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Lyme Disease — United States, 2003–2005

Lyme disease is caused by the spirochete *Borrelia burgdorferi* and is transmitted to humans by the bite of infected blacklegged ticks (*Ixodes* spp.). Early manifestations of infection include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. Left untreated, late manifestations involving the joints, heart, and nervous system can occur. A *Healthy People 2010* objective (14-8) is to reduce the annual incidence of Lyme disease to 9.7 new cases per 100,000 population in 10 reference states where the disease is endemic (Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin) (*1*). This report summarizes surveillance data for 64,382 Lyme disease cases reported to CDC during 2003–2005, of which 59,770 cases (93%) were reported from the 10 reference states. The average annual rate in these 10 reference states for the 3-year period (29.2 cases per 100,000 population) was approximately three times the *Healthy People 2010* target. Persons living in Lyme disease–endemic areas can take steps to reduce their risk for infection, including daily self-examination for ticks, selective use of acaricides and tick repellents, use of landscaping practices that reduce tick populations in yards and play areas, and avoidance of tick-infested areas.

For surveillance purposes, a reportable case of Lyme disease is defined as 1) physician-diagnosed erythema migrans ≥5 cm in diameter or 2) at least one objective late manifestation (i.e., musculoskeletal, cardiovascular, or neurologic) with laboratory evidence of infection with *B. burgdorferi* in a person with possible exposure to infected ticks (*2*). This surveillance case definition was developed for national reporting of Lyme disease; it is not intended to be used in clinical diagnosis (*2*). For this report, annual Lyme disease rates in 2003, 2004, and 2005 were calculated by county, state, and age group, using reported cases and midyear U.S. Census population estimates for each year. To limit reporting bias, analysis of symptom data was restricted to six of the 10 reference states where ≥90% of records included symptom information.

During 2003–2005, CDC received reports of 64,382 Lyme disease cases from 46 states and the District of Columbia; 93% of cases occurred among residents of the 10 *Healthy People 2010* reference states (Table, Figure 1). The average annual rate in these 10 reference states for the 3-year period was 29.2 cases per 100,000 population: 29.1 in 2003, 26.8 in 2004, and 31.6 in 2005. During 2003–2005, three counties had annual rates above 300 cases per 100,000 population in all 3 years: Columbia and Dutchess counties in New York and Dukes County in Massachusetts. Information on patient age and sex was available for 62,206 (97%) of reported cases. Median age of patients was 41 years, and patient ages followed a bimodal distribution (Figure 2). Males accounted for 54% of reported cases overall and 61% of cases among children aged 5–14 years. Records for 31,961 (50%) cases specified the race of the patient; 97% were identified as white, 2% as black, and <1% as Asian/Pacific Islander or American Indian/Alaska Native.

Reported date of illness onset was available for 49,157 (76%) case reports during 2003–2005. Patients were most likely to have illness onset in May (7%), June (25%), July (29%), or August (13%); fewer than 8% were reported with illness onset during the period December–March. Records for 32,095 (50%) patients met the criteria for evaluation of symptoms. A history of erythema migrans was reported for 70% of these patients, arthritis for 30%, facial palsy for 8%, radiculopathy for 3%, meningitis or encephalitis for 2%, and heart block for <1%.

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TABLE. Number of newly reported Lyme disease cases and annual rate,* by state/area — United States, 2003–2005

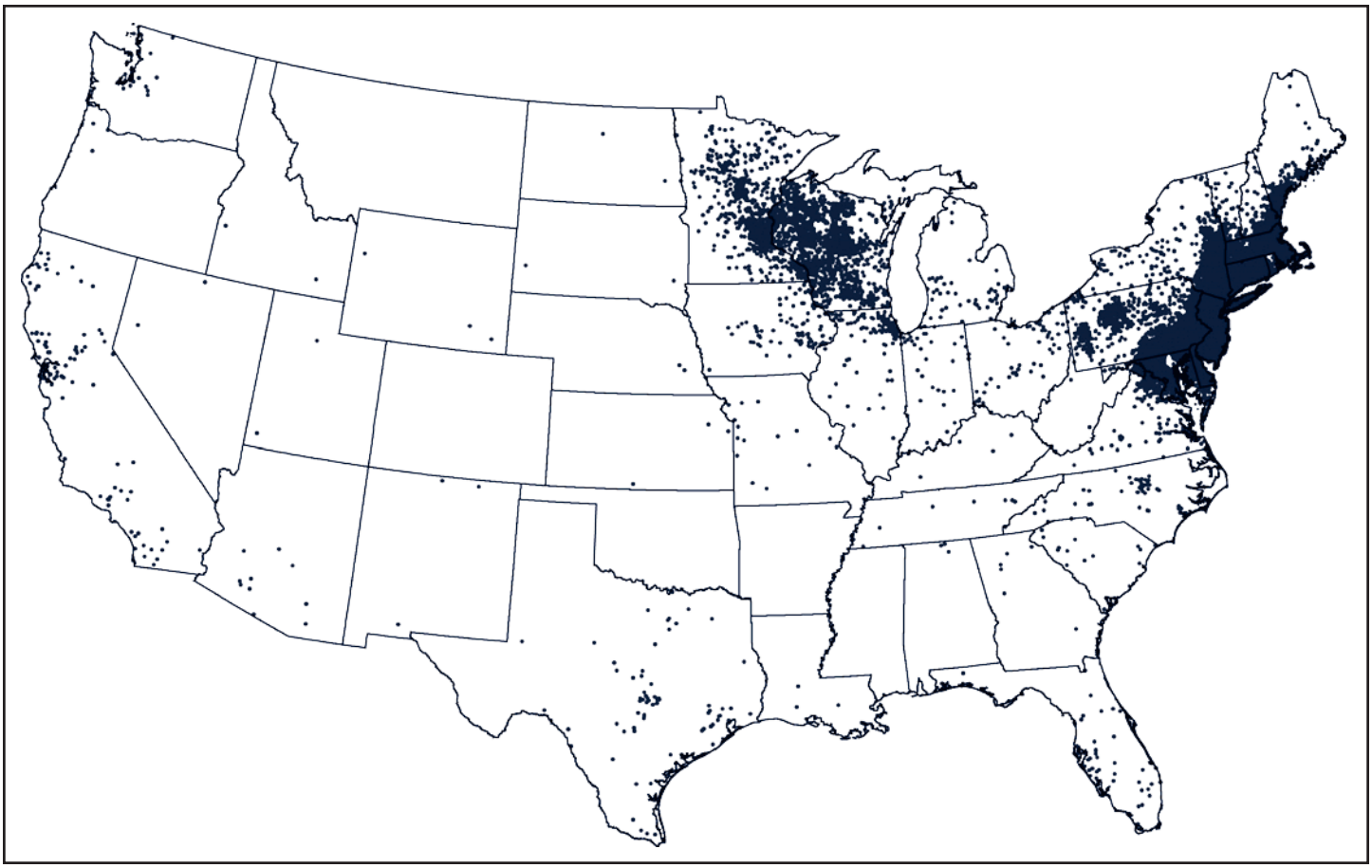
State/Area	No.			Rate		
	2003	2004	2005	2003	2004	2005
Alabama	8	6	3	0.18	0.13	0.07
Alaska	3	3	4	0.46	0.46	0.60
Arizona	4	13	10	0.07	0.23	0.17
Arkansas	0	0	0	—	—	—
California	86	48	95	0.24	0.13	0.26
Colorado	0	0	0	—	—	—
Connecticut†	1,403	1,348	1,810	40.28	38.47	51.56
Delaware†	212	339	646	25.93	40.83	76.58
District of Columbia	14	16	10	2.49	2.89	1.82
Florida	43	46	47	0.25	0.26	0.26
Georgia	10	12	6	0.12	0.14	0.07
Hawaii	0	0	0	—	—	—
Idaho	3	6	2	0.22	0.43	0.14
Illinois	71	87	127	0.56	0.68	0.99
Indiana	25	32	33	0.40	0.51	0.53
Iowa	58	49	89	1.97	1.66	3.00
Kansas	4	3	3	0.15	0.11	0.11
Kentucky	17	15	5	0.41	0.36	0.12
Louisiana	7	2	3	0.16	0.04	0.07
Maine	175	225	247	13.40	17.08	18.69
Maryland†	691	891	1,235	12.54	16.03	22.05
Massachusetts†	1,532	1,532	2,336	23.81	23.88	36.51
Michigan	12	27	62	0.12	0.27	0.61
Minnesota†	474	1,023	917	9.37	20.06	17.87
Mississippi	21	0	0	0.73	—	—
Missouri	70	25	15	1.23	0.43	0.26
Montana	0	0	0	—	—	—
Nebraska	2	2	2	0.12	0.11	0.11
Nevada	3	1	3	0.13	0.04	0.12
New Hampshire	190	226	265	14.76	17.39	20.23
New Jersey†	2,887	2,698	3,363	33.42	31.02	38.58
New Mexico	1	1	3	0.05	0.05	0.16
New York†	5,399	5,100	5,565	28.13	26.53	28.90
North Carolina	156	122	49	1.86	1.43	0.56
North Dakota	0	0	3	—	—	0.47
Ohio	66	50	58	0.58	0.44	0.51
Oklahoma	0	3	0	—	0.09	—
Oregon	16	11	3	0.45	0.31	0.08
Pennsylvania†	5,730§	3,985	4,287	46.34	32.12	34.49
Rhode Island†	736	249	39	68.39	23.04	3.62
South Carolina	18	22	15	0.43	0.52	0.35
South Dakota	1	1	2	0.13	0.13	0.26
Tennessee	20	20	8	0.34	0.34	0.13
Texas	85	98	69	0.38	0.44	0.30
Utah	2	1	2	0.09	0.04	0.08
Vermont	43	50	54	6.95	8.05	8.67
Virginia	195	216	274	2.64	2.90	3.62
Washington	7	14	13	0.11	0.23	0.21
West Virginia	31	38	61	1.71	2.09	3.36
Wisconsin†	740	1,144	1,459	13.52	20.77	26.35
Wyoming	2	4	3	0.40	0.79	0.59
Total	**21,273**	**19,804**	**23,305**	**7.32**	**6.74**	**7.86**

* Per 100,000 population, using midyear census estimates.
† *Healthy People 2010* Lyme disease reference state where the disease is endemic.
§ Includes 4,722 confirmed and 1,008 suspected cases.

Reported by: *State and District of Columbia health departments. RM Bacon, MS, KJ Kugeler, MPH, KS Griffith, MD, PS Mead, MD, Div of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, CDC.*

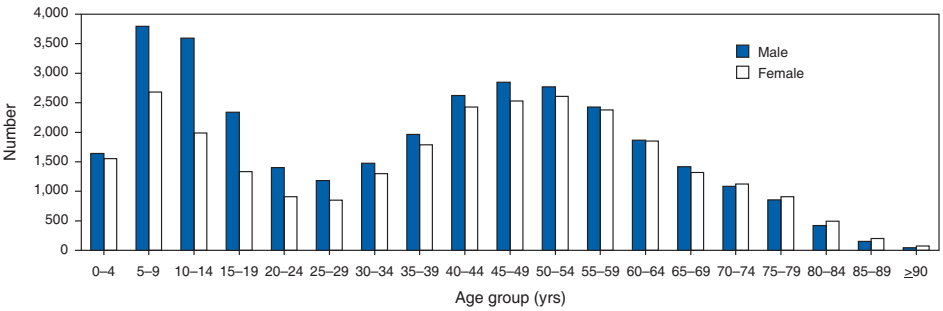
Editorial Note: With approximately 20,000 new cases reported each year, Lyme disease is the most common vector-borne disease in the United States. Cases occur most commonly in northeastern, mid-Atlantic, and north-central states

FIGURE 1. Number* of newly reported Lyme disease cases, by county† — United States, 2005



*N = 23,174; county not available for 131 other cases.
†One dot was placed randomly within the county of patient residence for each reported case.

FIGURE 2. Number* of newly reported Lyme disease cases, by sex and age group — United States, 2003–2005



*N = 62,206.

and among persons aged 5–14 years and 45–54 years. Cases peak during summer months, reflecting transmission by nymphal vector ticks during May and June.

Since Lyme disease became nationally notifiable in 1991, the annual number of reported cases has more than doubled. This increase likely is the result of several factors, including a true increase in disease incidence and enhanced case detection resulting from implementation of laboratory-based surveillance in several states. The growing number of case reports and the labor required for confirmation of laboratory-reported cases has placed considerable burden on local and state health departments in areas where Lyme disease is endemic. To address this surveillance burden and create more sustainable Lyme disease surveillance systems, some states have modified components of their systems, leading to acute reductions in reported cases (*3*). However, no evidence exists to suggest a true decrease in Lyme disease incidence in these states.

The findings in this report are subject to at least three limitations. First, Lyme disease surveillance is complicated by both underreporting and overdiagnosis of cases (*4,5*). Second, dif-

ferences in patient demographics (e.g., age and sex) among states with above-average and below-average incidence suggest variation in diagnostic and reporting practices among states (*6*). Finally, clinical information on symptoms is not verified independently and often is incomplete.

The *Healthy People 2010* target (*1*) was derived from a baseline of 17.4 cases per 100,000 population reported to CDC during 1992–1996 and was established in anticipation of widespread use of a Lyme disease vaccine, licensed in 1999. However, the vaccine was withdrawn from the market in 2002, reportedly because of poor sales (*7*). Although no Lyme disease vaccine is available, persons can lower their risk for the disease and other tickborne illnesses by avoiding tick-infested areas when possible, using insect repellents containing DEET (*N,N*-diethyl-*m*-toluamide), and performing daily self-examination for ticks (*7*). In North America, removing ticks within 24 hours of attachment reduces the likelihood of *B. burgdorferi* transmission (*8*). Tick populations around homes and in recreational areas can be reduced 50%–90% through simple landscaping practices such as removing brush and leaf litter or creating a buffer zone of wood chips or gravel between forest and lawn or recreational areas. For persons who are infected, prompt diagnosis and treatment are important to prevent serious illness and long-term complications (*9,10*). Detailed information regarding Lyme disease prevention is available at http://www.cdc.gov/ncidod/dvbid/lyme.

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Elemental Mercury Releases Attributed to Antiques — New York, 2000–2006

Metallic (i.e., elemental) mercury, a heavy, silvery odorless liquid, is in common household products such as thermostats and thermometers. Lesser-known household sources of elemental mercury include certain antique or vintage items such as clocks, barometers, mirrors, and lamps. Over time, the mercury in these items can leak, particularly as seals age or when the items are damaged, dropped, or moved improperly. Vacuuming a mercury spill or vaporization from spill-contaminated surfaces such as carpets, floors, furniture, mops, or brooms can increase levels of mercury in the air, especially in enclosed spaces (*1*). Environmental sampling conducted after releases of elemental mercury have indicated substantial air concentrations that were associated with increases in blood and urine mercury levels among exposed persons (*2*). In 1990, the Agency for Toxic Substances and Disease Registry (ATSDR) created the Hazardous Substances Emergency Events Surveillance (HSEES) system, a multistate* health department surveillance system designed to help reduce morbidity and mortality associated with hazardous substance† events (*3*). This report describes antique-related mercury releases reported to HSEES, all of which occurred in New York state during 2000–2006.§ Although none of these spills resulted in symptoms or acute health effects, they required remediation to prevent future mercury exposure. The findings underscore the need for caution when handling antiques containing elemental mercury and the need for proper remediation of spills.

Case Reports

Antique pendulum wall clock, Delaware County, New York. In 2006, as an antique store employee was cleaning, he placed an antique pendulum wall clock on the floor, spilling approximately 150 mL of mercury. The employee then moved the pendulum to a bucket and tried to vacuum the spill with a household vacuum cleaner. He dialed 911, and emergency responders were dispatched. That employee and another employee evacuated the store as the fire department, a hazardous materials (HazMat) team, and the state environmental agency responded. The HazMat team removed carpeting

* HSEES participating states: Colorado, Iowa, New Jersey, New York, Minnesota, North Carolina, Oregon, Texas, Utah, Washington, and Wisconsin (2000–2006); Missouri (2000–2005); Louisiana (2001–2006); Rhode Island (2000–2002); Alabama and Mississippi (2000–2004); and Florida and Michigan (2005–2006).

† An HSEES event is defined as one that involves the release or threatened release of a hazardous substance or hazardous substances that meets minimum set criteria. A hazardous substance is one that can reasonably be expected to cause an adverse health effect (*3*).

§ 2006 data are considered preliminary.

and collected all visible mercury beads. The carpeting and vacuum cleaner were discarded as hazardous waste. Air measurements taken the next day revealed background levels of mercury at floor level in the area that had been cleaned. Air measurements throughout the room indicated mercury in the floorboards beneath a radiator. Plastic was hung over the doorway to contain the room air until a second cleanup was conducted. The floor was mopped with a thiosulfate solution. The cleanup contractor took air samples to confirm that the mercury cleanup was complete.

Antique pendulum clock, Southhold, New York. In 2006, a home was contaminated with approximately 500 mL of mercury when an antique pendulum clock fell and broke on the carpeted floor in the living room. The tenant called the state spill hotline and was referred to the county health department. The county health department and a cleanup contractor responded. The resident evacuated until the cleanup was completed and confirmed by environmental sampling.

Antique clock, New York City, New York. In 2005, 30–330 mL of mercury spilled from a 15-inch column in an antique clock in an antiques store. The fire department and city environmental agency responded. As a precaution, four workers were transported to a medical facility for evaluation. The area was cordoned off while a cleanup contractor removed the spilled mercury and conducted air sampling to verify that the cleanup was complete.

Antique barometer, Great Neck, New York. In 2003, approximately 35 mL of mercury spilled from a newly purchased antique barometer while it was being transported in the trunk of a car. As the barometer was being carried into the buyer's home, some of the spilled mercury was tracked inside. The buyer contacted the local health department for cleanup guidance and then hired a cleanup contractor to remediate the spill. The local health department took air measurements to determine whether cleanup was complete in both the house and car. Although mercury cleanup in the house was complete, air measurements in the car trunk indicated residual mercury. The car was successfully remediated only after the trunk carpeting was discarded.

Antique mirror, Ryebrook, New York. In 2001, approximately 30 mL of mercury leaked from the back of an antique mirror onto the carpet in a home. The resident vacuumed the spilled mercury, contaminating the vacuum cleaner and likely increasing the indoor air levels of mercury. The resident contacted the local health department, which responded. The mirror and vacuum both were bagged for disposal as hazardous waste, and the spill was cleaned up within 1.5 hours of discovery. Air sampling confirmed cleanup.

Antique lamp, Syracuse, New York. In 2000, approximately 35 mL of mercury spilled onto a roadway as an antique lamp was being loaded into a vehicle. The mercury had been used as a weight in the lamp's base. The spill was reported to the local fire department and cleaned up by a HazMat team. Because this spill occurred outdoors and was cleaned up quickly, the risk for inhalation exposure was minimal.

Reported by: *RE Wilburn, MPH, JK Ehrlich, MPH, WL Welles, PhD, New York State Dept of Health. DK Horton, MSPH, M Orr, MS, V Kapil, DO, Div of Health Studies, Agency for Toxic Substances and Disease Registry.*

Editorial Note: Short-term exposure to high levels of mercury vapor can cause lung damage, nausea, vomiting, diarrhea, increases in blood pressure or heart rate, skin rashes, and eye irritation. Exposure to high levels of mercury vapor can permanently damage the brain, kidneys, and developing fetuses. Mercury exposure is of particular concern for fetuses, infants, and children, who have developing nervous systems, and for persons with medical conditions that might be worsened by exposure to mercury, such as conditions of the nervous system, kidneys, or heart and vascular system (*1*).

The unique properties of elemental mercury, which are largely attributable to its liquid state at room temperature, prompted its earlier use in certain household items and instruments. For example, in the late 19th and early 20th centuries, certain antique clocks with temperature-compensated pendulums typically contained one or more glass cylinders of mercury as a regulator (*4*) (Figure).

Beginning in the mid-17th century, certain antique barometers used a glass tube from which the air had been evacuated and replaced by liquid mercury (*4*). The amount of mercury

FIGURE. A mercury-containing pendulum from an antique clock

Photo/New York State Department of Health

in barometers can range from 5 ounces to 6 pounds (*4*). During the 16th through the 19th centuries, mercury's reflectivity led certain craftsmen to create mirrors by layering a thin amalgam of approximately 75% tin and 25% mercury to a backing of flat plate glass (*5*). A deposit of amalgam or liquid mercury beads can sometimes be found at the base of these mirrors (*5*). In addition, some antique desk and floor lamp manufacturers used elemental mercury in the lamp base as a weight to provide better stability.

Several factors can affect the risk for exposure from mercury-containing antiques; for example, antiques become more fragile as they age, which can increase the risk for spills from breakage. In contrast, fewer antiques with mercury remain in circulation because the sale of many mercury-added items (e.g., barometers and clocks) has been prohibited in certain states, and increased educational measures directed toward the public (e.g., from government agencies) might be raising awareness about the dangers of mercury. Approximately 12 states, including New York, already have restricted the sale of mercury-added products, which could reduce the risk for exposure to mercury from such items; these restrictions typically apply to the sale of antique barometers containing mercury (*6*).

The findings in this report are subject to at least two limitations. First, reporting of spills to HSEES state programs is not mandatory; therefore, participating state health departments might not be informed about every mercury spill. Second, the HSEES program is conducted in only 14 states; therefore, HSEES data might not be nationally representative.

Most mercury-containing antiques do not pose a risk for exposure if they are sealed and handled properly. Certain measures can be taken to prevent unintentional releases of mercury from antiques (Box). If a spill of elemental mercury does occur, prompt and proper care must be taken to contain and prevent further spread of the substance to minimize exposure and prevent adverse health effects. Guidelines for proper cleanup are available (*7*), and several agencies have set reference values for acceptable limits of mercury in air, including the Occupational Safety and Health Administration and the American Conference of Government Industrial Hygienists for workplaces, and ATSDR and the U.S. Environmental Protection Agency for indoor living spaces (*1*).

BOX. Measures to help prevent unintentional releases of elemental mercury from antiques

- Know the various types of antiques and items that might contain elemental mercury:
  - thermometers,
  - barometers,
  - pendulum clocks,
  - electrical switches,
  - blood-pressure gauges,
  - thermostats,
  - silvered mirrors, and
  - silvered vases (*1,4,5,8*).
- Do not purchase an antique known to contain mercury. If the seller is uncertain, have the seller verify the item is mercury-free.
- For mercury-containing antiques in the household, exercise care:
  - Inspect each item thoroughly for cracks or leaks in susceptible areas (e.g., seals, columns, and casings).
  - Replace or remove mercury-containing components, whenever possible. Do not attempt to drain or replace the mercury (*8*).
  - Because mercury is hazardous waste, contact the state or local health or environmental department for advice on cleaning up or disposing of mercury (*8*).
- When handling mercury-containing items, exercise care:
  - Move slowly.
  - Keep the item in a leak-proof container.
  - Support the item with padding.
  - Do not turn the item horizontal.
  - Keep barometers at a 45-degree angle when moving.
  - Because mercury is regulated by the U.S. Department of Transportation, know the applicable laws before shipping an item (*8,9*).
- Ensure that the antiques containing mercury are not within the reach of children and that children are educated about the dangers of mercury (*1*).

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CDC's 60th Anniversary

Director's Perspective — David Satcher, M.D., Ph.D., 1993–1998

One of the important legacies at CDC is continuity of leadership. Like runners in a relay race, each CDC leader passes the baton of leadership smoothly to the next without disrupting the important programs necessary to protect the health of the nation. This perspective provides reflections on three aspects of CDC during the mid-1990s: first, continuing momentum in several important programs; second, strengthening CDC's infrastructure in terms of resources, programs, and organization; and third, responding to the emerging epidemic of overweight and obesity and the need to encourage healthy lifestyle choices.

Continuing Momentum: Childhood Vaccinations, HIV/AIDS, and Breast and Cervical Cancer Screening

One of the most important challenges and opportunities facing CDC in the mid-1990s was to increase vaccination rates among children by the age of 2 years. In 1991, only slightly more than 50% of children were fully vaccinated by this age; the goal was to dramatically increase that rate to 90% by the end of the decade, and the 3-year goal was set at 75% (*1*). CDC was charged by Congress with implementing the Vaccines for Children program, a novel vaccine-financing approach introduced in 1994 that included access to government-funded vaccines through private-sector providers in addition to traditional public clinics. CDC's partnerships with the Congress of National Black Churches; the Women, Infants, and Children program; the National Council of La Raza; and the National Council of Churches USA were particularly important in achieving vaccination goals. Likewise, CDC worked with foundations, including The Annie E. Casey Foundation, the Robert Wood Johnson Foundation, and the Task Force for Child Survival and Development to develop vaccine registries so that health-care providers would know the vaccination status of children who were being treated in their offices. In cities where vaccination rates were especially low, such as Detroit, Michigan (29%), CDC's partnership with the mayor's office was critical.

Because the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic was continuing to advance, maintaining and improving efforts in surveillance and education was important to prevent or reduce the spread of the disease, as was optimizing the application of treatments such as AZT (i.e., azidothymidine or zidovudine) to new populations (*2*). CDC educated health-care providers about the importance of testing pregnant females for HIV and initiating treatment to reduce the transmission of HIV from mother to child. The dramatic decline in mother-to-child transmission of HIV is one of the most significant success stories in the battle against HIV/AIDS. In addition, informing providers and patients about available treatments and coordinating this with education on the importance of early detection and prevention was critical. CDC brought eight different internal HIV/AIDS programs together with other sexually transmitted disease (STD) and tuberculosis (TB) programs to create a new center, the National Center for HIV, STD, and TB Prevention, under the leadership of Dr. Helene Gayle.

Also during this period, CDC gathered the results of several programs evaluating the use of needle- and syringe-exchange programs that had been funded nationwide. The findings provided strong evidence that needle-exchange programs could reduce the spread of HIV in the drug-injecting population without increasing drug use.

In the area of cancer control, CDC worked with states to implement the National Breast and Cervical Cancer Early Detection Program, increasing coverage from 18 states to all 50 states, the District of Columbia, six territories, and 15 American Indian/Alaska Native tribes and tribal organizations. This program has resulted in a dramatic increase in screening for breast and cervical cancer and in early detection and intervention (*3*).

Strengthening CDC's Infrastructure

Continuing to strengthen the infrastructure of CDC was essential; the agency faced the challenges of emerging infectious diseases, environmental health problems, and changing public health approaches to injury prevention, violence prevention, and lifestyle modification. New, more sensitive methods were developed to screen for environmental toxins in blood, urine, air, and soil. The National Center for Injury

In commemoration of CDC's 60th Anniversary, MMWR *is departing from its usual report format. This is the fifth in a series of occasional commentaries by directors of CDC. The directors were invited to give their personal perspectives on the key public health achievements and challenges that occurred during their tenures.*

Prevention and Control funded eight centers of excellence for research in injury and violence prevention. Several new programs, including the Global Health Odyssey, were implemented to document the role of CDC in the history of public health in the United States and the world. In addition, the Office of Genetics and Disease Prevention (now the National Office of Public Health Genomics) was established at CDC to examine the relationship between the results of the Human Genome Project and the health of persons in the United States, as well as to assess related ethical and social health issues. The CDC Foundation, an independent, nonprofit organization approved by Congress in 1992, was instituted by appointing an outstanding board of directors and by recruiting an exceptional foundation director, Charlie Stokes. In its first 10 years, the foundation raised more than $100 million to support global and other CDC efforts.

As the work of public health professionals and CDC began to require increasingly innovative program management, the agency considered the need for a new training program in addition to the successful Public Health Advisors program, which had made great strides in tracking and controlling infectious diseases. As a result, the Public Health Prevention Service (PHPS) program was developed to prepare persons with master of public health degrees to be leaders in community program development. Skills in data collection and management, communication, and organization at the community level were critical requirements for participants in this program. To this day, the mission of PHPS is "to contribute to the development of a highly trained public health workforce of prevention specialists with public health experience and the management and leadership skills necessary to promote the health of populations at the global, federal, state, and local levels (*4*)."

CDC also recognized the need to expand beyond an excellent clinical resource that the U.S. Department of Health and Human Services (DHHS) had been providing for clinicians over the years, the *Guide to Clinical Preventive Services,* with a parallel tool for communities. Thus, CDC developed the *Guide to Community Preventive Services (The Community Guide)*, beginning with the appointment of an exceptional board of advisors. Funding was provided for research to evaluate existing community-prevention programs, with *The Community Guide* representing the culmination of formal evaluations.

Although CDC was working toward strengthening its internal infrastructure, improving the health of all persons required public trust. The Tuskegee Study, infamous to most persons working in public health, was recognized as a major barrier to developing the trust needed to improve the health of the country; the mid-1990s provided an opportunity to formally address this longstanding issue. The study, an experiment started by the U.S. Public Health Service (PHS) in 1932 and ended in 1972, involved monitoring the health effects of syphilis on 400 black men in Tuskegee, Alabama. The men were not treated for the disease, even after the development of penicillin in the 1940s, an effective treatment for syphilis. Responsibility for the Tuskegee Study was transferred to CDC in 1959; after much debate, the study was discontinued in 1972, with CDC assuming responsibility for providing lifetime health and medical benefits to survivors and families.

CDC established a national commission to revisit the Tuskegee Study and describe its nature and impact on participants, PHS, and the nation. This commission, led by Dr. Vanessa Gamble, a physician anthropologist from the University of Wisconsin, produced an in-depth report. With the help of the secretary of health and human services, CDC presented the report to the president of the United States, who agreed that a presidential apology was appropriate. On May 16, 1997, in the East Room of the White House, with survivors and families present or watching by satellite in Tuskegee, the president presented the nation's apology for the Tuskegee Study (*5*). More importantly, he outlined strategies for ensuring that such a study would never occur in the country again. He noted that the Tuskegee Study had helped lead to clear guidelines for informed consent from medical research subjects and required compliance training for persons receiving federal support for research involving humans. He also announced a commitment to develop a Tuskegee center for training researchers in bioethics. The Tuskegee University National Center for Bioethics in Research & Health Care was established in 1999.

Responding to an Emerging Epidemic: Overweight and Obesity

In addition to strengthening CDC's response to existing public health problems, each CDC director is faced with new challenges. During the 1990s, the new challenge did not stem from an infectious disease but from lifestyle and environmental factors. The 1990s saw the rise of the overweight and obesity epidemic.

CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey documented this problem. In 1990, no state in the country had an obesity rate of >15% (with obesity defined as a body mass index [BMI], measured in kilograms per meters squared, of ≥30). By 1995, more than half of the states had an obesity rate of 15%–19%, and by 2000, 22 states had obesity rates of >20%. By 2005, 17 states had obesity rates of ≥25%, with two thirds of the nation being classified as overweight (BMI ≥25) and one third being classified as obese.

Led by the National Center for Chronic Disease Prevention and Health Promotion, CDC responded to this health threat by producing *Physical Activity and Health: A Report of the Surgeon General* in 1996 (*6*), the same year that CDC celebrated its 50th anniversary and the Olympics took place in Atlanta, Georgia, the location of CDC headquarters. The report pointed to the dramatic decline in school-based physical activity in the United States. The percentage of children participating in physical education from kindergarten through 12th grade had declined from 45% in 1991 to 25% in 1995 (*6*). A *Healthy People 2000* objective called for increasing the percentage of children and adolescents in first through 12th grades who participated in daily school physical education, but the trend was moving in the opposite direction. Likewise, although *Healthy People 2000* objective 1.5 was to reduce to no more than 15% the proportion of persons aged 6 years and older with no engagement in leisure-time physical activity, by 1994, the overall proportion of adults reporting no leisure-time physical activity was 29.4% (*1*).

The Surgeon General's 1996 report highlighted the benefits of regular physical activity in greatly reducing the risk for dying from coronary heart disease and the risk for developing diabetes, colon cancer, and related diseases. Physical activity also was credited with enhancing mental health and producing healthy muscles, bones, and joints and with helping to maintain function and preserve independence in older adults.

Although data clearly indicated that school-based physical activity opportunities had declined dramatically in the country, the epidemiologic causes of the overweight and obesity epidemic were unclear (*6*). Subsequent studies indicated that few persons in the United States were following the nutrition guidelines recommended by the U.S. Department of Agriculture and DHHS. In addition, two factors emerged as likely contributors to the epidemic. First, calories were more readily available and cheaper, emerging in the form of fast foods with more fat and sugar. Second, technology had reduced both the need and the incentive to be physically active, and aspects of the built environment were becoming less conducive to physical activity. For example, to encourage children to become more physically active, CDC implemented the Kids Walk to School program; however, the absence of sidewalks and unfavorable location of certain schools mitigated its success.

In conjunction with CDC's 50th anniversary celebration, a Director's Challenge was issued for CDC employees to become more physically active and consume more fruits and vegetables. Incentives such as an extra half hour for lunch were implemented, and cafeteria foods such as salads and grilled items were made readily available. Supervisors were asked to support the program, and a spirit of friendly competition developed throughout the organization. By the end of 1996, approximately 65% of the 7,000 CDC employees reported being physically active on a regular basis.

CDC's efforts continued in the battle against obesity, leading to the inclusion of seven obesity objectives in *Healthy People 2010* (*7*). My own efforts continued as I moved on from CDC to become Surgeon General and DHHS Assistant Secretary for Health, and in 2001 issued *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (*8*). The report, written with extensive technical support from CDC, detailed the nature of the epidemic and made specific recommendations for action, in the home and community, schools, and the workplace and among health-care providers and members of the media.

Continuing the Legacy

Since the 1990s, continuity of leadership at CDC has maintained momentum in infectious-disease prevention and control and in the immunization program. Vaccination levels are at an all-time high. Racial/ethnic disparities in vaccination coverage have been eliminated (*9*), and new vaccines have been introduced that have drastically reduced certain childhood diseases in the United States, such as disease from *Haemophilus influenzae* b, previously the leading cause of childhood meningitis in the United States (*10*).

The epidemic of overweight and obesity continues to be a major challenge for the nation and the world, and controlling it will require global cooperation. CDC and the nation must remain committed to a vigorous program of education and lifestyle enhancement with appropriate incentives in the home, the community, schools, and work sites. Support for this attack on obesity and related chronic diseases must be consistent, persistent, and sustained. Success will require continuity of CDC leadership to sustain needed research and translate it into effective action.

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David Satcher, M.D., Ph.D., was director of CDC during 1993–1998. Before his CDC tenure, Dr. Satcher was president of Meharry Medical College in Nashville, Tennessee. He left CDC in 1998 to become the 16th Surgeon General of the United States and simultaneously held the position of Assistant Secretary for Health in the Department of Health and Human Services. In 2002, Dr. Satcher returned to Atlanta, Georgia, where he has served at Morehouse School of Medicine as director of the National Center for Primary Care (2002–2004) and then as president of the medical school (2004–2006). He now serves as director of the Center of Excellence on Health Disparities at Morehouse School of Medicine.

Notice to Readers

Update of Recommended Nomenclature for the Genetic Characteristics of Wild-Type Rubella Viruses

The recommended nomenclature for wild-type rubella viruses is being updated by the World Health Organization on June 15, 2007 (*1*). Wild-type rubella virus nomenclature was first published in 2005 to facilitate 1) communication among persons involved in rubella control by establishing a standard naming convention for rubella viruses and 2) virologic surveillance by defining standard methods for the genetic characterization of these viruses. Genetic characterizations of rubella viruses have yielded data indicating that rubella is no longer endemic in the United States and confirming epidemiologic information on the source of imported cases (*2,3*). Results from genetic characterizations of rubella viruses are periodically summarized in updates on the global distribution of rubella virus genotypes (*4*). Genetic characterization of rubella viruses is conducted by the World Health Organization's measles and rubella laboratory network, a network of approximately 700 laboratories worldwide, including global specialized laboratories at the Health Protection Agency in the United Kingdom, National Institute of Infectious Diseases in Japan, and CDC in the United States (*5*).

The 2005 report on the recommended nomenclature for wild-type rubella viruses described seven recognized genotypes (1B, 1C, 1D, 1E, 1F, 2A, and 2B) and three provisional genotypes (1a, 1g, and 2c) (*6*). Genotype numbers refer to large, distantly related groups of viruses designated as clade 1 and clade 2. The letters represent genotypic groups within the clades.

Virologic surveillance in rubella-control and regional rubella-elimination programs since 2004 has resulted in approximately 100 new nucleotide sequences of wild-type rubella viruses available for analysis. These new sequences have enabled the further classification of viruses in provisional genotype 1g into one new recognized genotype (1G) and two new provisional genotypes (1h and 1i) (*1*). New sequence data for viruses in provisional genotype 2c enabled this genotype to be changed to a recognized genotype, 2C. In addition, identification of a group of viruses in Japan enabled the definition of another new provisional genotype (1j). The 1j provisional genotype also contains viruses originally classified as 1D, not all of which were from Japan (*1*). In summary, this update of the nomenclature describes 13 genotypes of wild-type rubella viruses: recognized genotypes 1B, 1C, 1D, 1E, 1F, 1G, 2A, 2B, and 2C, and provisional genotypes 1a, 1h, 1i, and 1j.

Detailed descriptions of the rationale for nomenclature changes and other related technical matters described in this update should be reviewed by those involved in the genetic characterization of rubella viruses (*1*). Many more wild-type rubella viruses will be characterized genetically in future years, and information from these characterizations might result in recognition of additional genotypes of wild-type rubella viruses.

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Notice to Readers

Preventing Child Sexual Abuse Within Youth-Serving Organizations: Getting Started on Policies and Procedures

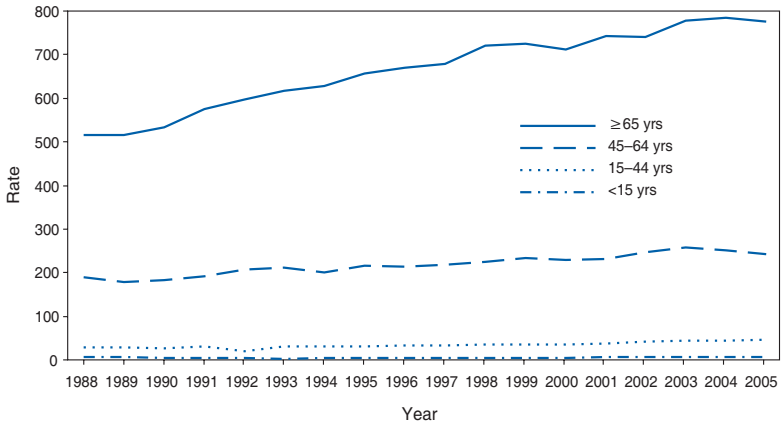
To help prevent child sexual abuse, CDC has published the report *Preventing Child Sexual Abuse Within Youth-Serving Organizations: Getting Started on Policies and Procedures*. This report describes six key components for preventing child sexual abuse in youth-serving organizations: 1) screening and selecting employees and volunteers; 2) establishing guidelines on interactions between persons; 3) monitoring behavior; 4) ensuring safe environments; 5) responding to inappropriate behavior, breaches in policy, and allegations and suspicions of child sexual abuse; and 6) training in child sexual-abuse prevention.

These components were identified by CDC in conjunction with child sexual-abuse researchers, professionals who provide prevention resources for organizations, and representatives of youth-serving organizations that have child sexual-abuse prevention programs. In the report, each of the six components is described in detail, including the prevention goals, critical strategies, and additional strategies that might be considered depending on the context and resources of individual organizations. The report is available online at http://www.cdc.gov/ncipc/dvp/preventingchildabuse.htm.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Annual Diabetes Rate* Among Patients Discharged from Hospitals,† by Year and Age Group — National Hospital Discharge Survey, United States, 1988–2005



* Per 10,000 population. Diabetes patients were those assigned diagnosis code 250 (diabetes mellitus) under the *International Classification of Diseases, 9th Revision, Clinical Modification*; however, diabetes did not have to be newly diagnosed or the reason for hospital admission.

† General hospitals, children's general hospitals, and hospitals with an average length of stay for all patients of <30 days.

The rate of diabetes among patients aged ≥65 years who were discharged from hospitals was significantly higher than that for any other age group and increased approximately 50% during 1988–2005. The rate increased approximately 56% for patients aged 15–44 years and 29% for those aged 45–64 years during this period. The rate for patients aged <15 years did not change.

SOURCE: National Hospital Discharge Survey. Annual files, 1988–2005. Available at http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 9, 2007 (23rd Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	2	0	20	19	16	20	28	
infant	—	31	2	97	85	87	76	69	
other (wound & unspecified)	—	8	1	48	31	30	33	21	
Brucellosis	1	48	2	120	120	114	104	125	TN (1)
Chancroid	—	11	1	33	17	30	54	67	
Cholera	—	—	0	9	8	5	2	2	
Cyclosporiasis§	1	30	11	136	543	171	75	156	FL (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	1	67	80	112	108	164	
eastern equine	—	—	0	8	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	0	11	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	9	36	13	646	786	537	362	511	NY (3), MN (6)
human monocytic	12	73	7	566	506	338	321	216	MO (2), NC (1), OK (9)
human (other & unspecified)	5	30	4	230	112	59	44	23	PA (1), MO (1), OK (3)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	5	1	22	9	19	32	34	
nonserotype b	—	44	2	146	135	135	117	144	
unknown serotype	1	113	3	212	217	177	227	153	SC (1)
Hansen disease§	—	21	2	66	87	105	95	96	
Hantavirus pulmonary syndrome§	—	7	1	38	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	3	42	4	284	221	200	178	216	NY (1), IA (1), UT (1)
Hepatitis C viral, acute	7	274	20	821	652	713	1,102	1,835	MN (3), KS (1), MD (1), WV (1), OK (1)
HIV infection, pediatric (age <13 yrs)††	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	1	66	0	41	45	—	N	N	OH (1)
Listeriosis	3	204	13	871	896	753	696	665	PA (2), NC (1)
Measles¶¶	—	15	1	56	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	3	123	6	308	297	—	—	—	NY (1), MO (1), TX (1)
serogroup B	1	45	4	188	156	—	—	—	TX (1)
other serogroup	—	9	1	30	27	—	—	—	
unknown serogroup	4	318	15	647	765	—	—	—	OH (2), AZ (1), OR (1)
Mumps	8	410	34	6,575	314	258	231	270	NY (2), IN (1), NC (1), FL (1), ID (3)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	1	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	3	0	21	16	12	12	18	
Q fever§	1	71	3	170	136	70	71	61	FL (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	8	0	10	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	0	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	52	3	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	1	96	8	380	329	353	413	412	NY (1)
Tetanus	—	5	1	40	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	1	32	2	101	90	95	133	109	AZ (1)
Trichinellosis	—	1	0	15	16	5	6	14	
Tularemia	3	14	3	94	154	134	129	90	NYC (1), MO (1), OK (1)
Typhoid fever	—	105	6	342	324	322	356	321	
Vancomycin-intermediate *Staphylococcus aureus*§	—	4	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	1	3	1	N	N	
Vibriosis (non-cholera *Vibrio* species infections)§	—	70	1	N	N	N	N	N	
Yellow fever	—	—	—	—	—	—	—	1	

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

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

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

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

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 66 cases were reported for the 2006–07 flu season.

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

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

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

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	9,475	20,284	25,263	427,366	442,651	64	152	658	3,442	3,823	21	68	319	1,071	1,195
New England	834	673	1,357	15,475	13,698	—	0	0	—	—	1	5	27	64	95
Connecticut	361	221	829	4,529	3,518	N	0	0	N	N	—	0	11	11	38
Maine§	47	48	73	1,138	932	—	0	0	—	—	1	0	6	11	13
Massachusetts	338	309	600	7,075	6,417	—	0	0	—	—	—	2	19	18	28
New Hampshire	28	39	69	861	794	—	0	0	—	—	—	1	4	11	12
Rhode Island§	40	67	108	1,490	1,491	—	0	0	—	—	—	0	5	5	1
Vermont§	20	20	45	382	546	N	0	0	N	N	—	1	4	8	3
Mid. Atlantic	1,740	2,615	4,284	61,246	54,346	—	0	0	—	—	2	10	37	134	187
New Jersey	135	376	541	6,751	8,453	N	0	0	N	N	—	0	5	—	9
New York (Upstate)	443	509	2,758	10,828	10,124	N	0	0	N	N	2	3	14	46	38
New York City	671	769	1,521	19,707	18,406	N	0	0	N	N	—	2	10	23	59
Pennsylvania	491	812	1,790	23,960	17,363	N	0	0	N	N	—	4	18	65	81
E.N. Central	857	3,163	6,257	72,889	75,555	—	1	3	14	17	4	15	110	241	268
Illinois	422	1,005	1,295	20,410	24,010	—	0	0	—	—	—	2	22	25	37
Indiana	277	382	644	9,090	9,061	—	0	0	—	—	1	1	18	21	20
Michigan	—	740	1,225	15,567	14,208	—	0	3	10	13	—	3	10	57	38
Ohio	54	643	3,650	19,653	18,794	—	0	2	4	4	3	5	33	78	91
Wisconsin	104	371	528	8,169	9,482	N	0	0	N	N	—	4	53	60	82
W.N. Central	656	1,200	1,448	25,229	26,946	—	0	54	3	—	1	12	77	168	186
Iowa	—	167	243	3,642	3,688	N	0	0	N	N	—	2	28	31	18
Kansas	184	147	309	3,484	3,618	N	0	0	N	N	—	1	8	25	26
Minnesota	—	244	314	4,239	5,700	—	0	54	—	—	1	2	25	46	68
Missouri	311	456	628	10,056	9,799	—	0	1	3	—	—	2	21	32	36
Nebraska§	114	105	184	2,272	2,198	N	0	0	N	N	—	1	16	6	13
North Dakota	—	30	69	446	797	N	0	0	N	N	—	0	11	1	3
South Dakota	47	49	84	1,090	1,146	N	0	0	N	N	—	1	7	27	22
S. Atlantic	3,154	3,905	6,760	82,231	84,683	—	0	1	1	2	13	18	70	272	266
Delaware	115	69	111	1,500	1,568	N	0	0	N	N	—	0	3	2	1
District of Columbia	83	81	167	2,443	1,344	—	0	0	—	—	—	0	2	3	7
Florida	842	1,030	1,651	22,568	21,072	N	0	0	N	N	4	9	32	136	106
Georgia	2	691	3,822	9,872	15,288	N	0	0	N	N	—	3	17	48	84
Maryland§	459	402	694	8,430	8,897	—	0	1	1	2	1	0	2	12	6
North Carolina	1,233	631	1,207	13,876	15,674	—	0	0	—	—	7	1	11	33	29
South Carolina§	—	426	2,105	11,440	9,247	N	0	0	N	N	—	1	14	17	14
Virginia§	387	495	685	10,915	10,289	N	0	0	N	N	—	1	5	17	17
West Virginia	33	54	85	1,187	1,304	N	0	0	N	N	1	0	3	4	2
E.S. Central	742	1,412	2,044	28,134	33,498	—	0	0	—	—	—	3	15	50	44
Alabama§	32	367	539	2,787	10,625	N	0	0	N	N	—	1	12	19	16
Kentucky	244	130	691	3,477	4,144	N	0	0	N	N	—	1	3	15	11
Mississippi	—	405	959	9,333	7,761	N	0	0	N	N	—	0	8	8	6
Tennessee§	466	531	698	12,537	10,968	N	0	0	N	N	—	1	5	8	11
W.S. Central	265	2,171	3,028	45,706	50,212	—	0	1	—	—	—	5	45	38	66
Arkansas§	—	167	337	3,464	3,495	N	0	0	N	N	—	0	3	2	7
Louisiana	—	321	610	6,599	7,770	—	0	1	—	—	—	1	9	14	13
Oklahoma	265	258	471	5,516	5,300	N	0	0	N	N	—	1	9	16	14
Texas§	—	1,451	1,911	30,127	33,647	N	0	0	N	N	—	1	36	6	32
Mountain	144	1,334	2,026	23,295	28,388	64	99	293	2,353	2,714	—	5	40	75	51
Arizona	25	463	993	6,533	8,626	64	98	293	2,303	2,635	—	0	5	14	6
Colorado	—	299	416	4,131	6,878	N	0	0	N	N	—	1	7	23	14
Idaho§	—	42	253	1,263	1,425	N	0	0	N	N	—	0	5	4	5
Montana§	—	53	144	1,116	931	N	0	0	N	N	—	0	26	4	7
Nevada§	103	170	397	3,863	3,281	—	1	3	18	35	—	0	3	4	3
New Mexico§	—	172	396	3,843	4,490	—	0	2	8	11	—	1	6	17	10
Utah	—	97	200	2,017	2,114	—	1	4	24	31	—	0	3	2	6
Wyoming§	16	26	45	529	643	—	0	0	—	2	—	0	11	7	—
Pacific	1,083	3,369	4,362	73,161	75,325	—	53	311	1,071	1,090	—	1	5	29	32
Alaska	63	88	157	1,886	1,853	N	0	0	N	N	—	0	1	—	1
California	570	2,656	3,627	57,149	58,717	—	53	311	1,071	1,090	—	0	0	—	—
Hawaii	1	107	130	2,241	2,545	N	0	0	N	N	—	0	1	—	—
Oregon§	223	159	394	4,041	4,231	N	0	0	N	N	—	1	5	29	31
Washington	226	344	621	7,844	7,979	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	16	24	—	403	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	122	234	3,129	2,123	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	10	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	103	300	1,511	5,449	6,485	2,688	6,911	8,896	137,231	151,282	18	47	180	1,042	1,052
New England	5	23	67	389	481	150	111	259	2,486	2,359	—	3	19	68	74
Connecticut	—	5	25	99	120	87	45	204	944	880	—	0	6	20	19
Maine§	4	4	14	57	36	2	2	8	47	53	—	0	4	6	7
Massachusetts	—	10	26	157	216	51	49	96	1,197	1,088	—	2	5	36	34
New Hampshire	—	0	3	4	11	5	2	8	73	101	—	0	2	5	5
Rhode Island§	—	0	17	24	37	4	9	19	203	211	—	0	10	1	2
Vermont§	1	3	12	48	61	1	1	5	22	26	—	0	1	—	7
Mid. Atlantic	22	62	127	953	1,308	486	707	1,537	16,054	14,284	3	10	27	219	217
New Jersey	—	6	17	36	200	99	102	155	2,126	2,309	—	1	5	22	38
New York (Upstate)	12	25	108	361	416	83	121	1,035	2,437	2,635	3	3	15	63	59
New York City	5	16	32	311	404	154	177	376	4,195	4,448	—	2	6	42	42
Pennsylvania	5	14	34	245	288	150	250	608	7,296	4,892	—	3	10	92	78
E.N. Central	14	44	100	748	1,049	343	1,293	2,601	28,849	30,225	1	7	15	115	186
Illinois	—	10	30	109	260	140	356	485	7,349	8,745	—	2	6	23	57
Indiana	N	0	0	N	N	146	156	293	3,680	3,924	1	1	10	21	33
Michigan	—	14	38	248	280	—	290	880	6,349	5,637	—	0	5	12	18
Ohio	14	15	32	291	307	30	328	1,569	8,625	8,849	—	2	6	52	41
Wisconsin	—	9	27	100	202	27	131	181	2,846	3,070	—	1	4	7	37
W.N. Central	9	21	553	355	705	257	389	516	8,257	8,167	1	3	24	63	53
Iowa	—	5	16	77	100	—	41	63	796	761	—	0	1	1	—
Kansas	6	3	11	55	65	57	43	88	1,000	1,006	1	0	2	7	10
Minnesota	—	0	514	12	279	—	66	87	1,133	1,335	—	1	17	24	24
Missouri	3	10	28	152	183	163	201	268	4,577	4,336	—	1	5	23	15
Nebraska§	—	2	9	34	37	32	28	57	614	531	—	0	2	7	3
North Dakota	—	0	16	5	8	—	2	7	24	50	—	0	2	1	1
South Dakota	—	1	6	20	33	5	6	15	113	148	—	0	0	—	—
S. Atlantic	26	53	106	1,013	936	740	1,662	3,209	32,338	36,950	9	11	34	273	258
Delaware	—	1	4	13	10	43	27	44	608	641	—	0	3	5	1
District of Columbia	—	1	7	34	27	30	38	63	972	794	—	0	2	3	1
Florida	20	24	44	492	380	314	486	717	9,636	10,227	3	3	8	83	82
Georgia	—	10	27	181	223	—	327	2,068	4,144	7,092	—	2	7	55	64
Maryland§	4	4	12	94	67	161	130	227	2,652	3,133	3	2	5	48	32
North Carolina	—	0	0	—	—	61	321	676	6,529	7,757	—	1	9	36	15
South Carolina§	2	1	8	31	46	—	179	1,026	4,817	4,201	2	1	4	26	21
Virginia§	—	9	28	156	173	124	125	238	2,654	2,752	—	1	6	7	32
West Virginia	—	0	21	12	10	7	18	44	326	353	1	0	6	10	10
E.S. Central	6	9	34	177	162	293	547	879	10,287	13,295	2	2	9	57	58
Alabama§	3	3	22	90	79	12	155	271	1,313	4,878	—	0	3	11	13
Kentucky	N	0	0	N	N	115	51	268	1,274	1,443	—	0	1	2	4
Mississippi	N	0	0	N	N	—	157	434	3,391	2,883	—	0	1	4	5
Tennessee§	3	5	12	87	83	166	195	240	4,309	4,091	2	1	6	40	36
W.S. Central	4	7	55	125	109	76	944	1,490	18,547	21,590	—	2	32	50	48
Arkansas§	1	3	13	53	31	—	79	142	1,655	1,971	—	0	2	3	4
Louisiana	—	1	6	23	38	—	210	366	3,958	4,538	—	0	3	4	11
Oklahoma	3	2	42	49	40	76	93	236	2,127	1,942	—	1	29	40	30
Texas§	N	0	0	N	N	—	558	938	10,807	13,139	—	0	2	3	3
Mountain	11	30	67	541	600	45	281	454	4,313	6,224	2	4	11	135	112
Arizona	1	3	11	73	61	11	103	220	1,354	2,118	2	2	6	59	43
Colorado	—	9	26	178	197	—	67	93	972	1,591	—	1	4	29	32
Idaho§	2	3	12	43	64	—	2	20	84	85	—	0	1	4	3
Montana§	—	2	11	33	27	—	3	20	43	63	—	0	0	—	—
Nevada§	2	2	9	46	51	33	49	135	932	1,170	—	0	2	6	6
New Mexico§	—	2	6	43	24	—	30	64	603	748	—	0	4	16	18
Utah	6	6	27	113	169	—	16	28	297	384	—	0	3	20	10
Wyoming§	—	1	4	12	7	1	2	5	28	65	—	0	1	1	—
Pacific	6	57	558	1,148	1,135	298	767	935	16,100	18,188	—	2	16	62	46
Alaska	2	1	17	26	18	10	10	27	184	238	—	0	2	5	4
California	1	42	93	792	928	213	638	804	13,587	15,034	—	0	10	15	12
Hawaii	1	1	4	29	26	2	14	26	288	447	—	0	2	3	9
Oregon§	2	8	14	158	163	25	26	46	465	625	—	1	6	39	21
Washington	—	0	449	143	—	48	72	142	1,576	1,844	—	0	5	—	—
American Samoa	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	2	6	—	39	—	0	1	—	2
Puerto Rico	4	6	19	95	60	—	6	16	144	137	—	0	2	1	1
U.S. Virgin Islands	U	0	0	U	U	U	0	3	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	20	56	177	1,083	1,596	35	79	375	1,593	1,836	23	49	113	574	640
New England	—	2	6	28	92	—	2	5	30	60	—	3	13	24	31
Connecticut	—	1	3	8	14	—	0	5	15	25	—	0	9	4	8
Maine§	—	0	2	—	5	—	0	2	2	11	—	0	2	—	3
Massachusetts	—	1	4	8	47	—	0	2	2	12	—	1	8	13	16
New Hampshire	—	0	2	6	17	—	0	1	5	7	—	0	2	—	3
Rhode Island§	—	0	2	4	3	—	0	4	5	4	—	0	6	6	—
Vermont§	—	0	1	2	6	—	0	1	1	1	—	0	2	1	1
Mid. Atlantic	3	7	20	157	160	2	10	21	201	237	6	15	55	152	185
New Jersey	—	2	5	41	54	—	2	6	44	79	—	2	10	19	29
New York (Upstate)	2	1	11	32	34	1	1	13	38	28	3	6	30	48	60
New York City	—	2	10	51	46	—	2	6	39	54	—	3	24	20	27
Pennsylvania	1	1	5	33	26	1	3	7	80	76	3	5	19	65	69
E.N. Central	4	6	17	110	137	3	9	23	186	225	3	10	31	106	128
Illinois	—	2	7	30	32	—	2	6	43	73	—	1	13	1	25
Indiana	2	0	7	7	12	2	0	21	17	15	—	1	6	7	8
Michigan	—	2	8	34	44	—	2	8	48	67	—	3	10	39	25
Ohio	2	1	4	32	35	1	3	10	67	51	3	3	19	55	54
Wisconsin	—	0	4	7	14	—	0	3	11	19	—	0	3	4	16
W.N. Central	5	2	17	67	66	3	2	15	59	61	3	1	16	21	19
Iowa	—	0	4	13	4	—	0	3	10	9	—	0	3	2	2
Kansas	—	0	1	2	20	—	0	2	5	8	—	0	3	1	1
Minnesota	3	0	17	36	6	3	0	13	7	6	1	0	11	5	—
Missouri	2	0	2	8	20	—	1	5	31	34	2	0	2	11	9
Nebraska§	—	0	2	4	9	—	0	3	4	3	—	0	1	1	5
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	4	7	—	0	1	2	1	—	0	1	1	2
S. Atlantic	4	10	27	191	211	12	21	56	421	522	6	8	25	135	137
Delaware	—	0	1	1	9	—	0	3	6	22	—	0	2	1	3
District of Columbia	—	0	5	14	2	—	0	2	1	4	—	0	5	1	5
Florida	3	3	13	63	77	9	7	14	155	190	2	2	9	59	64
Georgia	—	1	4	28	20	—	3	10	45	83	—	1	3	12	8
Maryland§	—	1	6	29	29	2	2	7	38	73	1	2	8	26	22
North Carolina	—	0	11	7	40	—	0	16	56	73	2	0	5	17	14
South Carolina§	1	0	3	5	10	1	2	5	31	33	—	0	2	6	3
Virginia§	—	1	5	42	23	—	2	7	64	17	1	1	4	10	17
West Virginia	—	0	3	2	1	—	0	23	25	27	—	0	4	3	1
E.S. Central	3	2	7	37	53	4	6	20	114	151	1	2	7	33	39
Alabama§	—	0	2	7	3	—	2	10	41	40	—	0	2	3	7
Kentucky	—	0	2	5	23	—	1	3	8	35	—	1	6	14	10
Mississippi	—	0	4	6	4	—	0	8	9	17	—	0	2	—	1
Tennessee§	3	1	5	19	23	4	3	8	56	59	1	1	3	16	21
W.S. Central	1	6	19	78	142	7	18	142	278	309	2	1	15	28	18
Arkansas§	—	0	2	4	32	—	1	7	8	28	2	0	1	3	1
Louisiana	—	1	4	11	8	—	1	6	19	21	—	0	2	1	6
Oklahoma	—	0	3	3	4	—	1	24	13	5	—	0	6	—	1
Texas§	1	5	15	60	98	7	15	108	238	255	—	1	12	24	10
Mountain	—	5	17	134	139	3	3	9	94	57	2	2	8	34	42
Arizona	—	4	14	109	75	—	0	5	38	—	1	0	4	11	14
Colorado	—	1	3	12	23	—	1	2	16	17	—	0	2	6	5
Idaho§	—	0	1	2	7	—	0	2	4	6	—	0	3	2	6
Montana§	—	0	3	2	5	—	0	0	—	—	—	0	1	1	2
Nevada§	—	0	2	6	8	2	1	5	21	17	—	0	2	3	4
New Mexico§	—	0	2	1	10	—	0	2	4	8	—	0	2	2	1
Utah	—	0	1	2	10	1	0	4	11	9	1	0	2	7	10
Wyoming§	—	0	1	—	1	—	0	1	—	—	—	0	1	2	—
Pacific	—	13	92	281	596	1	10	106	210	214	—	1	11	41	41
Alaska	—	0	1	2	1	1	0	3	4	1	—	0	1	—	—
California	—	12	40	251	567	—	8	31	156	172	—	1	11	31	41
Hawaii	—	0	2	2	6	—	0	1	—	5	—	0	1	1	—
Oregon§	—	1	3	15	22	—	2	5	31	36	—	0	1	2	—
Washington	—	0	52	11	—	—	0	74	19	—	—	0	2	7	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	25	23	—	1	9	21	22	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	169	226	1,177	2,869	3,309	9	24	80	334	507	8	19	84	495	607
New England	56	36	409	231	543	1	1	7	13	25	—	1	3	20	18
Connecticut	51	10	227	113	95	1	0	3	1	4	—	0	2	4	6
Maine§	1	2	38	24	36	—	0	1	3	3	—	0	3	3	2
Massachusetts	—	3	145	2	304	—	0	2	8	14	—	0	2	10	8
New Hampshire	1	5	70	76	96	—	0	3	1	3	—	0	1	—	1
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	1	—
Vermont§	3	1	15	16	11	—	0	0	—	1	—	0	1	2	1
Mid. Atlantic	87	108	560	1,518	1,715	3	5	18	80	125	1	2	8	58	100
New Jersey	2	25	192	402	648	—	0	7	—	39	—	0	2	1	11
New York (Upstate)	69	46	426	379	453	3	1	7	21	10	1	1	2	16	19
New York City	—	2	23	6	32	—	3	9	49	63	—	0	4	17	38
Pennsylvania	16	39	223	731	582	—	1	4	10	13	—	0	5	24	32
E.N. Central	—	6	162	34	437	2	2	10	39	59	2	3	9	70	92
Illinois	—	1	16	4	24	—	1	6	10	23	—	0	3	18	25
Indiana	—	0	3	4	3	2	0	2	4	6	—	0	4	14	12
Michigan	—	1	5	8	5	—	0	2	7	8	—	0	3	13	16
Ohio	—	0	5	4	15	—	0	2	11	16	2	1	3	19	27
Wisconsin	—	4	154	14	390	—	0	3	7	6	—	0	2	6	12
W.N. Central	4	4	195	71	94	—	1	12	19	21	1	1	5	32	35
Iowa	—	1	8	10	33	—	0	1	2	1	—	0	3	7	9
Kansas	—	0	2	6	3	—	0	2	1	—	—	0	1	1	1
Minnesota	3	2	188	48	52	—	0	12	11	14	—	0	3	9	8
Missouri	—	0	3	5	—	—	0	1	2	3	1	0	3	9	11
Nebraska§	1	0	2	2	5	—	0	1	2	1	—	0	1	2	5
North Dakota	—	0	7	—	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	1	—	1	—	0	1	1	1	—	0	1	2	—
S. Atlantic	22	45	134	930	488	2	5	14	84	130	—	3	11	71	101
Delaware	7	9	28	223	175	—	0	1	2	4	—	0	1	1	4
District of Columbia	—	0	7	13	7	—	0	2	3	—	—	0	1	—	—
Florida	—	1	3	15	8	—	1	4	18	21	—	1	7	26	40
Georgia	—	0	1	1	2	—	1	5	9	47	—	0	3	8	10
Maryland§	14	23	106	510	258	2	1	4	22	24	—	0	2	15	6
North Carolina	—	0	4	8	9	—	0	4	11	11	—	0	6	6	15
South Carolina§	1	0	2	6	3	—	0	2	4	4	—	0	2	7	11
Virginia§	—	9	36	150	26	—	1	4	14	18	—	0	2	8	12
West Virginia	—	0	14	4	—	—	0	1	1	1	—	0	2	—	3
E.S. Central	—	1	4	12	2	1	0	3	15	12	—	1	4	29	21
Alabama§	—	0	3	3	1	—	0	2	3	6	—	0	2	6	4
Kentucky	—	0	2	—	—	—	0	1	3	1	—	0	2	5	5
Mississippi	—	0	1	—	—	—	0	1	1	3	—	0	4	7	3
Tennessee§	—	0	3	9	1	1	0	2	8	2	—	0	2	11	9
W.S. Central	—	1	6	18	5	—	1	7	14	30	2	2	13	49	58
Arkansas§	—	0	0	—	—	—	0	2	—	1	—	0	2	6	6
Louisiana	—	0	1	2	—	—	0	2	12	1	—	0	4	14	26
Oklahoma	—	0	0	—	—	—	0	3	1	2	—	0	4	11	8
Texas§	—	1	6	16	5	—	1	6	1	26	2	0	9	18	18
Mountain	—	0	3	9	4	—	1	6	22	26	1	1	5	42	37
Arizona	—	0	1	—	3	—	0	3	5	7	1	0	3	12	10
Colorado	—	0	0	—	—	—	0	2	9	10	—	0	2	14	14
Idaho§	—	0	2	3	—	—	0	1	—	—	—	0	1	3	1
Montana§	—	0	1	1	—	—	0	1	2	1	—	0	1	1	2
Nevada§	—	0	2	5	—	—	0	1	1	—	—	0	1	3	3
New Mexico§	—	0	1	—	1	—	0	1	—	1	—	0	1	1	1
Utah	—	0	1	—	—	—	0	2	5	7	—	0	2	7	4
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	1	2
Pacific	—	2	16	46	21	—	3	45	48	79	1	4	48	124	145
Alaska	—	0	1	2	—	—	0	4	2	8	—	0	1	1	2
California	—	2	8	43	21	—	2	6	33	63	—	3	10	90	115
Hawaii	N	0	0	N	N	—	0	1	2	2	—	0	1	2	4
Oregon§	—	0	1	1	—	—	0	3	8	6	1	0	3	17	24
Washington	—	0	8	—	—	—	0	43	3	—	—	0	43	14	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	5	4
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	74	249	1,427	3,216	5,826	77	95	168	1,774	2,144	57	28	212	388	516
New England	—	32	77	464	711	13	10	22	211	144	—	0	10	—	6
Connecticut	—	2	10	18	27	9	4	14	76	59	—	0	0	—	—
Maine†	—	2	15	33	23	—	2	8	32	35	N	0	0	N	N
Massachusetts	—	21	46	369	443	—	0	0	—	—	—	0	1	—	5
New Hampshire	—	2	9	24	122	1	1	4	17	9	—	0	0	—	1
Rhode Island†	—	0	31	1	22	—	0	3	17	9	—	0	9	—	—
Vermont†	—	1	9	19	74	3	2	10	69	32	—	0	0	—	—
Mid. Atlantic	23	33	155	466	733	—	13	38	303	179	—	1	7	17	21
New Jersey	—	3	16	60	143	—	0	0	—	—	—	0	4	—	10
New York (Upstate)	18	18	146	275	266	—	—	—	—	—	—	0	2	—	1
New York City	—	0	6	—	40	—	1	5	24	4	—	0	3	7	4
Pennsylvania	5	9	20	131	284	—	12	37	279	175	—	0	3	10	6
E.N. Central	20	41	80	640	842	2	2	18	39	34	—	1	9	6	23
Illinois	—	9	23	68	223	—	0	7	3	8	—	0	4	1	14
Indiana	1	2	44	14	83	—	0	2	5	2	—	0	1	1	1
Michigan	—	10	39	116	156	—	0	5	8	18	—	0	1	1	—
Ohio	19	14	56	359	273	2	0	12	23	6	—	0	4	3	7
Wisconsin	—	3	20	83	107	—	0	0	—	—	—	0	0	—	1
W.N. Central	3	17	151	188	615	4	6	19	97	105	5	3	13	65	46
Iowa	—	4	16	53	159	—	1	7	13	15	—	0	1	—	2
Kansas	—	3	14	70	131	4	2	6	58	34	—	0	1	—	—
Minnesota	—	0	119	—	75	—	0	6	6	12	—	0	2	1	1
Missouri	2	3	10	37	172	—	1	6	8	9	5	3	12	61	40
Nebraska†	1	1	4	9	61	—	0	0	—	—	—	0	5	3	3
North Dakota	—	0	18	4	4	—	0	6	7	13	—	0	0	—	—
South Dakota	—	0	4	15	13	—	0	3	5	22	—	0	0	—	—
S. Atlantic	4	19	163	399	459	28	40	63	870	1,029	27	14	67	199	318
Delaware	—	0	1	3	2	—	0	0	—	—	—	0	3	5	8
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	—	4	18	103	93	—	0	24	58	176	—	0	4	7	8
Georgia	—	1	7	6	34	—	5	9	81	108	—	0	5	5	13
Maryland†	—	2	7	52	77	—	6	12	116	191	1	1	7	17	15
North Carolina	3	1	112	148	87	15	10	21	221	171	22	8	61	131	254
South Carolina†	1	3	11	38	65	—	3	11	46	66	4	1	5	12	5
Virginia†	—	2	17	40	87	11	12	31	311	274	—	2	12	20	14
West Virginia	—	0	19	7	11	2	1	8	37	43	—	0	2	1	1
E.S. Central	1	6	24	82	126	—	3	11	60	113	3	6	27	71	73
Alabama†	—	1	17	23	27	—	0	8	—	34	—	1	9	16	19
Kentucky	—	0	5	2	22	—	0	4	8	7	—	0	1	1	—
Mississippi	—	0	10	11	17	—	0	0	—	4	—	0	1	2	—
Tennessee†	1	3	9	46	60	—	2	8	52	68	3	4	22	52	54
W.S. Central	11	17	186	210	295	23	15	35	56	385	21	1	167	25	19
Arkansas†	10	2	17	58	31	1	0	5	11	16	1	0	53	1	16
Louisiana	—	0	2	6	16	—	0	1	—	2	—	0	1	—	—
Oklahoma	1	0	36	2	10	22	1	7	45	30	20	0	108	20	1
Texas†	—	14	134	144	238	—	12	34	—	337	—	0	6	4	2
Mountain	11	29	63	544	1,425	1	2	28	45	71	1	0	4	5	8
Arizona	—	6	17	135	317	—	2	10	36	57	—	0	2	—	2
Colorado	—	7	18	141	491	—	0	0	—	—	—	0	1	—	1
Idaho†	—	1	7	20	31	—	0	24	—	—	1	0	3	2	—
Montana†	—	1	8	27	55	—	0	2	—	6	—	0	2	—	—
Nevada†	—	0	9	3	37	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	2	8	23	40	—	0	1	1	5	—	0	1	—	3
Utah	11	9	48	181	423	1	0	1	4	2	—	0	0	—	—
Wyoming†	—	1	8	14	31	—	0	2	4	1	—	0	2	3	2
Pacific	1	23	547	223	620	6	4	13	93	84	—	0	1	—	2
Alaska	1	1	8	15	34	1	0	6	34	13	N	0	0	N	N
California	—	19	225	99	462	5	3	12	58	69	—	0	0	—	—
Hawaii	—	0	5	10	54	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	42	70	—	0	4	1	2	—	0	1	—	2
Washington	—	0	377	57	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	1	7	—	14	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	1	4	19	49	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	336	833	1,898	12,769	13,343	34	73	315	941	914	161	290	879	4,942	4,436
New England	—	34	146	609	1,034	—	3	21	59	115	—	4	16	78	153
Connecticut	—	0	132	132	503	—	0	16	16	75	—	0	13	13	67
Maine§	—	2	14	38	40	—	1	8	12	5	—	0	5	8	2
Massachusetts	—	22	60	335	380	—	1	6	21	26	—	3	11	50	74
New Hampshire	—	3	15	42	64	—	0	3	5	6	—	0	2	3	3
Rhode Island§	—	1	19	41	31	—	0	2	2	1	—	0	3	3	5
Vermont§	—	1	6	21	16	—	0	4	3	2	—	0	2	1	2
Mid. Atlantic	49	96	189	1,666	1,620	3	8	63	100	113	4	13	47	199	393
New Jersey	—	18	50	148	331	—	1	20	9	32	—	2	34	22	162
New York (Upstate)	35	27	112	491	349	3	3	15	44	38	4	3	42	44	89
New York City	3	24	45	432	436	—	0	4	9	17	—	5	12	103	105
Pennsylvania	11	32	66	595	504	—	3	47	38	26	—	1	6	30	37
E.N. Central	50	97	203	1,778	1,952	3	9	63	113	139	20	25	75	358	450
Illinois	—	30	65	478	562	—	1	8	13	16	—	10	53	70	147
Indiana	18	15	55	231	217	1	1	8	12	18	2	2	17	26	59
Michigan	—	18	35	283	363	—	1	6	20	26	—	2	5	15	82
Ohio	32	23	56	458	462	2	3	18	46	39	18	4	23	177	74
Wisconsin	—	17	48	328	348	—	2	41	22	40	—	4	14	70	88
W.N. Central	29	51	109	982	851	9	11	45	139	144	21	43	156	906	575
Iowa	—	8	26	145	142	—	2	38	22	29	—	2	14	26	25
Kansas	8	7	20	163	127	—	0	4	13	6	—	1	10	13	40
Minnesota	1	13	60	243	199	3	3	26	58	43	—	5	24	104	39
Missouri	15	15	35	286	248	5	2	13	28	45	20	14	72	732	372
Nebraska§	5	3	11	67	77	1	1	11	17	13	1	1	14	8	35
North Dakota	—	0	23	15	6	—	0	12	—	2	—	0	127	4	3
South Dakota	—	3	11	63	52	—	0	5	1	6	—	6	24	19	61
S. Atlantic	132	225	401	3,263	3,071	6	13	32	207	145	75	77	150	1,808	1,043
Delaware	1	2	10	39	33	1	0	3	7	1	—	0	2	4	—
District of Columbia	—	1	4	16	24	—	0	1	1	—	—	0	5	4	5
Florida	63	93	176	1,424	1,371	2	2	8	57	33	72	39	76	1,144	475
Georgia	—	29	73	456	467	—	2	7	20	26	—	25	62	543	372
Maryland§	12	14	32	238	151	1	3	9	36	9	—	2	10	26	19
North Carolina	36	30	130	510	462	2	2	11	35	29	—	1	14	28	82
South Carolina§	10	18	47	267	265	—	0	3	5	4	3	0	4	30	65
Virginia§	—	20	58	265	265	—	3	11	45	43	—	2	9	28	25
West Virginia	10	1	31	48	33	—	0	5	1	—	—	0	2	1	—
E.S. Central	24	53	140	818	790	4	4	21	49	69	16	15	89	412	281
Alabama§	6	11	78	220	258	—	0	5	9	11	9	6	67	173	71
Kentucky	1	9	23	161	142	—	1	12	13	16	—	2	15	45	135
Mississippi	1	12	101	158	171	—	0	3	1	1	5	2	76	115	33
Tennessee§	16	17	32	279	219	4	2	9	26	41	2	3	14	79	42
W.S. Central	20	87	189	983	1,344	4	4	52	56	51	20	39	249	474	622
Arkansas§	11	13	45	161	299	—	1	7	11	10	1	2	10	44	33
Louisiana	—	18	48	143	292	—	0	0	—	—	1	5	25	89	66
Oklahoma	9	11	103	143	126	1	0	17	12	5	5	2	63	34	41
Texas§	—	46	107	536	627	3	2	48	33	36	13	29	174	307	482
Mountain	28	50	88	939	972	4	9	34	116	107	5	21	84	293	350
Arizona	9	17	44	327	277	—	2	9	43	26	5	10	37	149	185
Colorado	—	11	21	242	296	—	1	8	19	25	—	3	15	46	50
Idaho§	1	3	9	42	53	2	1	8	9	18	—	0	3	4	6
Montana§	—	2	10	35	51	—	0	0	—	—	—	0	13	12	3
Nevada§	9	4	20	78	64	1	0	5	10	11	—	1	20	13	42
New Mexico§	—	5	15	79	84	—	1	5	15	11	—	2	15	39	39
Utah	9	4	14	105	120	1	2	14	20	13	—	1	4	8	22
Wyoming§	—	1	4	31	27	—	0	3	—	3	—	0	19	22	3
Pacific	4	105	890	1,731	1,709	1	4	164	102	31	—	33	256	414	569
Alaska	3	1	5	35	34	N	0	0	N	N	—	0	2	6	4
California	—	90	260	1,310	1,412	—	0	8	58	N	—	28	84	330	484
Hawaii	1	5	16	88	92	—	0	3	6	4	—	1	3	13	19
Oregon§	—	7	17	104	171	1	1	9	14	27	—	1	6	23	62
Washington	—	0	625	194	—	—	0	162	24	—	—	0	170	42	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	5	15	66	268	148	—	0	0	—	—	—	1	6	13	9
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	49	87	253	2,503	2,907	11	28	105	713	687
New England	1	5	29	175	192	—	2	11	56	64
Connecticut	—	0	17	35	55	—	0	6	—	21
Maine§	1	0	2	13	9	—	0	1	1	—
Massachusetts	—	3	10	95	97	—	1	6	42	37
New Hampshire	—	0	5	21	20	—	0	2	6	6
Rhode Island§	—	0	12	—	4	—	0	3	5	—
Vermont§	—	0	2	11	7	—	0	1	2	—
Mid. Atlantic	12	15	41	495	559	2	3	20	69	99
New Jersey	1	2	8	69	100	—	1	4	14	39
New York (Upstate)	6	5	27	162	164	2	2	15	55	51
New York City	—	3	11	108	103	—	0	3	—	9
Pennsylvania	5	6	11	156	192	N	0	0	N	N
E.N. Central	5	15	30	456	619	—	5	14	100	182
Illinois	—	5	12	118	191	—	1	6	9	49
Indiana	3	2	12	65	67	—	0	10	10	22
Michigan	—	3	10	108	128	—	1	4	41	46
Ohio	2	4	14	146	160	—	1	7	35	37
Wisconsin	—	1	6	19	73	—	0	2	5	28
W.N. Central	1	5	32	191	189	1	2	8	61	51
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	1	3	24	37	—	0	1	1	9
Minnesota	—	0	29	90	83	—	1	6	41	26
Missouri	—	2	6	50	37	—	0	2	13	10
Nebraska§	1	0	3	14	19	1	0	2	5	4
North Dakota	—	0	2	9	6	—	0	2	1	2
South Dakota	—	0	2	4	7	—	0	0	—	—
S. Atlantic	17	20	48	557	567	2	3	13	138	35
Delaware	—	0	2	4	6	—	0	0	—	—
District of Columbia	—	0	3	8	7	—	0	1	—	—
Florida	7	6	16	138	130	1	0	5	33	—
Georgia	—	5	11	107	148	—	0	5	42	—
Maryland§	4	4	8	102	78	—	1	6	37	27
North Carolina	—	0	26	56	67	—	0	0	—	—
South Carolina§	6	1	7	56	42	1	0	3	16	—
Virginia§	—	2	11	72	75	—	0	3	8	—
West Virginia	—	0	3	14	14	—	0	4	2	8
E.S. Central	2	4	11	101	129	1	0	6	45	11
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	4	25	33	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	11
Tennessee§	2	3	7	76	96	1	0	6	43	—
W.S. Central	6	6	82	154	218	2	4	40	113	110
Arkansas§	1	0	2	13	18	—	0	2	7	14
Louisiana	—	0	2	4	8	—	0	4	25	16
Oklahoma	—	2	23	42	59	—	1	13	24	22
Texas§	5	3	56	95	133	2	1	24	57	58
Mountain	5	10	23	311	389	2	4	12	112	122
Arizona	2	5	11	123	208	1	2	7	63	72
Colorado	—	3	9	94	64	—	1	4	33	29
Idaho§	—	0	1	6	6	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	1	—	0	1	1	—
New Mexico§	1	1	6	27	72	1	0	4	13	20
Utah	2	1	7	56	36	—	0	0	—	—
Wyoming§	—	0	1	3	2	—	0	0	—	—
Pacific	—	3	9	63	45	1	0	4	19	13
Alaska	—	0	2	15	N	1	0	2	17	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	48	45	—	0	2	2	13
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (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 June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	35	44	254	1,228	1,362	3	8	35	218	210	89	192	310	3,868	3,939
New England	—	1	12	26	79	—	0	3	5	2	5	4	13	94	85
Connecticut	—	0	5	—	60	—	0	0	—	—	—	0	10	12	19
Maine§	—	0	2	5	5	—	0	2	1	1	—	0	1	2	6
Massachusetts	—	0	0	—	—	—	0	0	—	—	2	2	7	57	46
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	2	11	5
Rhode Island§	—	0	4	10	6	—	0	1	2	—	2	0	5	11	7
Vermont§	—	0	2	11	8	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	1	3	9	78	82	—	0	5	18	10	27	23	44	681	512
New Jersey	—	0	0	—	—	—	0	0	—	—	1	3	8	75	79
New York (Upstate)	1	1	5	27	24	—	0	4	7	4	3	2	14	51	70
New York City	—	0	0	—	—	—	0	0	—	—	20	15	35	456	245
Pennsylvania	—	2	6	51	58	—	0	2	11	6	3	5	12	99	118
E.N. Central	12	10	40	314	311	1	1	7	37	49	7	15	32	300	388
Illinois	—	0	3	5	17	—	0	1	1	4	4	6	13	123	213
Indiana	3	2	31	77	69	1	0	5	8	13	—	1	5	18	36
Michigan	—	0	1	1	14	—	0	0	—	2	—	2	10	46	36
Ohio	9	5	38	231	211	—	1	5	28	30	3	4	9	89	85
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	24	18
W.N. Central	1	1	124	92	23	—	0	15	6	1	3	5	14	106	118
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	4	8
Kansas	—	0	10	48	—	—	0	2	2	—	—	0	3	8	11
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	21	26
Missouri	1	1	5	36	23	—	0	1	—	1	3	3	8	71	70
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	—	—	0	1	4	—	—	0	3	1	—
S. Atlantic	16	21	59	546	652	1	4	15	117	101	34	41	180	883	849
Delaware	—	0	1	5	—	—	0	1	1	—	1	0	3	6	12
District of Columbia	—	0	2	5	17	—	0	0	—	2	5	2	11	70	48
Florida	16	11	29	324	338	1	2	8	69	66	9	14	25	330	312
Georgia	—	5	16	176	230	—	1	10	40	33	—	4	153	53	105
Maryland§	—	0	1	1	—	—	0	0	—	—	2	5	15	122	146
North Carolina	—	0	0	—	—	—	0	0	—	—	5	5	23	157	131
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	10	46	34
Virginia§	N	0	0	N	N	—	0	0	—	—	12	4	17	96	59
West Virginia	—	1	17	35	67	—	0	1	7	—	—	0	2	3	2
E.S. Central	1	2	9	77	101	—	0	3	16	17	5	15	29	318	258
Alabama§	N	0	0	N	N	—	0	0	—	—	2	5	17	105	106
Kentucky	—	0	2	16	24	—	0	1	2	4	1	1	7	34	33
Mississippi	—	0	0	—	—	—	0	0	—	—	—	2	9	49	25
Tennessee§	1	2	8	61	77	—	0	3	14	13	2	6	13	130	94
W.S. Central	4	1	9	68	55	—	0	2	10	6	1	30	56	620	609
Arkansas§	—	0	3	1	5	—	0	0	—	2	—	1	7	47	33
Louisiana	—	1	3	24	50	—	0	1	2	4	—	7	30	143	86
Oklahoma	4	0	8	43	—	—	0	2	8	—	1	1	5	32	34
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	31	398	456
Mountain	—	1	5	27	59	1	0	5	9	24	1	7	27	114	221
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	16	31	83
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	12	38
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	2
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	15	15	—	0	2	5	—	1	2	12	38	63
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	27	30
Utah	—	0	5	9	25	1	0	4	3	16	—	0	2	3	4
Wyoming§	—	0	3	3	19	—	0	1	1	8	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	6	38	57	752	899
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5
California	N	0	0	N	N	—	0	0	—	—	3	35	54	685	791
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	3	12
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	8	8
Washington	N	0	0	N	N	—	0	0	—	—	3	2	11	51	83
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	3	11	59	67
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 9, 2007, and June 10, 2006 (23rd Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Non-neuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	555	764	1,832	20,760	27,683	—	1	178	3	14	—	2	417	3	9
New England	19	23	209	351	2,657	—	0	3	—	—	—	0	2	—	—
Connecticut	—	7	76	1	971	—	0	3	—	—	—	0	1	—	—
Maine¶	—	0	9	—	160	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	95	—	928	—	0	1	—	—	—	0	1	—	—
New Hampshire	2	7	17	146	214	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	17	8	66	204	384	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	101	103	195	2,618	2,905	—	0	11	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	101	103	195	2,618	2,905	—	0	2	—	—	—	0	1	—	—
E.N. Central	128	214	568	6,049	9,507	—	0	42	—	2	—	0	33	—	—
Illinois	—	2	11	75	74	—	0	24	—	1	—	0	22	—	—
Indiana	—	0	0	—	—	—	0	5	—	1	—	0	12	—	—
Michigan	—	87	258	2,298	2,799	—	0	10	—	—	—	0	4	—	—
Ohio	128	112	449	3,106	5,922	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	16	57	570	712	—	0	2	—	—	—	0	2	—	—
W.N. Central	28	32	136	1,159	1,147	—	0	37	—	1	—	0	78	2	3
Iowa	N	0	0	N	N	—	0	3	—	1	—	0	4	1	1
Kansas	4	9	52	423	221	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	7	—	—	—	0	7	—	—
Missouri	23	16	78	597	871	—	0	14	—	—	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	—	—	0	38	—	2
North Dakota	—	0	60	84	24	—	0	5	—	—	—	0	28	—	—
South Dakota	1	2	15	55	31	—	0	7	—	—	—	0	22	1	—
S. Atlantic	52	85	239	2,333	2,605	—	0	2	—	—	—	0	7	—	—
Delaware	2	0	6	15	41	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	18	—	0	0	—	—	—	0	1	—	—
Florida	26	0	90	707	N	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	16	17	72	608	748	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	18	190	331	867	—	0	0	—	—	—	0	2	—	—
West Virginia	8	25	50	658	931	—	0	1	—	—	—	0	0	—	—
E.S. Central	9	1	251	265	25	—	0	15	3	3	—	0	17	1	—
Alabama¶	9	1	251	263	25	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	3	3	—	0	16	1	—
Tennessee¶	N	0	0	N	N	—	0	5	—	—	—	0	2	—	—
W.S. Central	208	191	979	6,307	7,087	—	0	59	—	6	—	0	27	—	2
Arkansas¶	12	9	105	207	466	—	0	5	—	—	—	0	2	—	—
Louisiana	—	1	11	49	171	—	0	13	—	—	—	0	10	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	196	170	873	6,051	6,450	—	0	39	—	6	—	0	16	—	1
Mountain	8	54	133	1,654	1,750	—	0	63	—	2	—	0	245	—	3
Arizona	—	0	0	—	—	—	0	10	—	—	—	0	14	—	—
Colorado	—	22	62	619	904	—	0	11	—	2	—	0	51	—	1
Idaho¶	N	0	0	N	N	—	0	32	—	—	—	0	174	—	2
Montana¶	—	1	40	246	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	1	1	8	—	0	9	—	—	—	0	17	—	—
New Mexico¶	3	5	39	246	288	—	0	1	—	—	—	0	1	—	—
Utah	5	15	73	529	521	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	13	29	—	0	7	—	—	—	0	10	—	—
Pacific	2	0	9	24	—	—	0	15	—	—	—	0	51	—	1
Alaska	2	0	9	24	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	—	—	0	37	—	1
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	4	14	—	139	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	12	27	328	271	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (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 June 9, 2007 (23rd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	521	364	105	33	11	8	46
Boston, MA	128	82	28	9	5	4	10
Bridgeport, CT	41	29	8	3	—	1	2
Cambridge, MA	18	11	4	2	1	—	2
Fall River, MA	26	20	3	2	1	—	2
Hartford, CT	40	28	5	5	1	1	3
Lowell, MA	22	18	4	—	—	—	2
Lynn, MA	9	8	1	—	—	—	1
New Bedford, MA	22	19	3	—	—	—	2
New Haven, CT	39	29	9	1	—	—	9
Providence, RI	63	41	16	3	2	1	1
Somerville, MA	5	2	2	1	—	—	—
Springfield, MA	41	26	8	6	1	—	4
Waterbury, CT	27	19	7	—	—	1	2
Worcester, MA	40	32	7	1	—	—	6
Mid. Atlantic	1,923	1,301	439	114	34	34	114
Albany, NY	39	28	8	1	1	1	4
Allentown, PA	24	20	3	—	1	—	—
Buffalo, NY	78	53	18	5	—	2	3
Camden, NJ	30	17	8	1	1	3	5
Elizabeth, NJ	23	12	8	2	1	—	3
Erie, PA	48	36	8	—	3	1	3
Jersey City, NJ	19	13	4	2	—	—	1
New York City, NY	1,001	668	245	65	12	10	54
Newark, NJ	44	18	12	9	5	—	2
Paterson, NJ	15	9	—	3	1	2	—
Philadelphia, PA	184	124	42	9	3	6	12
Pittsburgh, PA§	28	16	8	4	—	—	2
Reading, PA	30	23	6	—	—	1	1
Rochester, NY	111	78	22	5	2	4	4
Schenectady, NY	17	13	3	—	—	1	1
Scranton, PA	27	19	6	—	1	1	2
Syracuse, NY	137	104	23	6	3	1	14
Trenton, NJ	36	26	7	2	—	1	—
Utica, NY	10	8	2	—	—	—	2
Yonkers, NY	22	16	6	—	—	—	1
E.N. Central	2,101	1,392	452	129	70	58	121
Akron, OH	50	34	10	2	2	2	1
Canton, OH	43	36	6	—	1	—	3
Chicago, IL	330	189	91	29	16	5	33
Cincinnati, OH	70	39	17	4	5	5	10
Cleveland, OH	263	180	56	16	6	5	11
Columbus, OH	189	131	30	15	4	9	14
Dayton, OH	118	84	18	7	4	5	6
Detroit, MI	138	67	43	10	8	10	5
Evansville, IN	53	43	9	—	1	—	1
Fort Wayne, IN	77	59	13	1	1	3	2
Gary, IN	13	6	5	2	—	—	—
Grand Rapids, MI	57	43	8	5	—	1	3
Indianapolis, IN	250	162	61	17	7	3	14
Lansing, MI	33	20	9	—	2	2	1
Milwaukee, WI	97	70	18	4	2	3	3
Peoria, IL	53	42	10	1	—	—	7
Rockford, IL	60	41	12	2	4	1	—
South Bend, IN	52	30	11	4	4	3	3
Toledo, OH	96	70	15	8	2	1	4
Youngstown, OH	59	46	10	2	1	—	—
W.N. Central	527	361	116	26	14	10	41
Des Moines, IA	U	U	U	U	U	U	U
Duluth, MN	32	22	8	1	—	1	5
Kansas City, KS	26	12	12	1	1	—	3
Kansas City, MO	93	55	22	4	7	5	7
Lincoln, NE	43	34	7	2	—	—	4
Minneapolis, MN	54	38	10	4	1	1	2
Omaha, NE	81	57	15	6	2	1	5
St. Louis, MO	76	48	23	4	1	—	6
St. Paul, MN	51	45	4	1	—	1	3
Wichita, KS	71	50	15	3	2	1	6
S. Atlantic	1,127	674	252	130	50	21	62
Atlanta, GA	52	34	10	5	3	—	6
Baltimore, MD	172	97	48	15	11	1	12
Charlotte, NC	119	78	25	13	—	3	6
Jacksonville, FL	163	80	22	42	17	2	11
Miami, FL	110	69	22	13	5	1	4
Norfolk, VA	61	39	17	3	1	1	1
Richmond, VA	77	47	20	6	3	1	5
Savannah, GA	42	26	10	4	—	2	3
St. Petersburg, FL	48	33	11	2	1	1	2
Tampa, FL	190	123	40	15	5	7	11
Washington, D.C.	80	37	26	11	4	2	1
Wilmington, DE	13	11	1	1	—	—	—
E.S. Central	766	481	198	50	24	13	46
Birmingham, AL	166	107	41	12	3	3	14
Chattanooga, TN	76	51	18	2	3	2	6
Knoxville, TN	89	52	26	7	3	1	—
Lexington, KY	68	48	11	3	3	3	2
Memphis, TN	139	81	41	10	6	1	13
Mobile, AL	71	48	15	5	2	1	4
Montgomery, AL	8	6	1	—	1	—	—
Nashville, TN	149	88	45	11	3	2	7
W.S. Central	1,618	1,021	373	118	56	50	84
Austin, TX	87	56	20	9	2	—	7
Baton Rouge, LA	49	34	10	5	—	—	2
Corpus Christi, TX	73	46	15	5	4	3	8
Dallas, TX	234	129	67	16	10	12	10
El Paso, TX	75	59	10	1	1	4	2
Fort Worth, TX	117	81	28	2	1	5	4
Houston, TX	475	284	113	43	23	12	18
Little Rock, AR	63	37	18	5	2	1	4
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	260	174	50	20	9	7	18
Shreveport, LA	64	37	19	7	—	1	5
Tulsa, OK	121	84	23	5	4	5	6
Mountain	1,062	698	247	71	22	24	55
Albuquerque, NM	134	90	27	13	2	2	7
Boise, ID	65	50	11	3	—	1	—
Colorado Springs, CO	66	38	20	4	2	2	—
Denver, CO	83	53	20	6	1	3	7
Las Vegas, NV	260	176	62	14	5	3	16
Ogden, UT	32	20	10	2	—	—	1
Phoenix, AZ	178	96	52	15	9	6	10
Pueblo, CO	28	21	6	—	1	—	2
Salt Lake City, UT	111	77	18	8	2	6	6
Tucson, AZ	105	77	21	6	—	1	6
Pacific	1,393	925	323	87	27	31	86
Berkeley, CA	11	5	5	—	—	1	—
Fresno, CA	91	60	22	5	3	1	4
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	68	37	20	8	1	2	7
Long Beach, CA	71	43	21	6	—	1	9
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	13	10	2	—	1	—	1
Portland, OR	170	108	44	10	2	6	12
Sacramento, CA	188	120	46	14	6	2	6
San Diego, CA	159	109	34	9	4	3	13
San Francisco, CA	110	71	26	10	—	3	6
San Jose, CA	185	137	30	11	5	2	13
Santa Cruz, CA	19	14	4	1	—	—	1
Seattle, WA	148	98	34	7	2	7	4
Spokane, WA	54	36	14	2	1	1	5
Tacoma, WA	106	77	21	4	2	2	5
Total	11,038**	7,217	2,505	758	308	249	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.

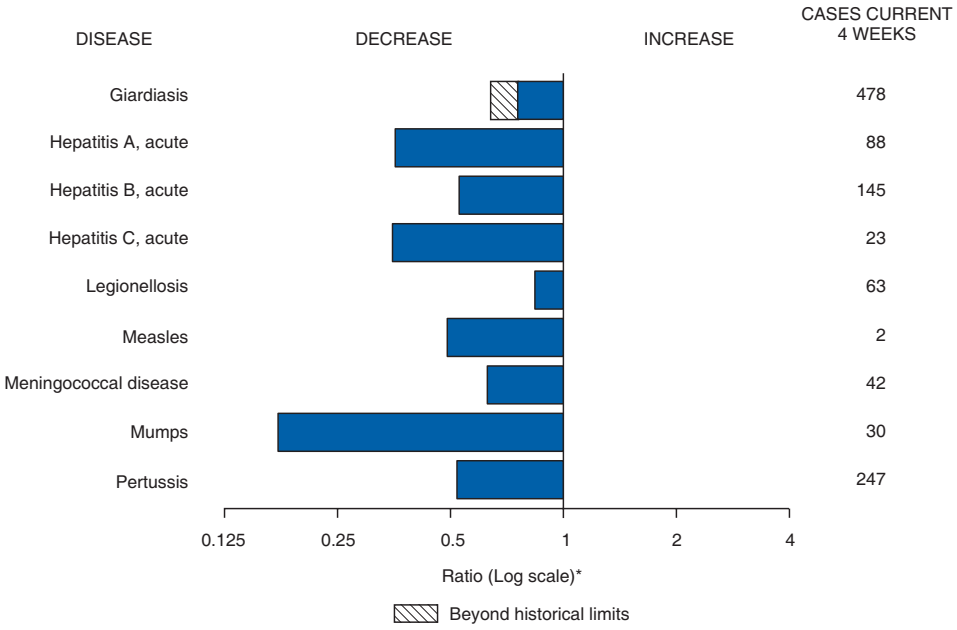
† Pneumonia and influenza.

§ 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.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 9, 2007, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Vernitta Love
Pearl C. Sharp

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