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Advanced Cases of Coal Workers' Pneumoconiosis — Two Counties, Virginia, 2006

This report describes 11 newly identified cases of advanced coal workers' pneumoconiosis (CWP), including progressive massive fibrosis (PMF), in working coal miners from Lee and Wise counties in southwestern Virginia. PMF is a disabling and potentially fatal form of CWP, an occupational lung disease caused by the inhalation of coal mine dust. The continuing occurrence of advanced forms of CWP emphasizes the importance of comprehensive measures to control coal mine dust effectively and reduce the potential for inhalation exposures in coal mining.

The Federal Coal Mine Health and Safety Act of 1969 mandated dust limits in the mining environment to protect the respiratory health of coal miners (1) and created a health surveillance program for underground miners subsequently administered by the National Institute for Occupational Safety and Health (NIOSH). After dust levels were lowered, data from the surveillance program documented reductions in the prevalence of CWP among active coal miners (2). Nonetheless, during 1996–2002, clusters of rapidly progressive CWP were identified among miners in certain areas of the United States, predominantly in eastern Kentucky and western Virginia (3).

The advanced cases of CWP in southwestern Virginia described in this report were identified through the Enhanced Coal Workers' Health Surveillance Program (ECWHSP), which was initiated in March 2006 through collaboration between NIOSH and the Mine Safety and Health Administration (MSHA). ECWHSP, which uses a mobile examination unit to provide respiratory health evaluations in areas easily accessible to U.S. coal miners, aims to increase miner participation in surveillance for early detection of dust-related lung disease and to target areas for prevention. Standardized questionnaires, spirometry (lung-capacity testing), and chest radiography are administered according to NIOSH-specified

procedures. Radiographs are classified by NIOSH-certified B Readers according to the International Labour Office (ILO) International Classification of Radiographs of Pneumoconioses (4).

In March and May 2006, a total of 328 (31%) of the estimated 1,055 underground coal miners currently employed in Lee and Wise counties in Virginia were examined in ECWHSP surveys. The mean age of examined miners was 47 years (range: 21–63 years), and their mean tenure working in underground coal mines was 23 years (range: 0–41 years). A total of 216 (66%) had worked at the coal face (i.e., the cutting surface where coal is sheared from the wall and dust levels typically are greatest) for \geq 20 years. A total of 30 (9%) examined miners had radiographic evidence of pneumoconiosis (i.e., category 1/0 or higher profusion of small opacities*). Of these, 11 miners had advanced cases, including five with large opacities consistent with PMF and six with coalescence of small opacities on a background profusion of category 2.

Among the 11 miners with advanced cases, the mean age was 51 years (range: 39–62 years), the mean tenure in underground coal mines was 31 years (range: 17–43 years), and the mean number of years working at the coal face was 29 years

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^{*} The ILO classification categorizes the profusion of small opacities by comparing with standard radiographs using a 12-point scale from 0/– (normal) to 3/+ (greatest), and the presence and severity of large pneumoconiotic opacities (i.e., PMF) as stages A (least severe PMF), B, or C (most severe PMF).

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(range: 17-33 years) (Table 1). All 11 miners with advanced cases met radiographic criteria for rapidly progressive CWP (3). All reported at least one respiratory symptom, the most common being dyspnea (shortness of breath). Of the nine who had spirometry, four had abnormal results (Table 2).

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Editorial Note: In 1969, the Federal Coal Mine Health and Safety Act established a mandatory limit on respirable dust exposure that was intended to eliminate advanced forms of pneumoconiosis among U.S. coal miners (1). Nonetheless, the findings in this report indicate that 11 miners in Lee and Wise counties, including nine (i.e., miners 3–11) who had not worked before the 1969 limit was imposed, have advanced CWP. Identification of these cases corroborated previous findings of geographic clustering of rapidly progressive disease in western Virginia (3).

Based on an epidemiologic exposure-response model developed using data from a large population of U.S. underground coal miners (5), the expected number of cases of CWP with profusion category 2 or higher can be estimated for the 328 examined miners at exposure to various levels of coal mine dust. After 1974, average dust concentrations for coal-face miners in these counties, based on measurements reported to MSHA by mine operators, was 1.2 mg/m³ (Figure). Using the age and tenure for each of the 328 examined miners and applying different levels of respirable dust exposure to highvolatile (i.e., low or medium rank) bituminous coal, the expected number of cases of category 2 or higher CWP would be 3.7 cases at 1 mg/m³ and 5.5 cases at the current permissible exposure limit of 2 mg/m³ (for coal mine dust with <5%

TABLE 1. Age and tenure characteristics of 11 miners with advanced cases of coal workers' pneumoconiosis — Lee and Wise counties, Virginia, 2006

Miner	Age (yrs)	Year began coal mining	No. of years coal mining	No. of years working at coal face*
1	62	1963	43	33
2	61	1966	40	30
3	57	1970	36	36
4	52	1973	33	33
5	52	1973	33	33
6	54	1973	33	33
7	52	1974	32	29
8	46	1979	27	27
9	45	1981	25	25
10	42	1981	24	24
11	39	1989	17	17

* The cutting surface where coal is sheared from the wall and dust levels typically are greatest.

		Radiographic c	haracteristi	cs		
Miner	Year of radiograph*	Small opacity profusion category [†]	Large opacity category [†]	Other abnormalities	Respiratory symptoms	Spirometry results
1	1977	0/0	_			
	1994	0/0	—	—		
	2000	0/1	—	—		
	2006	2/2	—	ax§	Productive cough, wheeze, and dyspnea	Normal
2	1974	0/0	_	—		
	1995	0/1	—	—		
	2002	0/0	—	—		
	2006	1/2	Α	ax	Mild dyspnea	Obstruction [¶]
3	1974	0/0	_	_		
	2001	2/1	_	_		
	2006	2/3	—	ax	Dyspnea	Normal
4	1974	0/0	_	_		
	1980	0/0	_	_		
	1982	0/0	_	_		
	2001	1/2	_	—		
	2006	2/2	_	ax	Wheeze and dyspnea	Normal
5	1980	0/1	_	_		
	2006	2/3	Α	ax	Productive cough, wheeze, and dyspnea	Obstruction
6	1980	0/0	_	_		
	1982	0/1	_	_		
	2002	2/1	_	_		
	2003	1/2	_	_		
	2006	2/2	—	ax	Productive cough, wheeze, and dyspnea	Normal
7	1974	0/0	_	_		
	1995	1/2	_	_		
	2002	1/2	_	_		
	2006	2/2	_	ax	Wheeze	Restriction**
8	1992	0/0	_	_		
	2002	2/1	_	_		
	2006	2/2	В	ax	Productive cough and dyspnea	Not available
9	2000	0/0	_	_		
	2001	1/1	_	_		
	2004	1/2	А	_		
	2006	1/2	В	ax	Productive cough, wheeze, and dyspnea	Normal
10	1987	0/0	_	_		
	1995	0/0	_	_		
	2006	2/3	_	ax	Productive cough, wheeze, and dyspnea	Not available
11	1992	0/0	_	_		
	2006	1/2	В	ax	Cough and dyspnea	Restriction

TABLE 2. Clinical characteristics of 11 miners with advanced cases of coal workers' pneumoconiosis (CWP) — Lee and Wise counties, Virginia, 2006

Padiographia abarastaristica

* Under current federal regulations, mine operators are required to offer a radiograph, free of charge, to each underground miner when first hired and again at 3 years, and to offer radiographs to all continuing underground miners once every 5 years.

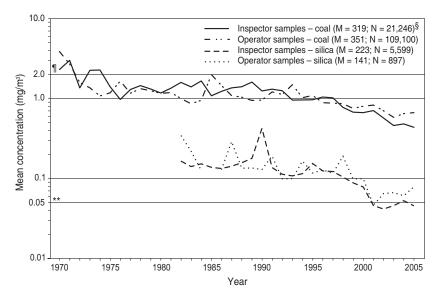
[†] The International Labour Office classification categorizes the profusion of small opacities by comparing with standard radiographs using a 12-point scale from 0/– (normal) to 3/+ (greatest), and the presence and severity of large pneumoconiotic opacities (i.e., progressive massive fibrosis [PMF]) as stage A (least severe PMF), B, or C (most severe PMF).

§ Coalescence of small opacities (4).

¹ Ratio of forced expiratory volume in 1 sec (FEV₁)/forced vital capacity (FVC) is less than the lower limit of normal (LLN), and FVC is greater than or equal to LLN. Obstruction typically results from airway diseases such as asthma, chronic obstructive lung disease, or emphysema.

** FEV₁/FVC is greater than LLNs, and FVC is less than LLN. Restriction typically results from scarring and inflammatory diseases of the lung tissue, such as pulmonary fibrosis or CWP.





* Data from Mine Safety and Health Administration (MSHA) coal mine inspector and mine operator samples.

 ${}^{\S}M$ = number of mines sampled; N = number of samples taken.

 ¶ MSHA permissible exposure limit for coal mine dust with <5% silica content.

** National Institute for Occupational Safety and Health recommended exposure limit for crystalline silica in coal mine dust.

silica content). This number of cases amounts to half the actual number of 11 advanced cases identified in this study, which is similar, as defined by the model, to the 11.9 cases that would be expected had the miners been exposed to an average dust concentration of 4 mg/m^3 .

Several reasons might explain the continued occurrence of advanced cases of CWP among miners. The current federal underground coal mine respirable dust limit of $2 \text{ mg/m}^3 \text{ might}$ be too high. In 1995, NIOSH concluded that the current limit would not eliminate advanced disease and established a recommended exposure limit (REL) of 1 mg/m^3 (6). In addition, although reported average coal mine dust levels during 1970–2005 were lower than the current 2 mg/m³ standard (Figure), and only approximately 2.5% of individual samples exceeded this value, previous studies have indicated that compliance measurements might be subject to systematic bias and underestimate actual exposures (7,8). Exposures to silica dust during coal mining also might contribute to acquiring advanced pneumoconiosis (9). Only since 2001 have mean levels of silica in coal mine dust for underground miners in Lee and Wise counties been reported as low as the NIOSH REL of 0.05 mg/m³ (Figure). During 1982–2000, approximately 65% of the silica air samples collected by MSHA inspectors in these counties exceeded the NIOSH REL.[†] Finally, the severity of disease might have been increased in part because of the toxicity of the coal being mined. NIOSH acknowledges that the risk for disease can vary with type of coal (*6*); however, the types of coal found in the two Virginia counties have not been previously associated with increased toxicity.

The findings in this report are subject to at least two limitations. First, participation was limited to 31% because of the time and resource constraints of the survey staff and other factors (e.g., equipment problems and a snowstorm). Second, migration between counties and frequent job changes are common among miners. At the time of the survey, only three of the 11 miners had worked for their current mine for >5 years. However, although these factors might have led to misestimation of the actual prevalence of CWP and PMF in this region, the occurrence of advanced cases of CWP among current miners should be considered a sentinel health event and justifies a comprehensive assessment of current dust-control measures.

NIOSH will expand medical surveillance activities in southwestern Virginia and elsewhere

and continue collaborations with MSHA to increase protection of coal miners. Detailed information regarding exposures, mining conditions, dust controls, and coal composition is needed to improve preventive measures. To assess the effectiveness of current prevention and enforcement strategies, NIOSH is reviewing dust-control plans and examining mining conditions (including airborne silica dust levels) in southwestern Virginia and other mining areas where rapidly progressive CWP has been identified. These activities will help NIOSH make appropriate recommendations to MSHA and other agencies and improve ongoing surveillance and intervention measures. Coal mine operators should strive to maintain the lowest possible dust levels, at least consistent with the current compliance limits for coal mine dust and silica and preferably below the NIOSH RELs.

Acknowledgments

This report was based, in part, on data collected and compiled by ECWHSP staff members.

[†] The cutting surface where coal is sheared from the wall and dust levels typically are greatest.

[†]Data from MSHA coal mine inspector and mine operator samples.

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Distribution of Insecticide-Treated Bednets During a Polio Immunization Campaign — Niger, 2005

The West African country of Niger (2005 population: approximately 14 million) is among the poorest in the world. In 2005, malaria was reported in approximately 760,000 persons and caused 2,000 deaths; however, surveillance has been inadequate, and the true numbers likely were even higher (1). In 2004, the overall mortality rate in Niger among children aged <5 years was 259 per 1,000 live births (2). At least 8% of these deaths likely were caused by malaria, and the actual proportion might be as high as 50% (3). In addition, Niger was one of only 10 countries with poliomyelitis during the first 3 months of 2006, and the risk for polio importation from neighboring Nigeria is high. Routine polio vaccination coverage remains low in Niger; in 2003, coverage with 3 doses of oral poliovirus vaccine (OPV) was 54% (4,5). To reduce the prevalence of malaria and bolster polio eradication measures, Niger's Ministry of Health, with support from international partners,* launched a nationwide integrated health campaign

in 2005. In coordination with a supplemental immunization activity (SIA) distributing OPV, long-lasting insecticide-treated bednets (ITNs)[†] for malaria prevention were provided free of charge to mothers of children aged <5 years. In sub-Saharan Africa, ITNs have reduced all-cause mortality in children aged 1–59 months by 17% (6). This was the second such national campaign worldwide; the first was conducted in Togo in December 2004 (7). This report describes findings from a survey of Niger's integrated health campaign and highlights differences with the campaign in Togo.

Niger's campaign occurred in three phases. During November 12-17, 2005, in all eight regions of the country, OPV and vitamin A were distributed to children aged <5 years during a house-to-house SIA. At the same time, in a trial run, bednets were distributed to selected areas before the full-scale distribution began. The second phase of the campaign occurred during December 19-24, 2005, in seven of the eight regions of Niger. Using a house-to-house approach for optimal coverage, 3,850 Niger Red Cross volunteers and approximately 16,000 vaccinators and community health workers administered OPV to children aged <5 years. Field workers marked the thumbnails of mothers whose children had been vaccinated and provided the mothers with vouchers for a free bednet. Because of the long distances, sparsely distributed population, and bulkiness of bednet bundles, delivering them to individual households was not feasible; therefore, the nets were distributed to mothers at posts within approximately 5 km of each village. Mothers presented their vouchers and nail markings to redeem an ITN 1-5 days after their child's vaccination. The third phase of the campaign occurred during March 17-21, 2006, in the eighth region (Niamey), where eligible mothers redeemed ITN vouchers at fixed posts. At the same time, a "mop-up" campaign was conducted in the rest of the country to distribute bednets to mothers who had received vouchers but not a bednet in December. All phases of the campaign were advertised in several ways, including through national media, Niger Red Cross volunteers and local leaders, and health centers. During ITN distribution, field staff members and clinic health workers promoted bednet usage.

A cross-sectional household survey was performed 1 month after the December ITN distribution during January 23– February 17, 2006, a period of low malaria transmission during the dry season. The survey assessed delivery of services in the first seven regions (those in which the ITN distribution had occurred by the time of the survey). Using a stratified, two-stage cluster sample design, two districts were selected

^{*}Including the World Health Organization, International Federation of Red Cross and Red Crescent Societies, Canadian Red Cross, and Rotary International.

[†]Unlike conventional ITNs, which have to be retreated periodically with insecticide, long-lasting ITNs are impregnated with insecticide intended to last the life of the net.

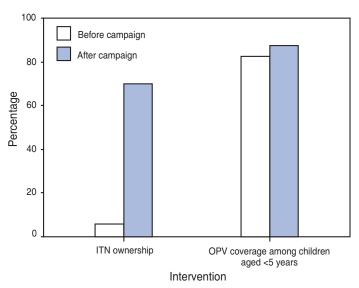
per region (with probability proportional to estimated population size) and eight enumeration areas per district; 16 households were randomly selected per enumeration area, plus nine additional households, for a total of 1,801 households.

Respondents in 88.7% of the 1,801 surveyed households reported that they had heard about the integrated campaign.[§] A total of 2,633 children aged <5 years were included in the survey. Respondents reported that 82.3% of the children had received ≥ 1 dose of OPV before (or independent of) the integrated campaign (Figure). During the campaign, 87.3% (95% confidence interval [CI] = 85.1%-89.5%) received OPV (range among regions: 81.8%–95.5%). In November, 83.8% (CI = 81.8%–85.8%) of children had received vitamin A. Before the campaign, 6.0% (CI = 4.1%–7.9%) of households with children aged <5 years owned an ITN. After the campaign, 69.9% (CI = 63.6-76.3%) of households with children aged <5 years owned an ITN (range among regions: 58.2%-84.4%). An equity ratio also was calculated.⁹ For households with children aged <5 years, the equity ratio for household ITN ownership was 0.36 before the campaign and 0.83 afterward.

§ Percentages were weighted based on probability of selection.

⁹ The ratio of intervention coverage proportions in the poorest quintile to the coverage in the wealthiest quintile of included households; thus, the closer the ratio was to 1, the greater the equity.

FIGURE. Insecticide-treated bednet (ITN) ownership* and oral poliovirus vaccine (OPV) coverage, before and after second phase[†] of campaign — Niger, 2005–2006



* In households with children aged <5 years. [†] The second phase of the campaign took place December 19–24, 2005, and included seven of eight regions of Niger. OPV was provided to children aged <5 years, and ITN vouchers and thumbnail markings were provided to mothers of eligible children. A cross-sectional household survey was performed 1 month after the second phase, during January 23-February 17, 2006.

Of the 1,601 mothers with children aged <5 years, 69.3% reported receiving an ITN during the December phase. The most common reasons cited by the remaining 30.7% for not receiving an ITN were that no more bednets were available at the post (34.2%), campaign personnel never came to the village (9.3%), or the mother did not receive the nail marking needed to receive an ITN (7.1%). When asked about the voucher and nail-marking process, 20% of all eligible mothers said they did not receive nail markings, and 31.1% said that they did not receive vouchers. Of the 68.1% who received both nail markings and vouchers, 91.1% received a campaign bednet.

After the campaign, bednet usage was low; respondents in 20.3% of all households reported they had hung an ITN the preceding night. Of the children included in the survey, 15.4% (range among regions: 8.3%-38.5%) were reported to have slept under an ITN the preceding night. In households with an ITN, 21.8% of children slept under it the preceeding night.

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Editorial Note: The national ITN integrated health campaign in Togo and district-level campaigns in Ghana, Mozambique, Tanzania, and Zambia have demonstrated that integrating ITN distribution with an immunization activity can improve ITN ownership rapidly and equitably and help bring African nations closer to achieving the objectives of Roll Back Malaria** and United Nations Millennium Development Goals (8).^{††} Survey results indicate that the integrated campaign in Niger rapidly increased ITN ownership. Approximately 2 million ITNs, at a cost of \$4.16 per net, were distributed free of charge, with a resultant increased equity in ITN ownership among poorer and wealthier persons.

Although Niger's campaign reached 2 million persons, Togo's OPV coverage and ITN distribution among eligible children was higher: 93.7% (CI = 91.4%–96.1%) for OPV and 90.8% (CI = 88.1% - 93.4%) for ITNs (7). Certain geographic and demographic differences might help explain the disparity. Niger is approximately 22 times the size of Togo, and 80% of the terrain is desert, which makes travel difficult (9). Furthermore, the widely dispersed, often migrant population of Niger

^{**} The Roll Back Malaria Partnership, launched in 1998, aims to decrease malaria mortality by 50% by 2010 and by another 50% by 2015.

^{††} The goals include reducing by two thirds the mortality rate for children aged <5 years and decreasing the incidence of malaria and other major diseases.

is twice as large as that of Togo; because of food shortages, migration likely increased during the period before the campaign (9). Because of these factors, estimating initial ITN needs and resupplying fixed posts was difficult. These logistical factors might explain the reason some mothers did not receive ITNs even though their children had been vaccinated. In addition, culture and religion might have been a barrier; in some areas of Niger, women need permission from their husbands to leave the house.

Differences between the campaign protocols might also have contributed to increased coverage in Togo. In addition to providing OPV vaccination and ITNs, Togo's campaign included measles vaccination and mebendazole deworming treatment, which might have encouraged participation (Table). In Togo, ITNs were directly distributed to participants at the time of vaccination. Niger used a more complicated voucher and nailmarking system, possibly decreasing ITN distribution; 31.9% of eligible mothers did not receive vouchers, nail markings, or either. The Niger strategy involved marking thumbnails of all mothers (and vaccinating their children) and providing vouchers, which had to be retained and redeemed at a later date by the mothers. Such difficulties in the voucher strategy need to be weighed against the possible benefits; for example, providing vouchers for ITNs during vaccinations might encourage vaccination program participation.

Although the distribution campaign increased ITN ownership in households with children aged <5 years from 6% to nearly 70% by the end of the campaign, bednet usage was low. Low usage was not completely unexpected, because the survey was conducted during the dry season, which has few mosquitoes and low, although ongoing, malaria transmission. Nonetheless, bednet usage was higher in Togo (43.5%) than in Niger (15.4%) during the dry season (7,8). Unlike in Togo, which has a dry season of approximately 4 months, Niger's dry season lasts approximately 8 months (October–May), and this survey was conducted midway through the dry season. A follow-up survey during the rainy season might indicate higher usage rates, as was the case in Togo (V. Takpa, Togo Ministry of Health, unpublished data, 2005). In addition, community outreach is advisable to encourage increased bednet usage before the rainy season (June–September).

Integrating free ITN distribution with an immunization campaign seems an effective way for Niger to increase ITN ownership rapidly without decreasing OPV coverage. Because of the similarities between the malaria and immunization programs in terms of target groups, field staff, and logistical requirements, coordination between these programs can minimize the costs and maximize the benefits of service delivery (10). The population of Niger is sparsely distributed and difficult to reach; therefore, a house-to-house approach was needed to ensure high OPV coverage. Field staff should consider whether OPV could be administered at posts in more densely populated areas or whether house-to-house bednet distribution (rather than at fixed posts) is feasible. Future investigations will focus on how such campaigns can increase bednet usage in addition to ownership. Although these concerns should be addressed, the successful integration of ITN distribution with an immunization campaign in Niger suggests that such national campaigns are feasible in other large African nations.

Characteristic Niger Togo First phase: November 12-17, 2005 December 13-19, 2004 Date Second phase: December 19-24, 2005 Third phase: March 17-21, 2006 <5 yrs Age of eligible children 9-59 mos Insecticide-treated bednet (ITN) Eligible mother (i.e., with at least one child aged <5 yrs) Age-eligible child recipient Additional services provided Oral poliovirus vaccine (OPV) and vitamin A distribution OPV, measles vaccination, and mebendazole distribution Location of service delivery OPV and vitamin A at households; ITNs at fixed posts Fixed posts for all services approximately 5 km from household ITN vouchers and thumbnail marking* Yes No OPV: 87.3%; ITNs: 69.3%; vitamin A: 83.8% OPV: 93.7%; ITN: 90.8%; mebendazole: Service coverage 92.7%; measles vaccine: 93.1% % of children aged <5 yrs who used 15.4% 43.5% ITNs preceding night

TABLE. Comparison of integrated health campaigns — Niger and Togo, 2004–2006

*At the time of vaccination, field workers marked thumbnails of mothers whose children had been vaccinated and distributed vouchers for a free ITN.

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National Laboratory Inventory for Global Poliovirus Containment — European Region, June 2006

In May 1999, the World Health Assembly reaffirmed the commitment of the World Health Organization (WHO) to eradicate poliomyelitis and urged all member states to begin the process leading to the laboratory containment of wild poliovirus (WPV) (1). The WHO global action plan for laboratory containment of WPV begins with a survey of all biomedical facilities (Phase I). The purpose of the survey is to alert institutions and facilities to the need for containment, encourage reduction of WPV materials, and develop a national inventory of facilities holding such materials. The objective of Phase I is to provide a facility database for use in all subsequent steps toward global poliovirus containment. This report describes completion of Phase I containment by the European Region, the first of the six WHO regions to accomplish this goal.

In 1999, the European Regional Office (EURO) initiated the containment process with 1) a pilot inventory of WPV materials in the 37 national laboratories in the European Region Polio Laboratory Network and 2) collaborative pilot surveys in five countries (France, Germany, Netherlands, Russia, and the United Kingdom). In January 2000, the European Regional Commission for the Certification of the Eradication of Poliomyelitis (RCC) approved the Action Plan for Laboratory Containment of Wild Polioviruses in the WHO European Region (2). As a result, in February 2000, EURO sent a letter to the ministries of health (MOHs) of the 52 member states announcing the containment initiative and asking each country to nominate a national task force on containment, a national containment coordinator, or both, and to prepare national plans of action. In addition, in May 2000, EURO distributed Guidelines for Implementation of Laboratory Containment of Wild Polioviruses (3), including sample letters, questionnaires, and inventory forms. During 2000– 2005, EURO provided daily technical guidance, sponsored 46 consultant visits, and convened eight subregional containment workshops to assist countries during the Phase I process.

Strategies for generating the facility database differed among countries according to population size, administrative and health infrastructure, and economic development. To ensure the database included all facilities that might have infectious or potentially infectious WPV materials, facility lists were compiled from telephone directories, the Internet, purchased lists from vendors, professional organizations, advice from consultants, and data from MOHs. Facilities listed included hospitals, universities and other schools, water companies, private laboratories, private industries, vaccine producers, and nutrition research laboratories. Preexisting national lists of biomedical diagnostic laboratories were available in 43 countries where registration is required by law. Lists outside the health sector were compiled with the assistance of other government ministries responsible for environmental control, agriculture, natural resources, economic affairs, and defense. The use of multiple lists helped ensure that the database was comprehensive.

The most commonly used survey method consisted of two stages. In the first stage, all laboratories in the national database received a letter from the appropriate health authority 1) describing the containment initiative, 2) defining infectious* and potentially infectious[†] WPV materials, and 3) asking laboratories to complete an attached return form to declare whether such materials were present or had been destroyed. Facilities that failed to return the form within the prescribed period were recontacted by letters, telephone calls, or site visits. Facilities that reported WPV materials received a second letter reminding them of the importance of working with such materials under biosafety level 2 conditions as described in

^{*} Clinical materials from confirmed WPV (including vaccine-derived poliovirus) infections, environmental sewage, or water samples in which such viruses are present, and replication products of such viruses (e.g., cell culture isolates, reference stocks, and laboratory derivatives) (1).

[†] Feces, respiratory secretions, environmental sewage, and untreated water samples of unknown origin or collected for any purpose at a time and in a geographic area where presence of WPVs (including vaccine-derived polioviruses) was suspected, and the products of such materials in poliovirus-permissive cells or animals (1).

the WHO Global Action Plan for Laboratory Containment of Wild Polioviruses (1) and requesting additional details on the nature and amount of materials for development of the national inventory. Facilities that failed to respond within the allotted time were recontacted.

Seventeen countries with highly centralized health systems excluded all basic clinical services laboratories because they did not have freezer storage capacity. The largest numbers of laboratories in this category were in Russia (29,336) and Kazakhstan (1,172). In other countries, all clinical service laboratories were excluded after the survey had determined that laboratories in this category lacked freezer storage capacity and did not retain clinical materials or products of materials. Private diagnostic laboratories in France were excluded because of existing regulations that required destruction of clinical samples after 1 week. The survey process in 45 countries was facilitated by MOH authority granted by existing health laws and regulations. Five countries amended regulations or developed new regulations to provide MOH authority to conduct the survey. France and Switzerland, both of which use inactivated poliovirus vaccine, included questions in their surveys regarding Sabin poliovirus materials in addition to WPV materials.

By March 2006, all 52 member states of the European Region had completed national surveys covering a total of 55,748 laboratories. Twenty-seven countries reported neither infectious nor potentially infectious WPV materials. Twentyfive countries reported a total of 265 laboratories in 164 institutions with infectious (116 laboratories) and potentially infectious (149) WPV materials. The majority of the laboratories retaining WPV materials were located in Western Europe, with the highest number of laboratories in the United Kingdom (103), followed by France (56), Germany (22), and Switzerland (13). Thirteen of the 25 countries with WPV materials reported one or two laboratories retaining WPV materials. Universities constituted the highest percentage of institutions retaining such materials, followed by public health institutions and hospitals. In 20 countries, one or more laboratories reported destroying all previously retained WPV materials during the course of the survey.

Each country submitted national documentation of survey and inventory quality to EURO in accordance with WHO Guidelines for Documenting the Quality of Phase I Wild Poliovirus Laboratory Containment Activities (4). National documentation was assessed by two independent panels of laboratory professionals convened by EURO. The first panel assessed documentation for survey and inventory deficiencies and assessed the need for additional information. The second panel reviewed the revised submissions from each country and made recommendations to EURO and RCC to approve or to request additional information before approval. In June 2006, RCC accepted the EURO containment report and declared Phase I complete.

Reported by: World Health Organization Regional Office for Europe, Copenhagen, Denmark. Immunization, Vaccines, and Biologicals Dept, World Health Organization, Geneva, Switzerland. Global Immunization Div, National Center for Immunization and Respiratory Diseases (proposed), CDC.

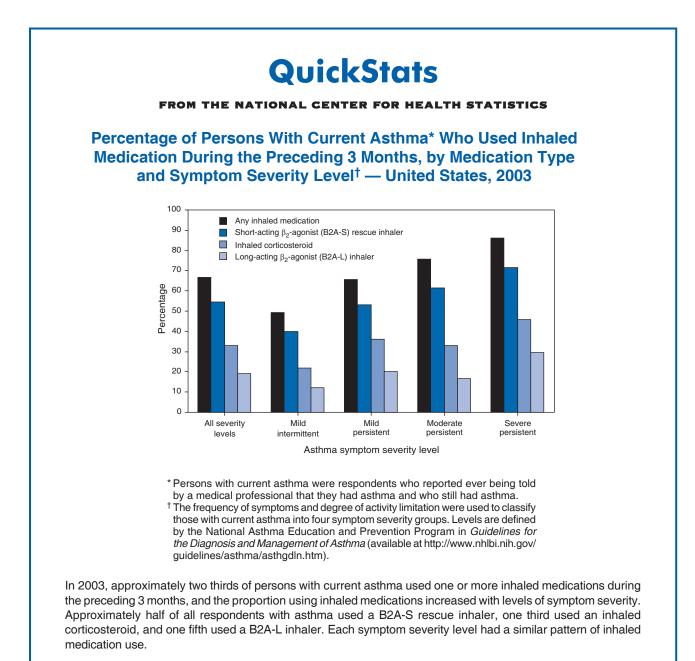
Editorial Note: The European Region is the first WHO region to have completed Phase I of the WHO plan for laboratory containment of WPVs. In the WHO Western Pacific Region, all but two countries (China and Japan) have completed Phase I. The WHO Americas Region aims to complete the survey and inventory by the end of 2006. In total, Phase I activities have been completed in 100 (74%) of the 135 countries in the three WHO regions certified as polio free (i.e., the Americas, European, and Western Pacific regions). In addition, all countries that did not report polio in 2005 in the WHO South East Asia and Eastern Mediterranean regions have reported completion of the survey and inventory. Containment activities in the African Region are primarily focused on countries in the southern and eastern parts of the continent, with seven countries reporting completion of Phase I. Poliovirus containment activities are now an integral component of polio eradication in countries of all six WHO regions. In all WHO regions to date, results of the facility survey and inventory indicate that countries appreciate the necessity for post-eradication poliovirus destruction and containment. The majority of countries have indicated their intention to destroy WPV materials once eradication has been achieved.

Since publication of the second edition of the WHO Global Action Plan for Laboratory Containment of Wild Polioviruses in 2004 (1), WHO has established the goal for all countries to stop routine use of oral poliovirus vaccine (OPV) when WPV circulation is interrupted (5). Achieving that goal depends largely on assurances from each country that sufficient safeguards exist to ensure that facility-associated risk for reintroduction of wild or OPV/Sabin polioviruses will not outweigh the benefits of OPV cessation.

The forthcoming third edition of the WHO Global Action Plan to Minimize Poliovirus Facility-Associated Risk in the Post-Eradication/Post-OPV Era (6) proposes to 1) minimize facilityassociated poliovirus risk by destroying WPV and Sabin poliovirus strains in all facilities, except in <20 facilities worldwide that serve essential functions (e.g., vaccine production, quality control, reference, or research) and 2) meet all safeguards against transmission. In the third edition, the components of Phase I are unchanged, as are the objectives associated with the facility database and inventory. Phase II, which will begin upon completion of the Phase I national surveys and inventories, will provide guidance to countries for establishing long-term national policies for post-eradication/post-OPV cessation and regulations to enforce these policies.

References

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- 4. World Health Organization. WHO guidelines for documenting the quality of Phase I wild poliovirus laboratory containment activities. Geneva, Switzerland: World Health Organization; 2003.
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SOURCE: 2003 National Asthma Survey. Available at http://www.cdc.gov/nchs/about/major/slaits/nas.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 19, 2006 (33rd Week)*

	Current	Cum	5-year weekly	Total	cases rep	orted for	previou	s years	
Disease	week	2006	average [†]	2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	_	1	_	_	_	_	2	23	
Botulism:		-					_		
foodborne	_	3	1	19	16	20	28	39	
infant	_	51	2	90	87	76	69	97	
other (wound & unspecified)	_	37	1	33	30	33	21	19	
Brucellosis	4	64	3	122	114	104	125	136	GA (1), FL (1), CA (2)
Chancroid	_	21	0	17	30	54	67	38	
Cholera	_	4	0	8	5	2	2	3	
Cyclosporiasis§	2	75	5	734	171	75	156	147	GA (2)
Diphtheria	—	—	0	_	—	1	1	2	
Domestic arboviral diseases ^{§,1} :									
California serogroup	—	5	7	78	112	108	164	128	
eastern equine	—	1	1	21	6	14	10	9	
Powassan	—	_	0	1	1	—	1	N	
St. Louis	—	2	4	10	12	41	28	79	
western equine	—	—		—	—	_	—	_	
Ehrlichiosis [§] :									
human granulocytic	9	195	16	790	537	362	511	261	NY (9)
human monocytic	13	212	11	522	338	321	216	142	NY (3), MO (1), MD (1), NC (3), AR (5)
human (other & unspecified)	2	50	2	122	59	44	23	6	NC (1), TN (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):			-	_					
serotype b	_	_4	0	9	19	32	34	—	
nonserotype b	_	55	3	135	135	117	144	_	
unknown serotype	5	129	3	217	177	227	153		OH (1), FL (1), AZ (2), CA (1)
Hansen disease [§]	2	39	1	88	105	95	96	79	FL (1), CA (1)
Hantavirus pulmonary syndrome [§]	_	21	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal [§]	2	105	6	221	200	178	216	202	VT (1), WA (1)
Hepatitis C viral, acute	6	493	35	771	713	1,102	1,835	3,976	NY (1), MD (1), VA (1), NC (1), FL (1), WA (1)
HIV infection, pediatric (age <13 yrs) ^{§,††}	_	52	4 0	380	436	504	420	543	
Influenza-associated pediatric mortality ^{§,§§,} 11	14	41 354	20	49 892	753	N 696	N 665	N 613	
Listeriosis	14	354	20	892	/53	696	600	013	ME (1), NY (2), PA (1), OH (2), IN (1), MI (1), MD (1), VA (1), NC (1), TN (1), CA (2)
Measles	1***	29	1	66	37	56	44	116	MD (1), VA (1), NO (1), TN (1), OA (2) MO (1)
Meningococcal disease, ¹¹¹ invasive:		23		00	57	50		110	
A, C, Y, & W-135	1	142	4	297	_	_	_	_	WA (1)
serogroup B	2	96	1	157	_	_	_	_	VA (1), WA (1)
other serogroup	_	13	0	27	_	_	_	_	
Mumps	12	5,490	6	314	258	231	270	266	KS (8), FL (1), UT (1), CA (2)
Plague		5	Ő	8	3	1	2	2	
Poliomyelitis, paralytic	_	_	_	1	_		_	_	
Psittacosis [§]	_	12	0	19	12	12	18	25	
Q fever [§]	2	88	1	139	70	71	61	26	MO (2)
Rabies, human	_	1	0	2	7	2	3	1	
Rubella	_	5	Ō	11	10	7	18	23	
Rubella, congenital syndrome	_	1	_	1	_	1	1	3	
SARS-CoV ^{§,§§}	_	_	_	_	_	8	N	N	
Smallpox§	_	_	_	_	_	_	_	_	
Streptococcal toxic-shock syndrome§	1	71	1	129	132	161	118	77	MT (1)
Streptococcus pneumoniae.§									
invasive disease (age <5 yrs)	11	704	7	1,257	1,162	845	513	498	IN (10), WV (1)
Syphilis, congenital (age <1 yr)	6	164	7	361	353	413	412	441	NY (1), MI (5)
Tetanus	_	15	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococc	al)§ 1	58	2	96	95	133	109	127	PA (1)
Trichinellosis	· _	9	0	19	5	6	14	22	· ·
Tularemia [§]	3	50	4	154	134	129	90	129	MO (1), KS (1), CA (1)
Typhoid fever	6	161	9	324	322	356	321	368	VA (1), NC (1), AZ (1), CA (3)
Vancomycin-intermediate Staphylococcus aure	əus§ —	2	—	2	_	Ν	N	N	•••
Vancomycin-resistant Staphylococcus aureus§	—	_	—	3	1	Ν	Ν	N	
Yellow fever		_	_	_	_	_	1	_	

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

* Incidence data for reporting years 2005 and 2006 are provisional, whereas data for 2001, 2002, 2003, and 2004 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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (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, Viral Hepatitis, STDs, and Tuberculosis Prevention (proposed). 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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

11 A total of 46 cases were reported since the beginning of the 2005-06 flu season (October 2, 2005 [week 40]).

*** One measles case was reported from another country for the current week.

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

			Chlamyd	lia†			Coccid	lioidomy	cosis			Cryp	otosporio	liosis	
		Pre	vious				Prev	vious				Pre	vious		
Reporting area	Current week	<u>52 v</u> Med	veeks Max	Cum 2006	Cum 2005	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005	Current week	52 v Med	veeks Max	Cum 2006	Cum 2005
United States	11,916	18,811	35,170	587,942	608,333	101	149	1,643	5,441	2,577	134	66	860	1,922	2,004
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island	468 	631 170 43 290 35 65	1,550 1,214 74 469 64 95	19,996 5,660 1,394 9,131 1,094 2,035	20,426 6,244 1,350 8,936 1,170 2,111	N N 	0 0 0 0 0	0 0 0 0 0	N 	N 	1	4 0 2 1 0	35 14 3 15 3 6	118 14 17 45 12 4	129 12 18 63 15 3
Vermont [§] Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	8 1,497 444 476 577	19 2,344 360 502 750 746	43 3,696 500 1,727 1,594 1,075	682 73,948 10,765 14,852 23,743 24,588	615 74,033 12,367 14,702 23,977 22,987	N N N N	0 0 0 0 0	0 0 0 0 0	N N N N	N N N	1 9 3 6	0 10 0 3 2 5	5 597 8 561 15 21	26 270 7 78 38 147	18 263 20 82 55 106
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	1,762 548 429 674 14 97	3,121 975 403 591 753 397	12,578 1,686 552 9,888 1,446 531	96,544 31,517 12,636 20,156 20,145 12,090	101,351 31,661 12,514 16,634 27,783 12,759	 	0 0 0 0 0 0	3 0 3 1 0	30 — 26 4 N	5 N 5 N	33 — 1 29 1	15 2 1 2 5 5	162 16 13 7 109 38	477 46 36 68 178 149	502 80 27 57 112 226
W.N. Central Iowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	822 93 253 6 260 158 6 46	1,141 153 157 234 435 92 33 52	1,456 225 269 343 563 176 58 117	36,968 5,100 5,157 6,780 13,986 3,270 1,004 1,671	37,256 4,399 4,620 7,819 14,373 3,281 1,019 1,745	N N N N N N	0 0 0 0 0 0 0	12 0 12 0 1 0 0	N N N N N N	4 N 3 1 N N	16 7 3 6 	10 1 3 2 1 0 0	52 11 5 22 37 4 4 4	309 52 38 99 64 27 6 23	339 76 20 62 152 13 — 16
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	2,110 57 	3,287 70 57 905 616 352 557 286 425 59	4,924 92 103 1,094 2,142 486 1,772 1,306 840 226	110,952 2,249 1,541 30,443 17,119 11,189 20,546 11,051 14,744 2,070	113,310 2,086 2,365 27,504 19,665 11,721 21,163 12,025 15,144 1,637		0 0 0 0 0 0 0 0 0	1 0 0 0 1 0 0 0 0 0	2 N N 2 N N N N	1 N N 1 N N N	39 	14 0 6 3 0 1 0 1 0	54 2 3 28 9 4 10 4 8 3	420 2 10 189 104 11 53 23 24 4	321 5 142 80 16 35 11 26 6
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	792 53 106 101 532	1,420 375 160 380 495	1,941 754 402 801 614	46,595 12,798 5,829 12,051 15,917	44,598 9,764 6,017 14,122 14,695	N N N	0 0 0 0	0 0 0 0	N N N	N N N	2 2 	3 0 1 0 1	29 5 25 1 4	79 29 22 8 20	64 17 24 23
W.S. Central Arkansas Louisiana Oklahoma Texas [§]	1,798 115 103 161 1,419	2,116 162 265 226 1,360	3,605 340 761 2,159 1,775	67,863 4,812 9,616 7,064 46,371	71,986 5,158 12,557 6,867 47,404	 N	0 0 0 0	1 0 1 0	 	 N N N N	2 2 	4 0 1 2	30 2 21 2 19	91 13 7 22 49	82 2 21 30 29
Mountain Arizona Colorado Idaho [§] Montana Nevada [§] New Mexico [§] Utah Wyoming	560 389 — 34 — 103 34	1,045 365 171 51 44 79 165 93 26	1,839 642 482 159 195 432 338 136 55	30,326 11,445 3,510 1,773 1,593 2,298 5,833 3,049 825	39,993 13,897 9,471 1,643 1,435 4,583 5,486 2,781 697	89 89 N N 	114 111 0 0 1 0 1 0	452 448 0 0 4 2 3 2	3,844 3,778 N N 21 8 35 2	1,671 1,602 N N 44 13 10 2	32 — 1 26 — 1 4	2 0 1 0 0 0 0 0	9 2 6 2 4 1 3 3 3	113 14 25 9 38 3 7 7 10	81 8 23 9 12 11 8 8 2
Pacific Alaska California Hawaii Oregon [§] Washington	2,107 75 1,474 250 308	3,250 85 2,547 104 172 350	5,079 152 4,231 135 315 604	104,750 2,676 82,199 3,126 5,479 11,270	105,380 2,623 81,862 3,441 5,542 11,912	12 — 12 N N N	43 0 43 0 0 0	1,179 0 1,179 0 0 0	1,565 	896 896 N N N	 	2 0 0 1 0	52 2 14 1 6 38	45 3 2 40	223
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U —	0 0 18 81 2	46 0 37 161 12	U U 2,945 83	U 508 2,624 187	U U N	0 0 0 0	0 0 0 0	U U N	U U N	U U N	0 0 0 0	0 0 0 0		U U N

Max: Maximum.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005

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

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-* 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).

(33rd Week)*			Giardiasi	s			-	ionorrhe	a		Hae	Áll age	es, all se	<i>izae</i> , invas rotypes	sive
	Current		vious veeks	Cum	Cum	Current		vious /eeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Мах	2006	2005	week	Med	Max	2006	2005
United States	263	307	1,029	9,236	10,992	4,149	6,455		200,281		29	38	142	1,294	1,542
New England Connecticut	6	25 0	75 37	706 160	968 213	57	105 40	288 241	3,421 1,315	3,824 1,677	4 4	3 0	19 9	105 32	115 36
Maine [†] Massachusetts	2	2 11	12 34	79 320	121 427	2 48	2 47	6 87	76 1.558	80 1,636	_	0	4	13 47	8 54
New Hampshire	_	0	3	10	42	_	4	9	127	104	_	0	1	3	6
Rhode Island Vermont [†]	4	0 3	25 9	50 87	62 103	6 1	8 1	19 4	303 42	293 34	_	0 0	7 2	2 8	7 4
Mid. Atlantic	39	54 8	254 18	1,638 206	1,962 267	410	627 104	1,014 150	18,410 2,784	20,772 3,560	6	7 2	30 4	242 35	283 54
New Jersey New York (Upstate)	26	24	227	667	643	100	123	455	3,814	4,067	5	2	27	91	80
New York City Pennsylvania	3 10	12 15	32 29	339 426	548 504	105 205	161 207	402 393	5,078 6,734	6,298 6,847	1	1 3	4 8	18 98	52 97
E.N. Central	32	49	110	1,384	1,952	642	1,289	7,047	38,713	40,389	3	5	14	178	279
Illinois Indiana	N	10 0	25 0	263 N	486 N	199 226	377 163	708 228	11,965 5,529	12,376 5,026	_	1 1	6 7	32 50	93 51
Michigan Ohio	1 31	12 16	29 34	373 462	474 420	168 3	233 381	5,880 661	8,057 9,167	6,396 13,038	3	0 1	3 6	17 56	14 90
Wisconsin	_	10	40	286	572	46	130	172	3,995	3,553	—	0	4	23	31
W.N. Central Iowa	17 3	29 5	260 14	1,076 149	1,248 158	251 15	363 34	461 54	11,559 1,043	11,732 977	1	2 0	15 0	79	76
Kansas Minnesota	5 1	3 2	9 238	113 416	121 553	53 5	47 62	124 105	1,422 1.741	1,662 2,173	_	0 0	3 9	12 38	8 32
Missouri Nebraska†	6	10 1	32 6	299 55	269 72	121 47	189 22	251 56	6,225 825	5,883 747	1	0	6 2	21 4	25 10
North Dakota	2	0	7	9	6	1	2	7	59	56	_	0	3	4	1
South Dakota S. Atlantic	68	1 49	7 95	35 1,402	69 1,654	9 969	6 1,479	13 2,334	244 48,361	234 48,512	8	0 10	0 26	361	
Delaware	_	1	4	20 44	37	19	26	44	915	515	_	0	1	1	_
District of Columbia Florida	2 38	1 18	5 39	633	29 580	363	35 429	66 549	963 14,402	1,263 12,386	1 2	0 3	1 9	3 120	5 91
Georgia Maryland†	14 7	11 4	26 10	264 115	448 115	5 98	291 129	1,014 231	7,829 4,237	8,972 4,292	1	2 1	12 5	64 44	79 49
North Carolina South Carolina [†]	N	0 1	0 7	N 59	N 77	365	283 128	766 748	10,531 4,980	9,935 5,385	3	0 1	9 3	44 25	60 23
Virginia† West Virginia	6 1	9 0	50 5	252 15	340 28	95 24	132 17	288 42	3,933 571	5,331 433	1	1 0	8 4	45 15	41 22
E.S. Central	9	8	33	253	243	343	572	749	18,762	17,410	_	2	7	71	86
Alabama [†] Kentucky	5 N	4 0	22 0	122 N	106 N	20 55	181 56	308 132	5,939 2,068	5,684 1,992	_	0 0	5 1	16 3	16 10
Mississippi	4	0	0	—	—	45	143	443	4,665	4,503	_	0	1	3	_
Tennessee [↑] W.S. Central	4	4 5	12 31	131 136	137 162	223 784	187 857	279 1,430	6,090 29,230	5,231 29,277	_	1	4 15	49 43	60 85
Arkansas Louisiana	5	2	6 4	63 5	48	72	81 161	186 354	2,533 5.889	2,701 6,945	_	0	2	7	7 32
Oklahoma	2	2	24	68	82	65	81	764	2,614	2,816	_	1	14	34	43
Texas [†] Mountain	N 22	0 29	0 57	N 828	N 822	557 179	541 216	723 552	18,194 6,541	16,815 8,615	4	0 4	1 8		3 161
Arizona Colorado	1	3	36 33	88	88	151	86	201	2,737	3,140 2,036	4	1	7 4	64 37	82 35
Idaho [†]	4	3	11	257 105	279 85	_	40 2	90 10	1,094 100	68	_	1 0	1	3	4
Montana Nevada†	9	2 1	7 6	48 35	31 62	7	3 24	20 194	130 783	90 1,809	_	0 0	0 1	_	13
New Mexico† Utah	6	1 7	6 19	30 247	46 217	 18	29 17	64 24	1,092 531	1,003 423	_	0 0	4 4	17 14	16 7
Wyoming	2	0	3	18	14	3	2	6	74	46	—	0	2	2	4
Pacific Alaska	63 2	58 1	202 7	1,813 30	1,981 63	514 9	809 11	963 23	25,284 347	25,515 364	3	2 0	20 19	78 8	87 5
California Hawaii	48	42 1	105 3	1,309 32	1,420 43	393	660 19	830 32	20,814 560		1 1	0	9	18 13	39 8
Oregon [†]	7	7	16 90	238 204	251 204	31	28 74	58 142	838	978	1	1 0	6 4	37 2	35
Washington American Samoa	ь U	0	90 90	204 U	204 U	81 U	74 0	142	2,725 U	2,296 U	 U	0	4	2 U	 U
C.N.M.I. Guam	Ŭ	0 0	0 1	Ŭ	Ŭ 10	Ŭ	0 1	0 15	Ŭ	Ŭ 66	Ŭ	0 0	0 2	Ŭ	U 4
Puerto Rico	_	1	20	21	144	_	6	16	188	243	_	0	1	_	3
U.S. Virgin Islands	_	0	0	—	—	—	0	5	17	45	_	0	0	—	_

 TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005

 (33rd Week)*

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

(33rd Week)*				Hens	titie (viral	acute), by ty	(00								
			Α	Пера		acute), by t	/he	В				Le	gionello	sis	
	Current		/ious /eeks	Cum	Cum	Current	Previ	ous eks	Cum	Cum	Current		/ious /eeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	34	73	245	2,002	2,438	42	83	597	2,395	3,315	56	44	127	1,183	1,124
New England	2	4	22	113	275	—	1	9	38	95	_	2	12	62	67
Connecticut Maine [†]	_2	1 0	3 2	26 7	32 1	_	0 0	3 2	12	33 10	_	0 0	8 1	19 4	19 3
Massachusetts New Hampshire	_	2 0	14 3	50 17	165 66	_	0	5 2	14 8	31 17	_	1 0	6 1	26 1	27 6
Rhode Island Vermont [†]	_	0	4 2	6 7	6 5	_	0	2	4	1	_	0	10 3	9 3	9 3
Mid. Atlantic	1	7	24	, 193	405	3	8	55	246	438	17	13	3 40	3 387	383
New Jersey New York (Upstate)	1	2	9 14	48 49	77 62		3 1	10 43	67 45	166 36	9	1	8 29	41 159	73 88
New York City	_	2	10	56	198	_	1	5	33	90	_	1	9	23	69
Pennsylvania	_	1	6	40	68		3	9	101	146	8	5	17	164	153
E.N. Central Illinois	1	6 1	15 11	155 33	210 67	5	8 1	24 6	219 13	377 107	20	8 1	25 5	241 14	210 31
Indiana Michigan	1	0 2	5 8	17 53	11 70	_	0 3	17 7	35 87	25 121	2 4	0 2	6 6	18 58	13 64
Ohio Wisconsin	—	1 0	4 5	39 13	33 29	5	2 0	7 4	78 6	94 30	14	4 0	19 5	132 19	83
WISCONSIN W.N. Central	1	2	30	85	29 61	_	4	4 22	100	30 169	11	1	э 11	41	19 45
lowa	_	0	2 5	7	16	_	0 0	3	9	16	_	0	2	5	3
Kansas Minnesota	_	0 0	29	22 9	12 3	_	0	2 13	13	21 17		0	1 10	1 11	2 11
Missouri Nebraska [†]	1	1 0	3 3	29 11	24 6	_	3 0	7 1	64 7	92 19	_	0 0	3 2	15 5	17 2
North Dakota South Dakota	_	0	2	7	_	_	0	0 1	_	4	_	0	1 6	4	1 9
S. Atlantic	13	11	34	, 319	404	17	23	66	721	912	5	8	19	244	238
Delaware District of Columbia	1	0 0	2 2	9 4	5 2	_	1 0	4 2	28 5	21 8	_	0 0	2 5	6 14	12 4
Florida	4	4	18	123	144	11	8	19	269	318	3	3	8	99	61
Georgia Maryland†	1	1 1	7 6	41 34	83 36	1 2	3 2	8 10	107 99	142 95	_	0 1	4 6	10 47	21 73
North Carolina South Carolina [†]	7	0 0	20 3	61 12	57 23	_	0 2	23 7	95 44	98 105	_2	0 0	5 1	22 2	17 11
Virginia† West Virginia	_	1 0	11 3	31 4	51 3	3	1 0	18 18	34 40	99 26	_	1 0	7 3	37 7	29 10
E.S. Central	1	2	15	4 75	165	2	6	18	40 197	20	_	1	9	, 51	51
Alabama [†]	_	0	9 5	8	17	_	2	7	60	52	—	0	2	7	9
Kentucky Mississippi	_	0 0	1	27 5	14 14	1	1 0	5 3	44 10	44 38	_	0 0	4 1	15 1	16 3
Tennessee [†]	1	1	7	35	120	1	2	12	83	93	_	1	7	28	23
W.S. Central Arkansas	_	6 0	77 9	119 31	272 9	3 1	13 1	315 4	396 29	355 45	_	1 0	32 3	34 2	23 5
Louisiana Oklahoma	_	0 0	3 2	2 4	48 4	2	0 0	3 17	7 22	55 29	_	0 0	1 3	2 1	1 3
Texas [†]	_	5	73	82	211	—	11	295	338	226	_	0	26	29	14
Mountain Arizona	1 1	5 2	18 16	168 95	193 101	3 1	5 2	39 23	131 54	348 221	2 1	2 1	7 3	60 24	63 14
Colorado Idaho [†]	_	1 0	4	26 8	23 18	2	1 0	5 2	23 10	38 7	_	0 0	2 2	6 6	16 3
Montana	_	0	2	6	7	_	0	7	_	3	_	0	1	3	4
Nevada [†] New Mexico [†]	_	0 0	2 3	7 12	11 18	_	0 0	4 3	13 9	36 13	_	0 0	2 1	3 2	12 2
Utah Wyoming	_	0 0	2 1	11 3	14 1	_	0 0	5 1	22	28 2	1	0 0	2 1	16	9 3
Pacific	14	19	163	775	453	9	10	61	347	394	1	2	9	63	44
Alaska California		0 15	1 162	703	3 376	6	0 7	1 41	3 265	7 264	1	0 2	1 9	63	43
Hawaii	_	0	2	8	19	_	0	1	4	4	_	0	1	_	1
Oregon [†] Washington	2	1 1	5 13	32 32	26 29	1 2	1 0	6 18	44 31	69 50		0 0	0 0	N	N
American Samoa	U	0	0	U	1	U	0	0	U		U	0	0	U	U
C.N.M.I. Guam	U	0 0	0 0	U	U 2	U 	0 0	0 0	U	U 18	U	0 0	0 0	U	U
Puerto Rico U.S. Virgin Islands	_	0	3 0	10	53	_	1 0	8 0	18	31	_	0 0	1 0	1	_
		•	~				~	v				÷	÷		

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

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

(33rd Week)*			Lyme dise	ease				Malaria	1		
		Pre	evious				Prev	/ious	•		
Reporting area	Current week	52 w Med	veeks Max	Cum 2006	Cum 2005	Current week	52 w Med	veeks Max	Cum 2006	Cum 2005	
United States	461	248	2,153	9,087	14,030	19	24	125	733	875	
New England Connecticut Maine [†] Massachusetts New Hampshire Rhode Island Vermont [†]	124 121 — — — 3	37 8 2 2 5 0	780 753 13 98 32 12 7	1,532 1,219 56 33 187 	2,533 346 185 1,833 121 25 23	1 1 	1 0 0 0 0 0	12 10 1 3 3 8 1	40 10 3 18 8 	46 10 4 25 4 2 1	
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	287 252 35	151 24 76 1 40	1,176 123 1,150 18 193	5,368 1,101 2,355 10 1,902	8,162 2,811 2,037 275 3,039	 	4 1 2 1	13 3 11 8 3	117 28 20 47 22	237 61 29 122 25	
E.N. Central Illinois Indiana Michigan Ohio Wisconsin W.N. Central Iowa Kansas Minnesota Missouri Nebraska [†] North Dakota	2 2 6 6 	12 0 1 10 10 10 6 0 0 0	62 6 3 7 5 61 98 7 2 96 3 2 3 1	607 	1,406 110 23 30 35 1,208 314 72 3 228 9 2		2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 5 3 2 3 3 3 2 1 2 30 2 2 1 1	69 23 7 13 19 7 30 1 5 14 5 3 1 1	99 54 3 17 15 10 32 5 4 11 12 —	
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [†] North Carolina South Carolina [†] Virginia [†] West Virginia	32 3 2 15 1 11 	30 8 0 1 0 16 0 0 3 0	124 26 7 5 1 87 5 3 25 44	1,050 317 27 27 1 506 19 7 141 5	1,466 486 7 17 5 777 35 9 123 7	8 2 3 1 1 1 1	7 0 1 1 1 0 0 1	15 1 2 6 5 8 2 9 2	217 5 39 58 48 17 7 38 2	193 3 6 33 38 69 21 5 17 17	
E.S. Central Alabama [†] Kentucky Mississippi Tennessee [†]	 	0 0 0 0	4 1 2 0 4	7 3 1 	19 <u>-</u> 3 16	2 - - 2	0 0 0 0 0	3 2 2 1 1	19 8 3 3 5	19 4 5 	
W.S. Central Arkansas Louisiana Oklahoma Texas [†]	 	0 0 0 0	5 1 0 5	8 — — 8	60 4 3 	 	2 0 0 1	31 2 1 6 29	48 1 6 41	70 5 2 3 60	
Mountain Arizona Colorado Idaho [†] Montana Nevada [†] New Mexico [†] Utah Wyoming	- - - - - -	0 0 0 0 0 0 0 0 0	4 1 1 0 1 1 1 0	12 3 1 1 5	13 2 1 3 2 2 3	2 - - - 2	1 0 0 0 0 0 0 0	9 9 0 1 1 2 1	37 14 9 1 1 1 11	36 6 20 — 2 3 4 1	
Pacific Alaska California Hawaii Oregon [†] Washington	10 10 N 	4 0 4 0 0 0	22 1 21 0 2 3	208 2 197 N 6 3	57 4 33 N 16 4	5 5 	4 0 3 0 0 0	13 4 10 2 5	156 20 107 4 7 18	143 3 107 13 7 13	
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U N	0 0 0 0	0 0 0 0	U U N	U U N	U U —	0 0 0 0	0 0 1 0	U U —	U U 3	

 TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

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(33rd Week)*				Mening	gococcal d	isease, inva	sive								
			All serogi	roups				<u> </u>	Inknown				Pertus	sis	
	Current		vious veeks	Cum	Cum	Current	Previ 52 we		Cum	Cum	Current		/ious /eeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	8	20	85	740	862	5	13	58	489	525	174	284	2,877	8,167	13,836
New England	—	1	3	33	56	_	0	2	24	19	3	29	83	802	818
Connecticut Maine [†]	_	0	2 1	9 3	12 2	_	0	2 1	2 3	1 2	_	1 1	5 5	29 28	45 23
Massachusetts	—	0	2	14	26	—	0	2	14	5	3	22	43	561	625
New Hampshire Rhode Island	_	0 0	2 1	5	9 2	_	0 0	2 0	5	9	_	2 0	36 17	98	39 15
Vermont [†]	_	0	1	2	5	_	0	0	_	2	_	1	14	86	71
Mid. Atlantic New Jersey	_	3 0	14 2	110 10	106 26	_	2 0	11 2	83 10	81 26	35	31 4	137 13	1,062 131	857 121
New York (Upstate)	_	0	7	28	30	_	0	5	5	11	29	12	123	459	322
New York City Pennsylvania	_	1	6 5	37 35	15 35	_	1	6 5	37 31	15 29	6	1 11	8 26	42 430	64 350
E.N. Central	_	3	11	82	106	_	2	6	58	88	18	46	133	1,160	2,400
Illinois Indiana	_	0 0	4 5	17 15	26 15	_	0 0	4 2	17 6	26 7	2	11 5	35 75	226 144	564 192
Michigan	_	1	3	17	19	_	0	3	8	11	1	7	23	279	153
Ohio Wisconsin	_	1 0	5 2	30 3	28 18	_	1 0	4 2	24 3	26 18	15	14 6	30 41	384 127	782 709
W.N. Central	_	1	4	42	56	_	0	3	14	25	22	37	552	787	2,104
lowa Kansas	—	0 0	2 1	11 1	13 9	_	0 0	1 1	4 1	1 9	_	10 10	63 28	173 197	474 201
Minnesota	_	0	2	10	9	_	0	1	3	3	21	0	485	133	735
Missouri Nebraska†	_	0	2 2	13 5	19 4	_	0	1	2 3	9 3	1	8 3	42 10	184 65	286 188
North Dakota	_	0	1	1	_	_	Ō	1	1	_	_	0	26	20	77
South Dakota	_	0	1	1	2	_	0	0		_	_	1	7	15	143
S. Atlantic Delaware	4	3 0	14 1	130 4	158 2	3	1 0	7 1	54 4	64 2	3	22 0	46 1	615 3	923 14
District of Columbia Florida	1 2	0 1	0 6	1 50	5 60	1 2	0 0	0 5	1 20	4 20	3	0 4	3 14	3 138	4 124
Georgia		0	3	10	14		0	3	10	14		0	3	10	36
Maryland† North Carolina	_	0 0	2 11	7 23	14 24	_	0	1 3	1 7	1 5	_	3 0	9 22	82 131	138 64
South Carolina [†]		0	2	15	13	—	0	1	5	8	_	4	22	97	267
Virginia† West Virginia	1	0 0	4 2	15 5	21 5	_	0 0	3 0	6	8 2	_	2 0	27 9	128 23	239 37
E.S. Central	_	1	4	27	41	_	1	4	21	32	4	7	13	196	375
Alabama [†] Kentucky	_	0	1 2	4 7	4 15	_	0	1 2	3 7	3 15	2	1 1	4 7	36 41	58 110
Mississippi	_	0	1	1	4	_	0	1	1	4		1	4	23	43
Tennessee [†]	_	0	2	15	18	_	0	2 6	10	10	2	2	10	96	164
W.S. Central Arkansas	_	1 0	23 3	45 8	86 11	_	0 0	6 2	18 5	20 3	2 1	21 2	360 21	407 50	1,456 210
Louisiana Oklahoma	—	0 0	1 4	2 8	27 13	_	0 0	1 0	1	4 2	_	0 0	3 124	3 18	41 1
Texas [†]	_	1	16	27	35	_	0	4	12	11	1	18	215	336	1,204
Mountain	_	1	5	47	70	—	0	4	25	19	12	64	230	1,848	2,698
Arizona Colorado	_	0	3 2	15 15	29 14	_	0	3 1	15 3	9	5	12 22	177 40	370 562	707 861
Idaho† Montana	_	0	2 1	1 3	4	_	0	2 1	1	3	2 2	2 2	13 14	56 81	135 494
Nevada [†]	_	0	2	2	9	_	0	0	_	2		0	9	39	38
New Mexico† Utah	_	0	1	2 5	4 10	_	0	1	1	3 2	2	2 15	6 39	53 634	136 296
Wyoming	_	0	2	4	_	—	0	2	4	_	1	1	8	53	31
Pacific	4	5	29 1	224	183 1	_2	5 0	25 1	192	177 1	75	48 2	1,334	1,290 44	2,205
Alaska California	2	0 2	14	2 139	120	2	2	14	2 139	120	72	30	15 1,136	884	59 924
Hawaii Oregon†	_	0 1	1 7	5 51	10 33	_	0 1	1 4	5 35	5 33	_	2 3	6 11	47 81	122 567
Washington	2	0	25	27	19	_	0	11	11	18	3	9	195	234	533
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I. Guam	<u> </u>	0 0	0 0	_	1	U	0 0	0 0	U	U 1	U	0 0	0 0	U	U 2
Puerto Rico U.S. Virgin Islands	_	0	1	4	6	_	0	1	4	6	—	0	1 0	1	5
0.0. Virgin Islanus		U	U				U	U		_		0	U	_	

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

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(33rd Week)*															
		Ra Prev	abies, ani	mal		Roc	ky Mour Prev		tted fever	r			almonelle vious	osis	
	Current	52 w		Cum	Cum	Current	52 w		Cum	Cum	Current		veeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	76	113 11	166 26	3,670 371	3,891 473	77	35 0	246 2	1,068	961 4	755 12	809 33	2,291 261	21,944	24,653
New England Connecticut	11 7	3	14	110	111	_	0	0	2	_	—	0	253	1,187 253	1,399 292
Maine [†] Massachusetts	3	1 4	4 17	44 163	43 255	N	0 0	0 2	N 1	N 2		2 19	9 52	67 686	113 747
New Hampshire Rhode Island	_	0	3	16	10 14	_	0	1	1	1	_	2	21 17	102 45	112 65
Vermont [†]	1	1	4	37	40	_	0	2	_	1	_	1	4	45 34	65 70
Mid. Atlantic	19	21	50	771	599	1	1	7	29	63	75	84	272	2,520	3,046
New Jersey New York (Upstate)	N 19	0 11	0 24	N 356	N 324	_	0 0	2 1	4 2	21 1	43	14 22	41 233	387 687	592 702
New York City Pennsylvania	_	0 10	3 35	415	18 257	1	0 1	1 5	4 19	6 35	3 29	18 28	44 65	521 925	717 1,035
E.N. Central	13	2	13	99	133	1	0	4	20	34	83	99	219	2,934	3,561
Illinois	3	0	4	23	32	_	0	1	1	11	_	26	53	671	1,243
Indiana Michigan	1	0 1	3 5	8 35	7 24	1	0 0	1 1	4 2	4	23 4	12 17	67 35	462 562	319 593
Ohio Wisconsin	9 N	0 0	7 0	33 N	70 N	_	0 0	4 1	12 1	17 2	56	23 15	47 42	762 477	818 588
W.N. Central	8	5	20	197	231	2	2	11	119	105	25	43	106	1,471	1,548
lowa Kansas	1	0	5 5	35 56	59	_	0 0	2 1	2 2	3 5	1	7 7	18 12	238 203	260 229
Minnesota	4	1	6	33	48	_	0	1	2	1	7	10	60	405	343
Missouri Nebraska [†]	1	1 0	6 0	38	48	2	2 0	10 4	99 14	87 4	11	14 3	40 12	441 110	459 132
North Dakota South Dakota	_	0	7 4	14 21	21 55	_	0	1 0	_	5	3	0	46 7	15 59	15 110
S. Atlantic	20	36	118	1,309	1,438	42	18	94	648	485	282	205	, 514	5,709	6,397
Delaware		0	0			—	0	2	14 1	5		2	9 7	69	71
District of Columbia Florida	_	0 0	99	110	201	_	0 0	3	12	2 12	141	95	230	36 2,543	33 2,406
Georgia Maryland†	1	4 8	9 14	99 232	184 240	1	0 1	3 4	15 27	73 50	20 23	26 12	87 29	766 377	1,033 484
North Carolina South Carolina [†]	14	8 3	22 10	312 96	327 146	30	15 1	87 6	499 17	259 38	51	28 20	114 73	814 480	804 818
Virginia [†]	5	10	27	392	312	11	2	10	60	43	47	20	62	567	654
West Virginia	_	1	13	68	28	_	0	2	3	3		2	19	57	94
E.S. Central Alabama [†]	2 2	4 1	16 7	159 51	96 52	4	5 1	16 8	152 36	175 41	46 25	53 13	122 62	1,417 468	1,638 393
Kentucky Mississippi	_	0 0	5 2	14 4	7 3	_	0 0	1 2	1 1	2 8	5	8 12	23 62	232 303	270 467
Tennessee [†]	_	2	9	90	34	4	3	15	114	124	16	14	41	414	508
W.S. Central Arkansas	_	16 0	34 4	543 24	619 26	23 5	1 0	161 32	67 34	69 44	77 24	83 14	922 43	2,020 475	2,361 447
Louisiana	_	0	0	_	_	—	0	1	_	5	_	6	38	116	562
Oklahoma Texas†	_	1 13	9 29	48 471	60 533	18	0 0	154 3	26 7	5 15	16 37	7 47	48 839	260 1,169	214 1,138
Mountain	3	3	16	101	169	4	0	6	25	24	22	50	84	1,441	1,451
Arizona Colorado	_	2 0	11 1	77	113 15	_	0 0	6 1	5 2	12 3	12	15 12	67 30	448 384	386 364
Idaho† Montana	1	0	12 2	9	7	2	0	2 2	3 2	3 1	3 2	3 3	9 16	112 85	104 56
Nevada [†]	—	0	2	_	9	_	0	0	_	_		3	17	69	114
New Mexico† Utah	1	0	2 5	7 6	7 4	2	0 0	2 2	5 5	3	5	4 5	12 13	125 183	167 202
Wyoming		0	1	2	14	—	0	1	3	2		1	5	35	58
Pacific Alaska	_	4 0	10 4	120 13	133 1	_	0 0	1 0	6	2	133 5	109 1	426 7	3,245 50	3,252 35
California	—	3	10	98	129	—	0	1	4	_	110	86	292	2,521	2,443
Hawaii Oregon†	_	0 0	0 4	9	3	_	0 0	0 1	2	2	3	4 7	15 16	129 244	178 273
Washington	U	0	0	U	U	N	0	0	N	N	15	8	124	301	323
American Samoa C.N.M.I.	U U	0 0	0 0	U U	U U	U U	0 0	0 0	U U	U U	U U	0 0	2 0	U U	1 U
Guam Puerto Rico		0	0 6		 47	N	0	0	N	N	_	0 5	3 35	92	27 386
U.S. Virgin Islands	_	0	0	57	47		0	0			_	0	35	92	- 300

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (<u>33rd Week)*</u>

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

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

(33rd Week)*	Shia	a toxin-n	roducina	E. coli (S1	FC)†		SI	nigellosis			Strento	coccal d	isease i	nvasive, g	
	Ong		ious	L. COII (01	20)			ious	2		onepio	Prev		1143146, 9	noup A
Reporting area	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005
United States	67	54	297	1,391	1,578	174	215	1,013	6,147	8,354	44	86	283	3,375	3,232
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island Vermont [§]	3 2 	3 0 1 0 0 0	44 43 5 9 2 2 2	143 43 11 66 12 2 2	130 34 19 49 12 3 13	1 1 	4 0 3 0 0 0	43 37 3 9 4 6 2	158 37 3 104 6 5 3	189 30 9 121 5 10 14	U U 	5 0 3 0 0 0	15 3 6 9 3 2	159 U 15 98 33 4 9	199 76 11 82 14 7 9
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	5	4 0 1 0 0	107 7 103 4 8	98 3 15 14 3	190 38 70 9 73	6 6 	16 4 4 2	72 21 60 14 48	468 172 154 94 48	771 222 175 280 94	6 4 2	15 2 4 1 6	43 7 32 10 13	629 103 232 68 226	674 140 192 133 209
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	10 3 7	10 1 1 3 2	38 10 6 14 15	272 42 39 44 86 61	313 84 33 59 69 68	9 1 8	20 7 2 3 3 3	96 26 56 10 11 9	555 171 85 104 102 93	623 192 47 157 61 166	3 — — 3 —	15 3 2 4 4 1	43 10 11 12 19 4	598 111 87 168 190 42	683 223 80 162 146 72
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	8 - 8 6 - -	7 2 3 2 1 0 0	35 10 3 19 13 5 15 5	205 73 — 111 110 29 — 18	244 55 24 56 60 30 1 18	31 2 8 10 11	34 1 2 14 2 0 3	77 7 20 8 69 14 12 17	869 45 75 72 474 63 35 105	861 54 106 51 563 57 2 28	5 N 5 	5 0 1 0 1 0 0	57 0 52 5 4 5 3	240 N 44 115 47 21 7 6	201 N 33 72 54 17 7 18
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	18 - 2 5 6 - 	7 0 2 1 1 1 0 0	39 1 29 6 5 11 2 8 2	228 2 56 50 34 56 4 	216 3 29 41 24 4 51 2	38 2 3 8 1 3 1	53 0 27 16 2 1 1 1 0	122 2 66 38 10 22 9 8 2	1,583 6 8 776 520 69 101 61 40 2	1,214 8 603 295 48 111 60 81	12 	21 0 5 4 3 1 1 2 0	43 2 16 11 12 26 6 11 6	792 7 9 196 144 142 126 50 97 21	639 3 7 169 128 127 89 29 65 22
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	 	3 0 1 0 1	15 5 8 1 4	104 16 33 — 25	88 19 28 5 36	7 4 1 2	13 3 5 1 3	31 14 12 6 11	384 120 152 37 75	899 178 208 56 457	1 N 1	3 0 0 0 3	11 0 5 0 9	148 N 31 117	127 N 26 — 101
W.S. Central Arkansas Louisiana Oklahoma Texas [§]	2 1 1 2	1 0 0 1	52 2 1 8 44	19 9 10 51	59 9 18 14 18	4 2 2 	27 1 0 3 23	596 7 4 286 308	576 57 15 70 434	2,236 39 106 452 1,639	10 — — 10	7 0 0 2 4	58 5 1 14 43	264 21 1 73 169	216 13 5 80 118
Mountain Arizona Colorado Idaho [§] Montana Nevada [§] New Mexico [§] Utah Wyoming	2 2 2 1 1 5	5 1 1 0 0 1 0	15 8 7 1 3 2 7 3	140 56 45 36 — 8 4 48 7	168 18 41 24 10 13 18 41 3	21 13 1 4 1	21 11 3 0 1 2 1 0	47 29 18 4 1 8 9 4	556 327 83 12 5 29 58 40 2	415 211 65 8 5 35 61 28 2	6 5 — — — 1	12 6 3 0 0 1 1 0	78 57 8 2 0 6 7 7	480 258 101 7 — 56 55 3	424 177 135 2 - 1 64 42 3
Pacific Alaska California Hawaii Oregon [§] Washington	19 7 - 1 12	7 0 4 0 1 2	55 1 18 4 47 32	182 — 115 8 43 59	170 9 72 9 51 29	57 1 53 - 1 2	38 0 32 1 2 2	148 2 104 4 31 43	998 8 804 24 85 77	1,146 11 967 18 84 66	1 - 	2 0 2 0 0	9 0 9 0	65 	69 - 69 N N
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U —	0 0 0 0	0 0 1 0	U U 	U U 1	U U —	0 0 0 0	2 0 3 2 0	U U 5	4 U 12 3 —	U U N	0 0 0 0	0 0 0 0	U U N	U U N

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: No

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 *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
 ⁸ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

(33rd Week)*	Strepto		<i>neumonia</i> resistant,	<i>e</i> , invasive all ages	disease	Sypt	nilis, prin	nary and	seconda	ry		Varice	ella (chic	kenpox)	
			vious				Previ						vious	. ,	
Reporting area	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005	Current week	<u>52 we</u> Med	eks Max	Cum 2006	Cum 2005	Current week	52 w Med	veeks Max	Cum 2006	Cum 2005
United States	25	51	334	1,729	1,826	104	170	334	5,336	5,319	557	800	3,204	28,483	18,395
New England		1	24	19	163	3	4	17	135	130		43	144	1,009	3,647
Connecticut Maine [†]	U N	0 0	7 0	U N	68 N	_	0 0	11 2	28 7	27 1	U	0 5	58 20	U 151	1,033 213
Massachusetts New Hampshire	_	0	6 0	_	72	3	2	6 2	84 7	84 9	_	7 5	54 43	93 267	1,659 205
Rhode Island	_	0	11	9	14	_	0	6	7	9	_	0	0	_	_
Vermont [†]	_	0	2	10	9	_	0	1	2	_	_	12	50	498	537
Mid. Atlantic New Jersey	N	3 0	15 0	113 N	158 N	8	21 2	35 7	692 98	667 91	10	105 0	183 0	3,266	3,191
New York (Upstate) New York City	U	1 0	10 0	41 U	63 U	3 2	2 10	14 23	94 335	47 414	_	0 0	0 0	_	—
Pennsylvania		2	9	72	95	2	5	23	165	115	10	105	183	3,266	3,191
E.N. Central	6	11	41	413	451	9	17	38	549	564	496	213	586	10,585	3,817
Illinois Indiana	- 1	0 2	3 21	13 111	19 143	4 1	9 1	23 4	259 48	308 44	475	1 0	6 347	38 475	67 70
Michigan Ohio	5	0 6	4 32	17 272	29 260	1	2 4	19 8	73 135	54 135	5 16	102 82	174 420	3,049 6,452	2,399 974
Wisconsin	N	0	0	N	200 N	2	1	4	34	23		12	420 52	571	307
W.N. Central	N	1 0	191 0	33 N	30 N	4	4 0	9 3	156 9	166 6	6 N	22 0	84 0	1,019 N	276
lowa Kansas	N	0	0	N	N	2	0	2	15	13	2	0	2	6	N
Minnesota Missouri	_	0 1	191 3	32	 24	_	1 3	3 8	21 103	51 93	1	0 17	0 82	945	 187
Nebraska [†]	_	0	0	_	2	1	0	1	2	3	_	0	0	—	_
North Dakota South Dakota	_	0 0	1	1	1 3	1	0 0	1 3	6	_	3	0 1	25 12	34 34	12 77
S. Atlantic	18	27	53	932	758	28	40	186	1,231	1,274	2	90	860	3,012	1,411
Delaware District of Columbia	_	0 0	2 3	21	1 13	1	0 1	2 9	16 68	8 68	_	1 0	5 5	45 24	22 23
Florida Georgia	15 2	13 8	36 29	513 308	409 243	10 2	15 8	29 147	465 176	454 237	_	0 0	0 0	_	_
Maryland [†]	—	0	0	—	—	8	5	19	188	208	_	0	0	_	_
North Carolina South Carolina [†]	N	0	0 0	N	N	_	5 1	17 7	177 42	172 39	_	0 16	0 52	750	371
Virginia [†]	N 1	0	0 14	N 90	N 92	7	2 0	12 1	97 2	86 2	2	28 26	812 70	1,165 1,028	297 698
West Virginia E.S. Central	_	3	13	90 135	92 127	12	12	23	421	291	3	20	70	81	36
Alabama [†]	Ν	0	0	N	N	1	4	17	170	100	3	0	70	80	36
Kentucky Mississippi	_	0 0	5 0	25	23 1	4 3	1 0	8 6	41 42	26 31		0 0	0 1	N 1	N
Tennessee [†]	_	3	13	110	103	4	5	13	168	134	N	0	0	N	N
W.S. Central Arkansas	_	0	4 3	13 11	99 12	26 5	26 0	45 6	947 45	797 31	34 10	185 7	1,757 110	7,685 580	4,224
Louisiana		0	4	2	87	1	4	17	137	181 25	_	0	8	40	108
Oklahoma Texas†	N N	0	0 0	N N	N N	20	1 20	6 39	42 723	25 560	24	0 166	0 1,647	7,065	4,116
Mountain	1	1	27	71	40	5	7	19	249	272	6	52	138	1,826	1,793
Arizona Colorado	N N	0	0	N N	N N	5	4	16 3	126 30	92 29	_	0 33	0 76	967	1,220
Idaho† Montana	Ν	0 0	0 1	N	N	_	0 0	1 1	2 1	20 5	_	0 0	0 0	_	
Nevada [†]	_	0	27	4	2	_	1	12	48	83	_	0	2	4	_
New Mexico† Utah	_	0	1 8	1 31	 17	_	1 0	5 1	37 5	36 7	6	3 10	34 55	286 537	158 370
Wyoming	1	1	3	35	21	—	0	0		—	_	0	8	32	45
Pacific Alaska	_	0	0 0	_	_	9	32 0	49 4	956 5	1,158 5	_	0 0	0 0	_	_
California	Ν	0	0	Ν	Ν	3	28	39	802	1,041		0	0		
Hawaii Oregon†	N	0 0	0 0	N	N	2	0 0	2 6	12 12	6 19	N N	0 0	0 0	N N	N N
Washington	Ν	0	0	Ν	Ν	4	2	11	125	87	Ν	0	0	N	Ν
American Samoa C.N.M.I.	_	0	0 0	_	_	U U	0 0	0 0	U U	U U	U U	0 0	0 0	U U	U U
Guam Puerto Rico	N	0 0	0 0	N	N		0 3	0 10		3	_	2 7	12 47	 199	378 485
U.S. Virgin Islands		0	0			_	0	0	- 00	138	_	0	47		400

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: No Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

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

(33rd Week)*					West Nile vir	uo diagon	e [†]					
			Neuroinvas	sive	west mile vir	us diseas	e'	No	n-neuroin	vasive		
			/ious						ious			
Reporting area	Current week	<u>52 w</u> Med	veeks Max	Cum 2006	Cum 2005		Current week	<u>52 w</u> Med	<u>eeks</u> Max	Cum 2006	Cum 2005	
United States	4	1	155	236	617		1	0	203	332	926	
New England	—	0	3	_	1		—	0	2	1	—	
Connecticut Maine [§]	_	0 0	2 0	_	1		_	0 0	1 0	1	_	
Massachusetts	_	0	3	_	_		_	0	1	_	_	
New Hampshire Rhode Island	_	0 0	0 1	_	_		_	0 0	0 0	_	_	
Vermont [§]	_	0	0	_	_		_	0	0	_	_	
Mid. Atlantic	—	0	10	5	10		_	0	4	1	10	
New Jersey New York (Upstate)	_	0 0	1 7	_	1		_	0 0	2 2	_	1	
New York City	—	0	2	1	1		—	0	1	_	3	
Pennsylvania	_	0	3	4	8		_	0	2	1	6	
E.N. Central Illinois	_	0 0	39 25	7 5	98 66		_	0 0	18 16	2 1	52 45	
Indiana	_	0	2	1	3		_	0	1	_		
Michigan	_	0	14	1	8		—	0	3	—	2	
Ohio Wisconsin	_	0 0	9 3	_	18 3		_	0 0	4 2	1	4 1	
W.N. Central	1	0	26	43	88		_	0	58	76	268	
Iowa	_	0	3	3	3		_	0	4	4	8	
Kansas Minnesota	_	0 0	3 5	14	3 8		_	0 0	1 6	1 13	N 14	
Missouri	_	Ő	4	5	8		_	Ö	3	1	5	
Nebraska [§]	_	0	8	4	27		—	0	20	4	66	
North Dakota South Dakota	1	0 0	4 7	1 16	10 29		_	0 0	15 22	23 30	45 130	
S. Atlantic	_	0	6	_	11		_	0	3	_	15	
Delaware District of Columbia	_	0 0	1 1	—	1		_	0 0	0 1	_	_	
Florida	_	0	2	_	7		_	0	1	_	11	
Georgia	_	0	3	—	_		—	0	3	—	2	
Maryland [§] North Carolina	_	0 0	2 1	_	1 1		_	0 0	1 1	_	1 1	
South Carolina§	—	0	1	—	1		—	0	0	_	_	
Virginia [§] West Virginia	_	0 0	0 0	_	_		N	0 0	1 0	N	N	
E.S. Central	_	0	10	24	19		_	0	5	7	12	
Alabama§	_	0	1	—	2		—	0	2		1	
Kentucky Mississippi	_	0 0	1 9	24	1 11		_	0 0	0 5	7	10	
Tennessee§	—	Ő	3	_	5		_	Õ	1	_	1	
W.S. Central	—	0	25	78	129		—	0	22	15	83	
Arkansas Louisiana	_	0 0	3 9	4 11	6 67		_	0 0	2 7	6	8 35	
Oklahoma	_	0	6	4	3		_	Ö	3	_	1	
Texas [§]	_	0	16	59	53		_	0	13	9	39	
Mountain Arizona	2	0 0	21 8	64 2	51 13		1	0 0	57 8	180 2	111 17	
Colorado	_	0	5	10	5		_	0	14	31	51	
Idaho [§] Montana	—	0	5	13	2 6		—	0 0	36 9	102	4	
Nontana Nevada§	2	0	3 8	1 21	6 5		1	0	9 8	1 30	11 12	
New Mexico [§]	—	0	3		11		—	0	4		6	
Utah Wyoming	_	0 0	6 2	16 1	8 1		_	0 0	8 2	11 3	7 3	
Pacific	1	0	38	15	210		_	0	60	50	375	
Alaska	_	0	0	_	_		_	0	0	_	_	
California Hawaii	_	0 0	38 0	14	210		_	0 0	60 0	44	371	
Oregon§	1	0	1	1	_		_	0	2	6	4	
Washington	—	0	0	—	—		_	0	0	—	—	
American Samoa C.N.M.I.	U U	0 0	0 0	U U	U U		U U	0 0	0 0	U U	U U	
Guam	_	0	0		_		_	0	0			
Puerto Rico	—	0	0	—	—		—	0	0	_	—	
U.S. Virgin Islands	_	0	0	_	_		_	0	0	_	_	

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd 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.

* Incidence data for reporting years 2005 and 2006 are provisional.

¹ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance). [§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending August 19, 2006 (33rd Week)

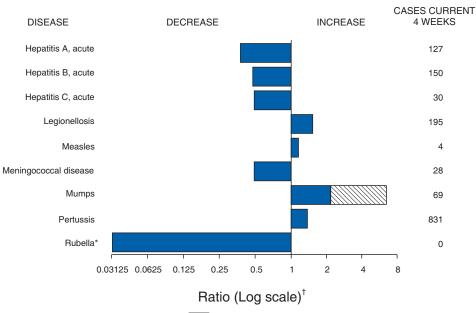
TABLE III. Deaths	in 122 U.S. cities,* week ending August 19, 20 All causes, by age (years)					006 (331		All causes, by age (years)							
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&l⁺ Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total
New England	471	<u>2</u> 05 328	96	31	10	6	57	S. Atlantic	1,109	685	287	87	24	26	49
Boston, MA	132	85	33	8	3	3	17	Atlanta, GA	122	78	207	11	24	20	49
Bridgeport, CT	28	21	4	3	_	_	5	Baltimore, MD	145	90	33	19	_	3	14
Cambridge, MA	13	10	3	_	_	_	2	Charlotte, NC	111	68	25	10	2	6	8
Fall River, MA	16	12	3	1	_	_	3	Jacksonville, FL	133	83	41	8	_	1	7
Hartford, CT	45	32	8	3	2	_	6	Miami, FL	124	79	34	5	5	1	5
Lowell, MA	25	17	6	1	1	_	2	Norfolk, VA	55	30	19	2	1	3	1
Lynn, MA	3	2	1	—	—	—	—	Richmond, VA	60	32	15	7	3	3	1
New Bedford, MA	22	14	5	3	_	_	2	Savannah, GA	66	40	15	6	4	1	3
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	50	31	10	5	2	2	3
Providence, RI	54	40	8	5	1	_	6	Tampa, FL	177	124	37	9	3	4	1
Somerville, MA	6	5		1	_	_	1	Washington, D.C.	51	20	25	4	2	_	1
Springfield, MA	53	35	12	1	2	3	4	Wilmington, DE	15	10	4	1	_	_	2
Waterbury, CT	28	19	6	3	_	_	4	E.S. Central	881	543	220	69	37	12	45
Worcester, MA	46	36	7	2	1	_	5	Birmingham, AL	186	112	45	19	6	4	13
Mid. Atlantic	1,984	1,321	442	157	38	24	78	Chattanooga, TN	75	53	13	3	5	1	3
Albany, NY	44	29	11	4	_	_	1	Knoxville, TN	120	83	25	6	5	1	3
Allentown, PA	31	21	8	2	_	_	_	Lexington, KY	55	35	17	_	3	_	6
Buffalo, NY	65	35	21	6	2	1	2	Memphis, TN	187	98	60	16	11	2	15
Camden, NJ	25	13	8	2	1	1	1	Mobile, AL	74	42	20	11	1	_	1
Elizabeth, NJ	U	U	U	U	U	U	U	Montgomery, AL	43	30	7	4	2	—	2
Erie, PA	34	22	7	3	1	1	—	Nashville, TN	141	90	33	10	4	4	2
Jersey City, NJ	27	16	5	5	1	_	_	W.S. Central	1,421	907	333	104	48	29	74
New York City, NY	1,032	692	222	75	25	16	30	Austin. TX	84	55	21	6	2	- 23	4
Newark, NJ	33	11	13	6	1	2	4	Baton Rouge, LA	58	37	18	2	1	_	_
Paterson, NJ	24	10	8	5	—	1	1	Corpus Christi, TX	55	30	20	2	1	2	4
Philadelphia, PA	275	173	67	32	3		11	Dallas. TX	171	81	51	19	11	9	6
Pittsburgh, PA§	U	U	U	U	U	U	U	El Paso, TX	87	68	8	8	2	1	3
Reading, PA	33	26	4	3			4	Fort Worth, TX	125	95	26	3	_	1	10
Rochester, NY	141	104	26	7	2	2	7	Houston, TX	351	195	95	33	19	9	24
Schenectady, NY	21	20	1	_	—	_	_	Little Rock, AR	89	60	20	4	3	2	4
Scranton, PA	31	28	2	1	_	—	1	New Orleans, LA ¹	U	U	U	U	U	U	U
Syracuse, NY	107	80	22	3	2	_	12	San Antonio, TX	207	151	37	15	1	3	9
Trenton, NJ	24 18	13	9 5	2	_	_	1 2	Shreveport, LA	66	44	14	3	5	_	6
Utica, NY Yonkers, NY	10	13 15	3	1	_	_	1	Tulsa, ÓK	128	91	23	9	3	2	4
		15	5		_	_		Mountain	967	608	215	76	37	27	41
E.N. Central	1,932	1,216	488	152	39	36	114	Albuquerque, NM	103	68	213	10	1		4
Akron, OH	50	34	10	3	1	2	5	Boise, ID	47	36	9	1	1	_	2
Canton, OH	34	22	10	1	1		3	Colorado Springs, CO	74	50	16	5		3	1
Chicago, IL	330	188	91	40	7	4	25	Denver, CO	84	44	24	7	4	5	_
Cincinnati, OH	58	37	16	2	2	1	8	Las Vegas, NV	238	151	60	14	4	9	17
Cleveland, OH	220	146	51	14	7	2	6	Ogden, UT	20	15	4	_	1	_	1
Columbus, OH	178 122	111 85	46 27	15 4	4 1	2	13 9	Phoenix, AZ	168	84	39	22	12	7	6
Dayton, OH	164		27 53	4 16	2	5 7	9 10	Pueblo, CO	33	23	4	6	_	_	2
Detroit, MI Evansville, IN	49	86 36	8	5		_	10	Salt Like City, UT	75	49	15	5	4	2	2
Fort Wayne, IN	49 50	30	0 14	3	2	1	2	Tucson, AZ	125	88	20	6	10	1	6
Gary, IN	18	9	7	2				Pacific	1,404	948	300	87	33	36	99
Grand Rapids, MI	52	32	12	5	2	1	6	Berkeley, CA	13	10	3				1
Indianapolis, IN	214	129	47	25	8	5	10	Fresno, CA	35	23	8	4	_	_	3
Lansing, MI	33	25	7	1	_	_	2	Glendale, CA	13	13	_		_	_	2
Milwaukee, WI	82	50	27	3	_	1	2	Honolulu, HI	35	25	8	2	_	_	_
Peoria, IL	42	29	11	2	_		_	Long Beach, CA	67	45	14	3	2	3	8
Rockford, IL	40	26	8	1	1	4	2	Los Angeles, CA	253	184	44	18	3	4	33
South Bend, IN	50	34	15	_	1	_	3	Pasadena, CA	21	11	5	3	1	1	1
Toledo, OH	102	71	21	9	_	1	4	Portland, OR	99	72	19	5	2	1	4
Youngstown, OH	44	36	7	1	_	_	4	Sacramento, CA	194	119	47	17	5	6	6
-	005	400	100		00	00	10	San Diego, CA	143	92	29	7	7	8	9
W.N. Central	635	409	136	44	22	23	42	San Francisco, CA	97	48	33	5	3	8	8
Des Moines, IA	39	24	5	5	2	3	1	San Jose, CA	152	111	31	7	2	1	13
Duluth, MN	35	29	4	1	1	_	3	Santa Cruz, CA	27	24	2	_	1	_	4
Kansas City, KS	27	16	10	_	1	1	2	Seattle, WA	106	67	25	9	2	3	3
Kansas City, MO	102 39	63 30	26 7	6	6	1	7 1	Spokane, WA	51	40	8	2	1	_	3
Lincoln, NE Minnoapolis, MN	39 67	30 37	7 15	1 7	3	1 5	1 5	Tacoma, WA	98	64	24	5	4	1	1
Minneapolis, MN Omaha, NE	67 89	37 59	15	6	3	5 5	5	Total	10,804**	6 065	0 E17	807	288	219	599
St. Louis. MO	89 102	59 51	27	13	5	5 5	8 5		10,004	0,900	2,517	807	200	219	299
St. Paul, MN	47	34	27	2	5 1	5 2	э 1								
Wichita, KS	47 88	34 66	16	2	2	2	9								
wichita, ito	00	00	10	5	2		9								

U: Unavailable.

U: Unavailable. —:No reported cases. Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included. [†] Pneumonia and influenza.

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals August 19, 2006, with historical data



Beyond historical limits

* No rubella cases were reported for the current 4-week period yielding a ratio for week 33 of zero (0).
[†] Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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