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Epidemiologic Assessment of the Impact of Four Hurricanes — Florida, 2004

During August 13, 2004–September 25, 2004, Florida experienced four major hurricanes: Charley and Frances (both Category 4) and Ivan and Jeanne (both Category 3).* An estimated 20% of homes throughout Florida were damaged by these hurricanes (*1*), and 124 persons died (*2*). In October 2004, the Florida Department of Health (FDOH) added 30 questions to the Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the impact of the hurricanes on state residents. This report summarizes the results of that survey, which indicated that 48.7% of Florida residents had no evacuation plan before any of the hurricanes, portable generators were used in 17.5% of homes after electric power outages, and residents of counties not in the direct paths† of the four hurricanes had consequences similar to those who lived in the direct paths of the hurricanes (e.g., physical injuries, barriers to medical treatment, and loss of work days). Public health officials should consider the needs of residents both in and not in the direct paths of hurricanes in their preparedness planning.

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized U.S. population aged ≥18 years (*3*). During November–December 2004, interviews were conducted with 1,706 Florida residents. Among the participants, 919 (53.9%) lived in the 41 counties in the direct path of at least one of the four hurricanes, and 787 (46.1%) lived in the 26 counties not in the direct paths of the hurricanes (Figure); participants represented all 67 counties in Florida. Chi-square tests were used to examine differences in prevalence between those living in the two groups of counties. Response rate was 42.5%; data were weighted by sex, age, and race/ethnicity to represent characteristics of the 2000 Florida population (*4,5*), with the weighted result that 52.5% of participants were women, 69.0% were white,§ and 62.3% had at least some college education (Table 1).

Overall, 51.3% of Florida residents reported having evacuation plans before the hurricanes; results were similar for residents of counties in the direct paths of hurricanes (53.5%) and those not in the direct paths of hurricanes (48.5%) (Table 2). More than one third (37.9%) of Floridians living in the direct paths evacuated their homes for at least one hurricane, compared with 26.7% of those not in the hurricane paths. Among the 67 counties in Florida, 44 (65.7%) ordered mandatory evacuations for at least one hurricane; an additional 15 counties ordered voluntary evacuations for at least one hurricane. Evacuation orders varied; for example, during Hurricane Charley, Hillsborough County had a countywide

* On the Saffir-Simpson Hurricane Scale, Category 4 hurricanes are those with wind speeds of 131–155 miles per hour (mph), and Category 3 hurricanes are those with wind speeds of 111–130 mph.

† Counties in the direct paths were defined as those crossed by 50-mile swaths of the hurricanes, as plotted by FDOH from post-hurricane data of the National Oceanic and Atmospheric Administration. The 41 counties in the direct paths of hurricanes were as follows: Alachua, Charlotte, Citrus, Columbia, Desoto, Dixie, Escambia, Flagler, Gadsden, Gilchrist, Hamilton, Hardee, Hernando, Highlands, Hillsborough, Indian River, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Martin, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Saint Lucie, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, and Wakulla. The 26 counties not in the direct paths of hurricanes were as follows: Baker, Bay, Bradford, Brevard, Broward, Calhoun, Clay, Collier, Duval, Franklin, Glades, Gulf, Hendry, Holmes, Jackson, Marion, Miami-Dade, Monroe, Nassau, Okaloosa, Palm Beach, Putnam, Saint Johns, Santa Rosa, Walton, and Washington.

§ For this report, persons identified as white or black are all non-Hispanic. Persons identified as Hispanic might be of any race.

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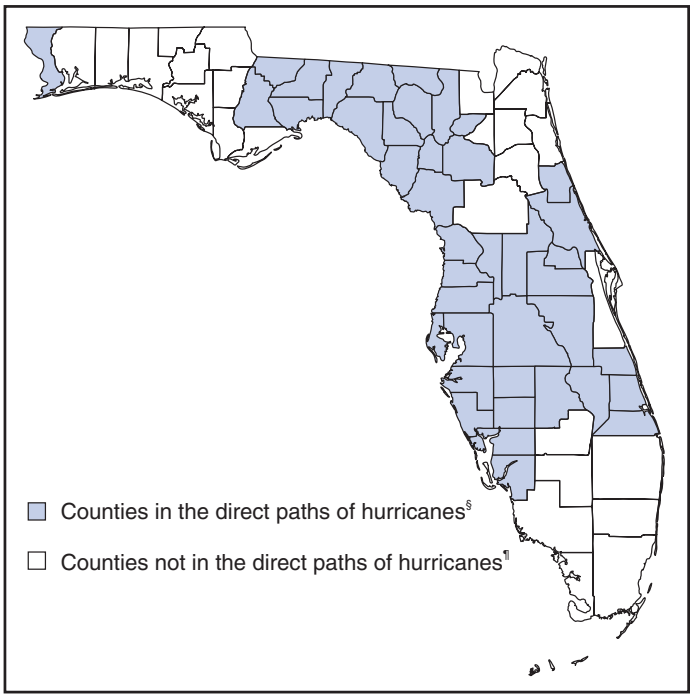
FIGURE. Counties in and not in the direct paths* of four hurricanes† — Florida, 2004



* Counties in the direct paths were defined as those crossed by 50-mile swaths of the hurricanes, as plotted by the Florida Department of Health from post-hurricane data of the National Oceanic and Atmospheric Administration.
† Charley, Frances, Ivan, and Jeanne.
§ The 41 counties in the direct paths of hurricanes were as follows: Alachua, Charlotte, Citrus, Columbia, Desoto, Dixie, Escambia, Flagler, Gadsden, Gilchrist, Hamilton, Hardee, Hernando, Highlands, Hillsborough, Indian River, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Martin, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Saint Lucie, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, and Wakulla.
¶ The 26 counties not in the direct paths of hurricanes were as follows: Baker, Bay, Bradford, Brevard, Broward, Calhoun, Clay, Collier, Duval, Franklin, Glades, Gulf, Hendry, Holmes, Jackson, Marion, Miami-Dade, Monroe, Nassau, Okaloosa, Palm Beach, Putnam, Saint Johns, Santa Rosa, Walton, and Washington.

mandatory evacuation order, whereas neighboring Pinellas County had a mandatory evacuation order for nursing homes only.

Environmental concerns associated with hurricanes cited as most important by all respondents were drinking water quality (50.9%), sewage disposal (13.2%), and food protection (11.8%). No statistically significant differences were observed between residents living in counties in or not in the direct paths of the hurricanes. Overall, 17.5% of occupied Florida residences used a portable, gasoline-powered generator for electric power after hurricanes; no significant difference was observed between persons living in counties in or not in the direct paths of the hurricanes (19.3% versus 15.3%). Among persons using generators, 4.6% reported operating them

TABLE 1. Number of participants (N = 1,706) in survey assessing impact of four hurricanes,* by selected characteristics† — Behavioral Risk Factor Surveillance System, Florida, November–December 2004

Characteristic	No.	(%)	(95% CI§)
Sex			
Male	634	(47.5)	(44.0–51.0)
Female	1,072	(52.5)	(49.0–56.0)
Race/Ethnicity¶			
White	1,260	(69.0)	(65.5–72.5)
Black	155	(10.2)	(7.9–12.6)
Hispanic	211	(20.8)	(17.6–23.9)
Age group (yrs)			
18–44	577	(46.1)	(42.6–49.6)
45–64	596	(31.4)	(28.2–34.6)
≥65	513	(22.5)	(20.0–25.0)
Education			
Less than high school	192	(11.3)	(8.8–13.9)
High school or GED** diploma	503	(26.4)	(23.3–29.5)
Some college or college graduate	1,006	(62.3)	(58.8–65.7)
Annual household income			
<$25,000	489	(30.2)	(26.7–33.7)
$25,000–$49,999	459	(30.0)	(26.5–33.5)
≥$50,000	511	(39.8)	(36.2–43.4)

* Percentages weighted to represent the 2000 Florida population aged ≥18 years.
† Charley, Frances, Ivan, and Jeanne.
§ Confidence interval.
¶ Persons identified as white or black are all non-Hispanic. Persons identified as Hispanic might be of any race.
** General Education Development.

inside a home or garage (1.8% in the hurricane paths and 8.9% not in the hurricane paths, respectively).

Among all respondents, 51.4% reported some damage to their homes, including 43.3% of those who were not living in counties in the direct paths of the hurricanes. Severe or catastrophic damage was reported by 10.2% of persons in the hurricane paths and 6.0% not in the hurricane paths (Table 2). Among the 850 survey participants who reported being employed or self-employed and who responded to questions about employment after the hurricanes, 45.8% missed work, lost their jobs, or both because of the hurricanes, and 39.2% were out of work for more than 5 days. Among those in the hurricane paths, 47.2% missed work, lost their jobs, or both, and 39.5% missed more than 5 days of work. Among Floridians not in the hurricane paths, 44.1% missed work, lost their jobs, or both, and 38.8% missed more than 5 days of work.

Physical injuries caused by the hurricanes were reported by 4.6% of persons in the hurricane paths and 3.8% not in the hurricane paths. Among persons with health conditions such as diabetes, asthma, or cardiovascular disease, 5.4% reported their conditions were made worse as a result of the hurricanes, including 6.4% in the hurricane paths and 4.1% not in the hurricane paths. Among those who said their health conditions were made worse by the hurricanes, 13.6% reported being prevented or delayed by the hurricanes from obtaining medication, and 9.0% reported barriers to accessing essential medical equipment (e.g., dialysis or oxygen). Persons living in counties in the hurricane paths were more likely (12.7%) to report difficulty in accessing essential medical equipment than persons not in the hurricane paths (1.9%).

Emotional and mental health conditions were assessed during the interviews to determine whether any resulted from the hurricanes. Among all respondents, 10.7% reported feelings of nervousness, worry, or anxiety at the time of the interview because of the hurricanes; 6.0% reported feeling sad or having loss of appetite or difficulty sleeping; and 3.9% reported reduced mental ability to work or study.

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Editorial Note: The results of this assessment of the 2004 hurricane season in Florida underscore the need to improve certain areas of hurricane preparedness planning. Approximately half (48.7%) of Floridians had no evacuation plan before any of the hurricanes, including those who resided in counties in the direct path of a hurricane. Efforts should be increased to educate the public regarding the need to evacuate residences not only in the direct paths of hurricanes but also residences away from the direct paths where hazards are posed (e.g., flooding).

Survey results also indicated that portable generators were used for electric power in an estimated 17.5% of occupied Florida residences. Among persons using generators, 4.6% reported operating them improperly inside a home or garage. Surveillance data from this period identified 56 reported carbon monoxide–exposure incidents, resulting in treatment of 167 persons and six deaths (*6*). During the 2004 hurricane season, FDOH periodically released notices regarding the dangers of carbon monoxide poisoning, especially involving the use of portable generators. Public education regarding the proper use of generators and the dangers of carbon monoxide should be increased to reduce the risk for exposures throughout the hurricane season.

The findings in this report are subject to at least five limitations. First, the sample size of 1,706 was too small for strata analyses, particularly regarding difficulties faced by adults with chronic conditions and treatment sought by those reporting emotional or mental health conditions. Second, the response rate for the survey was 42.5%. Third, the sample design for the Florida BRFSS did not provide county-level data to assess local impact of the four hurricanes. However, other reports have addressed local impact of specific 2004 hurricanes and the needs of target populations, such as older adults (*7–9*).

TABLE 2. Prevalence* of participants (N = 1,706) reporting consequences from four hurricanes,† by consequence and location of residence§ — Behavioral Risk Factor Surveillance System, Florida, November–December 2004

Consequence	Participants responding			Residents of counties in direct path of a hurricane			Residents of counties not in direct path of a hurricane		
	No.	(%)	(95% CI¶)	No.	(%)	(95% CI)	No.	(%)	(95% CI)
Made plans to evacuate residence during any hurricane	1,690	(51.3)	(47.8–54.7)	908	(53.5)	(48.6–58.5)	782	(48.5)	(43.7–53.4)
Evacuated residence during how many hurricanes	1,696			914			782		
None		(67.2)	(63.8–70.6)		(62.1)	(57.0–67.2)		(73.3)	(69.3–77.3)
One		(18.4)	(15.4–21.4)		(21.0)	(16.3–25.8)		(15.2)	(12.1–18.2)
Two		(9.4)	(7.3–11.5)		(10.1)	(7.0–13.2)		(8.6)	(5.8–11.5)
Three		(2.5)	(1.5–3.4)		(3.6)	(2.0–5.1)		(1.2)	(0.3–2.1)
Four		(2.6)	(1.6–3.5)		(3.2)	(1.7–4.8)		(1.7)	(0.7–2.7)
Most important environmental concern caused by hurricanes	1,557			834			723		
Drinking water quality		(50.9)	(47.4–54.5)		(51.5)	(46.5–56.6)		(50.2)	(45.3–55.1)
Sewage disposal		(13.2)	(10.9–15.5)		(14.9)	(11.3–18.5)		(11.1)	(8.3–13.8)
Food protection		(11.8)	(9.5–14.1)		(10.7)	(7.4–13.9)		(13.2)	(9.9–16.4)
Solid waste problems		(9.4)	(7.3–11.5)		(9.5)	(6.3–12.8)		(9.2)	(6.7–11.8)
Mosquito control		(6.6)	(5.0–8.2)		(4.7)	(3.0–6.4)		(8.8)	(5.9–11.8)
Mold control		(3.5)	(2.0–4.9)		(5.2)	(2.6–7.8)		(1.4)	(0.5–2.3)
Carbon monoxide poisoning		(2.4)	(1.4–3.3)		(1.1)	(0.3–1.9)		(3.9)	(2.0–5.8)
Other		(1.4)	(0.6–2.1)		(0.9)	(0.2–1.6)		(1.9)	(0.5–3.3)
None		(0.8)	(0.2–1.4)		(1.4)	(0.3–2.5)		(0.2)	(0.0–0.4)
Used generator for electric power because of a hurricane	1,686	(17.5)	(14.8–20.1)	912	(19.3)	(15.6–23.0)	774	(15.3)	(11.4–19.1)
Where generator was operated	330			204			126		
Inside the home or garage		(4.6)	(1.7–7.5)		(1.8)	(0.0–4.7)		(8.9)	(2.7–15.1)
Outside the home or garage		(95.4)	(92.5–98.3)		(98.2)	(95.3–100.0)		(91.1)	(84.9–97.3)
Damage done to residence	1,688			912			776		
None		(48.6)	(45.1–52.1)		(42.1)	(37.2–46.9)		(56.7)	(51.9–61.5)
Minor (<$500 damage; livable)		(32.6)	(29.3–35.8)		(34.5)	(29.9–39.1)		(30.2)	(25.7–34.7)
Moderate ($500–$1,000 damage; livable)		(10.5)	(8.0–13.0)		(13.3)	(9.3–17.4)		(7.0)	(4.4–9.7)
Severe (>$1,000 damage; difficult to live there during repairs)		(7.5)	(5.5–9.5)		(9.0)	(5.9–12.0)		(5.7)	(3.4–8.0)
Catastrophic (extensive repairs required; not livable)		(0.8)	(0.3–1.3)		(1.2)	(0.3–2.0)		(0.3)	(0.0–0.7)
Experienced physical injury as a result of a hurricane	1,690	(4.2)	(2.6–5.8)	910	(4.6)	(2.3–6.9)	780	(3.8)	(1.7–5.8)
Health condition made worse as a result of a hurricane	1,688	(5.4)	(3.9–6.8)	910	(6.4)	(4.3–8.4)	778	(4.1)	(2.1–6.1)
Prevented or delayed from getting needed medication by a hurricane	96	(13.6)	(4.7–22.5)	67	(12.8)	(3.7–22.0)	32	(15.0)	(0.0–34.6)
Access to essential medical equipment (e.g., dialysis or oxygen) affected by a hurricane	93	(9.0)	(1.5–16.5)	65	(12.7)	(1.6–23.9)	28	(1.9)	(0.0–5.4)
Missed work or lost job because of a hurricane	850			455			395		
Did not miss work or lose job		(54.2)	(49.5–58.9)		(52.8)	(46.1–59.4)		(55.9)	(49.1–62.7)
Missed work		(43.3)	(38.6–47.9)		(44.8)	(38.2–51.3)		(41.4)	(34.8–48.1)
1–5 days		(60.8)	(53.6–68.0)		(60.5)	(50.7–70.3)		(61.2)	(50.4–71.9)
>5 days		(39.2)	(32.0–46.4)		(39.5)	(29.7–49.3)		(38.8)	(28.1–49.6)
Lost job		(1.7)	(0.0–3.6)		(1.0)	(0.0–3.0)		(2.5)	(0.0–6.0)
Missed work and lost job		(0.8)	(0.0–2.3)		(1.4)	(0.4–4.2)		(0.1)	(0.0–0.4)
Emotional or mental health conditions because of a hurricane									
Feelings of nervousness, worry, or anxiety	1,684	(10.7)	(8.4–12.9)	906	(10.8)	(8.0–13.7)	778	(10.4)	(6.7–14.1)
Feelings of sadness, loss of appetite, or difficulty sleeping	1,683	(6.0)	(4.3–7.7)	906	(5.4)	(3.6–7.2)	777	(6.8)	(3.7–9.8)
Reduced mental ability to work or study (e.g., less productive)	1,674	(3.9)	(2.5–5.4)	899	(3.2)	(1.7–4.7)	775	(4.8)	(2.1–7.4)

* Percentages weighted to represent the 2000 Florida population aged ≥18 years.
† Charley, Frances, Ivan, and Jeanne.
§ Counties in the direct paths were defined as those crossed by 50-mile swaths of the hurricanes, as plotted by the Florida Department of Health from post-hurricane data of the National Oceanic and Atmospheric Administration.
¶ Confidence interval.

Fourth, BRFSS does not reach residents who are temporarily or permanently without a land-line telephone, and interviews by cellular telephone are prohibited. Finally, no baseline data were available to compare the emotional and mental health conditions reported by survey participants as a result of the hurricanes with their conditions before the hurricanes.

The findings in this report suggest that BRFSS can be used for rapid assessment of the impact on the lives of residents and the public health consequences of hurricanes. Timeliness of implementing such surveys can be critical to the accurate assessment of conditions directly related to the hurricanes. Within 30 days after the last Florida hurricane of 2004 (Hurricane Jeanne), FDOH began collecting these data, which might not have been captured by other means. Collaboration among state agencies was essential to developing a comprehensive assessment tool. Hurricane preparedness by FDOH now includes educating residents about the danger of carbon monoxide poisoning, planning for mosquito control, and making available a family preparedness guide. Additional information is available at http://doh.state.fl.us.

Acknowledgments

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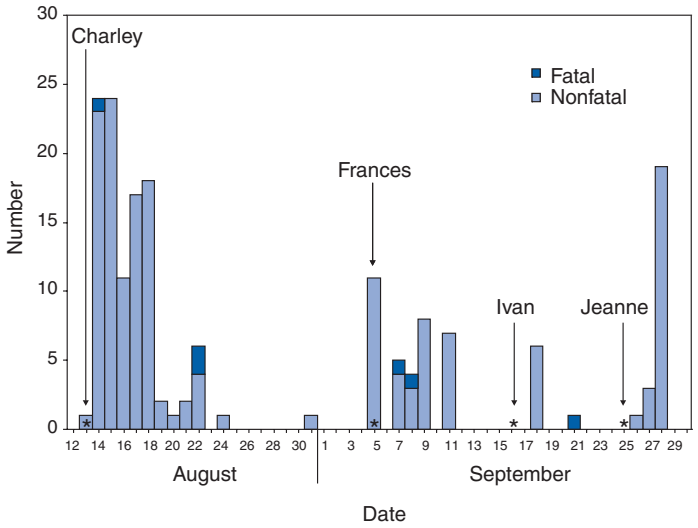
Carbon Monoxide Poisoning from Hurricane-Associated Use of Portable Generators — Florida, 2004

The four major hurricanes that struck Florida during August 13–September 25, 2004, produced electric power outages in several million homes (*1*). After the hurricanes, the Consumer Product Safety Commission (CPSC) investigated six deaths in Florida attributed to carbon monoxide (CO) poisoning (CPSC, unpublished data, 2004). The Florida Department of Health and CDC analyzed demographic and CO exposure data from these fatal poisoning cases and from nonfatal poisoning cases among 167 persons treated at 10 hospitals, including two with hyperbaric oxygen (HBO_2) chambers. This report describes the results of that analysis, which determined that misplacement of portable, gasoline-powered generators (e.g., indoors, in garages, or outdoors near windows) was responsible for nearly all of these CO exposures. Public health practitioners should recognize that post-hurricane environments present challenges to the safe operation of portable generators and should educate the public on the hazards of CO poisoning in these settings.

All medical records were reviewed from participating hospitals in which a patient received a diagnosis of unintentional CO poisoning (*International Classification of Diseases, Ninth Revision* code 986) during August 13–October 15, 2004. These dates correspond to landfall of the first hurricane (Charley) and 3 weeks after landfall of the last hurricane (Jeanne), when active surveillance for CO poisoning was discontinued. Nine participating hospitals, including one with an HBO_2 chamber, were located in landfall counties and involved in post-hurricane surveillance; a tenth participating hospital, which also had an HBO_2 chamber, was located in central Florida. Any case involving a diagnosis of unintentional CO poisoning not related to a fire was included. All available information about the patient's exposure, clinical presentation, laboratory testing (e.g., result of earliest available measurement of blood carboxyhemoglobin [COHb] level), and medical treatment was collected. In addition, investigations into six deaths from five exposure incidents were reviewed for basic demographic information and details about generator location. Because the six persons who were fatally poisoned died before arrival at a medical facility, no clinical information was recorded for them.

A total of 167 persons had nonfatal CO poisoning diagnosed during the study period, representing a total of 51 exposure incidents. The number of cases and incidents peaked within 3 days after landfall of each hurricane (Figure 1).

FIGURE 1. Number of cases of fatal (n = six) and nonfatal (n = 167) carbon monoxide poisoning, by date of exposure — Florida, August–September 2004



* Landfall dates for Hurricanes Charley (August 13), Frances (September 5), Ivan (September 16), and Jeanne (September 25), respectively.

The mean number of persons poisoned per incident was 3.3 (range: one to eight persons per incident). Fifty-four (32.3%) patients were initially treated at emergency departments (EDs) in hospitals outside the surveillance system but were later transferred to one of the two hospitals with HBO_2 chambers.

Of the 167 persons with nonfatal poisoning, 87 (52.1%) were female. The median age was 29 years; 52 (31.1%) were aged ≤16 years, and 11 (6.6%) were aged ≥65 years. Seventy-six (45.5%) of the persons with nonfatal poisoning were white,* 47 (28.1%) Hispanic, 36 (21.6%) black, and six (3.6%) Asian; the race/ethnicity of two (1.2%) persons was not known. The percentages of those poisoned who were Hispanic and black were approximately twice the percentages of Hispanics (14.7%) and blacks (9.1%) reported residing in the hurricane-affected counties by the Florida 2004 Behavioral Risk Factor Surveillance System (BRFSS) survey. Among the six persons who were fatally poisoned, all were white, and five (83.3%) were male; the median age was 45 years (range: 30–58 years).

The most frequently reported symptoms of CO poisoning were headache (80.0%), nausea (51.5%), dizziness (50.9%), vomiting (31.5%), shortness of breath (16.4%), and loss of consciousness (14.5%) (Table). Among the 162 patients for whom COHb levels were available, the mean level of COHb was 19.8% (standard deviation: ±8.7%); median was 21.1% (range: 0.2%–45.1%). Eighty-one (48.5%) patients were treated and released from the ED without HBO_2 treatment. Seventy-three (43.7%) patients were released after HBO_2 treatment. Thirteen (7.8%) patients were hospitalized; 11 of those were discharged after one night. Of the 13 hospitalized patients, four received HBO_2 treatment. Overall, 77 (46.1%) persons were treated with HBO_2.

* For this report, persons identified as white, black, and Asian are all non-Hispanic. Persons identified as Hispanic might be of any race.

TABLE. Number and percentage of patients with nonfatal carbon monoxide poisoning and COHb* level, by symptom and treatment — Florida, August–September 2004

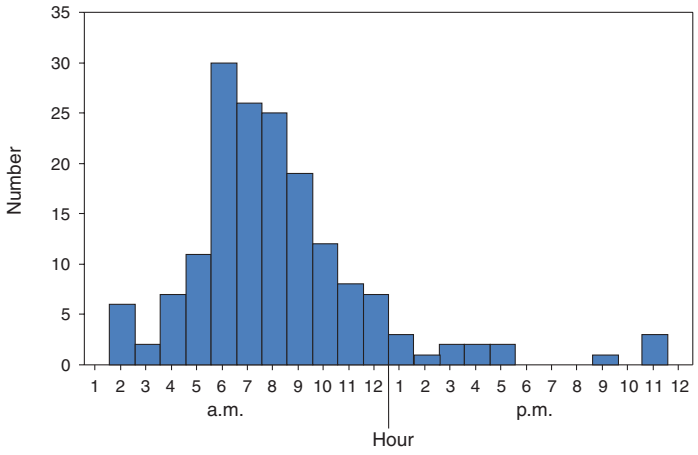
Symptom/Treatment	No.	(%)	Mean COHb level %
Symptom†			
Headache	132	(80.0)	19.9
Nausea	85	(51.5)	20.6
Dizzy or lightheaded	84	(50.9)	19.6
Vomiting	52	(31.5)	19.7
Shortness of breath or dyspnea	27	(16.4)	21.3
Loss of consciousness	24	(14.5)	25.0
Lethargy or fatigue	20	(12.1)	19.6
Confusion or altered mental status	19	(11.5)	24.9
Difficulty walking or ataxia	13	(7.9)	21.6
Weakness	13	(7.9)	19.1
No symptoms	8	(4.8)	14.8
Treatment			
Emergency department only	81	(48.5)	16.3
Emergency department and HBO_2§	73	(43.7)	22.9
Hospitalization	9	(5.4)	19.4
Hospitalization and HBO_2	4	(2.4)	33.5

* Carboxyhemoglobin (COHb) levels were available for 162 patients. Information on symptoms was available for 165 patients. Mean COHb levels were calculated for patients with both COHb and symptom information.
† Includes symptoms experienced by ≥5% of patients. Symptoms experienced by <5% of patients included but were not limited to chest pain, visual disturbances, diarrhea, shaking, abdominal pain, palpitations, chest tightness, sweating, anxiety, and tingling.
§ Hyperbaric oxygen.

The majority of nonfatal poisonings occurred overnight, with patients waking in the early morning with symptoms (Figure 2). One hundred eleven (66.5%) patients arrived at the ED during 5:00 a.m.–10:00 a.m. Medical records indicated that patients typically used generators to power refrigerators, fans, and air conditioners while sleeping. Similar exposure patterns and types of powered appliances were reported among the five incidents with fatalities.

Information regarding the source of CO was available for 49 (96.1%) of the 51 incidents with nonfatal poisonings. Use of portable, gasoline-powered generators was implicated in 47 (96.0%) nonfatal incidents and in the five incidents that resulted in the six fatalities. In two other nonfatal incidents, exposure to CO was attributed to use of a gasoline-powered saw and to a vehicle left idling in a garage. In the 47 nonfatal incidents in which a generator was known to be involved, 16 (34.0%) generators were operated outdoors; 16 (34.0%) inside a garage; six (12.8%) inside a home; four (8.5%) on an attached porch, deck, or patio; one (2.1%) inside a business;

FIGURE 2. Number of patients (n = 167) with nonfatal carbon monoxide poisoning, by hour of arrival at emergency department — Florida, August–September 2004



and one (2.1%) as part of a recreational vehicle. Generator location was unavailable for three (6.4%) incidents. The majority of the 16 generators placed outdoors were reportedly located near windows or window-mounted air conditioners. Medical records for certain patients indicated that generators were placed in homes or garages to protect the devices from the weather or to prevent them from being stolen. Among the five incidents with fatalities, generators were placed inside a home in two incidents, in an office or business in two incidents, and inside a garage in one incident. No mention was made of a home CO detector in any of the medical records.

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Editorial Note: Portable, gasoline-powered generators are a common source of unintentional CO poisoning after power outages (*2*). The devices are used increasingly to provide electricity during temporary outages resulting from adverse weather events, but the CO produced during their operation can be a serious health hazard. The exhaust produced by the typical 5.5 kW generator contains as much CO as that of six idling automobiles (*2,3*). When used indoors or in close proximity to residential dwellings, this exhaust can quickly infiltrate living spaces and incapacitate occupants (*2*).

Data from the 2004 BRFSS indicate that 17.5% of adult respondents in Florida reported that their household used a generator for power after at least one of the hurricanes; a substantial number of these generators were operated inside a home or garage (*4*). This report demonstrates that CO poisoning, although not perceived as an important health problem by the public (*4*), represents an important cause of morbidity and mortality in a post-hurricane environment. In this study, portable generators were the source of CO for all fatal cases and nearly all nonfatal cases of CO poisoning. Misplacement of portable generators indoors, in garages, or outdoors near windows accounted for most exposures. In addition, the majority of CO exposures occurred during overnight use of generators to power air conditioners and appliances.

The findings in this report are subject to at least three limitations. First, investigators used a sample of 10 hospitals to collect cases of CO poisoning; therefore, the findings are not a complete inventory of cases of CO poisoning in Florida during the 2004 hurricane season. Second, only cases of CO poisoning among persons treated at hospital EDs and at two HBO_2 chambers were included in the study; therefore, the results likely reflect more severe poisonings than would occur in a general population. Finally, because the study was limited to data documented in hospital records, the role of previously identified risk factors (e.g., language barriers) (*5*) was not examined in these cases of CO poisoning.

Sales of portable generators have been increasing since 2000 (*6*), primarily because of increased affordability of the devices and disaster preparedness campaigns. With increasing numbers of new generator owners, public health officials can expect a decline in the mean level of user experience with the devices. An above-normal hurricane season was predicted for 2005, with 12–15 tropical storms (average: 10), including seven to nine hurricanes (average: six), with three to five (average: two) of these rated as major (category 3–5) hurricanes. The majority of the storms were expected to form during August–October (*7*). However, as of July 14, the season had already produced five tropical storms, including two that became major hurricanes. Power outages that occur after hurricanes create demand for alternate electricity sources to power air conditioning, ventilation, and refrigeration. The urgent need for interim power supplies, coupled with fear of theft and the risks of shock and electrocution posed by using nonweatherized devices in wet conditions, create challenges to the safe operation of portable generators in post-hurricane settings. Nonetheless, public health campaigns should emphasize that portable generators must never be operated indoors, in garages, or outdoors anywhere near doors, windows, or vents of buildings that might be occupied.

Acknowledgment

This report is based, in part, on data contributed by CPSC.

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Disparities in Universal Prenatal Screening for Group B Streptococcus — North Carolina, 2002–2003

Group B streptococcus (GBS) is a leading cause of neonatal morbidity and mortality in the United States (*1*). Intrapartum antibiotics administered to women at risk for transmitting GBS to their newborns are effective in preventing perinatal GBS infection (*2*). In 2002, CDC, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists recommended universal prenatal screening for vaginal and rectal GBS colonization at 35–37 weeks' gestation (*3–5*). To examine prenatal GBS screening among pregnant women in North Carolina, CDC analyzed 2002 and 2003 data from the North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS). The proportions of women reporting prenatal screening for GBS were similar in 2002 and 2003 (70% and 74%, respectively); however, for both years, women of Hispanic ethnicity and women who received prenatal care at a hospital or health department clinic were less likely to report prenatal screening for GBS. These findings underscore the need to increase GBS-related education and prevention activities targeted to these populations.

North Carolina PRAMS is a population-based, random, stratified, monthly mail/telephone survey of women who have recently delivered a liveborn infant. Each month, approximately 200 questionnaires are mailed to women chosen at random from birth-certificate files. After three mailings, attempts are made to contact nonresponders by telephone. Mothers of low-birthweight babies (<2,500 g) are oversampled to ensure adequate coverage. Self-reported survey data are linked to selected birth-certificate data and weighted for sample design, nonresponse, and noncoverage to create the annual PRAMS data sets. These weights make the data representative of all North Carolina women with a liveborn delivery. Because data from 2002 and 2003 were similar for key analysis variables, results are reported for combined data.

This analysis focused on a PRAMS question related to GBS screening that was added to the North Carolina PRAMS survey in 2002. Mothers were asked, "At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (or Beta Strep)?" Response categories included "no," "yes," and "I don't know." Because women who responded "I don't know" differed in several demographic characteristics from women who responded "no," these two groups were evaluated separately, with women who responded "yes" as the referent group. Point estimates and confidence intervals were calculated. Predictors of prenatal GBS screening were identified by univariate analysis. All variables associated with GBS screening with p-values <0.2 were evaluated by multivariable analysis by using backwards stepwise logistic regression and controlling for gestational age at delivery. The final multivariable models included main effects (e.g., race, ethnicity, and primary source of prenatal care) that were significant at $p<0.05$. Two multivariable logistic regression models were constructed: 1) comparing women who were screened for GBS with those who were not screened and excluding those who did not know their screening status and 2) comparing women screened for GBS with those who did not know their screening status and excluding those who were not screened.

During 2002–2003, a total of 235,599 live births occurred in North Carolina; 4,128 women were included in the PRAMS sample, and 3,027 responded (the overall response rate was approximately 73%). Twelve percent of mothers were Hispanic, 52% had a high school education or less, and 48% had Medicaid payment of delivery. Sixty-eight percent of respondents received prenatal care primarily from a private physician or health maintenance organization; 28% received care primarily from a hospital or health department clinic. Less than 1% received no prenatal care.

In 2002 and 2003, 70% and 74% of women, respectively, were screened for GBS; 11% and 8%, respectively, were not

screened for GBS; and 19% and 18%, respectively, did not know their screening status. For both years combined, 82% reported that a health-care provider discussed GBS with them, and 82% were tested for human immunodeficiency virus (HIV) during pregnancy.

Among women who knew their GBS screening status, univariate factors significantly associated with lack of GBS screening included age <24 years, high school education or less, Hispanic ethnicity, being unmarried, delivery paid by Medicaid, receipt of prenatal care primarily at a hospital or health department clinic, no insurance before pregnancy, and lack of prenatal testing for HIV (Table 1). In multivariable analysis, Hispanic ethnicity, receipt of prenatal care primarily at a hospital clinic or health department, and lack of prenatal HIV testing were significantly associated with lack of prenatal GBS screening (Table 1).

Univariate factors significantly associated with lack of knowledge of GBS screening status were similar to those associated with lack of GBS screening, with the addition of black race, other race (i.e., other than white or black), unintended pregnancy, and receipt of Women, Infants, and Children (WIC) benefits during pregnancy (Table 2). In multivariable analysis, black race, other race, Hispanic ethnicity, receipt of prenatal care primarily at a hospital or health department clinic, lack of prenatal HIV testing, and Medicaid payment of delivery were all significantly associated with lack of knowledge of GBS screening status (Table 2).

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Editorial Note: The first consensus guidelines for prevention of neonatal GBS disease in the United States were released in 1996 (*6*). On the basis of available evidence, these guidelines recommended two strategies as equally acceptable: 1) late prenatal culture-based screening for GBS or 2) prophylactic administration of intrapartum antibiotics to women with defined risk factors for GBS, in lieu of screening. New evidence that prenatal culture-based screening is >50% more effective than the risk-based approach (*7*) led to revised guidelines recommending GBS screening for all pregnant women. These guidelines were released by CDC in July 2002, endorsed by the American Academy of Pediatrics in October 2002, and issued by the American College of Obstetricians and Gynecologists in December 2002 (*3*–*5*). The data presented in this report are from 2002, the year the guidelines were issued, and from 2003, the year after the transition. During 2002–2003, the majority (72%) of pregnant women in North Carolina were screened for GBS. GBS screening rates before 2002 in North Carolina are unknown, but the national average GBS screening rate before 2002 was approximately 50% (*7*), suggesting that the rate of GBS screening in North Carolina might have increased. However, the goal of universal prenatal GBS screening has not yet been attained in North Carolina.

Although the overall reported GBS screening rate among North Carolina PRAMS participants was high during 2002–2003, reported screening rates were substantially below average among Hispanic women, women who received prenatal care primarily from hospital or health department clinics, and women who did not receive other recommended prenatal interventions (e.g., HIV testing). PRAMS data cannot be used to determine whether GBS screening rates are truly lower at hospital and health department clinics, or whether women who seek care in those settings are less likely to report screening. Targeted efforts to promote universal prenatal GBS screening among obstetric health-care providers who serve these populations might be effective in reducing screening disparities in North Carolina.

Nineteen percent of mothers in North Carolina did not know whether they had been screened for GBS during pregnancy, indicating missed opportunities for communication of GBS prevention messages. This finding might be partially explained by language barriers. In addition, providers might not discuss GBS screening with their patients unless they test positive. Overall, approximately half of Hispanic women did not know their GBS screening status, underscoring the need to develop and implement effective educational messages for this population. A national marketing survey of women in 1999 and 2002 indicated that women of black, Asian/Pacific Islander, or other race, women who had attained a high school education or less, and women with low household income had lower awareness of perinatal GBS than other women; overall, 66% of pregnant women had heard of GBS (*8*). In North Carolina, the same groups at risk for lack of GBS screening were also at risk for not knowing their screening status, as were black women, women of other race, and women whose deliveries were paid for by Medicaid. Women made aware of perinatal GBS disease might be more likely to request prenatal screening and to communicate their screening status to labor and delivery staff, decreasing missed opportunities for prevention. Health-communications messages targeting pregnant women can supplement those targeted to health-care providers, contributing to the overall goal of preventing perinatal GBS disease.

The findings in this report are subject to at least four limitations. First, because PRAMS data are collected by self-reported survey, GBS screening status could not be confirmed. Second, some health-care providers might have discussed GBS with patients without using the language, “Group B Strep or

TABLE 1. Characteristics associated with lack of prenatal group B streptococcus screening among women who knew their screening status — Pregnancy Risk Assessment Monitoring System, North Carolina, 2002–2003

Characteristic*	No. of women not screened	% of women not screened† (95% CI§)	AOR¶ of being screened (95% CI)
All women**	**371**	**12 (10–13)**	
Ethnicity			
Hispanic	60	34 (25–43)††	0.3 (0.2–0.5)††
Non-Hispanic	310	10 (8–11)††	1.0 (referent)
Race			
White	259	12 (10–14)	
Black	97	10 (7–13)	
Other	15	14 (6–22)	
Education			
≤High school	192	15 (13–18)§§	
>High school	178	9 (7–11)§§	
Marital status			
Married	217	10 (9–12)¶¶	
Not married	154	15 (12–18)¶¶	
Age (yrs)			
<24	123	15 (12–18)***	
≥24	248	10 (9–12)***	
Pregnancy intended			
Yes	204	12 (10–14)	
No	164	12 (10–15)	
On WIC††† during pregnancy			
Yes	159	13 (10–16)	
No	209	11 (9–13)	
Insurance before pregnancy			
Yes	213	10 (8–11)§§	
No	158	16 (13–19)§§	
Source of prenatal care			
Private physician/Health maintenance organization	228	9 (7–11)§§	1.0 (referent)
Hospital clinic, health department clinic, or other	104	18 (14–23)§§	0.6 (0.4–0.9)¶¶
Delivery paid by Medicaid			
Yes	192	15 (13–18)§§	
No	178	9 (7–11)§§	
Gestation (wks)			
<35	158	36 (29–42)††	0.2 (0.2–0.3)††
≥35	213	11 (9–12)††	1.0 (referent)
HIV test during pregnancy			
Yes	261	11 (9–12)¶¶	1.0 (referent)
No	91	18 (14–23)¶¶	0.4 (0.3–0.6)††
Previous live birth			
Yes	201	12 (10–15)	
No	168	11 (8–13)	

* All characteristics that were significant in univariate analysis at p<0.2 are shown in this table. Race was not significant (p = 0.6) but was included in the model because of theoretical relevance.
† Percentages are weighted to account for survey design, nonresponse, and noncoverage.
§ Confidence interval.
¶ Adjusted odds ratio. Only those ORs that remained significant at p<0.05 in the final stepwise logistic regression model are reported.
** n = 2,333. Women who did not know their screening status were excluded from these analyses.
†† p<0.0001.
§§ p<0.001.
¶¶ p<0.01.
*** p<0.05.
††† Women, Infants, and Children.

TABLE 2. Characteristics associated with lack of knowledge of prenatal group B streptococcus screening status — Pregnancy Risk Assessment Monitoring System, North Carolina, 2002–2003

Characteristic*	No. who did not know screening status	% who did not know screening status† (95% CI§)	AOR¶ of being screened (95% CI)
All women**	**670**	**19 (17–21)**	
Ethnicity			
Hispanic	153	59 (52–67)††	0.1 (0.1–0.2)††
Non-Hispanic	516	16 (14–18)††	1.0 (referent)
Race			
White	404	18 (16–20)§§	1.0 (referent)
Black	221	26 (22–31)§§	0.6 (0.4–0.8)††
Other	45	35 (24–45)§§	0.3 (0.2–0.5)††
Education			
≤High school	466	30 (27–33)††	
>High school	201	11 (9–13)††	
Marital status			
Married	310	15 (13–17)††	
Not married	360	33 (29–37)††	
Age (yrs)			
<24	309	29 (26–33)††	
≥24	361	17 (15–19)††	
Pregnancy intended			
Yes	330	18 (16–21)¶¶	
No	329	24 (21–27)¶¶	
On WIC* during pregnancy**			
Yes	425	32 (28–35)††	
No	238	11 (10–13)††	
Insurance before pregnancy			
Yes	265	12 (10–14)††	
No	402	34 (30–38)††	
Source of prenatal care			
Private physician/Health maintenance organization	319	12 (11–14)††	1.0 (referent)
Hospital clinic, health department clinic, or other	284	39 (34–44)††	0.5 (0.4–0.7)§§
Delivery paid by Medicaid			
Yes	482	33 (30–36)††	0.4 (0.3–0.5)††
No	185	10 (8–12)††	1.0 (referent)
Gestation (wks)			
<35	223	42 (37–48)††	0.3 (0.2–0.5)††
≥35	447	20 (18–22)††	1.0 (referent)
HIV test during pregnancy			
Yes	511	20 (18–23)	1.0 (referent)
No	83	17 (13–21)	0.6 (0.4–1.0)†††
Previous live birth			
Yes	338	22 (19–24)	
No	326	20 (17–23)	

* All characteristics that were significant in univariate analysis at p<0.2 are shown in this table.
† Percentages are weighted to account for survey design, nonresponse, and noncoverage.
§ Confidence interval.
¶ Adjusted odds ratio. Only those ORs that remained significant at p<0.05 in the final stepwise logistic regression model are reported.
** n = 2,632. Women who reported that they were not screened were excluded from these analyses.
†† p<0.0001.
§§ p<0.001.
¶¶ p<0.01.
*** Women, Infants, and Children.
††† p<0.05.

Beta Strep," used in the PRAMS question. Third, because North Carolina is the only state that collected data regarding GBS screening in 2002 and 2003 and attained a PRAMS response rate >70%, these findings cannot be generalized to other areas of the country. Finally, because data about GBS screening were not collected by any state participating in PRAMS before 2002, no baseline PRAMS data are available with which to compare screening rates after the updated guidelines were issued.

In 2003, the year after universal prenatal GBS screening was recommended, the incidence of invasive perinatal GBS disease in the United States declined 34% (*9*). For continued progress in reducing perinatal GBS disease, prenatal care providers and health educators must reduce disparities in prenatal GBS screening and awareness among minority populations. Three GBS questions are available to all PRAMS-participating states in the standard (optional) component of PRAMS. These questions are 1) "Have you ever heard of the bacteria Group B Strep (Beta Strep) that mothers can pass to their newborns during birth?" 2) "During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about the bacteria Group B Strep (Beta Strep)?" 3) "At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?" (*10*). For the Phase Five version of PRAMS, from which data will be available in 2006, 11 states have incorporated questions about GBS; all states are urged to consider adding the questions to their PRAMS surveys.

Information about perinatal GBS disease and resources to promote prevention are available from the CDC GBS website (http://www.cdc.gov/groupbstrep). A consumer education brochure is available in English and Spanish from the website or by mail, Respiratory Diseases Branch, Mailstop C-23, CDC, Atlanta, GA, 30333, or fax, 404-639-3970.

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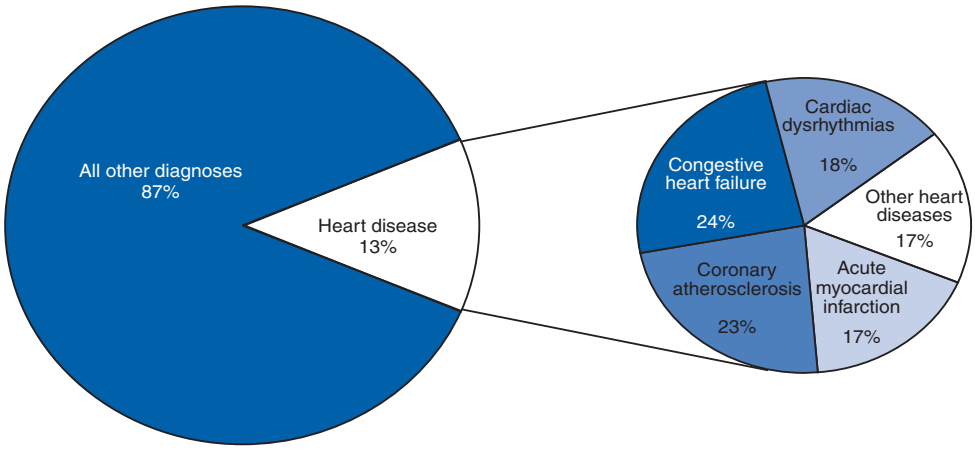
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Hospitalizations for Heart Disease, by Diagnosis* and Percentage Distribution† — United States, 2003

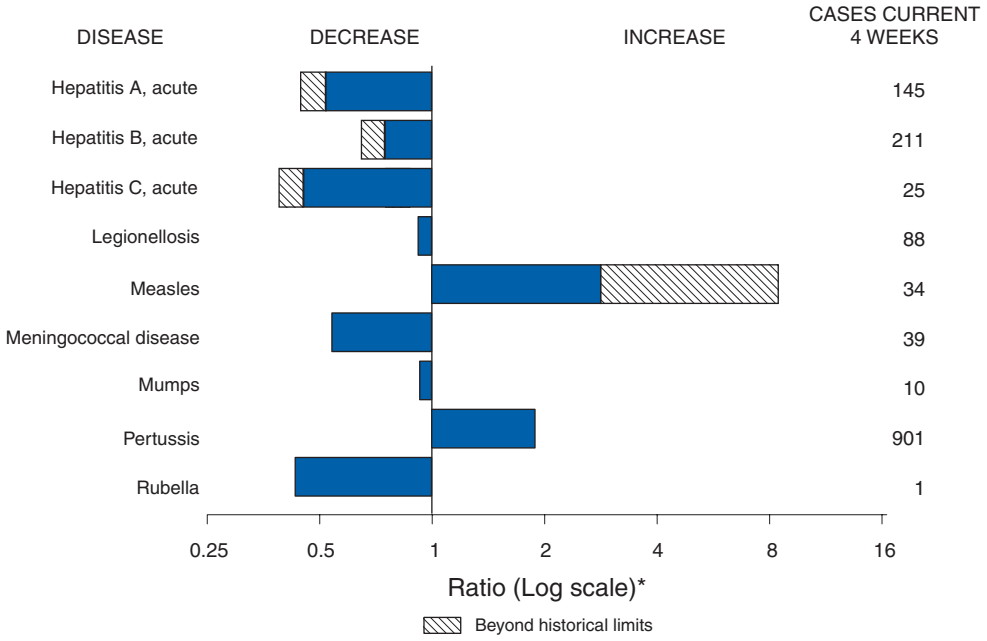


* *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes 391–392.0, 393-398, 402, 404, 410–416, and 420–429.
† Percentages do not add to 100% because of rounding.

In 2003, 13% of all hospital discharges were for heart disease, one of the leading causes of hospitalization. Of these, 24% were for congestive heart failure, 23% for coronary atherosclerosis,18% for cardiac dysrhythmias, 17% for acute myocardial infarction, and 17% for other heart diseases (e.g., valve disorders and hypertensive heart disease).

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 16, 2005, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending July 16, 2005 (28th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	71	68
Botulism:			HIV infection, pediatric†¶	181	207
foodborne	6	6	Influenza-associated pediatric mortality†**	42	—
infant	29	42	Measles	55††	21§§
other (wound & unspecified)	13	6	Mumps	134	115
Brucellosis	49	50	Plague	2	—
Chancroid	12	16	Poliomyelitis, paralytic	—	—
Cholera	2	4	Psittacosis†	11	7
Cyclosporiasis†	603	151	Q fever†	53	36
Diphtheria	—	—	Rabies, human	1	2
Domestic arboviral diseases			Rubella	6	9
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	—	36	SARS†**	—	—
eastern equine†§	1	—	Smallpox†	—	—
Powassan†§	—	1	*Staphylococcus aureus*:		
St. Louis†§	1	3	Vancomycin-intermediate (VISA)†	—	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	83	93
human granulocytic (HGE)†	116	130	Tetanus	13	9
human monocytic (HME)†	92	101	Toxic-shock syndrome	54	49
human, other and unspecified †	23	12	Trichinellosis¶¶	8	—
Hansen disease†	37	51	Tularemia†	49	46
Hantavirus pulmonary syndrome†	13	13	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 55 cases reported, 46 were indigenous and nine were imported from another country.
§§ Of 21 cases reported, seven were indigenous and 14 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	20,405	19,905	478,273	488,068	2,307	2,903	1,083	1,368
NEW ENGLAND	778	722	16,836	16,337	—	—	62	80
Maine	11	14	1,136	1,046	N	N	9	13
N.H.	20	26	959	896	—	—	8	16
Vt.¶	4	13	517	612	—	—	14	9
Mass.	368	231	7,594	7,185	—	—	21	31
R.I.	68	70	1,747	1,790	—	—	2	2
Conn.	307	368	4,883	4,808	N	N	8	9
MID. ATLANTIC	4,352	4,402	59,747	60,284	—	—	146	217
Upstate N.Y.	800	604	11,753	11,715	N	N	42	45
N.Y. City	2,327	2,317	19,399	18,733	—	—	31	65
N.J.	574	785	8,955	9,581	N	N	8	18
Pa.	651	696	19,640	20,255	N	N	65	89
E.N. CENTRAL	1,938	1,679	74,672	85,496	5	5	233	364
Ohio	312	226	19,662	21,362	N	N	79	75
Ind.	236	209	10,666	9,610	N	N	16	39
Ill.	983	833	21,585	24,667	—	—	18	59
Mich.	322	322	12,778	19,903	5	5	32	66
Wis.	85	89	9,981	9,954	N	N	88	125
W.N. CENTRAL	463	390	28,289	29,692	3	5	171	177
Minn.	123	92	4,424	6,264	3	N	44	61
Iowa	50	26	3,345	3,534	N	N	39	32
Mo.	198	168	12,103	10,852	—	3	62	27
N. Dak.	5	13	582	1,014	N	N	—	8
S. Dak.	10	6	1,408	1,294	—	—	12	23
Nebr.¶	18	21	3,009	2,815	—	2	1	14
Kans.	59	64	3,418	3,919	N	N	13	12
S. ATLANTIC	6,473	6,022	90,687	91,830	—	—	225	231
Del.	100	80	1,729	1,514	N	N	—	—
Md.	812	686	9,692	10,009	—	—	14	10
D.C.	467	355	1,970	1,910	—	—	2	7
Va.¶	307	329	10,550	11,732	—	—	14	24
W. Va.	36	30	1,350	1,493	N	N	4	3
N.C.	531	333	17,485	15,198	N	N	26	40
S.C.¶	386	374	10,433	9,891	—	—	8	11
Ga.	1,103	883	14,518	17,335	—	—	51	69
Fla.	2,731	2,952	22,960	22,748	N	N	106	67
E.S. CENTRAL	1,093	946	34,504	31,355	—	3	30	55
Ky.	135	106	5,071	2,993	N	N	10	19
Tenn.¶	434	386	11,798	12,032	N	N	7	14
Ala.¶	295	228	6,429	7,289	—	—	12	12
Miss.	229	226	11,206	9,041	—	3	1	10
W.S. CENTRAL	2,206	2,506	59,169	62,561	—	2	29	52
Ark.	72	125	4,665	4,373	—	1	2	11
La.	436	558	10,448	13,607	—	1	3	—
Okla.	167	85	5,763	6,118	N	N	16	13
Tex.¶	1,531	1,738	38,293	38,463	N	N	8	28
MOUNTAIN	789	702	28,434	27,936	1,558	1,772	65	62
Mont.	4	4	1,097	1,343	N	N	12	12
Idaho¶	9	11	1,341	1,530	N	N	4	6
Wyo.	2	6	568	578	2	—	2	2
Colo.	163	134	7,440	7,131	N	N	22	25
N. Mex.	72	104	2,338	4,602	3	14	2	4
Ariz.	329	267	10,043	8,237	1,520	1,716	8	10
Utah	33	31	2,285	1,838	2	8	7	2
Nev.¶	177	145	3,322	2,677	31	34	8	1
PACIFIC	2,313	2,536	85,935	82,577	741	1,116	122	130
Wash.	229	212	10,327	9,298	N	N	9	—
Oreg.¶	136	131	4,610	4,369	—	—	22	18
Calif.	1,874	2,134	66,531	63,852	741	1,116	91	110
Alaska	14	14	2,041	2,037	—	—	—	—
Hawaii	60	45	2,426	3,021	—	—	—	2
Guam	1	1	—	683	—	—	—	—
P.R.	537	206	2,090	2,070	N	N	N	N
V.I.	10	6	32	210	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

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

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

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	772	922	110	135	89	73	7,831	8,748	160,055	169,351
NEW ENGLAND	65	60	26	30	14	7	714	775	3,224	3,838
Maine	9	3	5	—	—	—	92	72	70	133
N.H.	8	10	1	5	—	—	35	21	89	63
Vt.	8	6	1	—	—	—	79	67	28	47
Mass.	20	29	6	9	14	7	284	351	1,435	1,654
R.I.	2	5	—	1	—	—	55	54	267	483
Conn.	18	7	13	15	—	—	169	210	1,335	1,458
MID. ATLANTIC	96	116	9	20	9	17	1,480	1,899	16,851	19,319
Upstate N.Y.	46	47	8	8	3	7	530	590	3,346	3,870
N.Y. City	3	25	—	—	—	—	389	568	5,015	6,003
N.J.	15	18	—	4	1	5	176	247	2,784	3,659
Pa.	32	26	1	8	5	5	385	494	5,706	5,787
E.N. CENTRAL	141	189	9	25	4	9	1,209	1,314	29,619	35,247
Ohio	48	45	1	5	2	7	329	381	9,105	10,909
Ind.	23	19	—	—	—	—	N	N	4,213	3,339
Ill.	14	38	1	2	—	2	246	415	8,725	10,564
Mich.	31	39	—	5	2	—	338	310	4,841	7,937
Wis.	25	48	7	13	—	—	296	208	2,735	2,498
W.N. CENTRAL	120	174	20	20	14	14	925	964	8,970	8,811
Minn.	17	38	6	8	4	2	453	330	1,223	1,547
Iowa	33	49	—	—	—	—	108	130	709	632
Mo.	38	28	9	10	5	4	199	270	4,884	4,518
N. Dak.	1	5	—	—	—	5	4	17	32	68
S. Dak.	6	12	2	—	—	—	37	33	197	143
Nebr.	10	27	3	2	3	—	46	66	731	572
Kans.	15	15	—	—	2	3	78	118	1,194	1,331
S. ATLANTIC	93	76	20	13	35	14	1,152	1,404	38,577	40,891
Del.	—	2	N	N	N	N	19	26	420	483
Md.	18	18	4	2	—	2	79	53	3,603	4,288
D.C.	—	1	—	—	—	—	22	39	1,070	1,327
Va.	11	9	9	6	8	—	255	206	3,652	4,662
W. Va.	1	1	—	—	—	—	16	17	371	454
N.C.	—	—	—	—	19	9	N	N	8,564	8,071
S.C.	1	7	—	—	—	—	55	49	4,403	4,859
Ga.	13	15	3	3	—	—	252	450	6,388	7,409
Fla.	49	23	4	2	8	3	454	564	10,106	9,338
E.S. CENTRAL	45	49	—	3	6	8	184	194	12,927	13,520
Ky.	10	11	—	1	5	5	N	N	1,620	1,318
Tenn.	17	18	—	—	1	3	92	101	4,157	4,370
Ala.	16	12	—	—	—	—	92	93	3,696	4,285
Miss.	2	8	—	2	—	—	—	—	3,454	3,547
W.S. CENTRAL	25	48	4	2	3	4	120	136	23,529	23,563
Ark.	4	9	—	—	—	—	39	58	2,419	2,209
La.	3	2	3	—	2	—	21	23	5,542	6,216
Okla.	11	10	—	—	—	—	60	55	2,355	2,555
Tex.	7	27	1	2	1	4	N	N	13,213	12,583
MOUNTAIN	72	87	20	21	4	—	593	664	5,764	5,676
Mont.	6	8	—	—	—	—	21	22	58	49
Idaho	9	21	5	3	2	—	46	82	52	43
Wyo.	—	2	2	1	—	—	12	12	30	28
Colo.	16	21	1	1	1	—	223	233	1,453	1,610
N. Mex.	2	6	3	4	—	—	21	41	404	554
Ariz.	18	9	N	N	N	N	76	91	2,151	1,896
Utah	12	11	9	11	—	—	158	133	354	276
Nev.	9	9	—	1	1	—	36	50	1,262	1,220
PACIFIC	115	123	2	1	—	—	1,454	1,398	20,594	18,486
Wash.	27	39	—	—	—	—	139	150	1,919	1,403
Oreg.	34	15	2	1	—	—	138	206	815	573
Calif.	44	64	—	—	—	—	1,103	963	17,121	15,463
Alaska	7	1	—	—	—	—	39	33	289	333
Hawaii	3	4	—	—	—	—	35	46	450	714
Guam	N	N	—	—	—	—	—	2	—	114
P.R.	—	—	—	—	—	—	26	104	198	152
V.I.	—	—	—	—	—	—	—	—	2	66
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,241	1,184	3	8	65	65	121	110
NEW ENGLAND	95	112	—	1	8	7	3	1
Maine	5	7	—	—	—	—	1	—
N.H.	4	13	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	43	56	—	1	3	2	—	—
R.I.	7	3	—	—	2	—	—	—
Conn.	30	28	—	—	3	3	—	—
MID. ATLANTIC	249	247	—	1	—	3	30	28
Upstate N.Y.	73	84	—	1	—	3	5	4
N.Y. City	44	53	—	—	—	—	9	9
N.J.	46	44	—	—	—	—	7	2
Pa.	86	66	—	—	—	—	9	13
E.N. CENTRAL	160	223	1	—	1	8	10	32
Ohio	82	68	—	—	—	2	7	11
Ind.	42	34	—	—	1	4	1	1
Ill.	16	73	—	—	—	—	2	16
Mich.	13	14	1	—	—	2	—	3
Wis.	7	34	—	—	—	—	—	1
W.N. CENTRAL	67	61	—	2	3	3	9	5
Minn.	25	27	—	1	3	3	—	—
Iowa	—	1	—	1	—	—	—	—
Mo.	30	22	—	—	—	—	7	4
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	6	2	—	—	—	—	1	—
Kans.	5	6	—	—	—	—	—	1
S. ATLANTIC	303	267	1	—	18	18	16	19
Del.	—	—	—	—	—	—	—	—
Md.	42	46	—	—	4	5	—	—
D.C.	—	2	—	—	—	—	—	1
Va.	28	24	—	—	—	—	1	2
W. Va.	19	10	—	—	1	3	3	—
N.C.	56	37	1	—	6	5	—	1
S.C.	19	7	—	—	—	—	1	1
Ga.	58	76	—	—	—	—	7	14
Fla.	81	65	—	—	7	5	4	—
E.S. CENTRAL	73	45	—	—	1	—	12	7
Ky.	6	3	—	—	1	—	1	—
Tenn.	51	31	—	—	—	—	7	5
Ala.	16	11	—	—	—	—	4	2
Miss.	—	—	—	—	—	—	—	—
W.S. CENTRAL	73	48	1	1	5	6	6	1
Ark.	4	1	—	—	1	—	—	—
La.	27	9	1	—	2	—	6	1
Okla.	42	37	—	—	2	6	—	—
Tex.	—	1	—	1	—	—	—	—
MOUNTAIN	160	126	—	3	16	15	27	12
Mont.	—	—	—	—	—	—	—	—
Idaho	3	5	—	—	—	—	1	2
Wyo.	4	—	—	—	—	—	1	—
Colo.	31	30	—	—	—	—	6	3
N. Mex.	15	26	—	—	4	5	1	4
Ariz.	82	45	—	—	10	6	9	1
Utah	12	9	—	2	—	1	7	1
Nev.	13	11	—	1	2	3	2	1
PACIFIC	61	55	—	—	13	5	8	5
Wash.	1	1	—	—	—	—	1	1
Oreg.	24	27	—	—	—	—	5	2
Calif.	26	17	—	—	13	5	1	1
Alaska	4	5	—	—	—	—	1	1
Hawaii	6	5	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
P.R.	1	1	—	—	—	—	—	1
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,930	3,090	2,987	3,059	426	384
NEW ENGLAND	267	458	157	199	7	7
Maine	1	8	8	1	—	—
N.H.	51	12	11	23	—	—
Vt.	3	8	2	2	7	1
Mass.	178	387	113	98	—	6
R.I.	5	10	1	3	—	—
Conn.	29	33	22	72	U	—
MID. ATLANTIC	317	394	610	407	54	68
Upstate N.Y.	53	44	49	42	12	4
N.Y. City	162	160	58	82	—	—
N.J.	50	92	386	110	—	—
Pa.	52	98	117	173	42	64
E.N. CENTRAL	186	246	208	278	67	49
Ohio	30	29	79	66	1	3
Ind.	23	26	15	16	15	3
Ill.	38	80	19	33	—	12
Mich.	79	85	95	138	51	31
Wis.	16	26	—	25	—	—
W.N. CENTRAL	57	96	207	190	26	8
Minn.	3	28	14	25	3	5
Iowa	15	29	66	11	—	—
Mo.	28	18	93	121	21	3
N. Dak.	—	1	—	3	1	—
S. Dak.	—	2	—	—	—	—
Nebr.	3	9	17	17	1	—
Kans.	8	9	17	13	—	—
S. ATLANTIC	296	555	797	962	153	96
Del.	1	5	34	26	81	4
Md.	30	68	95	86	18	2
D.C.	2	4	4	13	—	1
Va.	48	47	90	110	8	9
W. Va.	4	1	20	6	6	16
N.C.	41	43	92	94	9	7
S.C.	14	33	77	79	2	12
Ga.	51	200	100	261	4	7
Fla.	105	154	285	287	25	38
E.S. CENTRAL	127	91	198	258	48	42
Ky.	11	13	36	30	4	17
Tenn.	89	64	75	123	10	12
Ala.	14	6	47	42	8	2
Miss.	13	8	40	63	26	11
W.S. CENTRAL	108	406	200	158	18	57
Ark.	4	51	21	65	—	1
La.	37	22	25	32	8	3
Okla.	3	17	20	40	—	2
Tex.	64	316	134	21	10	51
MOUNTAIN	180	240	294	241	23	21
Mont.	7	4	3	1	—	2
Idaho	15	11	6	6	—	1
Wyo.	—	3	1	7	—	—
Colo.	21	23	29	27	11	4
N. Mex.	9	14	7	10	—	U
Ariz.	108	153	198	124	—	3
Utah	13	25	29	22	6	2
Nev.	7	7	21	44	6	9
PACIFIC	392	604	316	366	30	36
Wash.	23	34	39	28	7	10
Oreg.	28	42	51	65	12	11
Calif.	327	510	216	260	11	14
Alaska	3	3	7	9	—	—
Hawaii	11	15	3	4	—	1
Guam	—	1	—	11	—	8
P.R.	14	24	10	44	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	671	841	283	313	4,816	7,807	539	701
NEW ENGLAND	39	24	12	13	340	1,253	29	60
Maine	3	—	—	3	25	29	3	5
N.H.	4	1	1	1	38	54	3	1
Vt.	—	1	—	—	6	17	1	3
Mass.	23	14	6	4	163	823	20	36
R.I.	3	2	2	1	3	84	2	2
Conn.	6	6	3	4	105	246	—	13
MID. ATLANTIC	194	199	67	71	3,222	5,089	143	171
Upstate N.Y.	51	39	23	20	772	1,461	25	20
N.Y. City	21	24	10	12	—	160	65	86
N.J.	37	28	12	19	1,215	1,538	33	37
Pa.	85	108	22	20	1,235	1,930	20	28
E.N. CENTRAL	124	199	27	56	262	631	43	68
Ohio	60	90	12	17	34	27	13	16
Ind.	8	18	1	10	6	5	—	7
Ill.	12	25	1	12	—	59	13	22
Mich.	33	55	8	15	8	6	13	14
Wis.	11	11	5	2	214	534	4	9
W.N. CENTRAL	21	20	11	5	164	99	27	42
Minn.	1	1	2	1	122	52	11	18
Iowa	3	3	4	1	26	16	4	2
Mo.	11	11	2	2	13	22	11	11
N. Dak.	1	1	2	—	—	—	—	3
S. Dak.	2	1	—	—	—	—	—	1
Nebr.	1	1	—	1	—	7	—	2
Kans.	2	2	1	—	3	2	1	5
S. ATLANTIC	162	182	67	43	722	650	115	159
Del.	8	3	N	N	257	93	1	3
Md.	40	33	11	6	346	425	42	34
D.C.	2	7	—	—	3	2	3	8
Va.	18	16	5	6	54	34	11	12
W. Va.	6	4	2	1	3	2	1	—
N.C.	14	18	12	12	26	57	15	9
S.C.	7	6	1	2	8	6	3	7
Ga.	12	29	13	9	—	11	17	35
Fla.	55	66	23	7	25	20	22	51
E.S. CENTRAL	31	46	12	18	20	24	12	20
Ky.	7	11	1	4	2	11	3	1
Tenn.	15	23	6	9	18	10	6	4
Ala.	8	11	4	3	—	3	3	11
Miss.	1	1	1	2	—	—	—	4
W.S. CENTRAL	15	92	13	24	33	18	36	80
Ark.	1	—	—	2	3	2	2	6
La.	4	5	6	2	3	2	2	4
Okla.	2	2	—	—	—	—	3	2
Tex.	8	85	7	20	27	14	29	68
MOUNTAIN	52	46	5	12	4	5	28	25
Mont.	4	1	—	—	—	—	—	—
Idaho	1	5	—	1	1	2	—	1
Wyo.	3	4	—	—	1	2	1	—
Colo.	15	9	2	3	—	—	16	7
N. Mex.	2	1	1	—	—	—	—	2
Ariz.	14	10	—	—	—	1	5	7
Utah	6	13	—	1	2	—	4	5
Nev.	7	3	2	7	—	—	2	3
PACIFIC	33	33	69	71	49	38	106	76
Wash.	—	5	6	6	1	2	8	3
Oreg.	N	N	4	5	8	16	3	12
Calif.	33	28	59	58	38	20	85	58
Alaska	—	—	—	—	2	—	3	—
Hawaii	—	—	—	2	N	N	7	3
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	1	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	726	762	54	60	36	30	—	1	636	671
NEW ENGLAND	52	43	1	5	—	5	—	1	51	32
Maine	2	9	—	—	—	1	—	—	2	8
N.H.	8	3	—	—	—	—	—	—	8	3
Vt.	4	2	—	—	—	—	—	—	4	2
Mass.	26	24	—	5	—	4	—	—	26	15
R.I.	2	1	—	—	—	—	—	—	2	1
Conn.	10	4	1	—	—	—	—	1	9	3
MID. ATLANTIC	95	113	27	33	4	5	—	—	64	75
Upstate N.Y.	24	32	3	5	3	3	—	—	18	24
N.Y. City	13	20	—	—	—	—	—	—	13	20
N.J.	27	22	—	—	—	—	—	—	27	22
Pa.	31	39	24	28	1	2	—	—	6	9
E.N. CENTRAL	63	78	15	15	5	5	—	—	43	58
Ohio	28	41	—	3	5	4	—	—	23	34
Ind.	10	12	—	—	—	1	—	—	10	11
Ill.	5	1	—	—	—	—	—	—	5	1
Mich.	15	12	15	12	—	—	—	—	—	—
Wis.	5	12	—	—	—	—	—	—	5	12
W.N. CENTRAL	47	51	2	—	1	4	—	—	44	47
Minn.	7	16	1	—	—	—	—	—	6	16
Iowa	12	11	—	—	1	2	—	—	11	9
Mo.	16	14	1	—	—	1	—	—	15	13
N. Dak.	—	1	—	—	—	—	—	—	—	1
S. Dak.	2	2	—	—	—	1	—	—	2	1
Nebr.	4	2	—	—	—	—	—	—	4	2
Kans.	6	5	—	—	—	—	—	—	6	5
S. ATLANTIC	141	149	4	2	7	2	—	—	130	145
Del.	2	2	—	—	—	—	—	—	2	2
Md.	15	7	2	—	2	—	—	—	11	7
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	17	10	—	—	—	—	—	—	17	10
W. Va.	5	5	1	—	—	—	—	—	4	5
N.C.	21	23	1	—	5	2	—	—	15	21
S.C.	13	13	—	—	—	—	—	—	13	13
Ga.	13	9	—	—	—	—	—	—	13	9
Fla.	55	75	—	—	—	—	—	—	55	75
E.S. CENTRAL	35	36	1	1	3	—	—	—	31	35
Ky.	11	5	—	1	3	—	—	—	8	4
Tenn.	15	11	—	—	—	—	—	—	15	11
Ala.	5	10	1	—	—	—	—	—	4	10
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	60	44	1	1	5	1	—	—	54	42
Ark.	11	10	—	—	—	—	—	—	11	10
La.	24	26	—	1	2	—	—	—	22	25
Okla.	12	5	1	—	3	1	—	—	8	4
Tex.	13	3	—	—	—	—	—	—	13	3
MOUNTAIN	61	43	2	1	5	4	—	—	54	38
Mont.	—	3	—	—	—	—	—	—	—	3
Idaho	1	4	—	—	—	—	—	—	1	4
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	13	11	2	—	—	—	—	—	11	11
N. Mex.	1	6	—	1	—	3	—	—	1	2
Ariz.	34	6	—	—	2	—	—	—	32	6
Utah	7	4	—	—	2	—	—	—	5	4
Nev.	5	6	—	—	1	1	—	—	4	5
PACIFIC	172	205	1	2	6	4	—	—	165	199
Wash.	30	18	1	2	4	4	—	—	25	12
Oreg.	25	41	—	—	—	—	—	—	25	41
Calif.	106	139	—	—	—	—	—	—	106	139
Alaska	1	2	—	—	—	—	—	—	1	2
Hawaii	10	5	—	—	2	—	—	—	8	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	4	10	—	—	—	—	—	—	4	10
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	—	1	—	—	—	—	—	—	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	9,284	6,950	2,692	3,280	522	535	16,085	18,012	5,577	6,536
NEW ENGLAND	521	858	384	282	1	10	1,026	929	124	134
Maine	13	4	30	30	N	N	81	47	5	2
N.H.	27	27	9	11	—	—	81	56	4	5
Vt.	62	42	34	10	—	—	57	27	6	2
Mass.	387	743	219	118	—	8	549	565	76	86
R.I.	12	16	8	18	1	1	45	48	9	8
Conn.	20	26	84	95	—	1	213	186	24	31
MID. ATLANTIC	750	1,290	307	440	31	39	1,978	2,615	558	682
Upstate N.Y.	277	937	248	221	1	1	539	509	152	299
N.Y. City	44	85	16	10	2	12	427	669	211	199
N.J.	132	98	N	N	11	8	299	502	151	128
Pa.	297	170	43	209	17	18	713	935	44	56
E.N. CENTRAL	1,936	2,042	63	38	15	18	2,102	2,457	369	506
Ohio	711	248	31	10	12	6	603	580	45	83
Ind.	161	49	4	4	—	4	241	222	39	93
Ill.	279	413	17	13	1	7	487	817	84	205
Mich.	114	69	11	9	2	1	401	412	127	59
Wis.	671	1,263	—	2	—	—	370	426	74	66
W.N. CENTRAL	1,313	486	216	336	85	58	1,118	1,153	634	190
Minn.	372	95	42	30	—	—	268	281	31	25
Iowa	353	47	36	40	1	1	157	234	42	40
Mo.	248	207	38	16	80	46	384	309	474	79
N. Dak.	77	97	13	37	—	—	17	19	2	2
S. Dak.	1	11	38	68	2	4	63	52	16	7
Nebr.	128	5	—	71	—	7	76	73	32	8
Kans.	134	24	49	74	2	—	153	185	37	29
S. ATLANTIC	655	335	910	1,278	250	249	4,382	4,205	958	1,627
Del.	13	—	—	9	1	3	40	33	5	4
Md.	100	61	147	157	28	24	339	362	33	60
D.C.	4	6	—	—	—	—	20	25	8	23
Va.	131	87	307	253	15	8	424	430	53	69
W. Va.	30	5	22	34	3	1	71	100	—	3
N.C.	61	46	283	351	157	130	626	464	95	153
S.C.	198	61	5	89	17	28	527	391	47	327
Ga.	23	15	135	180	19	46	600	783	238	372
Fla.	95	54	11	205	10	9	1,735	1,617	479	616
E.S. CENTRAL	268	81	78	74	87	69	1,001	1,086	733	388
Ky.	75	15	7	14	5	—	159	160	125	42
Tenn.	126	43	26	24	61	38	302	300	392	178
Ala.	46	13	45	28	20	17	301	284	168	136
Miss.	21	10	—	8	1	14	239	342	48	32
W.S. CENTRAL	311	329	551	658	24	78	1,162	1,818	1,092	1,831
Ark.	140	22	21	29	14	46	319	226	33	34
La.	22	10	—	—	4	4	322	390	59	193
Okla.	—	17	56	74	5	27	178	169	402	262
Tex.	149	280	474	555	1	1	343	1,033	598	1,342
MOUNTAIN	2,219	592	113	71	24	10	991	1,110	324	393
Mont.	414	17	3	11	1	2	46	72	5	4
Idaho	71	18	—	—	1	1	60	87	2	6
Wyo.	20	11	12	—	2	2	25	25	—	1
Colo.	761	299	11	10	3	2	249	273	51	68
N. Mex.	70	89	—	2	—	2	78	116	36	69
Ariz.	637	107	83	46	13	1	316	333	185	204
Utah	219	41	—	2	4	—	146	116	20	20
Nev.	27	10	4	—	—	—	71	88	25	21
PACIFIC	1,311	937	70	103	5	4	2,325	2,639	785	785
Wash.	334	335	—	—	—	—	229	228	40	55
Oreg.	406	257	2	2	—	2	170	235	35	37
Calif.	483	325	67	90	5	2	1,756	1,951	689	664
Alaska	22	10	1	11	—	—	25	32	6	5
Hawaii	66	10	—	—	—	—	145	193	15	24
Guam	—	—	—	—	—	—	—	44	—	34
P.R.	1	—	34	31	N	N	94	200	1	13
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,608	2,906	1,397	1,415	506	482	4,019	4,061	122	222
NEW ENGLAND	98	202	22	84	50	69	117	108	—	1
Maine	6	6	N	N	—	2	1	2	—	—
N.H.	8	15	—	—	3	N	7	3	—	—
Vt.	9	8	9	6	3	1	—	—	—	—
Mass.	68	90	—	22	44	39	85	65	—	—
R.I.	7	17	13	7	—	5	2	15	—	1
Conn.	—	66	U	49	U	22	22	23	—	—
MID. ATLANTIC	594	508	141	103	97	72	503	536	11	23
Upstate N.Y.	190	163	55	46	45	47	39	44	4	1
N.Y. City	102	79	U	U	17	U	318	326	5	9
N.J.	118	111	N	N	15	7	68	93	2	12
Pa.	184	155	86	57	20	18	78	73	—	1
E.N. CENTRAL	517	678	382	327	139	118	390	478	20	28
Ohio	131	162	243	230	56	56	116	127	2	1
Ind.	53	73	131	97	38	23	37	33	1	1
Ill.	112	188	8	—	41	1	178	192	6	4
Mich.	199	200	—	N	—	N	40	106	9	22
Wis.	22	55	N	N	4	38	19	20	2	—
W.N. CENTRAL	172	204	33	13	53	56	128	98	1	3
Minn.	64	101	—	—	30	37	31	17	—	1
Iowa	N	N	N	N	—	N	1	5	—	—
Mo.	48	43	27	10	5	8	81	55	1	1
N. Dak.	6	9	1	—	2	2	—	—	—	—
S. Dak.	16	9	3	3	—	—	—	—	—	—
Nebr.	13	14	2	—	6	5	3	5	—	—
Kans.	25	28	N	N	10	4	12	16	—	1
S. ATLANTIC	546	569	562	728	60	36	1,010	982	24	38
Del.	1	3	1	4	—	N	6	3	—	1
Md.	131	89	—	—	38	24	180	183	8	5
D.C.	6	5	14	6	2	4	64	31	—	1
Va.	48	44	N	N	—	N	65	54	3	1
W. Va.	15	17	79	80	20	8	2	3	—	—
N.C.	81	84	N	N	U	U	136	90	7	5
S.C.	22	46	—	77	—	N	30	68	1	10
Ga.	96	145	110	173	—	N	139	160	—	2
Fla.	146	136	358	388	—	N	388	390	5	13
E.S. CENTRAL	116	151	120	98	5	10	223	218	13	18
Ky.	23	48	21	21	N	N	17	24	—	1
Tenn.	93	103	99	75	—	N	103	75	9	7
Ala.	—	—	—	—	—	N	84	95	3	8
Miss.	—	—	—	2	5	10	19	24	1	2
W.S. CENTRAL	105	225	89	44	63	93	672	635	35	42
Ark.	11	10	12	6	13	7	29	23	—	3
La.	6	2	77	38	19	21	141	148	5	3
Okla.	74	44	N	N	16	28	22	19	1	2
Tex.	14	169	N	N	15	37	480	445	29	34
MOUNTAIN	404	315	48	17	33	28	200	210	14	27
Mont.	—	—	—	—	—	—	5	1	—	—
Idaho	1	5	N	N	—	N	18	13	1	2
Wyo.	2	6	20	6	—	—	—	1	—	—
Colo.	154	63	N	N	32	28	21	39	—	—
N. Mex.	25	69	—	N	—	—	27	54	1	2
Ariz.	171	147	N	N	—	N	70	87	12	23
Utah	50	24	27	9	1	—	4	4	—	—
Nev.	1	1	1	2	—	—	55	11	—	—
PACIFIC	56	54	—	1	6	—	776	796	4	42
Wash.	N	N	N	N	N	N	67	55	—	—
Oreg.	N	N	N	N	5	N	16	19	—	—
Calif.	—	—	N	N	N	N	685	718	4	42
Alaska	—	—	—	—	—	N	5	—	—	—
Hawaii	56	54	—	1	1	—	3	4	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	102	75	6	3
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 16, 2005, and July 17, 2004 (28th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	5,271	6,943	109	144	13,677	12,794	12	259	29
NEW ENGLAND	161	217	13	14	962	1,866	—	—	—
Maine	8	11	1	—	206	180	—	—	—
N.H.	4	9	—	—	185	—	—	—	—
Vt.	4	1	—	—	33	410	—	—	—
Mass.	105	120	7	12	538	66	—	—	—
R.I.	14	26	1	1	—	—	—	—	—
Conn.	26	50	4	1	U	1,210	—	—	—
MID. ATLANTIC	1,068	1,046	28	36	2,925	62	—	3	—
Upstate N.Y.	132	134	5	2	—	—	—	—	—
N.Y. City	543	530	8	14	—	—	—	2	—
N.J.	251	226	8	11	—	—	—	—	—
Pa.	142	156	7	9	2,925	62	—	1	—
E.N. CENTRAL	689	608	7	17	3,928	3,990	2	6	—
Ohio	139	106	—	3	909	1,005	1	1	—
Ind.	68	69	—	—	120	N	1	2	—
Ill.	325	278	1	9	25	1	—	2	—
Mich.	112	114	3	4	2,591	2,501	—	1	—
Wis.	45	41	3	1	283	483	—	—	—
W.N. CENTRAL	218	239	2	5	227	131	3	8	8
Minn.	94	87	2	3	—	—	1	1	—
Iowa	20	19	—	—	N	N	—	2	—
Mo.	52	69	—	1	151	2	1	2	—
N. Dak.	2	3	—	—	12	74	—	—	—
S. Dak.	6	5	—	—	64	55	1	2	5
Nebr.	15	16	—	1	—	—	—	—	—
Kans.	29	40	—	—	—	—	—	1	3
S. ATLANTIC	1,182	1,391	14	18	1,215	1,552	—	10	—
Del.	2	15	—	—	16	4	—	—	—
Md.	138	136	3	5	—	—	—	—	—
D.C.	28	44	—	—	18	18	—	—	—
Va.	137	109	4	3	209	375	—	—	—
W. Va.	12	12	—	—	657	862	—	—	N
N.C.	113	148	2	3	—	N	—	—	—
S.C.	106	108	—	—	315	293	—	—	—
Ga.	181	344	2	3	—	—	—	1	—
Fla.	465	475	3	4	—	—	—	9	—
E.S. CENTRAL	293	304	2	6	—	—	—	8	2
Ky.	56	54	1	2	N	N	—	—	—
Tenn.	137	118	—	4	—	—	—	—	—
Ala.	100	99	1	—	—	—	—	5	—
Miss.	—	33	—	—	—	—	—	3	2
W.S. CENTRAL	437	1,109	3	10	2,759	3,688	2	13	1
Ark.	51	63	—	—	—	—	—	1	1
La.	—	—	—	—	103	46	1	5	—
Okla.	76	84	—	—	—	—	—	—	—
Tex.	310	962	3	10	2,656	3,642	1	7	—
MOUNTAIN	169	278	3	6	1,661	1,505	3	168	11
Mont.	6	4	—	—	—	—	—	—	—
Idaho	—	—	—	—	—	—	—	—	—
Wyo.	—	1	—	—	43	22	—	—	—
Colo.	29	69	—	1	1,185	1,187	—	9	7
N. Mex.	8	19	—	—	101	U	1	3	1
Ariz.	112	113	1	2	—	—	2	150	3
Utah	14	23	1	1	332	296	—	1	—
Nev.	—	49	1	2	—	—	—	5	—
PACIFIC	1,054	1,751	37	32	—	—	2	43	7
Wash.	121	123	3	2	N	N	—	—	—
Oreg.	54	46	2	—	—	—	—	—	—
Calif.	802	1,502	26	24	—	—	2	43	7
Alaska	15	18	—	—	—	—	—	—	—
Hawaii	62	62	6	6	—	—	—	—	—
Guam	—	36	—	—	—	86	—	—	—
P.R.	—	49	—	—	109	258	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

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

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

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

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending July 16, 2005 (28th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	508	327	120	32	13	16	54
Boston, Mass.	136	80	40	9	5	2	19
Bridgeport, Conn.	33	25	6	2	—	—	4
Cambridge, Mass.	18	15	2	—	—	1	4
Fall River, Mass.	14	9	5	—	—	—	3
Hartford, Conn.	55	28	15	7	2	3	6
Lowell, Mass.	14	11	1	2	—	—	3
Lynn, Mass.	9	8	—	1	—	—	—
New Bedford, Mass.	19	16	1	2	—	—	2
New Haven, Conn.	42	26	11	—	1	4	4
Providence, R.I.	63	38	15	3	3	4	3
Somerville, Mass.	2	2	—	—	—	—	—
Springfield, Mass.	28	19	7	1	—	1	1
Waterbury, Conn.	25	18	6	1	—	—	4
Worcester, Mass.	50	32	11	4	2	1	1
MID. ATLANTIC	1,802	1,214	392	127	45	23	82
Albany, N.Y.	53	36	10	2	4	1	4
Allentown, Pa.	30	22	6	1	1	—	1
Buffalo, N.Y.	78	53	20	3	—	1	6
Camden, N.J.	46	23	12	7	2	2	—
Elizabeth, N.J.	8	4	1	2	1	—	—
Erie, Pa.	42	33	5	1	3	—	2
Jersey City, N.J.	29	22	5	2	—	—	—
New York City, N.Y.	997	681	222	67	16	11	34
Newark, N.J.	58	27	15	11	3	2	4
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	181	104	50	17	8	2	9
Pittsburgh, Pa.§	U	U	U	U	U	U	U
Reading, Pa.	21	14	3	2	1	1	3
Rochester, N.Y.	108	76	24	5	1	2	10
Schenectady, N.Y.	21	18	1	1	1	—	1
Scranton, Pa.	25	22	3	—	—	—	2
Syracuse, N.Y.	54	40	7	3	3	1	3
Trenton, N.J.	39	30	6	2	1	—	3
Utica, N.Y.	11	9	2	—	—	—	—
Yonkers, N.Y.	1	—	—	1	—	—	—
E.N. CENTRAL	2,039	1,326	451	132	68	60	106
Akron, Ohio	43	31	10	1	1	—	5
Canton, Ohio	37	20	12	2	1	2	5
Chicago, Ill.	277	150	83	21	15	6	16
Cincinnati, Ohio	71	56	10	1	1	3	8
Cleveland, Ohio	265	195	42	16	7	5	—
Columbus, Ohio	208	127	45	21	7	8	17
Dayton, Ohio	129	83	39	1	3	3	8
Detroit, Mich.	189	86	68	20	4	11	6
Evansville, Ind.	42	31	6	3	1	1	—
Fort Wayne, Ind.	86	65	9	6	6	—	4
Gary, Ind.	19	10	5	1	1	2	1
Grand Rapids, Mich.	60	41	12	3	1	3	3
Indianapolis, Ind.	192	122	44	11	9	6	4
Lansing, Mich.	44	35	4	3	2	—	3
Milwaukee, Wis.	88	66	13	4	3	2	5
Peoria, Ill.	29	24	2	1	—	2	5
Rockford, Ill.	52	38	10	2	1	1	—
South Bend, Ind.	61	44	7	7	—	3	5
Toledo, Ohio	93	63	21	5	2	2	5
Youngstown, Ohio	54	39	9	3	3	—	6
W.N. CENTRAL	577	353	137	50	21	16	32
Des Moines, Iowa	2	2	—	—	—	—	—
Duluth, Minn.	29	23	3	1	1	1	4
Kansas City, Kans.	42	23	14	3	2	—	—
Kansas City, Mo.	85	60	20	3	1	1	6
Lincoln, Nebr.	50	35	9	4	2	—	3
Minneapolis, Minn.	61	31	18	7	1	4	6
Omaha, Nebr.	58	38	16	2	1	1	5
St. Louis, Mo.	102	41	25	21	11	4	2
St. Paul, Minn.	54	40	10	3	—	1	1
Wichita, Kans.	94	60	22	6	2	4	5
S. ATLANTIC	1,256	774	299	112	45	26	67
Atlanta, Ga.	148	96	36	8	6	2	3
Baltimore, Md.	214	117	54	32	9	2	16
Charlotte, N.C.	116	83	24	5	3	1	12
Jacksonville, Fla.	148	96	30	14	6	2	3
Miami, Fla.	78	53	18	5	1	1	2
Norfolk, Va.	55	36	8	5	1	5	1
Richmond, Va.	63	31	20	5	4	3	3
Savannah, Ga.	52	31	12	6	1	2	3
St. Petersburg, Fla.	64	42	12	6	4	—	2
Tampa, Fla.	199	127	50	15	4	3	17
Washington, D.C.	100	51	31	7	6	5	5
Wilmington, Del.	19	11	4	4	—	—	—
E.S. CENTRAL	768	454	197	70	22	25	49
Birmingham, Ala.	149	90	37	12	7	3	15
Chattanooga, Tenn.	97	68	16	8	2	3	10
Knoxville, Tenn.	123	74	35	5	4	5	—
Lexington, Ky.	59	34	17	6	1	1	2
Memphis, Tenn.	134	74	38	14	3	5	7
Mobile, Ala.	10	6	2	2	—	—	1
Montgomery, Ala.	41	24	9	3	3	2	7
Nashville, Tenn.	155	84	43	20	2	6	7
W.S. CENTRAL	1,496	914	374	123	46	39	77
Austin, Tex.	81	51	20	7	2	1	2
Baton Rouge, La.	11	8	2	—	—	1	—
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	180	100	48	20	7	5	14
El Paso, Tex.	65	48	12	—	2	3	5
Ft. Worth, Tex.	141	74	40	16	7	4	7
Houston, Tex.	389	234	108	27	9	11	22
Little Rock, Ark.	95	52	33	5	4	1	—
New Orleans, La.	109	52	33	16	5	3	2
San Antonio, Tex.	213	154	40	13	5	1	11
Shreveport, La.	73	50	7	12	2	2	4
Tulsa, Okla.	139	91	31	7	3	7	10
MOUNTAIN	931	624	184	63	39	18	41
Albuquerque, N.M.	86	57	16	6	5	2	2
Boise, Idaho	57	43	7	2	1	4	2
Colo. Springs, Colo.	78	58	13	3	3	1	1
Denver, Colo.	101	60	22	9	6	4	5
Las Vegas, Nev.	263	167	64	18	12	2	14
Ogden, Utah	41	32	7	1	—	1	2
Phoenix, Ariz.	196	130	40	17	4	2	11
Pueblo, Colo.	20	15	2	3	—	—	1
Salt Lake City, Utah	89	62	13	4	8	2	3
Tucson, Ariz.	U	U	U	U	U	U	U
PACIFIC	1,733	1,170	385	102	51	25	147
Berkeley, Calif.	14	9	5	—	—	—	2
Fresno, Calif.	122	80	31	8	3	—	9
Glendale, Calif.	12	10	2	—	—	—	1
Honolulu, Hawaii	67	42	15	3	4	3	1
Long Beach, Calif.	78	49	21	6	2	—	9
Los Angeles, Calif.	355	248	74	18	12	3	42
Pasadena, Calif.	48	37	8	1	1	1	3
Portland, Oreg.	161	97	40	11	8	5	10
Sacramento, Calif.	135	99	25	6	3	2	11
San Diego, Calif.	157	111	29	7	8	2	13
San Francisco, Calif.	104	71	23	10	—	—	9
San Jose, Calif.	172	117	35	11	4	5	14
Santa Cruz, Calif.	35	26	7	1	1	—	4
Seattle, Wash.	127	69	41	10	4	3	7
Spokane, Wash.	57	45	7	4	—	1	7
Tacoma, Wash.	89	60	22	6	1	—	5
TOTAL	11,110¶	7,156	2,539	811	350	248	655

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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