

Weekly

February 10, 2006 / Vol. 55 / No. 5

Racial/Ethnic Disparities in Diagnoses of HIV/AIDS — 33 States, 2001–2004

In 2003, an estimated 1.2 million persons in the United States were living with human immunodeficiency virus (HIV) infection, 47% of whom were non-Hispanic blacks^{*} (1). This report describes racial/ethnic disparities in diagnoses of HIV/ acquired immunodeficiency syndrome (AIDS) during 2001-2004 and reported to CDC through June 2005 by 33 states^{\dagger} that used confidential, name-based reporting of HIV and AIDS cases for at least 4 years. Of the estimated 157,252 diagnoses of HIV infection, the number of cases and diagnosis rates among blacks were higher than those for all other racial/ethnic populations combined. Among males, blacks had the largest or second-largest percentage of cases in every transmission category; among females, blacks had the largest percentage of cases in all transmission categories. Moreover, among both males and females, blacks represented the largest percentage of HIV/AIDS diagnoses in every age group. New and improved prevention strategies, including expanded HIV testing, targeted communications, and tailored prevention services, are needed to help address disparities in HIV transmission among blacks.

Cases of HIV and AIDS were analyzed together as HIV/ AIDS (i.e., HIV infection with or without AIDS) and counted by year of earliest reported diagnosis of HIV infection. Adult cases were classified into the following hierarchy of transmission categories: 1) male-to-male sexual contact (men who have sex with men [MSM]), 2) injection-drug use (IDU), 3) both male-to-male sexual contact and injection-drug use (MSM/ IDU), 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to have HIV/AIDS or a risk factor [e.g., MSM or IDU] for HIV/AIDS), and 5) all other risk factors combined. Pediatric cases were classified as either perinatal transmission or all other transmission categories combined. The number of HIV/AIDS diagnoses, rates per 100,000 population, and estimated annual percentage change (EAPC) (with associated 95% confidence intervals [CIs]) were calculated. Data were adjusted for reporting delays and redistribution of risk among persons initially reported without sufficient information to classify them into a transmission category (2).

Although blacks accounted for approximately 13% of the population of the 33 states during 2001–2004 (3), they accounted for the majority (80,187 [51%]) of HIV/AIDS diagnoses. Blacks accounted for the greatest percentage of cases diagnosed among males (44%) and the majority of cases among females (68%) (4).

Among males, 36% of MSM cases, 54% of IDU cases, 39% of MSM/IDU cases, and 66% of high-risk heterosexual contact cases were in blacks. Among females, 70% of high-risk heterosexual contact cases and 60% of IDU cases were in blacks. Moreover, 69% of cases of perinatal transmission were among blacks.

Average annual rates of HIV diagnoses for specific transmission categories were calculated using race/ethnicity- and age-specific census data as the denominators. For example, the rate of cases among blacks with male-to-male sexual con-

INSIDE

- 125 Leptospirosis After Flooding of a University Campus Hawaii, 2004
- 127 New Laboratory Assay for Diagnostic Testing of Avian Influenza A/H5 (Asian Lineage)
- 128 Update: Influenza Activity United States, January 22–28, 2006
- 130 Notices to Readers

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION

^{*}For this report, persons identified as white, black, Asian/Pacific Islander, American Indian/Alaska Native, or of other/unknown race are all non-Hispanic. Persons identified as Hispanic might be of any race.

[†]Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

The MMWR series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH Director

Dixie E. Snider, MD, MPH Chief Science Officer

Tanja Popovic, MD, PhD Associate Director for Science

Coordinating Center for Health Information and Service

Steven L. Solomon, MD Director

National Center for Health Marketing

Jay M. Bernhardt, PhD, MPH Director

Division of Scientific Communications

Judith R. Aguilar (Acting) Director

Mary Lou Lindegren, MD Editor, MMWR Series

Suzanne M. Hewitt, MPA Managing Editor, MMWR Series

Douglas W. Weatherwax (Acting) Lead Technical Writer-Editor

> Stephanie M. Neitzel Jude C. Rutledge Writers-Editors

Lynda G. Cupell Malbea A. LaPete Visual Information Specialists

Quang M. Doan, MBA Erica R. Shaver Information Technology Specialists

Notifiable Disease Morbidity and 122 Cities Mortality Data

Patsy A. Hall Deborah A. Adams Lenee Blanton

Felicia J. Connor Rosaline Dhara Pearl C. Sharp

tact represents the number of cases among black MSM per 100,000 black males during 2001–2004. Blacks had the highest average rates for all transmission categories. For cases among MSM, the rate for blacks was 69.0 per 100,000, compared with 13.9 for whites, 37.8 for Hispanics, 8.2 for Asians/ Pacific Islanders (A/PIs), and 12.1 for American Indians/Alaska Natives (AI/ANs). For cases among males reporting IDU, the rate for blacks was 26.9 per 100,000, compared with 1.7 for whites, 12.0 for Hispanics, 1.6 for A/PIs, and 2.7 for AI/ANs. For cases among males with high-risk heterosexual contact, the rate for blacks was 35.5 per 100,000, compared with 1.1 for whites, 10.9 for Hispanics, 2.3 for A/PIs, and 2.4 for AI/ANs. For cases among females reporting IDU, the rate for blacks was 14.2 per 100,000, compared with 1.0 for whites, 4.8 for Hispanics, 0.6 for A/PIs, and 2.2 for AI/ANs. For cases among females with high-risk heterosexual contact, the rate for blacks was 58.3 per 100,000, compared with 2.2 for whites, 15.0 for Hispanics, 2.8 for A/PIs, and 5.3 for AI/ANs.

EAPC was used as a measure of the change in HIV diagnosis rates from 2001 to 2004. Among males (Figure 1), EAPC for blacks was -4.4 (CI = -8.4--0.3), for whites was 1.4(CI = -3.3-6.4), for Hispanics was -4.7 (CI = -11.2-2.3), for A/PIs was 8.1 (CI = 1.8-14.7), and for AI/ANs was 2.4 (CI = -6.4–12.1). Among females (Figure 2), EAPC for blacks was -6.8 (CI = -9.8 - -3.7), for whites was -2.1 (CI = -8.2 - 4.3),





* Per 100,000 population.

Estimated annual percentage change.

Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

¹Statistically significant (i.e., 95% confidence interval excludes zero).



FIGURE 2. Estimated annual rates* of cases of HIV/AIDS and EAPC[†] among females, by race/ethnicity — 33 states, § 2001–2004

* Per 100,000 population.

[†]Estimated annual percentage change.

[§] Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. ¹ Statistically significant (i.e., 95% confidence interval excludes zero).

for Hispanics was -13.0 (CI = -19.7--5.7), for A/PIs was 14.3 (CI = 3.4-26.4), and for AI/ANs was 4.8 (CI = -26.3-49.1).

Although the annual percentage decrease in HIV diagnosis rates among blacks was statistically significant (p<0.05), the annual HIV diagnosis rates among both black males and females remained higher than the rates for all other racial/ ethnic populations. In 2004, among males, the rate of HIV/ AIDS diagnosis for blacks (131.6 per 100,000) was 7.0 times higher than that for whites (18.7 per 100,000), 2.2 times higher than that for Hispanics (60.2 per 100,000), 9.5 times higher than that for A/PIs (13.9 per 100,000), and 6.3 times higher than that for AI/ANs (20.8 per 100,000). Among females, the HIV/AIDS diagnosis rate for blacks (67.0 per 100,000) was 20.9 times higher than the rate for whites (3.2 per 100,000), 4.1 times higher than the rate for Hispanics (16.3 per 100,000), 16.3 times higher than for A/PIs (4.1 per 100,000), and 8.7 times higher than for AI/ANs (7.7 per 100,000) (5). The rate among black females was higher than rates among males in any other racial/ethnic population.

By region,[§] blacks accounted for the majority of diagnoses in the South (47,497 [54%]) and Northeast (23,674 [53%]).

Black males accounted for more HIV/AIDS diagnoses than males of any other racial/ethnic population in the South (29,532 [48%]) and the Northeast (14,104 [47%]). Black females accounted for the majority of HIV/AIDS diagnoses among females in the South (17,965 [72%]), Northeast (9,570 [65%]), and Midwest (2,565 [64%]) (Table).

Reported by: J Prejean, PhD, AJ Satcher, MPH, T Durant, PhD, X Hu, MS, LM Lee, PhD, Div of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note: During 2001–2004, in nearly every demographic and transmission category, the largest percentages of HIV/AIDS cases diagnosed were among blacks. Disparities were observed in all demographic and transmission groups; however, the disparity was especially pronounced among women, children, and persons with high-risk heterosexual contact. Blacks accounted for the highest percentages and rates of cases for both males and females in the high-risk heterosexual contact transmission category and for the majority of cases of HIV attributed to perinatal transmission (5).

During 2001–2004, the most common mode of transmission for HIV infection for both black males and females was sex with a man. The National HIV Behavioral Surveillance System (NHBS) surveyed MSM who frequented MSM-identified venues (e.g., bars, street locations, dance clubs, cafés, retail stores, gay pride events, social organizations, gyms, sex clubs, and parks) in five U.S. cities. Forty-six percent of black MSM in the study were HIV positive; of those, 67% were unaware of their HIV status (6). High-risk heterosexual contact is the main route of HIV transmission among black females and the second most common route among black males. Continuing high rates of HIV infection among blacks underscore the need for effective, culturally tailored HIVprevention strategies, including outreach testing strategies for identifying persons with undiagnosed HIV infection.

The findings in this report are subject to at least three limitations. First, confidential, name-based HIV/AIDS surveillance was not conducted in all 50 states and U.S. territories. The 33 states included in this analysis accounted for 63% of the national total of AIDS diagnoses (excluding U.S. territories) and might not be nationally representative. Data from several areas with high AIDS morbidity (e.g., California, Illinois, and the District of Columbia) were not included. However, the racial/ethnic disparities described in this report are similar to the disparities observed in AIDS cases from all 50 states (5). Second, classification of cases with no identified risk factor was based on follow-up investigations; those cases were assumed to constitute a representative sample of all cases initially reported without a risk factor. Finally, this analysis was not constructed with age-specific subgroups, in which different trends in HIV/ AIDS diagnosis rates might be observed.

[§] Northeast: New Jersey and New York. Midwest: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West: Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

TABLE. Estimated* number and percentage of new cases of HIV/AIDS,[†] by race/ethnicity and selected characteristics — 33 states,[§] 2001–2004

					F	Race/Eth	nnicity					
	Whi non-His	te, spanic	Blac non-His	k, panic	Hispa	nic¶	Asian/ Isla	Pacific nder	America Alaska	n Indian/ Native	Tot	al**
Characteristic	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Male												
Age group (yrs)												
<13	50	(10)	331	(67)	96	(20)	4	(1)	4	(1)	492	(100)
13–14	12	(18)	38	(58)	14	(22)	1	(2)	0	(0)	65	(100)
15–24	2,556	(23)	6,096	(55)	2,185	(20)	81	(1)	57	(1)	11,040	(100)
25–34	9,920	(34)	11,812	(40)	7,088	(24)	382	(1)	176	(1)	29,520	(100)
35–44	15,603	(38)	17,095	(41)	7,827	(19)	366	(1)	199	(<1)	41,280	(100)
45–54	7,331	(34)	10,246	(48)	3,379	(16)	159	(1)	84	(<1)	21,291	(100)
55–64	2,191	(34)	3,114	(48)	1,091	(17)	34	(1)	21	(<1)	6,488	(100)
<u>≥</u> 65	555	(29)	973	(50)	383	(20)	8	(<1)	2	(<1)	1,931	(100)
HIV transmission category												
Male-to-male sexual contact	29,506	(43)	24,597	(36)	13,028	(19)	669	(1)	336	(<1)	68,434	(100)
Injection-drug use (IDU)	3,612	(21)	9,558	(54)	4,083	(23)	130	(1)	74	(<1)	17,540	(100)
Male-to-male sexual contact/IDU	2,364	(41)	2,239	(39)	986	(17)	36	(1)	60	(1)	5,723	(100)
High-risk heterosexual contact	2,443	(13)	12,650	(66)	3,745	(19)	188	(1)	67	(<1)	19,209	(100)
Adult other ^{††}	242	(34)	326	(46)	124	(18)	8	(1)	2	(<1)	705	(100)
Perinatal	41	(10)	296	(70)	74	(17)	4	(1)	4	(1)	423	(100)
Pediatric other ^{§§}	9	(13)	38	(54)	22	(31)	0	(0)	0	(0)	71	(100)
Region of residence ^{¶¶}												
Northeast	6.886	(23)	14,104	(47)	8.457	(28)	455	(2)	54	(<1)	30.087	(100)
Midwest	6,477	(50)	5.214	(40)	948	(7)	119	(1)	81	(1)	12.932	(100)
South	21.026	(34)	29,532	(48)	10.754	(17)	364	(1)	174	(<1)	62.128	(100)
West	3.830	(55)	853	(12)	1.904	(27)	98	(1)	235	(3)	6.959	(100)
Subtotal	38,218	(34)	49,704	(44)	22,062	(20)	1,036	(1)	543	(<1)	112,106	(100)
Female												
Age group (vrs)												
<13	61	(11)	368	(69)	96	(18)	3	(1)	0	(0)	531	(100)
13–14	12	(9)	106	(82)	9	(7)	1	(1)	0	(0)	129	(100)
15–24	1.016	(15)	4.615	(70)	849	(13)	33	(1)	34	(1)	6.592	(100)
25-34	1,992	(16)	8.599	(68)	1.845	(15)	123	(1)	61	(<1)	12.713	(100)
35–44	2,441	(17)	9,600	(67)	2,169	(15)	72	(<1)	76	(1)	14,430	(100)
45–54	1,289	(17)	5,204	(67)	1,175	(15)	46	(1)	43	(1)	7,789	(100)
55–64	355	(16)	1,486	(66)	356	(16)	18	(1)	7	(<1)	2,240	(100)
<u>≥</u> 65	96	(13)	505	(70)	109	(15)	8	(1)	1	(<1)	724	(100)
HIV transmission category												
	2 166	(22)	5 790	(60)	1 551	(16)	50	(1)	64	(1)	9.665	(100)
High-risk heterosexual contact	4 935	(14)	23 820	(70)	4 841	(14)	242	(1)	154	(<1)	34,204	(100)
Adult other	100	(13)	503	(67)	123	(16)	10	(1)	.01	(1)	746	(100)
Perinatal	57	(12)	310	(68)	85	(19)		(1)	0	(0)	457	(100)
Pediatric other	4	(5)	60	(80)	10	(13)	0	(0)	0	(0)	75	(100)
Begion of residence		(-)		()		(-)		(-)		(-)		()
Northeast	1 512	(10)	9 570	(65)	3 457	(23)	131	(1)	28	(~1)	14 763	(100)
Midwest	1,012	(27)	2 565	(64)	264	(20)	35	(1)	34	(1)	4 017	(100)
South	4 210	(17)	17 965	(72)	2 555	(10)	117	(<1)	73	(<1)	25 080	(100)
West	454	(35)	383	(30)	334	(26)	21	(2)	88	(7)	1.286	(100)
Subtotal	7,262	(16)	30.483	(68)	6.610	(15)	304	(1)	223	(<1)	45.146	(100)
Total***	15 170	(20)	80 197	(51)	28 672	(18)	1 2/0	(1)	766	(~1)	157 252	(100)
Iotai	40,479	(23)	00,107	(01)	20,013	(10)	1,340	(1)	/00	(51)	157,252	(100)

* All estimates are adjusted for reporting delays and reclassification of cases reported without a known risk factor for human immunodeficiency virus (HIV). † Includes 1) diagnosis of HIV infection only, 2) diagnosis of HIV infection and a later diagnosis of acquired immunodeficiency syndrome (AIDS), and 3) concurrent diagnoses

of HIV infection and AIDS. [§] Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

[¶] Persons of Hispanic ethnicity might be of any race.

** Includes persons of unknown race or multiple races.

^{††} Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or not identified.

§§ Includes hemophilia, blood transfusion, and risk factor not reported or not identified.

In Northeast. New Jersey and New York. Midwest. Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West: Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

*** Because column totals were calculated independently of the values for the subpopulations, the values in each column do not sum to the column total.

A comprehensive national program is required to address the substantial racial disparities in HIV/AIDS diagnoses in the United States described in this report. To reduce disparities, partnerships must be enhanced among a broad range of persons and groups, including governmental agencies, community organizations, faith-based institutions, educational institutions, community opinion leaders, and the public. Through Minority AIDS Initiative funding, CDC has funded prevention programs aimed at reducing the disparity in HIV/ AIDS diagnoses nationally. As part of this effort, CDC's Advancing HIV Prevention (AHP) initiative is aimed at reducing barriers to early diagnosis of HIV and at increasing access to quality medical care, treatment, and ongoing prevention services for HIV-infected persons.

Through AHP, CDC has introduced programs (e.g., HIV testing and sex network demonstration projects) to increase HIV testing among populations at risk for HIV infection (7) and has proposed revisions to HIV-testing recommendations to include routine HIV testing of adults, adolescents, and pregnant women in health-care settings (7,8). In addition, CDC, in collaboration with state and local health departments and community-based organizations, continues to promote effective HIV-prevention interventions that target persons who are at high risk for HIV infection (9). Ensuring that these programs are broadly accessible to blacks living in disadvantaged areas, including urban areas and the rural South, is critical.

In 2005, CDC established an African American Working Group to develop a comprehensive action plan to increase and strengthen HIV/AIDS and sexually transmitted disease (STD) prevention activities for blacks who are at high risk for infection. Moreover, CDC is working to engage partner organizations from various backgrounds and disciplines, including educational institutions, researchers, state and local health departments, community-based organizations, faith-based programs, and AIDS services organizations, to address HIV/AIDS and STD prevention concerns among blacks in the United States.

References

- Glynn MK, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003 [Abstract T1-B1101]. Presented at the 2005 National HIV Prevention Conference, Atlanta, GA; June 14, 2005.
- 2. Green T. Using surveillance data to monitor trends in the AIDS epidemic. Stat Med 1998;17:143–54.
- 3. US Census Bureau. Population estimates: entire data set. Available at http://www.census.gov/popest/datasets.html.
- CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. MMWR 2005;54:1149–53.
- CDC. HIV/AIDS surveillance report, 2004. Vol. 16. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004 report/default.htm.
- CDC. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men—five U.S. cities, June 2004–April 2005. MMWR 2005;54:597–601.

- 7. CDC. Advancing HIV prevention: new strategies for a changing epidemic—United States, 2003. MMWR 2003;52:329–32.
- CDC. Revised recommendations for HIV screening of adults, adolescents and pregnant women in health care settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.phppo.cdc.gov/PHTN/webcast/HIV11-17-05/default.asp.
- CDC. Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://ahp.nchstp.cdc.gov/docs/ CBOProcedures_12-15-03.pdf.

Brief Report

Leptospirosis After Flooding of a University Campus — Hawaii, 2004

On November 19, 2004, the Hawaii Department of Health (HDOH) received a report that a University of Hawaii professor aged 56 years had been hospitalized with suspected leptospirosis after cleaning his flooded laboratory. On October 31, heavy rains had caused an adjacent stream to overflow its banks and flood the campus. Persons exposed to fresh water or mud contaminated by the urine of animals infected with the spirochete *Leptospira interrogans* can have systemic illness if the leptospires enter the body through broken skin or mucous membranes. This report describes the subsequent investigation by HDOH, assisted by CDC, which highlights the importance of maintaining clinical suspicion for leptospirosis after flooding in areas where the illness is endemic, even in well-developed urban settings.

During October 31-November 2, the professor waded in his flooded laboratory in sandals, resulting in blisters. On November 10, he became ill with fever, chills, and vomiting. By November 14, the fever had subsided, but the man had other symptoms, including tremor, poor balance, and visual flashes of light. On November 17, his symptoms persisted; he went to a hospital emergency department and was hospitalized. Qualitative leptospiral IgM enzyme-linked immunoassay (EIA) of serum drawn on admission was negative. The physician continued to suspect leptospirosis, and the patient improved with a course of oral doxycycline. A second serum drawn November 24 tested positive for leptospirosis by IgM EIA. The patient's microscopic agglutination test (MAT) result was negative for the acute-phase specimen from November 17, but the convalescent-phase specimen drawn 7 days later revealed elevated titers to *Leptospira* antigens.

Other persons participating in cleanup activities on the campus (e.g., university faculty, students, staff, employees of a commercial contractor, and members of the Civil Defense and National Guard) might have been exposed to leptospires. In collaboration with the university, HDOH established surveillance for febrile illness among members of the university community using a voluntary, Internet-based questionnaire, announced through the university e-mail system. Respondents were asked whether they had had contact with flood water and had become ill with fever after the flood. HDOH also conducted active case finding by contacting the Civil Defense, National Guard, and the contractor. Free testing for leptospirosis was offered through HDOH.

A total of 271 persons responded to the Internet questionnaire, of whom 90 (33.2%) reported having a febrile illness within 30 days of having contact with flood water. Of the 90 persons reporting febrile illness, 34 (37.8%) reported seeing a physician; 46 (51.1%) were screened for leptospirosis using IgM EIA.

Only one additional case of acute leptospirosis infection was identified. A male graduate student aged 27 years worked in the same laboratory as the professor and tested positive for leptospirosis by IgM EIA and MAT. He became ill on November 10 with fever, chills, vomiting, diarrhea, and headache. He recovered without treatment in 1 week but visited a physician for testing on November 19 after learning that his professor was ill with suspected leptospirosis.

Leptospirosis is considered the most common zoonosis worldwide and is endemic in tropical environments such as Hawaii, where the mean annual incidence is 1.29 per 100,000 population (1). However, infection also can occur in milder climates, either as a result of local exposure or in travelers returning from the tropics. Natural disasters such as floods and hurricanes increase the risk for human exposure to leptospires through contact with contaminated water or mud.* Initial symptoms of leptospirosis resemble those of any influenza-like illness, with fever usually the only common symptom; therefore, a thorough exposure history is essential to diagnosis (Box). Although many infected persons recover spontaneously, 5%-10% of cases can progress to a more serious and potentially fatal second stage of illness that affects organ systems. Results from serologic testing for leptospiral antibodies or culture are not available rapidly enough to guide clinical decisions. Prompt, appropriate, empirical antibiotic therapy can prevent more severe disease (2).

* Additional information is available at http://www.bt.cdc.gov/disasters/hurricanes/ infectiousdisease.asp.

BOX. Epidemiology, clinical findings, diagnosis, treatment, and prevention and reporting of leptospirosis

Epidemiology

- Zoonotic infection caused by the spirochete *Leptospira interrogans*.
- Endemic in many tropical areas and generally considered the most common zoonosis worldwide.
- Humans become infected through contact with leptospires shed in the urine of infected animals, commonly rodents, dogs, pigs, and cattle.
- Incubation period can be 3–30 days after exposure, typically 7–12 days.
- Case-fatality rate can be as high as 5%–15%; during a 25-year period in Hawaii, the rate was 1.4%.

Clinical Findings

- Initial symptoms are nonspecific, with fever usually present; other symptoms can include chills, headache, myalgia, conjunctival suffusion, nausea, or diarrhea.
- Severe manifestations can include aseptic meningitis, pulmonary hemorrhage, and impaired hepatic and renal function.

Diagnosis

- Blood or urine culture must be inoculated promptly; cultivating the organism can take weeks.
- Rapid IgM enzyme-linked immunoassay is commercially available and has highest sensitivity 14–21 days after symptom onset.
- Microscopic agglutination testing (MAT) is the gold standard for serologic diagnosis but is available only at reference laboratories.

• Case confirmation requires either a positive culture or a fourfold increase in antibody titer on MAT between acute and convalescent sera.

Treatment

- Early antibiotic treatment can reduce the duration and severity of symptoms.
- Treatable with a broad range of antibiotics.
- Outpatient treatment typically consists of oral doxycycline 100 mg, twice a day for 7 days.
- Inpatient treatment typically consists of intravenous penicillin G, 1.2 million units every 4 to 6 hours.

Prevention and Reporting

- Minimize contact with fresh water or mud in areas where leptospirosis is endemic.
- Avoid contact with infected animals, especially with their urine, blood, and tissues.
- Wear protective equipment, including waterproof boots and gloves, if contact with fresh water, mud, or infected animals cannot be avoided.
- Cover open wounds with an occlusive dressing.
- Control rodent populations; vaccinate dogs and livestock.
- See a physician promptly if febrile illness occurs after a potentially high-risk exposure.
- Antibiotic prophylaxis with doxycycline, 200 mg weekly, might be considered for those with high-risk exposures.
- Not reportable nationally, but has been reported in multiple states (e.g., California, Florida, Hawaii, Illinois, and Wisconsin).

The optimal performance of IgM EIA is 14–21 days after symptom onset (3). However, the definitive serologic diagnostic assay for leptospirosis is the MAT, which requires technical expertise and maintenance of multiple live leptospiral serovars (2). This assay is available only at selected laboratories (including at CDC) in the network of World Health Organization Collaborating Centers for Leptospirosis.

Persons participating in flood cleanup in areas where *Leptospirae* might be present should adopt appropriate protective measures, such as wearing waterproof boots (Box). Workers with broken skin should avoid contact with fresh water or mud; at minimum, open wounds should be protected with an occlusive dressing. Medical attention should be sought promptly by any person who has onset of febrile illness within 1 month of participating in the cleanup of a flood-affected area.

Reported by: SY Park, MD, PV Effler, MD, M Nakata, D Sasaki, DVM, Hawaii Dept of Health; AR Katz, MD, Univ of Hawaii. TA Clark, MD, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; K Gaynor, MD, EIS Officer, CDC.

References

- Katz AR, Ansdell VE, Effler PV, Middleton CR, Sasaki DM. Leptospirosis in Hawaii, 1974–1998: epidemiologic analysis of 353 laboratoryconfirmed cases. Am J Trop Med Hyg 2002;66:61–70.
- 2. Levett PN. Leptospirosis. Clin Microbiol Rev 2001;14:296-326.
- 3. Effler PV, Bogard AK, Domen HY, Katz AR, Higa HY, Sasaki DM. Evaluation of eight rapid screening tests for acute leptospirosis in Hawaii. J Clin Microbiol 2002;40:1464–9.

New Laboratory Assay for Diagnostic Testing of Avian Influenza A/H5 (Asian Lineage)

On February 3, this report was posted as an MMWR Early Release on the MMWR website (http://www.cdc.gov/mmwr).

On February 3, 2006, the Food and Drug Administration (FDA) announced clearance of the Influenza A/H5 (Asian Lineage) Virus Real-Time Reverse Transcription–Polymerase Chain Reaction (RT-PCR) Primer and Probe Set and inactivated virus as a source of positive RNA control for the in vitro qualitative detection of highly pathogenic influenza A/H5 virus (Asian lineage). Two genetic lineages of influenza A/H5 viruses exist: Eurasian (Asian) and North American. The primer and probe set, developed at CDC, is designed to detect highly pathogenic influenza A/H5 viruses from the Asian lineage associated with recent laboratory-confirmed infections of avian influenza in humans in east Asia and, most recently, in Turkey and Iraq.

From December 1, 2003, through February 3, 2006, the World Health Organization (WHO) reported 161 confirmed human cases of avian influenza A (H5N1); of these, 86 (53%) were fatal (*1*). The infections occurred in Cambodia, China, Indonesia, Iraq, Thailand, Turkey, and Vietnam. No infections with avian influenza A/H5 (Asian lineage) have been reported in animals or humans in North America. Since February 2004, CDC has recommended enhanced surveillance in the United States for possible cases of human infection with avian influenza A (H5N1) virus (2). Consistent with these interim recommendations, testing for this virus is indicated when a patient has symptoms of severe respiratory illness and a risk for exposure (e.g., direct contact with ill, dead, or infected poultry in a country with outbreaks of influenza H5N1 among poultry). Testing for influenza A/H5 (Asian lineage) should be considered on a case-by-case basis in consultation with local or state health departments.

Testing with the FDA-cleared laboratory RT-PCR assay should be conducted in conjunction with other laboratory testing and clinical observations to help diagnose influenza in patients who might be infected with influenza A/H5 (Asian lineage) viruses and to provide epidemiologic information for surveillance purposes. The test also will help to identify influenza A/H5 (Asian lineage) viruses in laboratory viral cultures. Definitive diagnosis of influenza A/H5 (Asian lineage), either directly from patient specimens or from viral culture, might require additional laboratory testing and clinical and epidemiologic assessment in consultation with national influenza virus infection and should not be used as the sole basis for treatment or other patient management decisions.

Testing with the new assay will be limited to laboratories designated by the Laboratory Response Network (LRN), which consists of approximately 140 U.S. laboratories in 50 states. LRN-designated laboratories ensure that the laboratory employs experienced personnel who 1) are trained in standardized rapid molecular procedures, 2) perform analyses in facilities with appropriate biosafety equipment and containment procedures, and 3) use established means for communication with public health programs. Influenza A/H5 (Asian lineage) assay protocols and reagents will be distributed by CDC to designated LRN laboratories nationwide during the week of February 6-10, 2006. The real-time RT-PCR primer and probe set is the only laboratory method that has been cleared by FDA for avian influenza A/H5 (Asian lineage) testing and in vitro diagnostic medical device use in the United States. Additional information about the laboratory assay is available at http://www.fda.gov.

References

- 1. World Health Organization. Cumulative number of confirmed human cases of avian influenza A/(H5N1) reported to WHO. Geneva, Switzerland: World Health Organization; 2006. Available at http://www.who.int/csr/disease/avian_influenza/en.
- 2. US Department of Health and Human Services. HHS pandemic influenza plan. Supplement 2: laboratory diagnostics, appendix 2. Interim recommendations: enhanced U.S. surveillance and diagnostic evaluation to identify cases of human infection with avian influenza A (H5N1). Washington, DC: US Department of Health and Human Services. Available at http://www.hhs.gov/pandemicflu/plan/sup2.html#app2.

Update: Influenza Activity — United States, January 22–28, 2006

During January 22–28, 2006,* the number of states reporting widespread influenza activity[†] remained at five. Twentyone states reported regional activity, 13 reported local activity, and 11 reported sporadic activity (Figure 1).[§]

The percentage of specimens testing positive for influenza increased in the United States overall. During the past 3 weeks (i.e., weeks 2–4), the largest number of isolates have been reported from the Mountain and West South Central regions. During this time, the percentage of specimens testing positive

FIGURE 1. Estimated influenza activity levels reported by state epidemiologists, by state and level of activity* — United States, January 22–28, 2006



* Levels of activity are 1) widespread: outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) regional: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) local: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) sporadic: small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) no activity.

for influenza has ranged from 20.9% and 20.6% in the East North Central and West South Central regions, respectively, to 4.9% in the East South Central region. The percentage of outpatient visits for influenza-like illness (ILI)[¶] increased during the week ending January 28 and is above the national baseline.** The percentage of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold for the week ending January 28.

Laboratory Surveillance

During January 22–28, World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States reported testing 2,854 specimens for influenza viruses, of which 343 (12.0%) were positive. Of these, 117 were influenza A (H3N2) viruses, two were influenza A (H1N1) viruses, 212 were influenza A viruses that were not subtyped, and 12 were influenza B viruses.

Since October 2, 2005, WHO and NREVSS laboratories have tested 56,596 specimens for influenza viruses, of which 3,771 (6.7%) were positive. Of these, 3,654 (96.9%) were influenza A viruses, and 117 (3.1%) were influenza B viruses. Of the 3,654 influenza A viruses, 1,802 (49.3%) have been subtyped; 1,787 (99.2%) were influenza A (H3N2) viruses, and 15 (0.8%) were influenza A (H1N1) viruses.

P&I Mortality and ILI Surveillance

During the week ending January 28, P&I accounted for 7.6% of all deaths reported through the 122 Cities Mortality Reporting System. This percentage was below the epidemic threshold^{††} of 8.2% (Figure 2).

The percentage of patient visits for ILI was 2.4%, which is above the national baseline of 2.2% (Figure 3). The percentage of patient visits for ILI ranged from 1.4% in the New England region to 5.9% in the West South Central region.

Pediatric Deaths and Hospitalizations

During October 2, 2005–January 28, 2006, CDC received reports of 13 influenza-associated deaths in U.S. residents aged

^{††} The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

^{*} Provisional data reported as of February 3. Additional information about influenza activity is updated each Friday and is available from CDC at http://www.cdc.gov/flu.

[†] Levels of activity are 1) *widespread*: outbreaks of influenza or increases in influenzalike illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional*: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local*: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic*: small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity*.

[§] Widespread: Colorado, Connecticut, Kansas, Texas, and Wyoming; regional: Alaska, Arizona, Arkansas, California, Georgia, Florida, Iowa, Minnesota, Mississippi, Nebraska, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, and Wisconsin; *local*: Idaho, Illinois, Indiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, North Dakota, Ohio, South Dakota, and Washington; *sporadic*: Alabama, Delaware, Hawaii, Kentucky, Louisiana, Maryland, New Hampshire, New Jersey, Utah, Vermont, and West Virginia; *no activity*: none; *no report*: none.

⁵ Temperature of ≥100.0°F (≥37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza.

^{**} The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

FIGURE 2. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2006



*The epidemic threshold is 1.645 standard deviations above the seasonal _baseline percentage.

¹ The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

<18 years. Eleven of the deaths occurred during the current influenza season, and two occurred during the 2004–05 influenza season.

During October 1, 2005–January 21, 2006, the preliminary influenza-associated hospitalization rate reported by the Emerging Infections Program^{§§} (EIP) for children aged 0–17 years was 0.24 per 10,000. For children aged 0–4 years and 5–17 years, the rate was 0.66 per 10,000 and 0.04 per 10,000, respectively. During October 30, 2005–January 21, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years in the New Vaccine Surveillance Network^{¶¶} (NVSN) was 0.21 per 10,000. EIP and NVSN hospitalization rate estimates are preliminary.

Human Avian Influenza A (H5N1)

No human avian influenza A (H5N1) virus infection has ever been identified in the United States. From December 2003

through February 6, 2006, a total of 165 laboratory-confirmed human avian influenza A (H5N1) infections were reported to WHO from Cambodia, China, Indonesia,



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

Iraq, Thailand, Turkey, and Vietnam.*** Of these, 88 (53%) were fatal (Table). This represents an increase of four cases and two deaths in Indonesia since January 30, 2006, and the first case and death reported in Iraq. The majority of infections appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare instances of human-to-human transmission likely have occurred (1).

Reference

1. Ungchusak K, Auewarakul P, Dowell SF, et al. Probable person-toperson transmission of avian influenza A (H5N1). N Engl J Med 2005;352:333–40.

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization — worldwide, 2003–2006*

					Year o	of onset				
		2003	2	2004	:	2005		2006		Total
Country	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	2	2	10	7
Indonesia	0	0	0	0	17	11	6	5	23	16
Iraq	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Vietnam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	21	12	165	88

* As of February 6, 2006.

FIGURE 3. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons

^{§§} The Emerging Infections Program Influenza Project conducts surveillance in 60 counties associated with 12 metropolitan areas: San Francisco, California; Denver, Colorado; New Haven, Connecticut; Atlanta, Georgia; Baltimore, Maryland; Minneapolis/St. Paul, Minnesota; Albuquerque, New Mexico; Las Cruces, New Mexico; Albany, New York; Rochester, New York; Portland, Oregon; and Nashville, Tennessee.

⁵⁵ The New Vaccine Surveillance Network conducts surveillance in Monroe County, New York; Hamilton County, Ohio; and Davidson County, Tennessee.

^{***} Available at http://www.who.int/csr/disease/avian_influenza/en.

Notice to Readers

National Child Passenger Safety Week, February 12–18, 2006

In 2004, a total of 424 children aged 4–8 years died and more than 70,000 were treated in emergency departments for injuries sustained in motor vehicle crashes in the United States (1,2). The National Highway Traffic Safety Administration (NHTSA) and CDC recommend the use of booster seats for children who weigh at least 40 pounds, are less than 4 feet 9 inches tall, and are aged 4–8 years (3). This year, National Child Passenger Safety Week, February 12–18, 2006, will focus on booster seat use.

Despite increased attention and legislation governing booster seats, use of age-appropriate child restraints by passengers aged 4–8 years continues to lag behind use by younger passengers. Although child safety seat use is greater than 90% for infants and toddlers, booster seat use is estimated nationally at 10%– 20% (3). Thirty-three states have enacted laws governing booster seat use, but only two states, Tennessee and Wyoming, have laws covering children through age 8 years.

Information about National Child Passenger Safety Week activities and child passenger safety is available from NHTSA at http://www.nhtsa.dot.gov and from CDC at http://www. cdc.gov/ncipc.

References

- National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS) web-based encyclopedia. Available at http:// www-fars.nhtsa.dot.gov.
- 2. CDC. WISQARSTM nonfatal injury reports. Available at http:// webappa.cdc.gov/sasweb/ncipc/nfirates2001.html.
- 3. National Highway Traffic Safety Administration. Improving the safety of older-child passengers: a progress report on reducing deaths and injuries among 4- to 8-year-old child passengers. Washington, DC: US Department of Transportation; 2005.
- 4. CDC. Notice to readers: National Child Passenger Safety Week— February 14–20, 1999. MMWR 1999;48:83–4.

Notice to Readers

Satellite Broadcast: Social Networks: A Recruitment Strategy for HIV Counseling, Testing, and Referral Services

CDC and the Public Health Training Network will present a satellite broadcast and Webcast entitled, "Social Networks: A Recruitment Strategy for HIV Counseling, Testing, and Referral Services," on Thursday, April 27, 2006, beginning at 1 p.m. EDT. The 2-hour forum will cover the rationale for the use of social networks as a recruitment strategy for HIV counseling, testing, and referral services; the components of the social networks strategy; how to assess organization readiness for using the strategy; and available training and technical assistance. A panel of experts will answer viewer questions, which may be sent via fax during the broadcast or by e-mail after the broadcast.

Organizations are responsible for setting up their own viewing locations and are encouraged to register their locations as soon as possible so that persons who wish to view the broadcast can access information online. Directions for establishing and registering a viewing location are available at http://www.cdcnpin.org. The broadcast also can be viewed live or after broadcast on computers with Internet and RealPlayer[®] capability through http://www.phppo.cdc.gov/ phtn. Videotapes and video CD-ROMs of the broadcast may be ordered by telephone, 800-458-5231.

Errata: MMWR Vol. 55, No. 4

On page 117, in Table III, "Deaths in 122 U.S. cities, week ending January 28, 2006 (4th Week)," mortality data were incorrectly reported. The correct mortality data for the 4th week of 2006 are on page 131 of this issue.

TABLE III. Deaths in 122 U.S. cities,* week ending January 28, 2006 (4th Week)

		All	causes, b	y age (ye	ars)					All	causes, l	oy age (y	ears)		
Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total
New England	545	372	129	28	5	11	51	S. Atlantic	1,464	910	348	122	49	35	95
Boston, MA	133	72	39	14	1	7	8	Atlanta, GA	166	103	40	15	4	4	9
Bridgeport, CT	26	16	9	1	_	_	3	Baltimore, MD	222	136	58	19	5	4	22
Cambridge, MA	21	18	3		_	_	3	Charlotte, NC	119	77	27	10	3	2	11
Fall River, MA	33	28	4	1	_	_	3	Jacksonville, FL	215	132	46	24	10	3	10
Hartford, CI	/1	47	18	5	_	1	8	Miami, FL	120	73	29	10	5	3	5
Lowell, MA	27	20	1	_	_		3	Nortolk, VA	44	29	9	4	1	1	_
Lynn, MA	10	10	1			_	2	Richmond, VA	59	32	10	5	5	1	3
New Havon CT	24	21	1	1	- 1	1	2	Savannan, GA	7/	45	10	4	1	4	11
Providence RI	20 51	21	4 Q	2	_	1	1	Tampa Fl	241	161	52	14	7	7	19
Somerville MA	2	2			_	_	_	Washington D.C.	108	64	24	12	7	1	
Springfield MA	51	32	15	1	2	1	2	Wilmington DE	14	7	6	1	_	_	1
Waterbury, CT	23	16	5	2	_		3								
Worcester, MA	45	33	10	1	1	_	9	E.S. Central	901	611	188	60	18	24	72
Mial Adda addin	0.000	1 5 1 0	40.4	110	0.4		110	Birmingnam, AL	231	158	43	16	1	/	18
Mid. Atlantic	2,202	1,519	484	119	34	44	116		103	74	23	3	1	2	14
Albariy, IN F	40	32	0	1	∠ 1	2	-		105	/ 5	10	2	3	3	7
Ruffalo NV	10	66	20	2	1	~	11	Momphis TN	00	49	21	2	1	1	6
Camden NI	92 40	25	10	2	2	1	3	Mobile Al	90 81	52	10	3	2	1	3
Flizabeth NI	10	16	2	1				Montgomery Al	83	53	21	6		3	12
	38	33	5	_	_	_	4	Nashville TN	134	87	31	13	_	3	8
Jersev City, NJ	1	1	_	_	_	_			101	07	01	10		Ũ	Ŭ
New York City, NY	1.148	817	234	71	10	15	55	W.S. Central	1,901	1,240	429	135	46	51	148
Newark, NJ	64	28	27	8	_	1	1	Austin, TX	124	83	28	6	4	3	11
Paterson, NJ	18	13	5	_	_	_	1	Baton Rouge, LA	/3	44	16	6	5	2	
Philadelphia, PA	343	192	107	15	13	15	14	Corpus Christi, I X	0	0	0	0	U	U	U
Pittsburgh, PA§	24	20	3	1	_	_	1	Dallas, IX	243	148	57	23	10	5	19
Reading, PA	22	16	2	3	_	1	1	El Paso, TX	132	89	26	8 7	3	11	12
Rochester, NY	138	108	24	2	3	1	11		190	067	40	50	0	11	20
Schenectady, NY	17	12	3	2	—	_	1		439	207	103	50	0	2	1
Scranton, PA	32	20	9	2	1	_	3	New Orleans LA1	54	11	19	11	i.	11	i.
Syracuse, NY	82	61	13	3	—	5	6	San Antonio TX	347	255	73	14	2	3	43
Trenton, NJ	27	16	7	4	—	—	1	Shrevenort I A	83	57	14	6	3	3	
Utica, NY	15	13		1	1	—	1	Tulsa OK	176	116	45	7	4	4	3
Yonkers, NY	21	18	3	_	_	_	1		4 000	700	010				-
E.N. Central	2,114	1,440	451	128	33	62	145		1,003	700	210	64	20	9	89
Akron, OH	52	37	10	4	_	1	3	Roise ID	192	141	34	10	2		28
Canton, OH	43	35	8	—	—	_	8	Colorado Springs CO	8/	49 58	17	6	2	1	3
Chicago, IL	336	204	88	26	8	10	23	Denver CO	102	70	17	4	7	4	10
Cincinnati, OH	51	33	13	2	2	1	11	Las Vegas NV	353	238	91	23	1	_	27
Cleveland, OH	229	160	48	11	2	8	7	Ogden, UT	30	27	2	1	_	_	2
Columbus, OH	207	143	35	15	5	9	12	Phoenix, AZ	U	U	Ū	Ŭ	U	U	Ū
Dayton, OH	126	87	23	8	4	4	5	Pueblo, CO	34	25	7	2	_	_	3
Detroit, MI	161	93	49	10	4	5	10	Salt Like City, UT	138	92	27	12	6	1	10
Evalisville, IN	47	30	15	1	-		I E	Tucson, AZ	U	U	U	U	U	U	U
Conv IN	14	47	15	2	1	- 1	0	Pacific	1 001	1 207	405	104	47	10	200
Grand Banids MI	65	51	6	4	_	4	6		1,991	1,397	405	124	47	10	209
Indiananolis IN	247	160	59	17	4	7	21	Eresno CA	156	110	26	14	5	1	13
Lansing MI	44	37	6	1			2	Glendale CA	17	16	1		_		1
Milwaukee, WI	100	71	18	9	1	1	5	Honolulu, HI	40	31	3	5	1	_	1
Peoria. IL	49	41	7	_	_	1	4	Long Beach, CA	71	41	24	5	_	1	13
Rockford, IL	66	44	14	3	_	5	6	Los Angeles, CA	393	282	67	26	13	5	45
South Bend, IN	53	39	9	2	1	2	3	Pasadena, CA	40	29	6	4	1	_	10
Toledo, OH	103	70	24	8	_	1	6	Portland, OR	114	71	31	8	2	2	9
Youngstown, OH	53	48	4	1	_	_	6	Sacramento, CA	267	187	58	17	5	_	42
W.N. Control	507	200	12/	21	10	15	12	San Diego, CA	190	133	37	12	4	4	18
Des Moines IA	597	399	134	51	10	15	43	San Francisco, CA	133	83	34	8	7	1	1
Duluth MN	37	30	5	_	2	_	5	San Jose, CA	176	131	39	3	2	1	23
Kansas City KS	о <i>г</i> р	5	2	1		_		Santa Cruz, CA	32	26	4	2	—	—	3
Kansas City MO	108	72	27	5	1	3	7	Seattle, WA	143	97	29	12	3	2	9
Lincoln. NE	48	41	5	1	1	_	4	Spokane, WA	70	48	19	2	1		7
Minneapolis. MN	73	50	15	3	2	3	5	Tacoma, WA	134	101	23	6	3	1	11
Omaha, NE	90	63	21	1	2	3	10	Total	12,718**	8,588	2,778	811	270	269	968
St. Louis, MO	152	82	43	16	8	3	6		, -	,	, -				
St. Paul, MN	61	43	12	4	2	_	4								
Wichita, KS	20	13	4	_	_	3	2								

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 ¹ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.
 ** Total includes unknown ages.

132

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 4, 2006 (5th Week)*

			5-year						
	Current	Cum	weekly	Total	cases re	ported fo	r previou	s years	
Disease	week	2006	average [†]	2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	_	_	—	—	—	2	23	
Botulism:									
foodborne	—	_	0	19	16	20	28	39	
infant	—	1	1	85	87	76	69	97	
other (wound & unspecified)	1	3	0	24	30	33	21	19	CA (1)
Brucellosis	1	5	1	102	114	104	125	136	MD (1)
Chancroid	—	1	1	27	30	54	67	38	
Cholera	_	_	0	6	5	2	2	3	
Cyclosporiasis§	3	5	2	731	171	75	156	147	DC (1), FL (2)
Diphtheria	—	_	_	—	—	1	1	2	
Domestic arboviral diseases ^{§1} :									
California serogroup	—	_	_	71	112	108	164	128	
eastern equine	—	_	_	21	6	14	10	9	
Powassan	—	_	_	—	1	—	1	N	
St. Louis	—	_	_	9	12	41	28	79	
western equine	—	_	_	—	_	—	—	—	
Ehrlichiosis [§] :									
human granulocytic	1	2	1	719	537	362	511	261	NY (1)
human monocytic	2	20	1	474	338	321	216	142	MI (1), GA (1)
human (other & unspecified)	—	_	0	118	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	1	1	0	8	19	32	34	_	FL (1)
nonserotype b	1	4	3	111	135	117	144	_	IN (1)
unknown serotype	—	12	3	195	177	227	153	_	
Hansen disease [§]	2	5	1	88	105	95	96	79	CA (1), AK (1)
Hantavirus pulmonary syndrome§	_	_	0	22	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	2	5	2	201	200	178	216	202	OK (1), CA (1)
Hepatitis C viral, acute	40	71	31	745	713	1,102	1,835	3,976	MI (1), WV (1), GA (1), FL (33), AL (2), CA (2)
HIV infection, pediatric (age <13 yrs)§††	—	_	4	255	436	504	420	543	
Influenza-associated pediatric mortality ^{§,§§,¶¶}	1	9	1	49	_	N	N	N	
Listeriosis	6	28	8	814	753	696	665	613	RI (1), NY (1), PA (2), NC (1), FL (1)
Measles	—	1*'	** 1	66	37	56	44	116	
Meningococcal disease, ^{†††} invasive:									
A, C, Y, & W-135	4	18	7	269	_	—	—	—	NC (4)
serogroup B	3	8	4	150	_	—	—	—	NC (3)
other serogroup	1	2	1	19	—	—	—	—	NC (1)
Mumps	3	11	4	277	258	231	270	266	NY (1), PA (1), MD (1)
Plague	—	—		7	3	1	2	2	
Poliomyelitis, paralytic	—	_	—	1	_	—	—	—	
Psittacosis§	—	—	0	19	12	12	18	25	
Q fever§	1	8	1	131	70	71	61	26	MD (1)
Rabies, human	_	_	0	2	7	2	3	1	
Rubella	—	_	0	11	10	7	18	23	
Rubella, congenital syndrome	_	_	0	1	_	1	1	3	
SARS-CoV ^{\$,\$\$}	_	_	_	_	_	8	N	N	
Smallpox ^s		_						_	
Streptococcal toxic-shock syndromes	2	5	3	102	132	161	118	77	CO (2)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	11	54	13	993	1,162	845	513	498	NY (2), OH (1), IN (3), MI (1), WV (1), OK (1), CO (2)
Syphilis, congenital (age <1 yr)	3	15	8	301	353	413	412	441	IL (1), LA (1), AZ (1)
Tetanus	—	1	0	20	34	20	25	37	
Toxic-shock syndrome (other than streptococca	al) [§] 3	6	2	88	95	133	109	127	PA (1), CO (1), CA (1)
Trichinellosis		3	0	18	5	6	14	22	
Tularemia ^s	2	3	0	132	134	129	90	129	KS (1), CA (1)
Typhoid fever	3	17	5	292	322	356	321	368	CA (3)
Vancomycin-intermediate Staphylococcus aure	eus® —	_	_	2		N	N	N	
Vancomycin-resistant Staphylococcus aureus§	_	_	_	—	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

[†] Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two 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.

Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

** 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, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

M Of the 14 cases reported since October 2, 2005 (week 40), only 12 occurred during the current 2005–06 season.

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

ttt Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

			Chlamydi	a†			Coccid	lioidomyo	cosis			Cryp	otosporidio	osis	
	Current	Previou	s 52 weel	<u>ks</u> Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	11,824	18,530	20,440	61,294	85,839	22	87	575	233	486	33	69	856	1/2	161
Connecticut	464	601 150	1,202	2,109	2,939 732	N	0	0	N	N	_	4	34 14	5 1	3
Maine	40	42	74	185	225	N	0	Ō	N	N	—	Ō	2	1	
Massachusetts	321	271	417	1,262	1,381	—	0	0	—	—	—	1	16	1	2
Rhode Island	67	63	99	333	317	_	0	0	_	_	_	0	5	_	_
Vermont§	18	19	43	120	108	—	0	0	—	—	—	0	5	1	1
Mid. Atlantic	1,351	2,268	3,379	7,153	9,763		0	0			2	10	606	33	30
New York (Upstate)	85 363	498	529 1.519	1.080	1,846	N	0	0	N	N	1	0	567	4	2
New York City	361	704	1,168	2,592	3,292	_	Õ	õ	_	_	_	2	15	8	11
Pennsylvania	542	722	1,082	2,960	3,570	N	0	0	N	N	1	3	21	21	14
E.N. Central	2,025	3,077	4,059	9,992	13,003	_	0	3	1	_	6	12	162	26	32
Indiana	351	381	558	1,815	2,087	N	0	0	N	N	2	1	13	2	_
Michigan	628	550	1,015	3,510	1,390		0	3	1		_	2	7	6	4
Wisconsin	121	798 378	495	802 765	4,267	N	0	0	N	N	4	4	38	2	12
W.N. Central	747	1 1 1 4	1 303	4 217	5 600	_	0	3	_	_	8	8	51	20	24
Iowa	140	140	221	707	650	Ν	Ő	Ő	Ν	Ν	_	1	11		3
Kansas Minnesota	262	140 226	274	754 181	729	N	0	03	N	N	7	0	5 10	4	3
Missouri	233	437	604	1,858	2,222	_	0	1	_	_	_	2	37	4	11
Nebraska§	99	98	200	406	419		0	1			1	0	1	1	_
South Dakota	13	24 51	48 120	126	272	IN	0	0	IN	IN	_	0	4	_	2
S. Atlantic	3,516	3,317	4,678	13,527	16,028	_	0	1	2	_	13	11	53	64	28
Delaware	80	68	92	345	301	N	0	0	Ν	Ν	—	0	2	_	—
District of Columbia	815	/1 863	103	101 3 649	366 3 887	N	0	0	N	N		0	- 3 - 28	2 20	11
Georgia	_	600	1,013	210	2,068	_	Õ	õ	_	_	2	2	11	21	5
Maryland	284	364	525	1,711	1,598		0	1	2		1	0	4	3	4
South Carolina [§]	1,743	333	1,418	1,090	1,719		0	0				0	3		5
Virginia [§]	515	381	713	1,728	2,321		0	0			—	1	8	2	1
west virginia	79	46	361	594	214	N	0	0	N	N	_	0	3	_	2
L.S. Central	1,119	1,349	2,189	4,320	6,324 1,302	_	0	0	_	_	1	2	21	3	6
Kentucky	199	158	408	994	1,069	Ν	Õ	õ	Ν	Ν	_	1	20	1	1
Mississippi		390	801	2 252	1,974	N	0	0		N	—	0	1	_	1
WS Control	539	405	2 002	2,332 5 029	11 904	IN	0	1	IN	IN		0	20		1
Arkansas	177	1,974	3,003	5,038 684	824	_	0	0	_	_	2 1	20	30	1	4
Louisiana	67	268	760	237	1,476		0	1			_	0	21	2	_
Oklanoma Texas [§]	274	207	1,843	3 224	1,113 8 391	N N	0	0	N	N	1	0	10	4	1
Mountain	391	1.064	1.555	3.254	5.572	_	64	204	1	270	_	2	8	4	9
Arizona	327	331	572	1,738	1,941		62	204		260	—	Ō	1	_	2
Colorado	_	260	376	515	1,351	N	0	0	N	N	_	1	3	1	2
Montana	_	42	171	_	231	N	0	ŏ	N	N	_	0	3	1	_
Nevada§	39	147	459	647	698	_	1	4	_	8	_	0	2	_	2
Utah	_	87	132	222	655 376	_	0	2	_	1	_	0	2	2	2
Wyoming	25	23	43	132	112	_	0	2	1	_	_	Ō	2	_	_
Pacific	1,693	3,199	3,941	11,684	14,806	22	28	486	229	216	1	6	29	6	25
Alaska California	63 1 01 1	77 2 /66	121	203 8 722	261 11 475		0 28	0 486	220	216	_	0	2	_	22
Hawaii		105	132	334	539		0	0			_	0	1	_	
Oregon [§]	183	168	315	786	760		0	0			1	1	20	6	3
vvasnington	436	366	501	1,639	1,771	N 	U	U	N 	N 		U	(
American Samoa C.N.M.I.	U	0 0	0	U	UU	U U	0	0 0	U U	U U	U U	0	0 0	U U	U U
Guam	_	0	0	_			Õ	Ő				Õ	Ő		-
Puerto Rico U.S. Virgin Islands	_	76 4	141 12	270	300 48	N	0	0	N 	N	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: No U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-c * Incidence data for reporting years 2005 and 2006 are provisional. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*. * Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

		G	liardiasis	6			G	onorrhea	1		На	aemophilus All age	s <i>influenza</i> s, all serot	e, invasi types	ive
	Current	Previous	52 week	s Cum	Cum	Current	Previous	52 weeks	S Cum	Cum	Current	Previous &	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
New England	144	315	575	692	1,342	3,873	0,210 100	7,451	22,004	30,018	29	39	10	101	220
Connecticut	4	0	90 65	49	1	80	36	168	23	247	_	0	6	- -	3
Maine	2	4	11	3	13	2	2	7	8	12	—	0	1		1
Massachusetts New Hampshire	_	12	34 7	34	61	69 4	49 4	86	255 26	257 13	_	2	5	5	6
Rhode Island	2	0	25	2	_	4	8	25	52	45	—	Ő	4	—	_
Vermont [†]		3	11	8	8	1	1	4	5	3	_	0	1		2
Mid. Atlantic	30	66 7	175	165	274 57	474	657 110	966 166	2,369 243	3,059 576	3	8	16 5	43	55 10
New York (Upstate)	22	22	146	59	57	124	128	400	430	429	3	2	12	10	14
New York City		16	32	43	81	93	186	409	656	979 1 075	—	1	5	13	11
E N Central	21	52	102	127	252	980	1 258	1 700	1,040	5 385	5	6	10	21	20 /3
Illinois		13	32	6	58	367	359	729	1,259	1,278		1	5	1	12
Indiana	N	0	0	N	N	184	156	234	897	864	3	1	6	5	4
Ohio	20	14	29 34	45 71	51	352 19	370	569 701	350	2.163		2	6	5 10	5 18
Wisconsin	_	12	33	5	76	58	108	158	316	571	—	0	3	_	4
W.N. Central	5	37	142	76	78	221	357	461	1,431	1,857	1	2	7	11	7
Iowa Kansas	1	5 4	14 9	15 10	21 14	15 75	30 47	54 99	138 228	145 272	_	0	1	1	1
Minnesota	1	16	113	18	1	_	63	89	56	349	_	õ	5	_	_
Missouri Nebraska†		9	32	25	30	102	184	242	887	939	1	0	7	9	4
North Dakota	1	0	3	1		1	2	40	10	5	_	0	2	_	
South Dakota	_	2	7	3	3	_	6	15	27	37	_	0	0	_	_
S. Atlantic	24	48	84	150	211	832	1,480	2,199	5,507	7,439	15	8	22	44	62
Delaware District of Columbia	_	1	3	2	5	25	17 40	40 67	135 77	70 218	_	0	0	_	_
Florida	13	18	40	70	64	397	391	499	1,731	1,792	3	2	12	10	14
Georgia Manuland		10	24	33	72	104	271	586	97 760	946 707	3	2	6	9	22
North Carolina	N	0	0	N N	N	230	279	766	1,941	1,947	9	1	11	11	13
South Carolina [†]	2	2	9	5	10		151	783	410	801	—	1	3	5	1
Virginia West Virginia	3	9	33	13	43	60 16	136	266 34	268 88	883 75	_	1	6	3	1
E.S. Central	11	7	19	28	39	448	512	868	1,724	2,693	1	2	8	9	6
Alabama [†]	10	4	13	22	21	187	158	491	481	879	_	0	2	2	1
Kentucky Mississioni	N	0	0		N	74	55 137	107 225	384	377 633	_	0	3	_	_
Tennesseet	1	3	11	6	18	187	168	285	859	804	1	2	5	7	5
W.S. Central	6	5	23	13	13	287	810	1,196	2,005	4,830	3	2	7	9	9
Arkansas	3	1	5	3	6	106	85 147	187	428	428	_	0	2	1	5
Oklahoma	3	3	16	7	7	97	79	627	308	469	3	1	5	8	4
Texas [†]	N	0	0	N	N	—	484	632	1,093	3,054	—	0	1	—	—
Mountain	7	25	57	67	94	109	227	482	973	1,241	1	3	19	14	19
Colorado	5	2	26	27	32	-00	58	90	253	455 292	_	1	9 4	8	4 5
Idaho [†]	_	2	12	5	16	—	1	10	—	12	—	0	1	1	1
Nontana Nevada†	_	1	6	5	5	24	55	198	252	289	_	0	3	_	2
New Mexico [†]		1	6	1	5	_	21	48		121	1	Ō	4	3	5
Utah Wyoming	1	7	28	27	14	5	14	22	45 24	56 5	_	0	2	2	1
Pacific	36	60	108	217	298	442	793	1 051	3 015	3 537	_	2	19	5	12
Alaska		2	6	1	3	5	10	23	23	40	—	ō	19	2	2
California Hawaii	33	42	76	182	243 12	306	652 19	811	2,415	3,053 88	_	1	7	_	1
Oregon [†]	1	6	21	28	31	21	30	58	134	115	_	1	4	3	8
Washington	2	5	26	3	9	110	69	210	378	241	—	0	4	_	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam		0	0				0	0				0	0		_
Puerto Rico	_	3	14	—	5	—	6	16	32	33	_	0	1	—	—
U.S. Virgin Islands	—	0	0	_	_	_	0	20	—	6	—	0	0	—	—

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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.

MMWR

			Α					В				Le	egionellosi	s	
	Current	Previous	52 weeks	s Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	42	78	176	271	352	32	102	139	253	541	19	37	111	84	121
New England	3	8	23	11	45	_	5	12	13	22	_	2	11	3	3
Connecticut	—	1	3	1	8	—	0	5	_	4	—	0	8	1	—
Maine	_	0	2	_		—	0	2			_	0	1	_	_
Massachusetts	1	6 1	14	4	34	_	3	10	2	17	_	0	5	_	3
Rhode Island	1	0	4	1	_	_	0	2		_	_	0	7	_	_
Vermont [†]	1	0	1	2	_	_	0	1	—	1	_	0	3	1	_
Mid. Atlantic	1	13	24	14	71	_	14	37	12	108	6	11	53	24	37
New Jersey	_	3	11	_	14	_	5	26	_	63	_	1	12	_	5
New York (Upstate)	1	2	8	4	6	—	2	7	1	3	3	3	25	6	8
New York City Pennsylvania	_	5	12	6	37	_	2	/ 0	10	13	3	1	20	1	24
	_	_	10	-		_	+		10	23	5	5	17		24
E.N. Central	2	1	18	21	35	2	10	25	18	58	3	6	23	11	34
Indiana	_	1	10	1	1	_	0	11	_	1	_	0	5	_	3
Michigan	_	2	11	11	10	_	3	7	5	20	_	2	6	5	10
Ohio	2	1	7	8	3	2	2	8	12	17	3	3	19	6	12
Wisconsin	_	1	5	1	4	_	0	6	1	2	_	0	2	_	2
W.N. Central	3	1	31	9	9	1	5	13	7	21	—	1	12	2	5
lowa		0	2		1		0	2		1	—	0	1	_	_
Minnesota		0	31	_	_		0	6		4	_	0	10	_	_
Missouri	_	õ	5	2	5	_	3	7	5	10	_	Õ	3	2	5
Nebraska [†]	—	0	3	_	2	—	0	2	_	6	—	0	1	_	—
North Dakota	—	0	0	_	_		0	0	_	—	—	0	1	_	_
		0	1				0				_	0	0		
S. Atlantic	18	12	33	47	43	12	25	49	86	150	6	9	19	24	22
District of Columbia	_	0	2	1	_	_	0	4	_	5	_	0	2	_	_
Florida	4	5	18	22	18	5	9	21	39	46	6	2	6	11	8
Georgia	2	1	6	3	15	1	2	7	.4	38	_	1	3	_	2
Maryland	7	1	6	12	4	5	2	8	17	20	_	2	9	8	7
South Carolina [†]	5 	1	18	_	3	_	2	9	19	10	_	0	2	3	4
Virginia [†]	_	1	6	_	3	1	2	10	1	15	_	1	7	1	
West Virginia	—	0	2	_	_	—	0	11	_	1	—	0	3	_	1
E.S. Central	1	4	16	6	15	2	7	20	13	31	_	1	6	2	1
Alabama [†]	_	0	6	—	2	2	1	7	4	13	_	0	2	—	1
Kentucky	_	0	3	_	1	_	1	6	1	7	_	0	4	_	_
Tennessee [†]	1	2	13	6	4	_	2	12	5	2	_	0	4	2	_
WS Central	1	5	14	2	23	5	12	25	60	40	_	0	4	1	_
Arkansas	_	0	3				1	4	1	7	_	Ő	1	_	_
Louisiana	_	1	5	1	7	_	1	5	2	5	_	0	2	1	_
Oklahoma	1	0	1	1	10		0	5		3	_	0	3	—	—
Texas	_	3	10	_	16	5	9	22	57	25	_	0	3	_	_
Mountain	_	6	21	8	38	1	10	38	7	49	_	2	8		8
Colorado	_	3	20	4	20	_	5 1	34 4	4	33	_	0	3	_	3
Idaho†	_	Ö	3	1	4	_	Ö	2	1	2	_	Ő	2		_
Montana	—	0	2	_	4	—	0	2	_		—	0	1	_	
Nevada [†]	—	0	2			—	1	2	_	3	—	0	2	—	1
I Itah	_	0	3	2 1	2	1	0	5	1	25	_	0	2	_	1
Wyoming	_	Ö	0	_		_	Ö	1	_	_	_	Ő	1	_	2
Pacific	13	15	148	153	73	9	10	32	37	62	4	1	10	17	11
Alaska		0	2			_	0	1	_		_	0 0	1		_
California	12	13	147	145	61	9	6	26	31	46	4	1	10	17	11
Hawaii	—	0	2	1	3	—	0	1	_	1		0	1		
Washington	1	1	4	3	5 4	_	2	5 8	ю —	14	IN	0	0	IN	
Amorican Samaa		, 0	-	т 11	т		0	0				0	0		
C.N.M.I.	U	0	0	U	<u> </u>	U U	0	0	U	<u> </u>	IJ	0	0	U	U
Guam	_	õ	õ	_	_	_	õ	õ	_	_	_	õ	õ	_	_
Puerto Rico	—	1	6	—	2	—	1	6	—	2	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	_	_	0	0	—	_	—	0	0	—	—

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Hepatitis (viral, acute), by type

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

Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-c * Incidence data for reporting years 2005 and 2006 are provisional. * Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

			Lyme disea	se				Malaria			
Demosting	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum	
Reporting area	35	290	1 313	183	672	11	22	46	72	121	
New England	_	43	209	2	56	_	1	12	.2	.21	
Connecticut	_	9	154	1		_	Ö	10	_	_	
Maine Massachusetts	_	2 12	25 141	_	4 47	_	0	1	2	3	
New Hampshire	_	3	17	1	4	_	0	1		_	
Rhode Island	—	0	12	—	- 1	_	0	1	1	—	
Mid Atlantic		170	015	07	165	- 1	6	15	11	25	
New Jersey		36	305		153	_	1	7	_	13	
New York (Upstate)	16	48	704	30	74	1	1	5	2	2	
Pennsylvania	6	58	458	67	238	_	1	2	5 4	4	
E.N. Central	_	13	156	4	28	1	2	6	7	13	
Illinois	—	0	6	—	—	—	1	2	3	5	
Michigan	_	1	4	2	1	_	0	2	_	4	
Ohio	—	1	5	_	7	1	0	3	3	2	
vvisconsin	_	10	148	2	20	_	0	2	1	2	
W.N. Central lowa	_	13 1	99 8	1	4	_	1	5 1	4	6	
Kansas	—	0	3	1	1	—	Ö	1	_	_	
Minnesota Missouri	_	9	96 2	_	_	_	0	3	2	1	
Nebraska†	_	õ	1	_	_	_	õ	2	_	_	
North Dakota	_	0	0	_	_	_	0	0	1	_	
S Atlantic	7	31	125	63	100	1	6	15	24	21	
Delaware		9	37	19	45	_	0	1		1	
District of Columbia		0	2	1		—	0	2			
Georgia		0	1	_		1	0	6	8	6	
Maryland	5	16	86	35	52	3	1	9	9	7	
South Carolina [†]	_	0	э 3		5 2	_	0	2	3		
Virginia [†]	—	3	20	—	1	—	0	4	1	2	
F & Control	_	1	0	_		_	0	2	_	_	
Alabama [†]	_	0	4	_		_	0	2	_	2	
Kentucky	—	0	1	—	—	—	0	2	—	—	
Tennessee [†]	_	0	0 4	_	2	_	0	2	_	1	
W.S. Central	_	1	8	_	1	_	1	9	2	8	
Arkansas	—	0	2	—	_	—	0	2	—	1	
Oklahoma	_	0	2	_		_	0	6	1	_	
Texas [†]	—	0	7	—	—	—	1	9	1	7	
Mountain	—	0	4	—	—	3	0	6	4	9	
Colorado	_	0	4	_	_	2	0	4	2	2	
Idaho [†]	—	0	1	—	—	—	0	0	—	_	
Montana Nevada [†]	_	0	0	_	_	_	0	0	_	_	
New Mexico [†]	—	0	1	_	_		0	1	_	1	
Utan Wyoming	_	0	1	_	_	1	0	2	2	2	
Pacific	6	2	10	16	7	2	4	12	17	24	
Alaska	_	Ō	1		<u> </u>	_	0	1	1	1	
California Hawaii	6 N	2	10 0	16 N	6 N	_	3 0	9 4	14	22	
Oregon [†]	_	Õ	2	_	1		Õ	2	_	1	
Washington	_	0	3	_	_	2	0	4	2	_	
American Samoa	U	0	0	U	U	U	0	0	U	U	
Guam	_	0	0	_	_	_	0	0	_	_	
Puerto Rico U.S. Virgin Islands	<u>N</u>	0 0	0 0	N	<u>N</u>	_	0 0	1 0	_	_	

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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.

136

MMWR

				Meni	ngococca	l disease, ir	vasive								
		All s	erogrou	ps			Serogr	oup unkno	own				Pertussis		
Dementing and a	Current	Previous !	52 weeks		Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	17	20	45	2006 Q3	124	<u>week</u>	13	37	2006 65	2005	106	422	598	2006 761	2005
Now England	17	1	4J 5	5	124	3	1	07	5	5	100	-122	10	01	120
Connecticut	_	0	3	2	1	_	Ó	2	2		_	0	43		11
Maine	—	0	1	2	1	—	0	1	2	1	—	0	5		6
Massachusetts	_	0	3	1	8	_	0	2	1	2	_	19 1	39 15	86	103
Rhode Island	_	Ö	2		_	_	0	ō	_	_	_	0	8	_	_
Vermont [†]	—	0	1		2	—	0	1	_	1	_	1	25	5	10
Mid. Atlantic	1	3	13	15	19	1	2	12	14	12	20	23	58	91	194
New Jersey	_	0	4		2	_	0	4	-	2		4	9	2	27
New York City	_	0	5	2 5	3	_	0	4 5	5	2		2	40	29	49 10
Pennsylvania	1	1	3	8	8	1	1	3	8	5	9	7	28	60	108
E.N. Central	_	2	9	5	14	_	1	6	4	13	30	63	144	120	619
Illinois	—	0	4	2	5	—	0	4	2	5		14	31	7	104
Michigan	_	0	3	1	3	_	0	3	_	2	2	4	26	14	29
Ohio	_	1	5	2	2	_	0	4	2	2	25	20	59	95	265
Wisconsin	_	0	2		2	—	0	2	—	2	_	22	47	1	218
W.N. Central	—	1	5	3	6	—	0	3	1	3	11	60	205	105	397
Kansas	_	0	1	_	1	_	0	1	_	1	7	10	29	, 54	45
Minnesota	_	0	2			_	0	1	_		_	1	148	-	31
Missouri Nobraska†	_	0	3	1	4	_	0	2	-	2		9	39	37	65
North Dakota	_	0	1		_	_	0	1	_	_	2	2	28	2	16
South Dakota	—	0	1	—	—	—	0	0	—	—	—	2	9	—	31
S. Atlantic	13	3	11	21	22	5	2	6	9	11	19	24	90	86	116
Delaware	—	0	1	1	—	—	0	1	1	_	_	0	3	1	10
Florida	2	1	7	4	6	2	0	6	2	2	2	4	14	27	10
Georgia	_	0	2	1	6	_	Ō	2	1	6	_	1	3	_	6
Maryland		0	2	2	2		0	1	1	—	7	4	8	29	34
South Carolina [†]		0	2		4		0	2		3	2	6	17	10	50
Virginia [†]	—	Ō	3	2	1	_	Ō	1	1	_	_	1	72	_	3
West Virginia	_	0	1		_	—	0	1	—	_	_	0	12	_	3
E.S. Central	1	1	4	2	3	1	1	4	2	1	1	8	25	10	51
Kentucky	_	0	3	1	1	_	0	3	1	1	_	3	9 10	4	13
Mississippi	_	Õ	1	_	_	_	Õ	1	_	_	_	1	4	1	12
Tennessee [†]	—	0	2		2	—	0	1	_	—	1	4	17	3	13
W.S. Central	—	2	6	6	9	—	0	5	5	3	2	37	111	17	23
Arkansas Louisiana	_	0	3	1	1	_	0	2	1	2	1	5	19	5	2
Oklahoma	_	Õ	3	_	1	_	Õ	3	_	_	1	Õ	Ő	1	_
Texas [†]	—	0	4	_	1	—	0	3	—	1	_	31	99	11	18
Mountain	—	2	7	7	6	—	1	5	3	4	13	75	143	209	420
Arizona Colorado	_	0	5	6	1	_	0	5	2	4	_	15 24	86 55	130	11 228
Idaho†	_	Ö	2	_	_	_	0	2		_	_	3	19	9	23
Montana	—	0	0	_	—	—	0	0	—	—	4	8	32	16	108
Nevada New Mexico [†]	_	0	2	_	1	_	0	1	_	_	_	0	6 9	1	26
Utah	_	õ	2	1	_	_	Ő	1	1	_	9	12	35	48	16
Wyoming	—	0	0	_	—	—	0	0	_	—	_	0	4	5	5
Pacific	2	4	28	29	32	2	3	13	22	16	10	63	171	32	464
Alaska California	1	0	1	10	13	1	0	1 11	10	13	7	1 34	11 146	12	1 296
Hawaii	_	0	2		2	_	0	1		1	_	3	10	5	17
Oregon [†]		0	4	5	13	<u> </u>	0	2	1	1	_	7	26	9	131
vvasnington	1	0	25	5	4	1	0	11	2	1	3	12	59	6	19
American Samoa	U	0	1		_	U	0	1	U	U	U	0	0	U	U
Guam	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Puerto Rico	—	Ō	2		1	—	Ō	2	—	1	—	Ō	2	—	—
U.S. Virgin Islands	_	0	0	_	_	_	0	0		_	_	0	0	_	_

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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.

Max: Maximum.

<u> </u>		Rat	oies, anin	nal		Re	ocky Mou	ntain spot	ted fever			S	almonellos	is	
	Current	Previous	52 week	s Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	40	105	160	174	571	6	34	98	151	51	393	834	1,448	1,866	2,122
New England	_	13	33 13	25 5	56 10	_	0	1	_	_	4	40 9	76 25	58 10	89 18
Maine	_	1	4	3	4	Ν	ŏ	ŏ	Ν	Ν	_	3	8	1	7
Massachusetts	_	5	22	13	34	—	0	1	—	_	—	20	38	38	53
Rhode Island	_	0	4	1		_	0	1	_	_	4	2	12	4	4
Vermont [†]	—	1	7	2	6	—	0	0	—	—	—	1	10	2	7
Mid. Atlantic	9	18	40	51	49	—	2	8	—	3	22	94	185	171	243
New Jersey New York (Upstate)	N 5	12	0 24	N 30	N 18	_	0	6	_	1	12	16 22	45 102	35	53 29
New York City	_	0	3	_	3	—	Ő	2	_	1	2	24	43	55	82
Pennsylvania	4	7	22	21	28	_	1	6	_	1	8	30	61	81	79
E.N. Central	—	2	19	2	4	—	0	3	_	1	32	93	243	169	266
Indiana	_	0	3	_	1	_	0 0	1	_	_	19	9	71	22	9
Michigan	_	0	4	1	1	—	0	1	—	_	3	17	35	35	62
Wisconsin	_	0	3	_	_	_	0	3	_	_	10	15	52 45	80 25	58
W.N. Central	2	7	23	5	20	_	1	16	_	2	11	42	91	126	126
lowa	_	1	10	2	4	_	0	2	_	_	_	7	18	13	31
Kansas Minnesota	_	1	5	1	4	_	0	2	_	_	3	10	17 31	17 27	11 26
Missouri	—	1	7	—	3	—	1	14	—	2		14	40	57	38
Nebraska [†]		0	0	2	_	_	0	2	_	_	4	2	8	8	14
South Dakota		1	6		1	_	0	2	_	_	_	2	11	4	4
S. Atlantic	22	30	49	60	357	6	16	94	150	40	174	252	513	705	572
Delaware	_	0	0	_	_	_	0	2	_	_	_	2	9	5	4
Florida	14	0	0	14	201	_	0	1	1	2	2 82	99	230	э 299	218
Georgia	_	5	9	_	25	6	1	9	10	_	21	32	78	124	90
Maryland	8	6 9	16 19	5 21	25 36	_	2	7 87	4	1	8 54	14 26	39 114	52 183	50 118
South Carolina [†]	_	Ő	1	_	4	_	1	6	2	2	1	19	146	21	48
Virginia [†]	—	9	18	14	64	—	1	10	_	_	5	19	66	15	38
ES Control	2	2	0	12	6	_	5	25			36	54	124	122	129
Alabama [†]	2	1	5	4	6	_	0	9	_	_	29	12	39	62	49
Kentucky	_	0	3	—	—	—	0	1	—	_	1	7	26	19	13
Mississippi Tennessee [†]	1	0	1	9	_	_	0	3 19	1	1	6	13 14	66 40	12 39	17 49
W.S. Central	1	14	42	5	57	_	2	32	_	1	8	70	149	88	160
Arkansas	_	0	3	1	6	_	Ō	32	_	_	5	12	67	24	23
Louisiana	1	0	0	4	7	_	0	2	_	1	3	15	42	12 17	44 18
Texas [†]	_	12	39		44	_	Ő	7	_	_	_	34	88	35	75
Mountain	2	5	19	10	18	_	0	8	_	2	18	48	110	88	140
Arizona	2	3	11	10	16	—	0	8	_	_	10	13	28	42	49
Idaho†	_	0	12	_	_	_	0	2	_	_		2	43	43	11
Montana	_	0	3	—	—	—	0	1	—	_	4	2	16	13	6
New Mexico [†]	_	0	2	_	1	_	0	1	_	_	_	3	11	7	10
Utah	_	0	5	_		_	0	1	_	2	4	6	31	16	7
Wyoming	_	0	2		1	_	0	1	_			1	12	2	4
Pacific Alaska	1	4	15	3	4	_	0	2	_	1	88	101	238	329 10	398
California	1	3	15	3	4	_	ŏ	ĩ	_	1	81	76	206	274	314
Hawaii	_	0	0	—	—	—	0	0	—	_	2	5	15	20	51
Washington	U	0	0	U	U	_	0	0	_	_	3	9	23 31	6	10
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	_
C.N.M.I.	Ū	0	0	Ŭ	Ū	Ū	0	0	Ū	Ū	Ŭ	0	0	Ŭ	U
Guam Puerto Rico	_	0	0 6	9	7	N	0	0	N	N	2	U 8	23	3	23
U.S. Virgin Islands	_	0	0		_	_	0	0	_	_	_	0	0	_	

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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

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

	Shiga	a toxin-pro	ducing l	E. coli (S	STEC)†		SI	nigellosis			Strept	ococcal d	isease, inv	vasive, gi	oup A
	Current	Previous	52 week	s Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	21	48	154	50	103	108	273	454	632	799	78	80	151	373	415
New England	—	4	14	—	10	—	5	15	17	16	1	3	8	6	15
Connecticut	_	1	4 5	_	4	_	1	4	1	1	U	0	0	1	1
Massachusetts	_	2	8	_	6	_	3	9	15	13	_	2	6	3	11
New Hampshire	_	0	2	_	_	_	0	4	1	1	_	0	1	1	1
Rhode Island	_	0	2	_	_	_	0	6 4	_	1	1	0	3	1	2
	_	0	2	_	_	_	0	4		05		10	2	07	2
New Jersev	_	0	24 6	_	9	0	22 5	65 14	29	95 26		3	38 9	67	20
New York (Upstate)	_	2	13	_	2	6	5	31	18	11	5	4	16	23	26
New York City	_	0	2	—	1	—	7	22	9	53	_	3	9	8	12
Pennsylvania	_	2	8	_	4	_	2	48	2	5	6	5	12	36	30
E.N. Central	4	8	30 7	8	26 7	6	16 5	78 23	29 1	64 21	18	15	41 10	76 9	88 22
Indiana	2	1	7	4	_	2	1	56	3		11	1	9	13	4
Michigan	_	1	8	1	5	1	4	14	10	29	1	6	15	24	38
Unio Wisconsin	2	2	14 15	3	9	3	2	11	11	7	6	4	14	30	15 Q
WN Control	4	7	20	10	10	7	27	64	00	64	0	5	10	22	10
lowa	4	1	10	3	5		1	9	2	9	N	0	0	ZZ N	N
Kansas	_	1	4		1	3	4	20	8	3	1	0	.5	13	1
Minnesota Missouri	4	2	23	10	2	1	2	6	7	1	_	1	15		
Nebraska [§]	_	1	4	_	3	2	1	45 6	7	13	_	0	4	4	4
North Dakota	—	0	2	_		1	0	2	1	1	1	0	3	1	2
South Dakota	_	0	5	_	2	_	1	17	5	5	_	0	2	_	3
S. Atlantic	4	7	38	8	19	47	44	118	192	99	31	18	31	117	82
Delaware District of Columbia	_	0	2	_	_	_	0	2	1	_	_	0	2	2	_
Florida	4	1	31	8	5	27	20	66	93	48	5	5	12	31	27
Georgia	_	0	6	_	4	18	11	32	58	29	8	3	9	30	16
North Carolina	_	1	5 11	_	4	2	2	8 22	14	6	8	3	12	25 13	19
South Carolina [§]	_	ò	2	_	_	_	2	6	8	_	_	Ö	2	7	4
Virginia [§]	_	1	9	—	2	_	2	9	—	8	2	2	10	8	4
vvest virginia	_	0	1	_	_	_	0		_	_	_	0	5		1
E.S. Central	_	3	12	3	4	5	21	54	43	83	2	3	11	11	12
Kentucky	_	1	9	3		-	6	31	20	4	_	0	3	1	3
Mississippi	_	0	2	_			2	7	9	7	_	0	0		_
Iennessees		1	3		1	1	6	46	3	59	2	3	8	10	9
W.S. Central	1	2	9	1	5	3	58	121	62	123	1	6	15	27	15
Louisiana	_	0	2	_	2	_	2	11	6	16	_	0	2	_	2
Oklahoma	1	0	3	1	1	1	11	41	8	33	1	2	13	14	5
lexas ³		1	4		1	1	43	105	43	67		3	12	12	6
Mountain Arizona	1	5	15	4	8	3	16 9	47 29	19	57 30	12	12	28 16	38	81 41
Colorado	1	1	6	4	4	3	2	17	9	12	10	4	11	25	24
Idaho§	_	0	7	—	1	_	0	4	2	—	_	0	2		1
Montana Nevada§	_	0	2	_	_	_	0	1	_	7	_	0	0	_	_
New Mexico [§]	_	0	3	_	_	_	2	8	3	6	1	1	6	3	10
Utah	—	1	7	—	1	—	1	4	4	2	1	2	6	9	4
Wyoming		0	3		1		0	1	1			0	1	1	1
Pacific Alaska	7	6	52	13	4	31	40	99 1	143	198	—	2	8	9	15
California	5	1	6	11	_	25	35	90	121	179	_	0	0	_	_
Hawaii	_	0	.4	_	1	<u> </u>	1	4	4	4		2	8	9	15
Uregon [§] Washington		1	47		2	1 1	1	23 16	10	9	N	0	0	N	N
Amoricon Comos	~	· •	12	~	2	-+	~	0	,	5	11	0	0	11	11
C.N.M.I.	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
Guam	_	õ	õ	_	_	_	õ	õ	_	_	_	õ	õ	_	_
Puerto Rico	—	0	1	—	—	—	0	1	—	—	N	0	0	N	N
U.J. VII YIII ISIAHUS		U	U	_	_	_	U	U	_			U	U		

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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.

¹ Incidence data for reporting years 2005 and 2006 are provisional.
 ¹ Incidence data for reporting years 2005 and 2006 are provisional.
 ² Incidence data for reporting years 2005 and 2006 are provisional.
 ³ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

	Streptoc	occus pnei Drug res	<i>umoniae</i> , sistant. a	, invasiv II ages	e disease	Sı	vphilis, pri	marv & se	condarv			Varice	lla (chicke	(xoqn	
	Current	Previous	52 weeks	s Cum	Cum	Current	Previous !	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	46	47	90	244	262	90	163	212	525	636	703	547	1,778	3,403	2,415
New England		2	12	2	15	2	4	15 11	16	18	18	40	1,128	114	333
Maine	N	Ö	Ő	Ň	Ň	_	Ő	1	1	_	_	5	20	19	48
Massachusetts	—	1	6	_	14	2	2	5	13	18	_	28	86		278
Rhode Island	_	0	7	_	_	_	0	2 6		_		0	0	29	_
Vermont [†]	_	0	2	2	1	_	0	1	—	_	16	1	24	66	7
Mid. Atlantic	2	3	10	13	33	14	20	32	63	87	128	112	211	614	197
New Jersey	N	0	0	N	N	7	2	7	13	12	—	0	0	—	_
New York City	Ű	0	0	Ŭ	Ŭ	2	12	21	35	60	_	0	0	_	_
Pennsylvania	_	2	9	9	25	1	3	7	7	13	128	112	211	614	197
E.N. Central	10	11	31	63	45	19	16	40	74	47	427	124	463	1,729	1,101
Illinois Indiana	2	0	2 16	5	7	3	8	31	25 10	10	_	1	5 245	1	6
Michigan	_	1	3	3	8	8	1	8	13	4	79	81	351	468	802
Ohio	8 N	7	20	55	30	5	4	11	22	24	347	28	339	1,194	214
WN Control	IN	1	15		IN E	1	1 E	3	4	2	1	9	27	107	79
lowa	N	0	0	N	N		0	9		29	N N	0	0	197 N	9 N
Kansas	N	0	0	Ν	Ν	1	0	2	4	2	_	0	0	_	_
Minnesota Missouri	_	0	15 3	5	5	1	1	5 7	1 12	4 21	_	0	0 69	183	_
Nebraska [†]	_	Ő	1	_	_	_	ō	1	_	1		Ő	1	_	_
North Dakota	_	0	1	_	_	_	0	1	_	_	8	0	25	8	
S Atlantic	30	20	40	136	117	24	40	90	1/3	131	15	15	203	202	170
Delaware		20	40				40	2	4			45	203	202	3
District of Columbia		0	4	3			1	9	2	7	_	0	6	1	—
Georgia	12	5	34 18	59	43	12	7	29 47	/3	70	_	0	0	_	_
Maryland		0	0		-	3	6	19	21	14	_	0	0	_	_
North Carolina South Carolina [†]	N	0	0	N	N	8	4	17 8	33	24 5	8	0	0 41	52	
Virginia [†]	Ν	õ	õ	Ν	Ν	1	3	11	10	5	_	7	195	1	13
West Virginia	1	2	8	3	6	_	0	1	_		7	18	61	145	125
E.S. Central	3	3	13	13	17	7	9	18	31	40	_	0	0	_	_
Kentucky	_	0	5	1	3	2 1	1	4	6	1	N	0	0	N	N
Mississippi	_	0	0			—	0	5		5	_	0	0	_	—
Tennessee'	3	2	12	12	14	4	4	11	14	12	_	0	0	_	_
W.S. Central Arkansas	_	1	13	6	24 3	11 5	24 1	38	86	116	53 15	133	472 32	307	198
Louisiana	_	1	11	4	21	3	3	17	4	15		Ő	32		3
Oklahoma Texast	N	0	0	N	N	3	0	6 30	6 70	9 80		0 128	0	 272	105
Mountain	1	1	29	6	6	0	7	17	25	25	50	120	110	240	209
Arizona	N	0	20	N	N	9 6	3	13	15	10	- 54	47	0	240	- 390
Colorado	N	0	0	N	N	—	1	6	2	2	35	35	87	175	303
Montana	N	0	0	N	N	_	0	6	_	_	_	0	0	_	_
Nevada [†]	_	Ő	27	—	_	3	2	7	8	5		Ő	4	—	
New Mexico [†]	_	0	0	3	5	_	1	3	_	7	1 18	3	15 38	7 56	19 61
Wyoming	1	0	3	3	1	_	Ő	0	_	_		0	8	2	15
Pacific	_	0	0	_	_	2	33	56	70	143	_	0	0	_	_
Alaska		0	0		N		0 28	2 54		2 134	_	0	0	_	
Hawaii		0	0		IN		20	2	+/ 1	104	_	0	0	_	_
Oregon [†]	N	0	0	N	N	—	0	6	2	_		0	0		
	IN	U	0	IN	IN		2	11	20	6	IN	0	0	IN	IN
C.N.M.I.	_	0	0	_	_	U	0	0	U	U	U	0	0	U	U
Guam		Ō	Ō			_	Ō	Ō	_		_	Ō	0		
U.S. Virgin Islands	N	0 0	0	N	N	_	4 0	16 0	8	10		9	47 0	11	26

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (<u>5th Week)*</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.

140

	West Nile virus disease [†]													
			Neuroinvasi	ve			Non-neuroinvasive							
	Current	Previous	52 weeks	Cum	Cum	Currei	nt Previous	s 52 weeks	Cum	Cum				
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005				
Jnited States	—	0	152	_	—	—	1	201	_	1				
lew England	—	0	3	—	—	—	0	2	—	—				
	_	0	2	_	_	_	0	1	_					
/laine	_	0	0	_	_	_	0	1	_	_				
Jew Hampshire	_	0	0	_	_	_	0	0	_	_				
Rhode Island	_	ŏ	ĭ	_	_	_	ŏ	ŏ	_	_				
/ermont [§]	_	0	0	_	_	_	0	0	_	_				
lid Atlantic		0	٩	_	_	_	0	з	_	_				
lew Jersev	_	0	1	_	_	_	0	2	_	_				
lew York (Upstate)	_	õ	6	_	_	_	ŏ	1	_					
lew York City	_	0	2	_	_	_	0	2	_	_				
ennsylvania	_	0	3	_	_	—	0	2	_	_				
.N. Central	_	0	39	_	_	_	0	18	_	_				
linois	_	õ	25	_			õ	16	_	_				
ndiana	_	Ō	2	_	_	_	Ō	1	_	_				
lichigan	_	0	14	—	_	_	0	3	_	—				
Phio -	_	0	9	—	_	_	0	4	_	—				
/isconsin	—	0	3	—	—	_	0	2	—	_				
/.N. Central	_	0	26	_	_	_	0	77	_	_				
owa	_	Ō	3	_	_	_	Ō	5	_	_				
ansas	_	0	2	—	_	N	0	2	Ν	Ν				
linnesota	_	0	5	—	_	_	0	5	_	—				
lissouri	—	0	4	—	—	_	0	3	—	_				
ebraska ³	—	0	9	—	—	—	0	21	—	—				
orth Dakota	_	0	4	_	_	_	U	15	_	_				
OUIII Dakola	_	0	1	_	_	_	0		_					
. Atlantic	—	0	5	_	—	—	0	4	—	—				
elaware	_	0	1	_	_	_	0	0	_	_				
istrict of Columbia	—	0	0	_	—	_	0	0	_	—				
lorida	_	0	2	_	_	_	0	4	_	_				
larvland	_	0	2	_	_	_	0	1	_	_				
orth Carolina	_	0	1	_	_	_	0	1	_	_				
outh Carolina [§]	_	õ	i	_	_	_	ŏ	Ö	_	_				
irginia§	_	Ō	Ó	_	_	_	Ō	Ō	_	_				
/est Virginia	—	0	0	—	_	N	0	0	N	N				
S. Central	_	0	10	_	_	_	0	5	_	_				
labama§	_	õ	1	_	_	_	ŏ	2	_					
entucky	_	Ō	1	_	_	_	Ō	0	_	_				
ississippi	—	0	9	—	—	—	0	5	—					
ennessee§	_	0	3	—	_	_	0	1	_	—				
S. Central	_	0	29	_	_	_	0	19	_	1				
rkansas	_	ŏ	3	_			ŏ	2	_	<u> </u>				
ouisiana	_	Ō	18	_	_	_	Ō	7	_	1				
klahoma	_	0	6	—	_	_	0	3	_	—				
exas§	_	0	16	—	_	_	0	12	_	—				
ountain	_	0	16	_	_	_	0	39	_	_				
rizona	_	ŏ		_	_	_	ŏ	8	_	_				
olorado	_	Ō	5	_	_	_	Ō	13	_	_				
laho§	_	0	2	—	_	_	0	3	_	—				
ontana	_	0	3	—	_	_	0	9	_	—				
evada§	—	0	3	—	—	_	0	8	—	_				
ew Mexico ^s	—	0	3	—	_	_	0	4	—	—				
lan Nomina	_	0	6	_	_	_	U	୪ 1	_	_				
yoning	_	U	2	_	_	_	U	I	_	_				
acific	_	0	50	—	_	_	0	89	_	—				
laska	—	0	0	_	_	—	0	0	_	_				
alitornia	—	0	50	—	—	—	0	88	—	—				
awall	_	0	U 1	_			0	U	_	_				
legons	_	0	1	_	_		0	2	_	_				
asimiyion	_	0	0				U	U	_					
merican Samoa	U	0	0	U	U	U	0	0	U	U				
.N.M.I.	U	0	0	U	U	U	0	0	U	U				
uam uarte Pice	_	0	U	_	_	_	U	U	_	_				
S Virgin Jelanda	_	0	0	_	_	_	0	0	_	_				
VII UII I ISIAI IUS		0	0				0	0						

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

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: Maximul * Incidence data for reporting years 2005 and 2006 are provisional. * Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance). \$ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Max: Maximum.

TABLE III. Deaths in 122 U.S. cities.* week ending February 4, 2006 (5th Week)

	All causes, by age (years)								All causes, by age (years)						<u> </u>
Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total
New England	580	390	120	38	10	22	52	S. Atlantic	1,554	983	364	113	62	32	79
Boston, MA	150	83	36	10	6	15	13	Atlanta, GA	190	119	49	15	7	_	
Bridgeport, CT	33	24	8	1	_	_	3	Baltimore, MD	197	105	55	20	13	4	19
Cambridge, MA	10	14	4	_	_	_	2	Lacksonville, FL	102	91	24	12	7	3	10
Hartford CT	62	42	15	5	_	_	9	Miami Fl	111	77	21	9	3	1	5
Lowell. MA	21	19	1	1	_	_	1	Norfolk, VA	54	31	10	4	6	3	1
Lynn, MA	11	9	2	_	_	_	2	Richmond, VA	43	31	10	1	_	1	4
New Bedford, MA	33	19	10	2	2	_	3	Savannah, GA	66	42	17	7	_	—	7
New Haven, CT	44	31	8	5	_	—	7	St. Petersburg, FL	65	45	12	3	3	2	8
Providence, RI	61	41	10	4	2	4	3	Tampa, FL	192	135	38	12	3	4	6
Somerville, MA	6	5	_	1	_	_	_	Washington, D.C.	293	171	73	24	13	12	8
Springfield, MA	27	18	6	2	_	1	2	Wilmington, DE	20	17	3	_	_	_	5
Worcester MA	34 50	∠8 //1	1/	4	_	1	1	E.S. Central	945	640	212	55	19	19	73
	55	41	14	0			-	Birmingham, AL	202	138	46	9	6	3	15
Mid. Atlantic	2,098	1,479	411	124	40	42	143	Chattanooga, TN	99	70	20	2	1	6	7
Albany, NY	38	26	6	4	_	2	3	Knoxville, TN	109	77	22	6	1	3	4
Ruffalo NV	22	10	4		1		2	Momphis TN	120	04 01	20	10		∠ 1	12
Camden N.I	40	23	13	2	_	2	1	Mobile Al	106	76	17	10	2	1	11
Flizabeth N.I	13	10	3		_		2	Montgomery Al	52	35	10	6		1	7
Erie. PA	47	39	7	1	_	_	4	Nashville, TN	154	99	45	4	4	2	9
Jersey City, NJ	4	4	_	_	_	_	_	W/O Operational	1 740	1 107	000	101	05	-	101
New York City, NY	1,163	819	236	69	14	23	66	W.S. Central	1,740	1,107	386	184	35	34	121
Newark, NJ	55	20	18	11	5	1	6	Baton Bourge LA	52	34	12	3	2	1	13
Paterson, NJ	24	12	2	7		3	1	Corpus Christi TX	68	44	17	6		1	6
Philadelphia, PA	223	144	45	15	14	5	12	Dallas. TX	250	166	57	17	3	7	18
Pittsburgh, PA ^s	19	16	2	1	_	-	2	El Paso, TX	125	95	23	4	1	2	10
Reading, PA	∠o 1/1	∠ I 115	5 10	1		1	4	Fort Worth, TX	136	82	38	10	3	3	12
Schenectady NV	141	10	19		4	_	10	Houston, TX	412	255	101	36	11	9	25
Scranton, PA	36	31	3	2	_	_	2	Little Rock, AR	83	52	17	8	4	2	1
Syracuse, NY	101	76	20	3	2		8	New Orleans, LA ¹	U	0	U	U	U	U	U
Trenton, NJ	32	23	7	2	_	_	3	San Antonio, IX	215	142	49	10	5	3	22
Utica, NY	16	12	3	1	—	_	_	Tulsa OK	1/7	100	32	0	5	2	5
Yonkers, NY	18	16	1	1	_	—	3								
E.N. Central	2,125	1,436	455	146	44	44	145	Mountain	1,126	728	263	74	34	17	106
Akron, OH	55	37	16	2	_	_	2	Albuquerque, INM	170	109	40	16	4	1	21
Canton, OH	40	27	11	1	1	_	7	Colorado Springs CO	63	48	12	1	1	1	3
Chicago, IL	333	212	66	35	11	9	23	Denver CO	104	53	37	6	4	4	8
Cincinnati, OH	84	56	17	9	2	_	9	Las Vegas, NV	349	227	87	21	9	4	27
Cleveland, OH	263	181	49	21	0	6	10	Ogden, UT	46	38	5	1	_	2	4
Davton OH	100	101	43	6	1	1	14	Phoenix, AZ	227	134	51	19	12	2	22
Detroit MI	188	96	65	17	3	7	9	Pueblo, CO	33	29	3	1		_	3
Evansville. IN	54	44	7	2	_	1	4	Salt Like City, UT	106	69	23	9	3	2	12
Fort Wayne, IN	59	50	5	2	1	1	1	Tucson, AZ	U	U	U	U	U	U	U
Gary, IN	14	7	4	2	1	—	1	Pacific	1,712	1,151	386	107	37	31	154
Grand Rapids, MI	55	35	11	2	3	4	4	Berkeley, CA	21	12	8	1		—	4
Indianapolis, IN	208	141	44	11	8	4	13	Fresno, CA	95	62	28	4	1		7
Lansing, MI	36	27	5	3	1		10	Glendale, CA	10	10		_	_	_	_
Nilwaukee, WI	104	24	21	3	1	1	10	Honolulu, HI	84	65 55	14	4	1	1	11
Bockford II	45 61	43	13	2	1	2	2	Los Angeles CA	293	195	20 66	23	6	3	32
South Bend, IN	40	27	11	1	_	1	7	Pasadena, CA	40	31	7	1	_	1	6
Toledo, OH	102	69	27	5	_	1	12	Portland, OR	150	99	33	11	4	3	13
Youngstown, OH	65	50	10	4	1	_	5	Sacramento, CA	182	124	44	8	3	3	15
W.N. Control	100	326	110	27	10	7	38	San Diego, CA	185	123	40	8	9	5	23
Des Moines IA	430	52	14				8	San Francisco, CA	121	74	33	12	_	2	1
Duluth. MN	37	24	8	4	1	_	3	San Jose, CA	144	103	17	16	4	4	25
Kansas City, KS	3	1	2			_	1	Santa Cruz, CA	28	21	4	2	1	_	3
Kansas City, MO	87	50	26	6	3	2	7	Seattle, WA	123	/6	35	4	2	6	9
Lincoln, NE	52	33	14	2	1	2	2	Tacoma W/A	59	39	12	4	2	2	2
Minneapolis, MN	65	42	14	7	1	1	6		90	02	20	4	3	1	3
Omaha, NE	75	49	18	4	1	2	3	Total	12,376**	8,240	2,716	868	291	248	911
St. Louis, MO	50	35	11	2	2	_	5								
SI. Paul, MIN	45	32	10	2	1	_	3								
wichild, NO	10	8	2			_		1							

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 ¹ 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.
 ¹ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.





Beyond historical limits

* No rubella cases were reported for the current 4-week period yielding a ratio for week 5 of zero (0).
[†] Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/publications/mmwr*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop K-95, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone 888-232-3228.

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

All MMWR references are available on the Internet at http://www.cdc.gov/mmwr. Use the search function to find specific articles.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

☆U.S. Government Printing Office: 2006-523-056/40021 Region IV ISSN: 0149-2195

ATLANTA, GA 30333

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

PENALTY FOR PRIVATE USE \$300 RETURN SERVICE REQUESTED



FIRST-CLASS MAIL POSTAGE & FEES PAID PHS/CDC Permit No. G-284 The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/publications/mmwr*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop K-95, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone 888-232-3228.

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

All MMWR references are available on the Internet at http://www.cdc.gov/mmwr. Use the search function to find specific articles.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

☆U.S. Government Printing Office: 2006-523-056/40021 Region IV ISSN: 0149-2195

PENALTY FOR PRIVATE USE \$300 RETURN SERVICE REQUESTED OFFICIAL BUSINESS

PRESORTED STANDARD POSTAGE & FEES PAID GPO Permit No. G-26