1	_	_
Maine [¶] Massachusetts	_	0	26 0	_	206	_	0	0 2	_	_	_	0	0 2	_	
New Hampshire	_	5	18	137	214	_	0	0	_	_	_	0	0	_	_
Rhode Island [¶] Vermont [¶]		0 6	0 17	169	 256	_	0	0	_	_	_	0	1 0	_	_
Mid. Atlantic	34	58	117	1,420	3,115	_	0	3	_	1	_	0	3	_	1
New Jersey	N	0	0	N	N	_	0	1	_	_	_	0	0	_	_
New York (Upstate) New York City	N N	0	0	N N	N N	_	0 0	2	_	_	_	0	1 3	_	_
Pennsylvania	34	58	117	1,420	3,115	_	Ö	1	_	1	_	ő	1	_	1
E.N. Central	3	157	378	3,885	7,458	_	0	19	_	6	_	0	12	_	3
Illinois Indiana	_	13 0	124 222	618	653	_	0	14 4	_	5	_	0	8 2	_	
Michigan	3	59	154	1,530	2,810	_	0	5	_	1	_	ő	1	_	_
Ohio Wisconsin	_	55 7	128 32	1,492 245	3,215 780	_	0	4 2	_	_	_	0	3 2	_	_1
W.N. Central		, 21	32 145	714	1,095		0	41		9		0	118	_	63
lowa	N	0	0	N	1,033 N	_	0	4	_	1	_	0	3	_	2
Kansas	_	6	36	233	407	_	0	3	_	1	_	0	7	_	1
Minnesota Missouri		0 11	0 47	413	624	_	0	9 8	_	1	_	0	12 3	_	1
Nebraska [¶]	N	0	0	N	N	_	0	5	_	1	_	Ō	16	_	19
North Dakota South Dakota	_	0	140 5	48 20	<u> </u>	_	0	11 9	_	4 1	_	0	49 32	1 1	21 19
S. Atlantic	28	93	161	2,763	3,289	_	0	12	_	2	_	0	6	_	2
Delaware	_	1	5	28	25	_	0	1	_	_	_	0	0	_	_
District of Columbia Florida	 10	0 30	3 87	17 1,104	21 755	_	0	0 1	_	<u> </u>	_	0	0	_	_
Georgia	N	0	0	1,104 N	N	_	0	8	_		_	0	5	_	1
Maryland [¶]	N N	0	0	N	N	_	0	2 1	_	_	_	0	2	_	_
North Carolina South Carolina [¶]	4	16	0 66	N 537	N 690	_	0	2	_	_	_	0	2 1	_	1
Virginia [¶]	1	21	73	640	1,098	_	0	1	_	1	_	0	1	_	_
West Virginia E.S. Central	13 8	15 17	66 101	437 778	700 323	_	0	0 11	3	— 11	_	0	0 14	_	- 8
Alabama [¶]	8	17	101	778 769	323 322	_	0	2	_	2	_	0	14	3	1
Kentucky	N	0	0	N	N	_	0	1	_	_	_	0	0	_	_
Mississippi Tennessee [¶]	N	0	2	9 N	1 N	_	0	7 1	3	8 1	_	0	12 2	2 1	7
W.S. Central	55	181	886	5,803	7,058	_	0	36	_	8	_	0	19	5	5
Arkansas [¶]	4	11	42	353	447	_	0	5	_	1	_	0	2	_	_
Louisiana Oklahoma	N	1 0	7 0	27 N	89 N	_	0	5 11	_	<u> </u>	_	0	3 8		_
Texas [¶]	51	166	852	5,423	6,522	_	Ö	19	_	6	_	Ö	11	3	5
Mountain	4	39	105	1,230	1,778	_	0	36	1	15	_	0	148	_	42
Arizona Colorado	3	0 16	0 43	553	684	_	0	8 17	1	10 2	_	0	10 67	_	2 18
Idaho [¶]	Ň	0	0	N	N	_	0	3	_	_	_	0	22	_	9
Montana [¶] Nevada [¶]	N	5 0	25 0	177 N	275 N	_	0	10 1	_	1	_	0	30 3	_	2
New Mexico [¶]	1	4	22	130	282		0	8	_	_	_	0	6		_
Utah	_	9	55	365	519	_	0	8	_	1	_	0	9	_	3
Wyoming [¶] Pacific	_ 2	0 1	9 4	5 33	18 24	_	0	8 18	_ 1	1 19	_	0	34 23		7 32
Alaska	2	1	4	33	24 24	_	0	0		_	_	0	23 0	_	_
California	_	0	0	_	_	_	0	18	1	19	_	0	20	2	30
Hawaii Oregon [¶]	N	0	0	N	N	_	0	0 3	_	_	_	0	0 4	_	
Washington	N	Ő	Ö	N	Ň	_	Ő	Ö	_	_	_	ő	Ö	_	_
American Samoa	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_
C.N.M.I. Guam	_	_	 17	 55	 180	_			_	_	_			_	_
Puerto Rico	1	10	37	259	440	_	0	0	_	_	_	0	0	_	_
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2007 and 2008 are provisional.
Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (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 July 5, 2008 (27th Week)

TABLE III. Deaths			auses, b							All c	causes, k	y age (y	ears)		
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	403	255	92	26	17	13	31	S. Atlantic	1,137	666	291	114	41	25	46
Boston, MA	112	57	31	10	9	5	13	Atlanta, GA	166	94	48	18	3	3	_
Bridgeport, CT	30 16	21 13	6 2	3 1	_	_	1 2	Baltimore, MD	145 94	74	44	16 8	9	2	8
Cambridge, MA Fall River, MA	18	13	4	1	_	_	1	Charlotte, NC Jacksonville, FL	121	56 73	26 35	9	3 2	1 2	6 3
Hartford, CT	39	26	7	4	2	_	4	Miami, FL	168	101	32	22	11	2	10
Lowell, MA	13	11	1	1	_	_	_	Norfolk, VA	45	25	10	7	2	1	_
Lynn, MA	6	2	_	1	3	_	_	Richmond, VA	35	15	12	4	2	2	4
New Bedford, MA New Haven, CT	19 13	14 8	5 3	_ 1	_	_ 1	1 2	Savannah, GA St. Petersburg, FL	45 47	31 25	9	3 6	_ 1	2	6
Providence, RI	39	24	11	2	_		1	Tampa, FL	47 157	∠5 102	12 34	13	5	3	3 4
Somerville, MA	1	1		_	_	_		Washington, D.C.	98	58	25	8	3	4	_
Springfield, MA	36	22	9	_	_	5	1	Wilmington, DE	16	12	4	_	_	_	2
Waterbury, CT	22	17	5	_	_	_	4	E.S. Central	716	435	171	55	29	26	53
Worcester, MA	39	26	8	2	1	2	1	Birmingham, AL	153	102	29	11	4	7	15
Mid. Atlantic	1,752	1,170	385	123	36	37	84	Chattanooga, TN	38	28	5	2	1	2	3
Albany, NY	41	28	6	3	2	2	4	Knoxville, TN	87	52	26	5	2	2	7
Allentown, PA	20	15	4	1	_	_	_	Lexington, KY	60	43	8	4	1	4	3
Buffalo, NY Camden, NJ	78 29	56 18	13 7	7 2	2	_	8 2	Memphis, TN Mobile, AL	163 72	92 47	41 20	15 3	9 1	6 1	17 3
Elizabeth, NJ	12	10	1	1		_	_	Montgomery, AL	24	15	4	2	3		1
Erie, PA	57	48	7	1	_	1	5	Nashville, TN	119	56	38	13	8	4	4
Jersey City, NJ	11	3	5	2	1	_	_	W.S. Central	1,127	714	269	89	26	29	56
New York City, NY	805	534	191	53	18	8	26	Austin, TX	63	53	1	6	1	2.3	2
Newark, NJ	47	21	13	5	2	6	1	Baton Rouge, LA	58	38	10	7	3	_	_
Paterson, NJ Philadelphia, PA	14 258	7 150	6 64	1 27	<u> </u>	 12	2 13	Corpus Christi, TX	40	29	7	_	_	4	5
Pittsburgh, PA§	32	26	4	1	1		6	Dallas, TX	167	93	53	14	3	4	7
Reading, PA	30	28	2	_	_	_	2	El Paso, TX	65	47	10	5	2	1	2
Rochester, NY	110	80	19	8	1	2	7	Fort Worth, TX Houston, TX	105 256	70 140	22 76	10 21	2 8	1 11	2 8
Schenectady, NY	20	18	1	_	1	_	2	Little Rock, AR	63	37	20	4	_	2	_
Scranton, PA Syracuse, NY	27 105	18 73	6 22	2 4	3	1 3	1 4	New Orleans, LA ¹	Ü	Ü	Ü	Ú	U	Ū	U
Trenton, NJ	20	73 14	6	4	_	_	4	San Antonio, TX	186	119	42	15	6	4	21
Utica, NY	15	9	5	1	_	_	1	Shreveport, LA	52	34	15	3	_	_	7
Yonkers, NY	21	14	3	4	_	_	_	Tulsa, OK Mountain	72 815	54 529	13 189	4 46	1 25	_ 26	2 44
E.N. Central	1,499	978	367	94	30	30	98	Albuquerque, NM	99	61	25	8	3	2	6
Akron, OH Canton, OH	33 35	20 25	10 8	2	_	1	_	Boise, ID	45	34	9	1	1	_	3
Chicago, IL	249	143	69	23	8	6	23	Colorado Springs, CO	100	63	23	8	2	4	1
Cincinnati, OH	66	38	16	7	_	5	5	Denver, CO	40	23	10	3	_	4	_
Cleveland, OH	198	141	45	6	2	4	10	Las Vegas, NV Ogden, UT	175 28	114 21	44 5	8 1	3 1	6	12 3
Columbus, OH	133	76	36	6	9	6	5	Phoenix, AZ	140	85	31	12	8	4	7
Dayton, OH	114	80	22	9	2	1	9	Pueblo, CO	17	7	9		_	1	1
Detroit, MI Evansville, IN	U 54	U 37	U 14	U 2	U —	U 1	U —	Salt Lake City, UT	74	44	19	2	5	4	4
Fort Wayne, IN	59	42	14	1	1	1	6	Tucson, AZ	97	77	14	3	2	1	7
Gary, IN	12	7	5	_	_	_	_	Pacific	1,251	813	297	84	35	22	103
Grand Rapids, MI	42	30	4	5	1	2	3	Berkeley, CA	12	6	3	2	_	1	1
Indianapolis, IN	183	120	45	12	4	2	10	Fresno, CA	U	U	U	U	U	U	U
Lansing, MI	38	27	8	2 6	1 1	_	2 11	Glendale, CA	20 44	19 31	1 8	4	_	1	4 7
Milwaukee, WI Peoria. IL	77 32	44 22	26 7	3		_	4	Honolulu, HI Long Beach, CA	52	28	o 17	3	3	1	6
Rockford, IL	29	21	7	1	_	_	1	Los Angeles, CA	213	133	55	16	5	4	16
South Bend, IN	26	19	6	1	_	_	2	Pasadena, CA	20	15	3	_	1	1	2
Toledo, OH	77	50	19	6	1	1	4	Portland, OR	106	62	27	12	2	3	4
Youngstown, OH	42	36	6	_	_	_	3	Sacramento, CA	160	100	40	16	3	1	7
W.N. Central	479	286	129	32	11	18	39	San Diego, CA	114	70 53	31	7 7	3	3	12
Des Moines, IA	85	53	23	4	2	3	10	San Francisco, CA San Jose, CA	83 150	53 116	22 24	6	3	1 1	7 21
Duluth, MN	23	16	7	_	_	_	_	Santa Cruz, CA	26	20	4	1	1		_
Kansas City, KS	14	7	6	1	_	_	_	Seattle, WA	75	45	19	1	7	3	7
Kansas City, MO Lincoln, NE	64 28	38 22	16 5	5	_	4 1	9 3	Spokane, WA	49	35	10	3	_	1	5
Minneapolis, MN	52	20	19	8	1	4	4	Tacoma, WA	127	80	33	6	7	1	4
Omaha, NE	61	41	13	2	2	3	4	Total	9,179**	5,846	2,190	663	250	226	554
St. Louis, MO	42	18	15	2	2	3	4								
St. Paul, MN	45	29	9	5	2	_	_								
Wichita, KS	65	42	16	5	2	_	5	I							

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.

TABLE IV. Provisional cases of selected notifiable disease,* United States, quarter ending June 28, 2008 (26th Week)

States, quarter endi	ng June 28,		berculosis			
	Previous					
Reporting area	Current quarter	4 qu	arters Max	Cum 2008	Cum 2007	
United States	2,056	2,056	3,930	4,117	5,617	
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	37 28 3 — 4 2	36 24 1 0 0 3	41 28 4 0 4 10 2	73 54 4 — 3 8 4	105 56 11 — 5 32	
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	474 91 60 225 98	421 69 47 204 72	538 152 98 250 98	895 160 114 429 192	899 203 116 454 126	
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	119 16 28 1 58 16	119 16 28 1 52 9	370 172 31 78 70 21	273 71 57 10 110 25	551 224 66 113 118 30	
W.N. Central lowa Kansas Minnesota Missouri Nebraska North Dakota South Dakota	85 6 43 29 4 3	85 6 0 34 20 4 0 2	146 15 12 73 37 15 7	171 21 — 77 49 19 — 5	220 16 37 97 55 11 —	
S. Atlantic Delaware District of Columbia Florida Georgia Maryland North Carolina South Carolina Virginia West Virginia	311 3 15 153 17 58 — — 60 5	311 2 13 153 17 49 0 0 33 5	787 6 18 288 79 73 127 83 125 8	703 7 28 359 96 107 — 93	1,185 12 25 426 247 130 142 95 98 10	
E.S. Central Alabama Kentucky Mississippi Tennessee	182 40 27 30 85	99 33 4 17 45	229 50 42 49 88	281 73 31 47 130	265 79 53 47 86	
W.S. Central Arkansas Louisiana Oklahoma Texas	211 22 — 16 173	211 8 0 16 173	581 31 114 44 411	539 30 — 39 470	873 56 1 79 737	
Mountain Arizona Colorado Idaho Montana	88 43 1 —	80 43 1 0	221 155 36 0	168 98 4 —	204 84 52 —	
Nevada New Mexico Utah Wyoming	23 16 5 —	0 4 3 0	23 17 13 0	32 26 8 —	16 30 22 —	
Pacific Alaska California Hawaii Oregon Washington	549 7 504 30 — 8	465 7 429 22 0 0	1,017 14 890 36 0 85	1,014 21 933 52 — 8	1,315 25 1,097 58 — 135	
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	 16 	0 0 8 0	0 0 35 0	 24 	3 — 34 —	

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable.
Cum: Cumulative year-to-date counts. Min: Minimum. Max: Maximum.
* AIDS and HIV/AIDS data are not updated for this quarter because of upgrading of the national HIV/AIDS surveillance data management system.

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