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Visual Impairment and Eye Care Among Older Adults — Five States, 2005

Blindness and visual impairment are among the 10 most common causes of disability in the United States (1) and are associated with shorter life expectancy and lower quality of life (2,3). Previously, state-specific prevalences of visual impairment and eye disease were estimated from national prevalences. However, in 2005, five states (Iowa, Louisiana, Ohio, Tennessee, and Texas) provided state-specific estimates by using the new CDC Behavioral Risk Factor Surveillance System (BRFSS) vision module. CDC analyzed data from the module to determine the self-reported prevalence of visual impairment, eye disease, eye injury, and lack of eye-care insurance and eye examination among persons aged \geq 50 years in each of these five states and among certain sociodemographic populations overall. This report describes the results of that analysis, which indicated variation in disease prevalence and use of eye care among individual states and also among racial/ ethnic populations and age groups within the five states combined. The variability among state data suggests that statespecific surveillance of visual impairment and eye care and investigation by states to identify influencing factors might lead to creation of vision programs better suited to individual state needs.

BRFSS is a state-based, random-digit—dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. The median Council of American Survey Research Organizations response rate for BRFSS in 2005 was 51.1%, with a range among states of 34.6% to 67.4%. Response rates for the five states using the optional BRFSS vision module in 2005 were as follows: Iowa, 60.2%; Louisiana, 51.4%; Ohio, 49.5%; Tennessee, 59.6%; and Texas, 45.2%. Among the five states, Louisiana provided data only for January—August because of Hurricane Katrina. Respondents were classified as having visual impairment if they answered "a little difficulty," "moderate difficulty," "extreme difficulty," or "unable to do because of eyesight" to the question, "How much difficulty, if

any, do you have in recognizing a friend across the street?" or to the question, "How much difficulty, if any, do you have watching television?"* Three selected eye diseases (i.e., cataract, glaucoma, and macular degeneration) and workplace eye injury were identified if respondents answered "yes" to the relevant questions. † Diabetic retinopathy was identified (from the BRFSS diabetes module) if respondents with diabetes answered "yes" to the question, "Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?"

The BRFSS vision module also incorporated questions relating to use of eye care. Respondents were classified as not having eye insurance if they answered "no" to the question, "Do you have any kind of health insurance coverage for eye care?" Respondents were classified as not having had a dilated eye examination in the preceding 12 months if they answered other than "within the past month" or "within the past year (1–12 months ago)" to the question, "When was the last time you had an eye exam in which the pupils were dilated?" They were classified as not having visited an eye-care professional in the preceding 12 months if they answered other than "within

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^{*}While wearing glasses or contact lenses, for those who wore them.

^{† &}quot;Have you been told by an eye doctor or other health-care professional that you now have cataracts?" "Have you ever been told by an eye doctor or other health-care professional that you had glaucoma?" "Have you ever been told by an eye doctor or other health-care professional that you had macular degeneration?" "Have you ever had an eye injury that occurred at your workplace while you were doing your work?"

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the past month" or "within the past year" to the question, "When was the last time you visited any eye-care professional?" In addition, respondents were asked the main reason they had not visited an eye-care professional in the preceding 12 months. The analyses were weighted to make estimates representative of the civilian, noninstitutionalized population in the five states.

A total of 13,931 responses[§] were analyzed using statistical software to account for the survey design complexity. Trends were assessed using linear regression by the weighted least squares method.

The self-reported prevalence of visual impairment and eye disease among persons aged ≥50 years varied among the five states that used the BRFSS vision module in 2005. The prevalence of visual impairment ranged from 14.3% (95% confidence interval [CI] = 12.9%-15.8%) in Iowa to 20.5% (CI = 18.6%-22.5%) in Ohio (Table 1). Prevalence of cataract ranged from 29.0% (Texas) to 34.3% (Iowa), prevalence of glaucoma ranged from 5.0% (Tennessee) to 7.4% (Louisiana), prevalence of macular degeneration ranged from 3.1% (Tennessee) to 5.4% (Iowa), and prevalence of diabetic retinopathy ranged from 2.7% (Ohio) to 4.3% (Louisiana). The self-reported prevalence of workplace eye injury history ranged from 5.8% (Tennessee) to 9.0% (Iowa) among the five states. With the exception of diabetic retinopathy, women had higher prevalence of visual impairment and eye disease than men. Among age groups, prevalence of cataract and glaucoma increased with age, and prevalence of workplace eye injury history decreased with age (p<0.05).

Having eye-care insurance and use of eye care also varied among the five states (Table 2). The percentage of participants reporting no eye-care insurance ranged from 46.2% (Ohio) to 55.0% (Tennessee). In addition, the percentage reporting they had not had a dilated eye examination during the preceding 12 months ranged from 40.6% (Iowa) to 46.2% (Texas); the percentage reporting no visit to an eye-care professional in the preceding 12 months ranged from 30.4% (Iowa) to 34.8% (Texas). Persons in the five states cited "no reason to go" (range: 42.8% in Louisiana to 60.9% in Iowa) and "cost/insurance" (range: 18.5% in Ohio to 22.1% in Tennessee) as the most common reasons for not having visited an eye-care professional in the preceding 12 months. Overall, persons aged 50-59 years were least likely to report not having eye-care insurance. The percentage of persons who had not had a dilated eye examination or a visit to an eye-care professional in the preceding 12 months decreased with increasing age (p<0.05). Men were more likely than women to report not having had a dilated eye examination or not having had an eye-care visit.

[§] Iowa, 2,749; Louisiana, 1,440; Ohio, 3,967; Tennessee, 2,565; and Texas, 3,210.

TABLE 1. Prevalence of self-reported visual impairment,* selected eye diseases, and workplace eye injury history among persons aged ≥50 years, by state and selected demographic characteristics — Behavioral Risk Factor Surveillance System, five states, 2005

	ir	Visual npairment	C	ataract†	G	laucoma [§]		Macular generation ¹		iabetic nopathy**		Vorkplace ye injury ^{††}
State/Characteristic	%	(95% CI§§)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Iowa	14.3	(12.9-15.8)	34.3	(32.4-36.3)	5.9	(5.0-7.0)	5.4	(4.5-6.4)	3.0	(2.4-3.8)	9.0	(7.8–10.4)
Louisiana ^{¶¶}	17.7	(15.5-20.1)	30.1	(27.5-32.8)	7.4	(6.1-9.1)	3.7	(2.8-4.9)	4.3	(3.3-5.7)	6.6	(5.2 - 8.4)
Ohio	20.5	(18.6-22.5)	30.0	(27.9 - 32.3)	5.2	(4.3-6.3)	3.8	(3.0-4.7)	2.7	(2.1-3.5)	7.0	(5.8 - 8.5)
Tennessee	17.0	(15.2-18.9)	30.2	(28.0 - 32.5)	5.0	(4.1-6.2)	3.1	(2.4-4.0)	3.8	(2.9-5.1)	5.8	(4.7-7.1)
Texas	19.8	(18.1–21.5)	29.0	(27.1–30.9)	6.9	(5.9-8.0)	4.7	(3.9-5.6)	3.9	(3.2-4.8)	7.2	(6.1-8.6)
Age (yrs)												
50–59	17.9	(16.3-19.5)	9.9**	* (8.7–11.1)	3.4*	** (2.7–4.1)	1.6	(1.2-2.2)	3.2	(2.5-3.9)	8.7**	* (7.5–10.0)
60–69	18.0	(16.3-19.7)	29.2	(27.2-31.2)	5.8	(4.8-6.9)	2.9	(2.3-3.7)	4.2	(3.4-5.2)	7.9	(6.7-9.3)
70–79	20.2	(18.2-22.3)	56.9	(54.4 - 59.4)	9.2	(7.9-10.8)	6.4	(5.3-7.7)	4.0	(3.1-5.0)	4.3	(3.3-5.5)
≥80	24.7	(21.8–27.9)	66.8	(63.3-70.1)	13.4	(11.1-16.1)	15.3	(12.7-18.3)	2.5	(1.7-3.7)	3.0	(1.8-4.8)
Sex												
Male	16.0	(14.6-17.5)	24.4	(22.8-26.1)	4.9	(4.1-5.7)	3.5	(2.9-4.3)	3.5	(2.9-4.3)	13.0	(11.6-14.4)
Female	21.5	(20.3-22.8)	34.6	(33.2-36.0)	7.2	(6.4-8.1)	4.8	(4.2-5.4)	3.6	(3.1-4.2)	2.1	(1.7-2.5)
Race/Ethnicity												
White, non-Hispanic	17.7	(16.7-18.8)	30.8	(29.6-32.0)	5.3	(4.8 - 5.9)	4.3	(3.8-4.9)	2.5	(2.2-3.0)	7.1	(6.4-7.9)
Black, non-Hispanic	23.2	(20.0-26.9)	25.1	(21.9-28.6)	10.2	(8.2-12.7)	2.5	(1.6-3.9)	8.0	(5.9-10.8)	4.0	(2.8-5.6)
Other race	22.0	(16.8-28.2)	29.2	(23.2 - 35.9)	5.7	(3.6-8.8)	6.3	(3.7-10.6)	4.1†††	(2.2-7.4)	10.9	(7.2-16.0)
Hispanic	25.8	(21.4-30.6)	25.4	(21.3-30.1)	10.3	(7.5-14.0)	3.8	(2.3-6.2)	8.7	(6.3-11.8)	7.5	(4.8–11.5)
Education												
Less than high school	28.4	(25.6-31.4)	38.0§§	§ (35.0–41.1)	10.0	(8.1-12.2)	5.3	(4.1-6.9)	5.8§§	(4.6-7.4)	8.8	(7.0-10.9)
High school graduate	20.2	(18.5-21.9)	31.8	(29.9-33.7)	6.2	(5.2-7.2)	3.9	(3.3-4.7)	4.3	(3.6-5.2)	7.9	(6.7 - 9.2)
More than high school	15.5	(14.3–16.7)	26.5	(25.1-28.0)	5.0	(4.4-5.8)	4.1	(3.5-4.8)	2.4	(1.9-3.0)	6.1	(5.2-7.0)
Annual household incor												
<\$15,000	31.9 [¶]	[¶] (28.8–35.3)	39.1 ^{¶¶}	^{l¶} (35.9–42.5)	10.7 [¶]	^{¶¶} (8.8–13.0)	6.0 [¶]	¶¶ (4.7–7.7)	5.8¶¶	(4.5-7.6)	9.1	(7.0-11.7)
\$15,000-\$24,999	23.4	(21.0-26.1)	37.8	(35.1-40.6)	8.1	(6.8-9.8)	5.6	(4.6-6.9)	5.0	(3.9-6.5)	7.3	(5.8-9.1)
\$25,000-\$34,999	18.9	(16.3-21.7)	34.8	(31.5-38.1)	6.1	(4.7-7.9)	4.8	(3.4-6.6)	3.6	(2.6-5.1)	8.7	(6.5-11.5)
\$35,000-\$49,999	17.3	(15.0–19.9)	25.8	(23.0–28.7)	5.0	(3.6-6.7)	3.6	(2.6–5.1)	2.4	(1.5–3.7)	8.9	(7.0–11.1)
≥\$50,000	12.8	(11.4-14.4)	17.5	(15.8-19.3)	2.9	(2.3-3.7)	1.8	(1.3-2.4)	2.0	(1.5-2.8)	6.0	(5.0-7.3)

^{*} Respondents were classified as having visual impairment if they answered "a little difficulty," "moderate difficulty," "extreme difficulty," or "unable to do because of eyesight" to the question: "How much difficulty, if any, do you have in recognizing a friend across the street?" or to the question, "How much difficulty, if any, do you have watching television?"

Having eye-care insurance and use of eye care also varied by race/ethnicity, education, and income (p<0.05). Hispanics were more likely than non-Hispanic whites to report not having eye-care insurance, not having had a dilated eye examination, and not having had an eye-care visit during the preceding 12 months. Respondents with less than a high school education or annual household income <\$15,000 were least likely to use eye-care services. Moreover, the percentage without eye-care insurance decreased as education and income levels increased (p<0.05).

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Editorial Note: This report is the first to provide state-specific estimates of the self-reported prevalence of visual impairment, eye disease, and use of eye-care services. The varied prevalences among states suggest needs for state-level surveillance of visual impairment and investigation of potential barriers to eye care to enable development of vision-loss prevention and eye-health promotion programs tailored to individual state needs.

Approximately half of those who did not visit an eye-care professional during the preceding 12 months said they had no reason to go. The lack of concern regarding the need for

[†] Respondents were classified as having cataract if they answered "yes" or "yes, but had them removed" to the question: "Have you been told by an eye doctor or other health-care professional that you now have cataracts?"

[§] Respondents were classified as having glaucoma if they answered "yes" to the question: "Have you ever been told by an eye doctor or other health-care professional that you had glaucoma?"

Respondents were classified as having macular degeneration if they answered "yes" to the question: "Have you ever been told by an eye doctor or other health-care professional that you had macular degeneration?"

professional that you had macular degeneration?

** Respondents were classified as having diabetic retinopathy if they answered "yes" to the question: "Has a doctor ever told you that diabetes has affected your eyes or that you have a doctor ever told you that diabetes has affected your eyes or that you

had retinopathy?"

†† Respondents were classified as having had a workplace eye injury if they answered "yes" to the question: "Have you ever had an eye injury that occurred at your workplace while you were doing your work?"

^{§§} Confidence interval.

M Because of Hurricane Katrina, Louisiana provided data only for January-August.

^{***} The prevalence of cataract and glaucoma increased and the prevalence of workplace eye injury history decreased with increasing age (p<0.05).

^{###} Estimates with a relative standard error >30%. These estimates are considered statistically unreliable and should be interpreted with caution.

^{\$\$\$} The prevalence of cataract and diabetic retinopathy decreased as education level increased (p<0.05).

The prevalence of visual impairment and eye disease decreased as income level increased (p<0.05).

TABLE 2. Prevalence of no eye-care insurance, no dilated eye examination, and no visit to an eye-care professional among persons aged >50 years, by state and selected demographic characteristics — Behavioral Risk Factor Surveillance System, five states, 2005

	No	eve-care	No	dilated	No v	isit to an [§]		Reason for r	no eye-care v	visit [¶]
		surance*	eye ex	amination†	eye-care	professional	No re	ason to go	Cost/II	nsurance
State/Characteristic	%	(95% CI**)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Iowa	51.8	(49.7–53.9)	40.6	(38.3-42.9)	30.4	(28.5–32.4)	60.9	(57.0-64.6)	20.3	(17.4–23.6)
Louisiana ^{††}	50.5	(47.5-53.5)	41.7	(38.3-45.1)	32.0	(29.2-34.9)	42.8	(37.5-48.2)	20.3	(16.4-24.9)
Ohio	46.2	(43.8–48.7)	43.3	(40.6–46.1)	33.1	(30.8–35.4)	55.6	(51.2–59.9)	18.5	(15.4–22.0)
Tennessee	55.0	(52.4–57.6)	42.7	(39.9–45.5)	31.2	(28.9–33.6)	48.1	(43.6–52.7)	22.1	(18.6–26.0)
Texas	52.5	(50.3–54.6)	46.2	(43.8–48.6)	34.8	(32.7–36.9)	49.8	(46.0–53.6)	20.0	(17.1–23.2)
Age (yrs)										
50–59	46.8	(44.8 - 48.9)	52.7 ^{§§}	(50.4-54.9)	39.8§	(37.8-41.8)	47.0¶¶	(43.6-50.3)	22.9	(20.3-25.7)
60–69	55.3	(53.1-57.6)	43.9	(41.4-46.4)	33.2	(31.1 - 35.3)	53.4	(49.5-57.2)	22.4	(19.3-25.8)
70–79	52.8	(50.3-55.4)	32.1	(29.5-34.9)	25.0	(22.8-27.3)	57.7	(52.5-62.8)	10.7	(7.8-14.6)
<u>≥</u> 80	53.1	(49.5-56.7)	29.2	(25.7-33.1)	20.7	(17.9-23.9)	62.7	(54.8–70.1)	5.7***	(3.1-10.4)
Sex										
Male	49.3	(47.2-51.3)	48.5	(46.2 - 50.8)	38.2	(36.2 - 40.2)	58.9	(55.4-62.2)	14.4	(12.1-17.0)
Female	52.3	(50.8 - 53.8)	40.4	(38.8-42.1)	29.1	(27.8-30.5)	42.9	(40.2 - 45.7)	26.0	(23.6-28.6)
Race/Ethnicity										
White, non-Hispanic	50.7	(49.4-52.1)	43.3	(41.8-44.8)	32.7	(31.4-33.9)	54.8	(52.4-57.2)	16.7	(15.0-18.4)
Black, non-Hispanic	43.9	(39.8-48.1)	47.0	(42.0-52.1)	33.2	(29.3-37.3)	41.9	(34.8-49.2)	27.5	(21.2 - 34.8)
Other race	43.8	(36.5-51.4)	44.3	(35.9-53.0)	36.7	(29.4-44.8)	42.0	(29.2-56.0)	26.0	(15.4-40.4)
Hispanic	63.2	(57.9-68.2)	52.3	(45.8-58.7)	38.5	(33.3-43.9)	34.7	(27.0-43.4)	35.9	(27.9-44.7)
Education										
Less than high school	64.5†††	(61.4-67.5)	52.6	(48.8-56.4)	41.6	(38.4-45.0)	38.9	(33.9-44.0)	31.5 ^{§§§}	(26.7 - 36.7)
High school graduate	54.5	(52.4-56.7)	44.4	(42.1 - 46.8)	33.3	(31.3-35.3)	51.2	(47.5-54.9)	22.1	(19.3-25.3)
More than high school	44.8	(43.1 - 46.5)	41.8	(40.0 - 43.7)	30.8	(29.2-32.5)	56.5	(53.2-59.7)	13.5	(11.5-15.8)
Annual household income										
<\$15,000	67.1†††	(63.7-70.3)	50.4	(46.4-54.4)	39.1	(35.8-42.5)	35.2 ^{¶¶}	(30.3-40.4)	43.4§§§	(37.9-49.1)
\$15,000-\$24,999	59.8	(56.9-62.7)	43.9	(40.6-47.3)	34.0	(31.3-36.8)	41.6	(36.9-46.5)	31.4	(26.8 - 36.4)
\$25,000-\$34,999	49.7	(46.1–53.3)	44.4	(40.4–48.4)	32.5	(29.1–36.2)	57.4	(50.4–64.1)	18.1	(13.8–23.2)
\$35,000-\$49,999	46.5	(43.1-49.9)	45.5	(41.9-49.2)	33.7	(30.5-37.0)	54.3	(48.2-60.1)	13.7	(10.3–18.1)
≥\$50,000	40.4	(38.0-42.7)	43.8	(41.3-46.4)	32.3	(30.0-34.6)	61.9	(57.6–66.0)	6.4	(4.7-8.7)

- * Respondents who had no health insurance coverage for eye care.
- † Respondents who had not had a dilated eye examination in the preceding 12 months.
- § Respondents who had not visited an eye-care professional in the preceding 12 months.
- 1 Respondents were asked the main reason they had not visited an eye-care professional in the preceding 12 months. The two most cited reasons were "no reason to go" and "cost/insurance."
- ** Confidence interval
- †† Because of Hurricane Katrina, Louisiana provided data only for January-August.
- The percentage of persons with no dilated eye examination or visit to an eye-care professional in the preceding 12 months decreased with increasing age (p<0.05).
- The percentage of persons citing "no reason to go" increased with increasing age and increasing income (p<0.05).
- *** Estimates with a relative standard error >30%. These estimates are considered statistically unreliable and should be interpreted with caution.
- ††† The percentage of persons not having eye-care insurance decreased as education and income levels increased (p<0.05).
- \$\$\$ The percentage of persons citing "cost/insurance" decreased as education and income level increased (p<0.05)

preventive eye care remains a major public health concern. Early detection and timely treatment can prevent visual impairment and progression of conditions leading to blindness. An annual dilated eye examination is recommended for persons with diabetes or aged ≥ 65 years (4); by comparison, approximately 44% of those aged 60-69 years and 32% of those aged 70–79 years had not had a dilated eye examination during the preceding 12 months. Many eye problems are asymptomatic initially, and regular eye examinations can help delay or limit the progression of vision loss and eye diseases (5). In addition, efficacious and cost-effective strategies to detect and treat certain eye diseases exist (6–9). However, in this study, approximately 41%–46% of respondents aged ≥50 years had not had a dilated eye examination, and approximately 30%-35% had not visited an eye-care professional during the preceding 12 months. The finding that prevalence of workplace eye injury history decreased with increasing age appears counterintuitive and suggests a need for further study.

This report is subject to at least three limitations. First, the prevalences of visual impairment and eye diseases are self-reported and might be different than objective clinical measurements. Second, the data are collected by telephone survey and might not be representative of persons without landline telephones. Finally, institutionalized populations (e.g., nursing home residents) are not included in BRFSS.

CDC provides resources and technical assistance to state health departments to increase surveillance of visual impairment and eye diseases. The new BRFSS vision module can be used to help public health agencies plan, implement, and evaluate programs on vision-loss prevention and eye-health promotion at national, state, and local levels and can help monitor *Healthy People 2010* objectives regarding eye care. These data can enable CDC and states to better assess the need for eye care, identify groups at high risk for eye disease, reduce health disparities, allocate scarce resources, and target effective intervention activities.

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Public Health Surveillance for Smallpox — United States, 2003–2005

In June 1987, nearly 10 years after the World Health Organization (WHO) declared smallpox eradicated, the Council of State and Territorial Epidemiologists (CSTE) recommended removal of smallpox, a highly contagious viral disease, from the National Notifiable Diseases Surveillance System (NNDSS) (1).* However, the attacks of September 11, 2001, raised concern that smallpox (variola) virus, might exist in laboratories other than two WHO-designated repositories and could be used as an agent of biologic terrorism (2). In response to this concern, CSTE and CDC recommended in June 2003 that smallpox again be made reportable through NNDSS and that all states, territories, and cities add smallpox to their lists of reportable diseases (3). In 2005, CSTE conducted a cross-sectional survey in the United States and its territories to assess key components for surveillance of suspected smallpox disease, including legal reporting requirements, laboratory testing, and training and education (e.g., oral presentations and guides). This report summarizes the results of that survey, which indicated that 100% had the capacity to receive and investigate reports, 94% of states had legal requirements to report suspected smallpox disease, 70% had mandatory laboratory reporting of results indicative of smallpox disease, and 68% were providing ongoing training and education of health-care providers and public health staff.

During August–October 2005, CSTE sent an e-mail to all state epidemiologists asking them to participate in the survey, which was available online to all 50 states, the District of Columbia (DC), eight U.S. territories, and health departments of nine large cities. A total of 46 states and DC (92%), one territory (13%), and seven large cities (78%) responded to the survey, for an overall response rate of 81%. The survey respondents were senior-level epidemiologists.

Forty-three of the 46 responding states and DC (94%) and all seven cities indicated having reporting requirements and other components of a surveillance system to detect suspected smallpox disease. In addition, 25 states and DC (55%) and four cities (57%) required reporting of varicella (chickenpox), a potentially severe vesicular or pustular rash illness with certain signs and symptoms similar to smallpox. Participants also reported that other surveillance systems were in place to detect suspected smallpox disease, including 1) syndromic surveillance in 33 states and DC (72%) and six cities (86%) and 2) rash illness surveillance in 29 states and DC (64%) and four cities (57%).

All 55 respondents reported having the capacity to receive and investigate reports of suspected smallpox disease 24 hours a day and 7 days a week. Forty-one states and DC (89%) had the capacity to receive disease reports primarily by telephone and 33 (70%) primarily by fax. Fifteen (32%) respondents indicated the capacity to receive reports by e-mail and 13 (28%) via the Internet. Of the 46 responding states and DC, 42 (89%) had the ability to investigate reports by telephone, 38 (81%) by e-mail, 33 (70%) by other methods, and 31 (66%) by fax. Field or home visits were reported as the methods least likely to be used for investigation of persons with suspected smallpox (12 [26%] of 46 respondents). For the seven large cities, the patterns for receiving and investigating reports were similar.

For tests related to orthopoxviruses, including smallpox virus, 31 states and DC (68%) reported they would use the CDC laboratory; 30 (64%) would use a state health laboratory, 10 (21%) a neighboring state laboratory, four (9%) another laboratory, and three (6%) an academic facility. Twenty-six states and DC (57%) reported their state public health laboratory could rapidly provide testing by orthopoxvirus nonvariola polymerase chain reaction (PCR)

^{*} Decisions to include or exclude a disease from NNDSS are based on the extent of its associated morbidity and mortality and on its amenability to intervention and control.

assay and viral culture[†]; 22 (47%) could provide testing by orthopoxvirus PCR assay, 10 (21%) by a variola PCR assay, and seven (15%) by electron microscopy.

During 2004, an estimated 69,000 health-care and public health practitioners were trained in smallpox clinical presentation, diagnosis, and surveillance during pre-event and postevent periods by state, territorial, and large-city public health agencies. The primary means for training included presentations (58%) or using CDC materials (56%). An average of 7.8 training sessions (median: two; range: 0–133) were offered by a state public health agency, and 10.4 sessions (median: three; range: 0–116) were offered by local and county public health agencies. Professionals targeted for training were primarily public health personnel (64%), hospital emergency department staff members (44%), and other hospital staff members (45%).

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Editorial Note: As with any notifiable disease, legal requirements for mandatory reporting of smallpox are necessary for complete and timely reporting of suspected or confirmed cases (4,5). These legal requirements are the foundation for statebased surveillance in the event of a terrorist attack, specifically for smallpox and other agents of biologic terrorism (i.e., Category A, B, and C agents as defined by CDC) (6). Most states also have general authority to collect data on matters of public health importance, disease outbreaks, or unusual or unforeseen occurrences (7,8). State reporting requirements, including laboratory reporting requirements, constitute a core set of components for smallpox-specific surveillance that can detect disease quickly and lead to rapid case investigation (9). These components are coupled with increased ability of terrorism-preparedness programs in states to receive and investigate reports, conduct key syndromic or other surveillance to detect smallpox, and conduct ongoing education and training sessions on smallpox recognition and disease surveil-

Several factors have contributed to the ability of state health departments to conduct surveillance and respond to suspected

smallpox cases. States can mandate reporting by hospitals, laboratories, physicians, and other health entities for a disease within their jurisdiction. In October 2005, CSTE updated its annual NNDSS Queriable Database and noted that smallpox was reportable by law in 46 states and DC (7). Since then, two of the four states in the database that had not indicated smallpox was a reportable condition now have listed it as one of the state's notifiable diseases. The other two states report outbreaks of any kind or an unusual number of cases of any infectious disease, including smallpox.

Increases in federal funds also have affected state preparedness programs. During 2002–2005, state and local health departments received nearly \$3.5 billion in federal funds to bolster state public health preparedness programs. The funds were used in part to strengthen surveillance capacity related to agents of biologic terrorism. Increased funding in terrorism preparedness and emergency response also has increased the number of epidemiologists and increased the capacity for state-level preparedness (9). Furthermore, a greater percentage of states reported substantial to full capacity to monitor health status and to identify and investigate health problems and health hazards in communities (9).

Current reporting requirements and surveillance systems, access to laboratory facilities and modes of communication to receive information, and training of public health professionals and health-care practitioners have enhanced the public health system's capacity for responding to suspected cases of smallpox disease. The findings from the CSTE survey indicate that, in the event of suspected smallpox, the public health infrastructure has components in place to detect, receive reports of, investigate, and confirm or rule out the disease. Given that states have addressed the legal and infrastructure requirements necessary to report smallpox, continued measures should focus on the advancement of 1) reported data from physicians, laboratories, and hospitals to a public health agency, and 2) early-event-detection systems to detect suspected smallpox disease. Finally, because clinicians typically are the first to identify and diagnose disease (10), measures should focus on dissemination of educational and training materials to health-care providers, emergency medical services personnel, and public health practitioners.

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[†] Certain states indicated that their state public health laboratory could perform a viral culture; however, viral culture for variola virus is not recommended for patients with suspicious rash illness, and such a procedure should be conducted only in a designated Biosafety Level 4 laboratory because of the increased risk to unvaccinated laboratory personnel. CDC/Association of Public Health Laboratories guidelines for suspected smallpox and specimen handling are available at http://www.bt.cdc.gov/agent/smallpox/diagnosis/riskalgorithm and http://www.bt.cdc.gov/agent/smallpox/diagnosis/rashtestingprotocol.asp.

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Immunization Information Systems Progress — United States, 2005

Immunization registries are confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers, generate reminder and recall notifications, and assess vaccination coverage within a defined geographic area (1,2). A registry with added capabilities, such as vaccine management, adverse event reporting, lifespan vaccination histories, and linkages with electronic data sources, is called an immunization information system (IIS) (3). This report summarizes data from CDC's 2005 Immunization Information System Annual Report (IISAR), a survey of grantees in 50 states, five cities, † and the District of Columbia (DC) that receive funding under section 317b of the Public Health Service Act. These data indicated that approximately 56% of U.S. children aged <6 years participated in an IIS, an increase from 48% in 2004. Moreover, 75% percent of public vaccination provider sites and 44% of private vaccination provider sites submitted vaccination data to an IIS during July-December 2005. These findings underscore the need to increase the number of participating children, from the current 13 million to approximately 21 million, to assure 95% participation of children aged <6 years and improve the effectiveness of U.S. immunization programs.

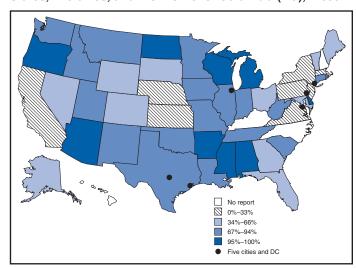
The 2005 IISAR, a self-administered, Internet-based questionnaire, was available to immunization program managers as part of an annual reporting requirement. As in previous years, respondents were asked about the number of children

aged <6 years participating in the IIS, the number of health-care provider sites participating in the IIS, and other programmatic and technical capabilities (e.g., data linkages with other public health programs, data use, vaccine management, software and hardware capabilities, and reporting functions). All 56 grantees were asked to complete the questionnaire; 52 reported on the number of children aged <6 years participating in an IIS. Estimates of the total number of children aged <6 years were based on 2005 U.S. census data.

The findings indicated that, of approximately 23 million U.S. children aged <6 years, an estimated 13 million (56%) participated in an IIS. Eleven (20%) IIS grantees (Alabama, Arkansas, Arizona, Delaware, Michigan, Mississippi, New York City, North Dakota, Oregon, Philadelphia, and Wisconsin) had >95% of children aged <6 years participating in an IIS (Figure). Eleven (20%) other IIS grantees (DC, Idaho, Iowa, Louisiana, Missouri, Montana, Oklahoma, Rhode Island, Tennessee, Utah, and Washington) had participation ranging from 81% to 94%.

Approximately 75% of public vaccination provider sites and 44% of private vaccination provider sites submitted vaccination data to an IIS during July–December 2005. Twenty-two (39%) grantees reported that >95% of public vaccination

FIGURE. Percentage of children aged <6 years participating* in a grantee† immunization information system — United States, five cities, and the District of Columbia (DC),§ 2005



SOURCE: 2005 Immunization Information System Annual Report.

^{*} Participation is defined as having two or more recorded vaccinations.

[†] Chicago, Illinois; Houston, Texas; New York City, New York; Philadelphia, Pennsylvania; and San Antonio, Texas.

[§] Number of provider vaccination sites (public and private) is based on grantee self-reports.

^{*}Participation is defined as having two or more vaccinations recorded in an immunization information system.

Grantees include 50 states, five cities, and DC, funded under section 317b of the Public Health Service Act.

Chicago, Illinois (34%–66%); DC (67%–94%); Houston, Texas (34%–66%); New York City, New York (95%–100%); Philadelphia, Pennsylvania (95%–100%); San Antonio, Texas (67%–94%); United States (56%).

provider sites submitted vaccination data to an IIS; eight (14%) reported submission of vaccination data by 81%–94% of public provider vaccination sites. Eight (14%) grantees (Arkansas, Connecticut, DC, Mississippi, North Dakota, Philadelphia, San Antonio, and South Dakota,) reported that >95% of private vaccination provider sites submitted vaccination data to an IIS; five (9%) (Arizona, Delaware, Michigan, Oregon, and Wisconsin) reported data submission by 81%–94% of private provider vaccination sites.

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Editorial Note: In 2005, approximately 56% of U.S. children aged <6 years participated in an IIS, an increase from 48% in 2004, or approximately 2 million more children (*3*). In addition, IIS private-provider–site participation increased from 39% in 2004 to 44% in 2005.

IISs are being used increasingly as a decision-making tool for immunization programs and health-care providers to generate patient reminders and recalls, perform vaccine inventory management and distribution tasks, conduct routine public health surveillance, conduct school assessments, and identify clusters of undervaccinated children. Data from IISs have been used by immunization programs to make more effective and timely decisions. For example, during a routine Vaccines for Children Program site visit, the Oregon Immunization Program discovered that one vaccine (diphtheria and tetanus toxoids and acellular pertussis vaccine [DTaP]) was not being stored at proper temperatures in a pediatric clinic. According to data in the Oregon IIS, approximately 3,100 children had received 1 or more doses of DTaP or TriHIBit®¶ (Sanofi Pasteur, Swiftwater, Pennsylvania) vaccine during the period in which the vaccines were improperly stored. Within 8 days, Oregon IIS staff members had coordinated with the clinic to compile the necessary information to conduct a patient recall. An estimated 3,100 families received notices to return for revaccination; 1,280 (41%) children returned to the clinic and received 1 or more doses of vaccine containing diphtheria and tetanus within 90 days after the notice was mailed.

The ability to share and exchange data with other information systems also has increased the usefulness of IISs for health insurance providers, health department clinics, Medicaid, and schools. The ability to use IIS data to comply with schoolentry laws has ensured up-to-date vaccinations for children

and improved the quality of IIS data. In 2005, a total of 38 (75%) grantees provided elementary schools with access to IIS data to monitor, document, and comply with school entry laws.

In 2003, the Georgia Registry of Immunization Transactions and Services (GRITS) formed a partnership with the Houston Hot Shots Coalition in Houston County, Georgia, to increase use of GRITS in kindergarten classes and elementary schools in Houston County. Before 2003, annual kindergarten up-to-date vaccination rates for the Houston County Board of Education ranged from 67% to 90%. After implementing the partnership's recommendation to use GRITS for the 2003-04 school year audit, the rate for all 22 elementary schools was 100%. As a result of this success, the coalition presented the school superintendent with a proposal that GRITS be the official school-vaccination record for all students and that all students entering Houston County schools have their vaccination records validated by GRITS. The coalition proposal was approved by the school superintendent and implemented for the 2006-07 school year.

In DC, the Department of Health collaborated with DC Public Schools (DCPS) and other partners on the DC School Immunization Project, which successfully monitored and documented school vaccination rates for the estimated 54,000 children enrolled in DCPS. The project objectives were to 1) use local partnerships to link traditional and high-technology quality-improvement strategies to overcome limited resources and achieve higher school vaccination rates; 2) identify and track vaccination levels for all public school children; and 3) use the IIS for quality improvement and improvement of overall vaccination rates and accuracy. DCPS provided the IIS with weekly enrollment files, which kept IIS staff members informed about new enrollees and allowed them to update vaccination rates. In addition, health insurance providers in the DC area provided the IIS with electronic enrollment data monthly, and the IIS provided updated information on the vaccination status of enrollees, including a list, by school, of enrolled students who met vaccination requirements. Before 2001, IISs were used for assessing DCPS vaccination compliance for entry to school and middle schools only. After implementing schoolwide policies to use IISs, the proportion of students with documentation of DCPS-required vaccinations increased from 40% in June 2001 to 96% in June 2006. At the end of the 2005-2006 school year, 155 (98%) of 158 schools in DCPS had compliance rates of ≥90%, and 28 had rates of 100%.

The findings in this report are subject to at least two limitations. First, data from the 2005 IISAR are self-reported, which might have resulted in reporting bias. Second, because some grantees did not report data, the IIS participation rates for

[¶] Combination *Haemophilus influenzae* B conjugate vaccine (ACTHib[®] [Sanofi Pasteur]) reconstituted with DTaP (Tripedia[®] [Sanofi Pasteur]).

children aged <6 years and providers might be underestimated or overestimated.

Immunization programs that use IIS data have improved the quality of vaccination activities in various settings in Oregon, Georgia, and DC. These examples illustrate the usefulness of IIS data for assessing program activities and measuring progress toward reaching immunization program goals. As participation in IIS increases and data quality improves, data from IIS will improve the effectiveness and efficiency of immunization programs throughout the United States.

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Brief Report

Influenza Vaccination Coverage Among Children Aged 6–23 Months — Six Immunization Information System Sentinel Sites, United States, 2005–06 Influenza Season

Beginning with the 2004-05 influenza season, the Advisory Committee on Immunization Practices (ACIP) recommended that all children aged 6-23 months receive influenza vaccinations annually (1). Other children recommended to receive influenza vaccinations include those aged 6 months-18 years who have certain high-risk medical conditions, those on chronic aspirin therapy, those who are household contacts of persons at high risk for influenza complications, and, since 2006, all children aged 24-59 months (1). Previously unvaccinated children aged <9 years need 2 doses administered at least 1 month apart to be considered fully vaccinated (1). This report assesses influenza vaccination coverage among children aged 6-23 months during the 2005-06 influenza season by using data from six immunization information system (IIS) sentinel sites. The findings demonstrate that vaccination coverage with 1 or more doses varied widely (range: 6.6% to 60.4%) among sites, with coverage increasing from the preceding influenza season in four of the six sites. However, <23% of children in five of the sites were fully vaccinated, underscoring the need for increased measures to improve the proportion of children who are fully vaccinated.

This report is based on data from IISs, which are confidential, computerized systems that maintain vaccine administration information and have other important capabilities (e.g., vaccine management, adverse event reporting, assistance in disease surveillance activities, and linkages with electronic data sources). CDC collaborates with IIS sentinel sites in five states (Arizona, Michigan, Minnesota, Montana, and Oregon) and the District of Columbia to promote population-based analysis of IIS data for immunization program assessment and evaluation. The sites represent geographically contiguous counties or census tracts for which IIS data are collected on ≥10,000 children aged <6 years, representing >95% of the population in that age group in that area. Sentinel sites also have approximately 90% of the vaccine provider locations in the geographic area as IIS participants.

Vaccination coverage was estimated for September 1, 2005–March 31, 2006, among children who were aged 6–23 months during the entire period (i.e., children born during April 1, 2004–March 1, 2005). Two measures of vaccination coverage were reported: 1) receipt of 1 or more doses of influenza vaccine during September 2005–March 2006 and 2) receipt of 2 or more doses of influenza vaccine (i.e., fully vaccinated). Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2005, but then received 2 doses during September 1, 2005–March 31, 2006, or 2) received 1 or more doses of influenza vaccine before September 1, 2005, and then received 1 or more additional doses during September 1, 2005–March 31, 2006.

Vaccination coverage with 1 or more doses among children aged 6–23 months ranged from 6.6% to 60.4% in the sentinel sites (Table). Percentages of children who were fully vaccinated ranged from 2.3% to 43.4%. Compared with the 2004–05 influenza season (2), vaccination coverage with 1 or more doses increased at four sentinel sites and decreased at two sites (Table). The percentage of children who were fully vaccinated remained the same at one sentinel site, decreased at one site, and increased at four sites.

National Immunization Survey (NIS) estimates for the 2005–06 influenza season are not yet available; however, previous IIS estimates of influenza vaccination coverage among children have been similar to NIS results (Table) (3). During the 2005–06 season, the disparity in vaccination coverage among the IIS sentinel sites was likely a result of the degree of vaccine promotion in each locale and the likelihood of reporting the administered doses to the IIS. For example, health-care workers at Site F indicated that anecdotal evidence and previous NIS estimates suggest that the low reported vaccination coverage likely reflects underreporting of influenza vaccination to the IIS rather than the actual coverage.

TABLE. Influenza vaccination coverage levels among children aged 6–23 months — six immunization information system (IIS) sentinel sites (2004–05 and 2005–06 influenza seasons) and National Immunization Survey (NIS) (2004–05 influenza season), United States

			2004-05	influenza seas	on		2005–06 infl	uenza season
		more duenza v	loses vaccine	Fully	/ vaccir	nated	1 or more doses of influenza vaccine	Fully vaccinated
	IIS sentinel sites		NIS	IIS sentinel sites		NIS	IIS sentinel sites	IIS sentinel sites
IIS sentinel site	%	%	(95% CI*)	%	%	(95% CI)	%	%
A	30.0	. (,		13.1	12.4	(8.4–16.4)	38.5	22.6
В	34.5	33.9	(26.4-41.4)	15.4	18.7	(12.9-24.5)	38.9	20.4
С	26.5	32.5	(24.4-40.6)	11.4	16.9	(10.4-23.4)	33.4	17.9
D	47.6	50.6	(41.1-60.1)	18.5	25.1	(16.9 - 33.3)	42.9	5.7
E	35.6	30.3	(22.0 - 38.6)	18.5	13.1	(7.3-18.9)	60.4	43.4
F	8.2	31.1	(23.3-38.9)	2.1	12.2	(7.1-17.3)	6.6	2.3

^{*} Confidence interval.

Although limitations exist regarding the use of IIS data, state health departments should consider the IIS as a means for rapidly assessing influenza vaccination coverage. Prompt reporting of influenza vaccinations to the IIS can enable local or statewide assessments during the current influenza season, aiding measures to increase the proportion of fully vaccinated children.

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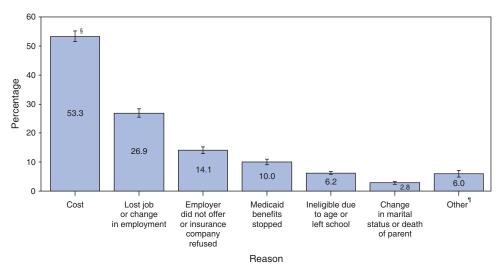
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QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Reasons for No Health Insurance Coverage* Among Uninsured Persons Aged <65 Years — National Health Interview Survey, United States, 2004[†]



- *Based on response to a survey question regarding the reasons a household member stopped being covered by health insurance or did not have health insurance. Persons might be counted in more than one category.
- [†] Estimates are age adjusted using the 2000 projected U.S. population as the standard population and using four age groups: 0–11 years, 12–17 years, 18–44 years, and 45–64 years. Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
- § 95% confidence interval.
- ¶ Includes moved, self-employed, never had coverage, did not want or need coverage, and other unspecified reasons.

Overall, approximately 17% (41 million) of persons aged <65 years had no health insurance at the time of interview. Of these, approximately one half did not have coverage because of cost, and one fourth did not have coverage because of loss of a job or a change in employment. Approximately 14% of uninsured persons did not have coverage because their employer did not offer it or the insurance company refused coverage, and 10% did not have coverage because of cessation of Medicaid benefits. Less than 3% of persons without health insurance did not have coverage because of a change in marital status or death of a parent.

SOURCE: Adams PF, Barnes PM. Summary health statistics for the U.S. population: National Health Inteview Survey, 2004. National Center for Health Statistics. Vital Health Stat 2006;10(229). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_229.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 9, 2006 (49th 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	0				2	23	
Botulism:									
foodborne	_	13	1	19	16	20	28	39	
infant	_	76	2	90	87	76	69	97	
other (wound & unspecified)	1	45	1	33	30	33	21	19	CA (1)
Brucellosis	_	102	2	122	114	104	125	136	
Chancroid	_	27	1	17	30	54	67	38	
Cholera	_	6	0	8	5	2	2	3	
Cyclosporiasis§	_	114	2	716	171	75	156	147	
Diphtheria	_	_	_	_	_	1	1	2	
Domestic arboviral diseases ^{§,1} :		_				400			
California serogroup	_	7	1	80	112	108	164	128	
eastern equine	_	_	0	21	6	14	10	9	
Powassan	_	_	_	1	1		1	N	
St. Louis	_	3	0	13	12	41 —	28	79	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis§:	17	420	9	790	537	362	511	261	CT (1) NV (16)
human granulocytic human monocytic	7	385	5	521	338	321	216	142	CT (1), NY (16) NY (7)
human (other & unspecified)		171	1	122	59	44	23	6	141 (7)
Haemophilus influenzae,**	_	171	,	122	39	44	23	U	
invasive disease (age <5 yrs):									
serotype b	_	8	0	9	19	32	34	_	
nonserotype b	_	78	2	135	135	117	144	_	
unknown serotype	1	189	3	217	177	227	153	_	GA (1)
Hansen disease§	_	68	2	88	105	95	96	79	J (·)
Hantavirus pulmonary syndrome§	_	29	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	2	225	4	221	200	178	216	202	NC (1), OK (1)
Hepatitis C viral, acute	13	705	28	751	713	1,102	1,835	3,976	NY (1), MI (3), MO (1), DC (1), NC (1), TN (1), LA
(1), OK (1), TX (1), CA (2)									
HIV infection, pediatric (age <13 yrs)§,††	_	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality ^{§,§§}	_	40	0	45	_	N	N	N	
Listeriosis	13	683	13	892	753	696	665	613	RI (1), NY (7), PA (1), IN (1), NC (1), FL (1), AL (1)
Measles [¶]	_	45	0	66	37	56	44	116	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	207	5	297	_	_	_	_	TX (1)
serogroup B	2	123	4	157	_	_	_	_	IN (1), FL (1)
other serogroup	1	21	0	27		_		_	MN (1)
Mumps	9	6,221	5	314	258	231	270	266	PA (1), OH (2), KS (2), MD (2), FL (1), AL (1)
Plague	_	16	0	8	3	1	2	2	
Poliomyelitis, paralytic Psittacosis [§]	_	— 19		1 19	12	 12	— 18	 25	
Q fever§	1	142	1	139	70	71	61	26	MN (1)
Rabies, human		2	0	2	70	2	3	1	IVIIV (1)
Rubella	_	9	0	11	10	7	18	23	
Rubella, congenital syndrome	_	1	0	1	_	1	1	3	
SARS-CoV ^{§,†††}	_		_		_	8	N	Ň	
Smallpox§	_	_	_	_	_	_			
Streptococcal toxic-shock syndrome§	1	86	2	129	132	161	118	77	MN (1)
Streptococcus pneumoniae,§									(.)
invasive disease (age <5 yrs)	18	1,011	19	1,257	1,162	845	513	498	NY (3), OH (7), IN (1), MN (2), KS (1), DC (1),
	-	•	-	, -	, -	-	-		OK (1), AZ (2)
Syphilis, congenital (age <1 yr)	1	253	8	361	353	413	412	441	AZ (1)
Tetanus	_	19	1	27	34	20	25	37	• •
Toxic-shock syndrome (other than streptococca	al)§ —	91	2	96	95	133	109	127	
Trichinellosis	_	11	0	19	5	6	14	22	
Tularemia§	_	83	2	154	134	129	90	129	
Typhoid fever	5	253	5	324	322	356	321	368	PA (1), MD (1), WA (1), CA (2)
Vancomycin-intermediate Staphylococcus aure		3	_	2	_	N	N	N	
Vancomycin-resistant Staphylococcus aureus§	_	_	_	3	1	N	N	N	
Yellow fever	_	_	_	_	_	_	1	_	

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

^{*} Incidence data for reporting year 2006 are provisional, whereas data for 2001, 2002, 2003, 2004, and 2005 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.

th Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Pediatric HIV data will not be updated monthly for the remainder of this year due to upgrading of the national HIV/AIDS surveillance data management system. Data for HIV/AIDS are available in Table IV quarterly.

Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

Mo measles cases were reported for the current week.

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

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)*	Chlamydia [†] Previous						Coccio	lioidomy	cosis			Crvr	otosporio	linsis	
		Pre		iiu .				ious	00313				vious	110313	
Reporting area	Current week	52 v Med	veeks Max	Cum 2006	Cum 2005	Current week	52 w Med	eeks Max	Cum 2006	Cum 2005	Current week	52 v	veeks Max	Cum 2006	Cum 2005
United States	11,832	19,355	35,170	898,911	903,206	211	151	1,643	7,591	4,544	51	68	594	4,898	7,353
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	749 347 22 283 19 57 21	638 172 42 294 38 61 19	1,550 1,214 65 606 71 107 41	31,231 9,004 2,109 14,468 1,872 2,745 1,033	30,744 9,273 2,130 13,609 1,736 3,091 905	N N — — — N	0 0 0 0 0	0 0 0 0 0 0	N N - - N	N N — — N	2 1 - - 1	4 0 0 1 1 0 0	37 34 6 14 5 6 5	279 34 42 88 49 14 52	344 79 30 148 37 13
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1,537 — 792 398 347	2,375 358 499 698 752	3,696 496 1,727 1,567 1,075	111,947 16,110 23,280 36,139 36,418	111,899 18,096 22,491 36,436 34,876	 N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	5 3 2	11 0 3 2 4	444 3 441 7 17	559 11 171 107 270	3,176 57 2,708 144 267
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	601 — 423 89 89	3,146 975 392 649 632 383	12,578 1,697 478 9,888 1,424 516	144,974 47,285 18,078 32,592 29,250 17,769	154,425 47,823 18,917 27,273 41,090 19,322		1 0 0 0 0	3 0 0 3 2	43 — N 37 6 N	11 N 11 — N	2 1 - 1	15 1 1 2 5 5	105 18 18 8 33 53	1,189 140 98 134 344 473	1,596 158 85 107 758 488
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	681 95 130 — 268 97 5 86	1,164 157 150 237 439 103 32 51	1,455 225 269 347 614 176 61 116	55,725 7,782 6,785 10,697 21,326 5,082 1,555 2,498	55,585 6,958 6,971 11,565 21,144 4,806 1,562 2,579	N N — — N N	0 0 0 0 0 0	12 0 0 12 1 0 0	1 N N 1 N N N	4 N N 3 1 N N	5 — 5 — —	12 1 1 3 2 1 0	77 28 8 22 21 16 4 7	823 170 78 222 177 92 9 75	596 120 39 134 244 28 1 30
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	3,012 107 42 750 12 201 800 583 473 44	3,725 68 53 961 700 337 613 347 439 60	4,943 92 137 1,182 2,142 487 1,772 1,452 840 227	176,630 3,408 2,723 45,940 31,616 16,902 31,885 18,653 22,535 2,968	165,280 3,203 3,571 40,607 29,703 17,518 29,573 17,636 20,863 2,606	1 N N 1 N N N N	0 0 0 0 0 0 0	1 0 0 0 0 1 0 0	5 N N 5 N N N N N	2 N N 2 N N N N	23 — 13 6 1 3 —	15 0 0 6 5 0 1 1 1	67 3 2 32 18 3 11 13 6 3	1,115 15 15 527 254 20 96 123 55 10	729 6 16 338 143 32 88 24 65
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	1,486 100 691 205 490	1,420 412 163 374 512	1,941 756 613 807 605	70,155 19,634 8,729 17,876 23,916	65,862 15,846 7,968 20,077 21,971	N N N	0 0 0 0	0 0 0 0	N N - N	N N N	12 12 — —	3 1 1 0 0	12 10 5 3 5	198 103 35 16 44	222 25 146 3 48
W.S. Central Arkansas Louisiana Oklahoma Texas [§]	1,026 153 122 — 751	2,177 155 228 233 1,459	3,605 335 607 2,159 1,897	102,032 7,762 12,007 11,724 70,539	103,612 8,072 16,241 10,819 68,480	 N N	0 0 0 0	1 0 1 0 0	1 1 N N	 N N N	1 - 1	4 0 0 1 2	44 2 9 4 35	324 20 67 40 197	225 6 82 44 93
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	784 408 — 47 207 122 —	1,025 359 141 43 46 87 193 94 27	1,839 881 395 191 195 432 339 176 54	48,529 17,918 5,480 2,333 2,413 5,078 9,402 4,652 1,253	59,341 19,824 14,585 2,620 2,168 6,981 7,774 4,282 1,107	123 121 N N N —	108 105 0 0 0 1 0	452 448 0 0 0 4 3 3	5,095 4,967 N N N 52 15 59	2,898 2,794 N N N 63 19 19	1 - - - - - 1	2 0 1 0 0 0 0	38 3 7 1 26 1 5 3	332 24 68 — 132 11 29 20 48	137 10 50 14 21 11 17 11 3
Pacific Alaska California Hawaii Oregon [§] Washington	1,956 103 1,200 — 255 398	3,325 81 2,623 100 174 348	5,079 152 4,231 135 315 604	157,688 3,777 123,843 4,845 8,478 16,745	156,458 4,038 121,397 5,223 8,354 17,446	87 	43 0 43 0 0	1,179 0 1,179 0 0	2,446 2,446 N N N	1,629 — 1,629 N N	_ _ _ _	1 0 0 0 1	52 1 14 1 7 38	79 4 — 4 71	328 3 194 1 69 61
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U 198	0 0 17 93 5	46 0 18 190 16	U U 4,331 178	U 806 3,772 196	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	U U N

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 year 2006 is 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

			Giardias	is			G	onorrhe	a			•	<i>is influen</i> es, all se	<i>zae</i> , invas rotypes	sive
	Current		rious eeks	Cum	Cum	Current		vious veeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	198	317	1,029	15,939	18,062	3,910	6,584	14,136	312,983	311,967	23	39	142	1,870	2,085
New England Connecticut	9	22 2	75 31	1,117 276	1,587 347	140 71	108 42	288 241	5,268 2,129	5,537 2,376	_	2	19 9	140 44	152 44
Maine [†]	_	3	13	170	195	1	2	8	121	135	_	0	4	19	12
Massachusetts New Hampshire	_	9	18 9	357 28	701 61	50 2	47 3	86 9	2,301 178	2,386 167	_	1 0	7 2	52 10	72 8
Rhode Island†	9	1	25	111	107	16	9	19	476	417	_	0	7	6	7
Vermont [†]		3	12	175	176	_	1	4	63	56	_	0 7	2	9	9
Mid. Atlantic New Jersey	37 —	62 8	254 13	3,114 339	3,261 434	323	641 102	1,014 160	30,198 4,580	32,265 5,378	5 —	0	30 2	358 —	408 86
New York (Upstate) New York City	25 1	24 15	227 29	1,190 826	1,135 849	108 112	121 175	455 378	5,919 9,177	6,639 9,773	1 2	3 2	27 6	130 85	113 75
Pennsylvania	11	15	32	759	843	103	222	394	10,522	10,475	2	3	8	143	134
E.N. Central	20	48 8	82 21	2,258 359	3,150 742	329	1,264 377	7,047 711	59,450	62,771	7	5 0	14 6	262 47	349 117
Illinois Indiana	N	0	0	359 N	742 N	_	161	248	18,051 7,991	18,883 7,653		1	11	47 75	62
Michigan Ohio	4 16	14 16	37 32	639 778	754 760	231 45	261 301	5,880 683	13,894 13,418	11,117 19.600	3 2	0 2	3 6	23 86	23 104
Wisconsin	-	9	40	482	894	53	131	172	6,096	5,518	_	0	4	31	43
W.N. Central	18	27	260	1,659	2,171	204	372	444	17,610	17,766	1	2	15	144	111
Iowa Kansas		5 3	15 11	268 191	271 198	21 32	35 42	62 124	1,737 1,902	1,537 2,421	_	0 0	1 2	2 15	 17
Minnesota Missouri	2 12	1 9	238 28	488 507	954 499	132	62 189	105 252	2,749 9,419	3,320 8,960	1	0	9 6	77 32	43 33
Nebraska†	2	2	9	111	114	152	27	56	1,332	1,083	_	0	2	9	15
North Dakota South Dakota	_	0 1	7 5	17 77	19 116	4	3 7	7 15	120 351	116 329	_	0	3 0	9	3
S. Atlantic	41	50	95	2,493	2,603	1,136	1,623	2,334	79,057	73,218	6	10	24	499	496
Delaware District of Columbia	_	0 1	4 4	36 62	57 53	35 41	27 35	44 61	1,406 1,763	840 2,037	_	0	1 2	1 8	10
Florida	32	20	44	1,073	908	302	458	547	21,676	18,921	_	3	9	156	127
Georgia Maryland†	2	11 3	28 11	532 203	702 199	9 96	349 126	1,014 189	15,990 6.184	13,912 6,607	3 2	2 1	6 5	98 66	105 71
North Carolina	N	0	0	N	N	226	314	766	16,449	14,234	1	0	9	53	72
South Carolina† /irginia†	_	1 8	7 50	97 455	104 532	254 162	150 132	704 288	8,409 6,237	8,237 7,753	_	1 1	3 8	33 65	34 51
West Virginia	2	0	6	35	48	11	18	43	943	677	_	0	4	19	26
E.S. Central Alabama [†]	8 6	10 6	42 30	542 320	406 188	595 64	576 189	867 311	28,428 9.056	26,494 8,801	_	2	7 5	107 32	111 17
Kentucky	N	0	0	N	N	268	59	180	3,205	2,814	_	0	1	5	12
Mississippi Tennessee [†]	2	0 4	0 12	222	 218	86 177	149 192	435 238	7,053 9,114	6,725 8,154	_	0 1	1 4	4 66	- 82
W.S. Central	1	5	31	283	309	527	898	1,430	44,241	42,331	3	1	15	65	112
Arkansas Louisiana	1	2 0	8 5	127 35	81 60	85 111	81 142	142 354	4,034 7,562	4,220 9,012	_	0	2 3	7 11	7 37
Oklahoma	_	2	24	121	168	_	86	764	4,367	4,303	3	1	14	47	60
Texas [†] Mountain	N 17	0 30	0 66	N 1,577	N 1,469	331 176	568 222	915 552	28,278 11,023	24,796 12,839	_ 1	0 4	0 8	183	8 203
Arizona	3	3	36	152	142	111	92	201	4,433	4,626		1	7	82	98
Colorado Idaho†	_	9 3	33 12	511 173	508 148	_	43 2	85 15	2,067 139	3,036 114	_	1 0	4 1	48 6	40 5
Montana [†]	_	2	11	106	72	2	3	20	184	143	_	0	Ó	_	_
Nevada† New Mexico†	_	1 1	8 6	85 67	108 87	51 12	25 32	194 65	1,615 1,667	2,723 1,446	_	0 0	1 4	1 25	14 26
Utah Wyoming†	13 1	7 1	25 4	446 37	377 27	_	18 3	25 6	805 113	672 79	1	0	4 1	17 4	11 9
Pacific	47	59	202	2,896	3,106	480	794	967	37,708	38,746	_	2	15	112	143
Alaska	1	1	17	97	108	14	11	24	517	560	_	0	2	9	27
California Hawaii	35 —	43 1	105 4	2,058 46	2,206 61	348 3	657 18	834 29	31,083 825	32,242 981	_	0 0	9 1	27 19	56 9
Oregon [†] Washington	1 10	8 7	14 90	365 330	400 331	31 84	28 76	49 142	1,273 4,010	1,469 3,494	_	1	6 4	55 2	51
American Samoa	U	0	0	330 U	U	U U	0	2	4,010 U	3,494 U	U	0	0	U	U
C.N.M.I.	Ü	0	0	U	U	U	0	0	U	Ü	Ü	0	0	ŭ	U
Guam Puerto Rico	_	0 1	0 12	— 78	11 250	7	5 5	15 16	255	90 342	_	0 0	1 0	_	14 4
U.S. Virgin Islands	_	0	0	_	_	_	0	5	30	45	_	0	0	_	_

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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

			Α	Hepa	titis (viral,	acute), by ty	/ре	P				١	egionello	sis	
		Prev	A /ious				Previ	B ious					vious	J13	
Reporting area	Current week		veeks Max	Cum 2006	Cum 2005	Current week	52 we		Cum 2006	Cum 2005	Current week		veeks Max	Cum 2006	Cum 2005
United States	35	66	245	3,146	3,992	54	85	574	3,920	4,540	24	40	127	2,277	2,102
New England	3	3	20	158	438	1	2	8	90	146	1	2	12	117	146
Connecticut Maine†	1	1 0	2 2	40 6	49 7	_ 1	0	3 2	29 22	46 12	_	0	9 2	49 9	34 7
Massachusetts	_	0	6	51	281	_	0	5	14	50	_	Ö	4	27	66
New Hampshire Rhode Island†		0 0	16 4	37 16	80 15	_	0	2 4	13 9	29 3	1	0	1 10	1 23	9 21
Vermont [†]	_	0	2	8	6	_	0	1	3	6	_	Ō	2	8	9
Mid. Atlantic New Jersey	1	6 1	17 5	333 71	622 147	4	8 2	55 8	397 96	624 231	5	13 1	47 11	849 96	735 118
New York (Upstate)	_	2	14	89	94	1	1	43	57	56	3	6	30	311	204
New York City Pennsylvania	_ 1	2 1	10 5	111 62	283 98	3	2	5 9	84 160	125 212		2 5	16 19	132 310	113 300
E.N. Central	1	6	13	285	357	6	8	24	379	540	4	9	25	453	431
Illinois	_	1	4	61	121	_	1	7	60	152	_	0	4	21	61
Indiana Michigan	_	0 2	5 7	28 107	19 121	3 2	0 3	17 6	56 134	40 180	_	0 3	4 11	35 135	32 115
Ohio	1	1	4	52	50	1	2	10	121	123	4	3	19	226	189
Wisconsin W.N. Central	_ 2	1 2	4 30	37 123	46 88	3	0	2 22	8 152	45 260	_	0 1	5 15	36 75	34 93
lowa	_	0	2	11	19	_	0	3	16	27	_	0	3	10	8
Kansas Minnesota	_	0 0	5 29	26 16	16 3	_	0	2 13	9 23	29 29	_	0	2 11	6 24	3 26
Missouri	_	1	3	43	31	2	1	6	81	144	_	0	3	21	29
Nebraska† North Dakota	2	0 0	2 2	19	18	1	0	3 0	20	24	_	0	2 1	9	4 2
South Dakota	_	Ö	3	8	1	_	Ő	1	3	7	_	Ö	1	5	21
S. Atlantic	13	10	29	532	692	17	23	66	1,097	1,307	11	9	19	434	399
Delaware District of Columbia	_	0 0	2 2	12 8	6 4	_	1 0	4 2	46 9	30 11	1	0	2 5	12 33	18 12
Florida	8	4 1	13 5	208 58	276 122	11 3	8 3	19 8	396 166	460 196	5	3	9	153 24	107 39
Georgia Maryland†	_	1	6	61	74	_	2	10	140	149	2	2	7	89	108
North Carolina South Carolina†	5	0 0	20 3	99 23	82 42	_ 1	0 2	23 7	148 77	150 146	3	0	5 1	37 4	33 15
Virginia [†]	_	1	11	57	82	1	1	18	64	125	_	1	7	67	46
West Virginia	_	0	3	6	4	1	0	18	51	40	_	0	3	15	21
E.S. Central Alabama [†]	1	2 0	8 3	124 20	233 43	3	7 2	19 12	375 137	348 87	_	2	9 2	99 13	84 13
Kentucky	_	0	5	31	24	_	1	5 4	66	67	_	0	5	39	31
Mississippi Tennessee [†]	1	0 1	1 5	9 64	19 147	3	1 2	7	37 135	49 145	_	0 1	2 7	3 44	3 37
W.S. Central	_	6	77	326	454	7	17	315	766	607	_	0	32	49	44
Arkansas Louisiana	_	0 0	9 4	38 22	19 62	_	1 0	3 5	50 34	68 69	_	0	3 2	3 4	6 3
Oklahoma	_	0	3	9	5	1	0	17	71	44	_	0	6	7	7
Texas [†]	_	5	73	257	368	6	12	295	611	426	_	0	26	35	28
Mountain Arizona	5 5	5 2	17 16	253 154	318 173	1	3 0	16 3	132 8	178 —	_	2 1	8 4	117 38	94 23
Colorado Idaho†	_	1 0	4 2	38 9	47 21	_	1 0	5 2	34 13	54 16	_	0	2	22 11	20 4
Montana [†]	_	0	3	11	10	_	0	7	_	3	_	0	1	6	6
Nevada† New Mexico†	_	0	2	11 14	23 24	_	1 0	5 2	30 19	48 19	_	0	2 1	8 5	20 4
Utah	_	0	2	13	19	_	Ō	5	27	36	_	Ō	6	27	13
Wyoming [†]	_	0	1	3	1	1	0	1	1	2	_	0	0	_	4
Pacific Alaska	9	19 0	163 0	1,012	790 4	12	11 0	61 3	532 9	530 7	3	1 0	9	84	76 1
California	8	15	162	909	668	8	8	41	391	354	3	1	9	84	72
Hawaii Oregon [†]	_	0 1	3 5	12 43	24 44	_	0 1	1 5	6 76	9 96	N	0 0	0 0	N	3 N
Washington	1	Ö	13	48	50	4	0	18	50	64		Ö	Ö	_	_
American Samoa C.N.M.I.	U	0	0	U U	1 U	U U	0	0	U	_ U	U	0	0	U U	U U
Guam	_	Ō	Ō	_	2	_	Ō	Ō	_	18	_	Ö	0	_	_
Puerto Rico U.S. Virgin Islands	_	0 0	6 0	30	64	_	0	8	31	51 —	_	0	1 0	2	_
o.o. virgiri islanus	_	U	U	_	_	_	U	U	_	_	_	U	U	_	_

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* Incidence data for reporting year 2006 is provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)*			Lyme dis	ease				Malaria	a	
	0		evious	0				/ious		
Reporting area	Current week	Med Med	reeks Max	Cum 2006	Cum 2005	Current week	Med Med	reeks Max	Cum 2006	Cum 2005
United States	154	230	2,153	16,464	20,754	8	26	125	1,202	1,319
New England	13	27	780	2,856	3,885	1	0	11	47	70
Connecticut Maine [†]	11	9 2	753 34	1,661 280	996 243	_	0	3 1	11 4	20 5
Massachusetts	_	0	12	33	2,311	_	0	3	19	36
New Hampshire	2	4 0	94 93	551	245	_ 1	0	3 8	10	6 2
Rhode Island† Vermont†	_	1	15	235 96	37 53		0	1	2 1	1
Mid. Atlantic	88	128	1,176	9,257	11,760	_	5	13	269	343
New Jersey	_	22	173	1,918	3,330	_	0	3	28	76
New York (Upstate) New York City	59 —	58 1	1,150 18	3,907 163	3,829 394	_	1 3	11 9	46 150	49 183
Pennsylvania	29	38	231	3,269	4,207	_	1	4	45	35
E.N. Central	_	10	150	1,443	1,723	_	2	7	117	144
Illinois Indiana	_	0	0 3	<u> </u>	127 30	_	1 0	4 3	45 11	73 8
Michigan	_	1	5	53	60	_	0	2	16	22
Ohio Wisconsin	_	1 10	5 146	42 1,327	55 1,451	_	0	3 2	27 18	26 15
W.N. Central	40	6	169	812	913	1	0	32	61	46
Iowa	_	1	8	87	91	_	0	1	2	8
Kansas Minnesota	 40	0 2	2 167	4 698	3 799	_ 1	0	2 30	7 39	7 11
Missouri	_	0	2	11	15		0	1	6	17
Nebraska† North Dakota	_	0	2 3	11	3	_	0 0	1 1	5 1	3
South Dakota	_	0	1	1		_	0	1	1	_
S. Atlantic	11	28	116	1,810	2,222	4	7	15	310	295
Delaware District of Columbia		7 0	28 7	456 59	635 8	_	0 0	1 2	5 5	3 11
Florida	3	1	5	56	44	1	1	4	60	61
Georgia	_	0	1	7	6	2	1	6	80	48
Maryland† North Carolina	5	13 0	73 4	877 29	1,204 44	1	1 0	5 8	68 28	98 30
South Carolina†	_	0	2	18	20	_	0	2	10	10
√irginia† West Virginia	_	4 0	28 44	294 14	244 17	_	1 0	9 1	52 2	31 3
E.S. Central	1	0	3	36	36	_	0	3	24	30
Alabama†	1	0	3	16	3	_	0	2	11	6
Kentucky Mississippi	_	0	2 1	7 1	5 —	_	0 0	1 1	4 4	10
Tennessee [†]	_	0	2	12	28	_	0	2	5	14
W.S. Central	_	0	3	18	76	_	2	31	83	119
Arkansas Louisiana	_	0 0	1 0	_	4 3	_	0 0	1 1	2 5	6 5
Oklahoma	_	0	0	10	_	_	0	2	7	10
Texas [†]		0	3 3	18	69 21		1	29	69 67	98
Mountain Arizona	_	0 0	2	25 7	21 8	_	1 0	9 9	67 23	52 13
Colorado Idaho†	_	0	1	1	_	_	0	2	16	24
dano [,] Montana [†]	_	0 0	2 0	6	2	_	0 0	1 1	1 2	_
Nevada [†]	_	0	1	2	3	_	0	1	4	3
New Mexico† Utah	_	0 0	1 1	2 6	3 2	_	0 0	1 2	4 17	3 7
Nyoming [†]	_	Ö	1	1	3	_	Ö	ō		2
Pacific	1	4	13	207	118	2	4	13	224	220
Alaska California	_ 1	0 3	1 12	3 187	4 83	_ 1	0 4	4 10	23 148	6 165
Hawaii	N	0	0	N	N	_	0	2	8	18
Oregon† Washington	_	0	2	14 3	21 10	_ 1	0	2 5	12 33	13 18
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	Ü	0	0	Ü	Ü	Ü	0	0	Ü	U
Guam Puerto Rico	N	0	0 0	N	N	_	0 0	0 1	_ 1	4
U.S. Virgin Islands	_	Ö	Ö			_	Ö	Ö	<u>.</u>	

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Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)*					gococcal d	isease, inva									
			III serogi	oups				<u> </u>	nknown			B	Pertus	ssis	
Reporting area	Current week	Prev 52 we Med		Cum 2006	Cum 2005	Current week	Previous 52 we Med		Cum 2006	Cum 2005	Current week		rious reeks Max	Cum 2006	Cum 2005
United States	16	19	85	1,010	1,122	12	12	58	659	696	134	257	2,877	12,093	21,902
New England Connecticut Maine [†] Massachusetts		1 0 0 0	3 2 1 2	43 10 7 15	68 14 2 31		0 0 0	2 2 1 2	28 3 4 15	23 1 2 6	13 — —	23 1 1 16	83 5 11 31	1,092 45 92 594	1,456 75 54 1,082
New Hampshire Rhode Island [†] Vermont [†]		0 0 0	2 1 1	6 2 3	12 4 5		0 0 0	2 0 0	6 —	12 — 2	2 10 1	2 0 1	36 17 14	182 68 111	124 36 85
Mid. Atlantic New Jersey New York (Upstate)	3 1	3 0 1	13 2 7	157 16 36	146 31 40	3 1	2 0 0	11 2 5	123 16 6	112 31 14	29 — 23	36 3 15	137 13 123	1,716 185 817	1,280 182 509
New York City Pennsylvania	2	1 1	4 4	58 47	24 51	2	1	4 4	58 43	24 43	6	1 13	8 26	64 650	105 484
E.N. Central Illinois	1	2	12 4	118 18	153 33	_	1	7	84 18	121 33	28 —	38 5	133 22	1,791 231	3,673 887
Indiana Michigan	1	0	5 3	23 20	18 34	_	0	1	8	8 18	9	3 10	75 38	224 584	313 304
Ohio Wisconsin	_	1 0	4 2	43 14	43 25	_	1 0	3 2	35 14	37 25	18 —	12 3	29 11	584 168	1,106 1,063
W.N. Central lowa	3	1 0	4 2	61 20	80 15	2	0	2 1	21 6	34 1	18	23 5	552 22	1,145 257	3,820 1,070
Kansas Minnesota		0	1 2	2 16	10 16		0 0	1 1	2 6	10 6	9	6 0	25 485	304 164	488 1,084
Missouri Nebraska†	_	0 0	2 2	14 6	28 6	_	0	1 1	2 4	13 3	2	6 2	42 9	280 94	574 286
North Dakota South Dakota	_	0	1 1	1 2	1 4	_	0 0	1 0	1 —	1 —	_	0	25 4	26 20	139 179
S. Atlantic Delaware	5 1	4 0	14 1	185 5	209 4	4 1	1 0	7 1	79 5	95 4	23	18 0	46 1	951 3	1,360 15
District of Columbia Florida		0	1 6	2 69	5 77	<u> </u>	0	1 5	2 25	4 32		0	3 9	6 199	8 197
Georgia Maryland [†]	_ 1	0	3	15 14	17 22	<u>_</u>	0	3	15 4	17 5	_ 1	0 3	3	25 122	48 201
North Carolina South Carolina [†]	1	0	11 2	32 21	32 13	1	0	3 2	12 9	9 8	11	0	22 11	188 167	118 398
Virginia [†] West Virginia	_	0	4 2	18 9	33 6	=	0	1 0	7	14 2	6 3	2	27 9	195 46	329 46
E.S. Central Alabama [†]	2 2	1 0	4 2	46 11	55 5	2 2	1 0	4 1	37 8	44 3	5 2	6 2	28 19	395 145	493 79
Kentucky Mississippi		0	2	11 4	18 7	_	0	2 1	11 4	18 7	<u>-</u>	1 0	5 4	54 42	147 60
Tennessee [†]	_	0	2	20	25	_	0	2	14	16	2	3	10	154	207
W.S. Central Arkansas	1	1	23 3	57 10	104 15	_	0	6	24 7	27 3	1	17 1	360 21	749 75	2,281 292
Louisiana Oklahoma	_ _ 1	0	2 4	6 11	30 14	_	0	1 0	3	7 2	_ _ 1	0	1 124	13 19	51
Texas [†] Mountain	_	0 1	16 5	30 65	45 84	_	0	4	14 24	15 23	13	14 48	215 230	642 2,432	1,935 3,875
Arizona Colorado	_	0	3 2	17 20	31 17	_	0 0	2 1	10 2	10	4	7 12	177 40	459 712	927 1,299
Idaho† Montana†	_	0 0	1 1	4 5	6	_	0 0	1 1	3 2	5 —	_	1 2	8 9	84 109	205 582
Nevada [†] New Mexico [†]	_	0 0	1 1	4 6	13 5	_	0 0	0 1	3	2 4	_	0 2	9 8	55 119	50 184
Utah Wyoming [†]	_	0 0	1 2	5 4	12 —	_	0 0	0 2	4	2	9	14 1	39 8	819 75	578 50
Pacific Alaska	1	5 0	29 1	278 3	223 4	1	5 0	25 1	239 3	217 4	4	30 1	1,334 15	1,822 64	3,664 139
California Hawaii	1	3	14 2	172 9	139 11	1	3	14 2	172 9	139 6	<u> </u>	21 1	1,136 6	1,291 78	1,909 161
Oregon [†] Washington	_	0	7 25	62 32	50 19	_	0	4 11	43 12	50 18		2	8 195	100 289	617 838
American Samoa	U	0	0	_		U	0	0	U	U	U	0	0	U	U
C.N.M.I. Guam Puerto Rico		0 0 0	0 0 1	_	1		0	0 0 1	<u>-</u> 4	1		0	0	_	0 2 6
U.S. Virgin Islands	_	0	0	4	7	=	0 0	0	_	7 —	_	0	1 0	_	_

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)*			abies, ani	mal		Ro		<u>-</u>	tted feve	r			almonelle	osis	
	Current	Prev 52 w	ious eeks	Cum	Cum	Current	Prev 52 w	ious eeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	57	121	239	5,972	5,561	7	38	246	2,027	1,678	572	779	2,291	39,686	41,632
New England Connecticut	9 5	12 3	26 14	640 203	675 197	_	0	2 0	3		11 —	22 0	473 465	1,732 465	2,064 446
Maine [†] Massachusetts	1	2	8 17	117 178	61 321	N —	0	0 1	N 1	N 6	3	2 15	10 53	116 782	160 1,100
New Hampshire Rhode Island [†]	_	1 0	5 3	51 24	13 28	_	0	1 2	1 1	1 1	2 5	3	25 17	205 89	172 95
Vermont [†]	3	1	5	67	55	_	Ő	0	<u>.</u>	<u>.</u>	1	1	6	75	91
Mid. Atlantic New Jersey	14 N	27 0	71 0	1,564 N	952 N	2	1 0	6 1	82 7	97 30	42 —	84 14	272 48	4,793 803	4,846 931
New York (Upstate) New York City	14	10 0	24 5	527 37	537 28	_	0	2	5 23	1 7	27	24 23	233 50	1,251 1,170	1,154 1,155
Pennsylvania	_	16	56	1,000	387	2	1	3	47	59	15	29	67	1,569	1,606
E.N. Central	1	2	18 7	162 46	170 50	_	0	6 2	42 5	41 11	71 —	100 22	187 51	4,747 1,005	5,471 1,769
Indiana	_ 1	0 1	2 5	11 47	12 38	_	0	1	8	1 6	15 2	15 18	67 34	813 898	601 907
Michigan Ohio	_	0	9	58	70	_	0	4	25	21	54	23	56	1,257	1,284
Wisconsin W.N. Central	N 1	0 6	0 20	N 301	N 308	_	0 2	1 15	1 210	2 154	— 31	17 47	27 107	774 2,519	910 2,451
Iowa	_	1	7	57	_	_	0	1	5	7	_	8	26	426	399
Kansas Minnesota	<u>1</u>	1 0	5 6	79 40	75 68	_	0 0	1 2	1 4	5 2	5 8	7 11	16 60	355 685	348 532
Missouri Nebraska [†]	_	1 0	6 0	66 —	70 —	_	2	11 5	175 25	128 7	16 2	14 3	35 9	722 184	760 215
North Dakota South Dakota	_	0	7 4	24 35	31 64	_	0	1 0	_	 5	_	0 2	46 7	28 119	38 159
S. Atlantic	28	38	183	2,073	2,005	1	20	94	1,123	840	172	219	395	10,704	12,224
Delaware District of Columbia	_	0	0	_	_	_	0	3 1	21 1	7 2		3 1	10 4	142 62	120 54
Florida Georgia	 20	0 5	167 24	167 233	201 247	1	0 1	3 5	22 49	13 85	90 29	95 32	176 71	4,541 1,686	5,130 1,876
Maryland [†]	- 5	7 9	13	318 493	367	_	1 17	6 87	75	71 473	8	12 33	29	686	777 1,606
North Carolina South Carolina [†]	_	3	22 11	166	451 212	_	0	5	817 33	71	31 7	17	130 51	1,562 950	1,397
Virginia† West Virginia	3	12 2	27 7	585 111	459 68	_	1 0	13 2	102 3	111 7	5 —	20 2	57 19	941 134	1,086 178
E.S. Central	2	4	16	252	146	3	6	31	393	288	77	58	153	3,150	2,846
Alabama† Kentucky		1 0	8 4	81 29	78 17	3	2 0	11 1	133 3	72 3	68 —	20 8	84 23	1,280 411	691 470
Mississippi Tennessee [†]	_	0 2	2 9	4 138	5 46	_	0 3	1 22	4 253	18 195	9	11 14	42 32	720 739	886 799
W.S. Central	_	11	34	563	829	_	1	161	117	216	23	82	922	4,033	4,148
Arkansas Louisiana	_	0 0	5 0	31 —	33	_	0 0	10 1	51 5	128 6	12 —	15 13	47 42	896 789	698 888
Oklahoma Texas [†]	_	1 10	9 29	61 471	75 721	_	0 0	154 4	36 25	52 30	11	8 35	48 839	480 1,868	389 2,173
Mountain	1	3	27	207	266	_	0	6	50	32	34	50	88	2,424	2,299
Arizona Colorado	1	2 0	10 0	137	165 18	_	0	6 1	10 2	17 4	27 —	17 12	67 30	842 579	653 557
Idaho† Montana†	_	0	25 2	25 14	12 15	_	0	3 2	14 2	3 1	_	3 2	9 10	164 122	146 134
Nevada† New Mexico†	_	0	1 2	2 10	14 10	_	0	0 2	9	<u> </u>	1	3 4	20 15	176 233	187 243
Utah	_	0	1	11	15	_	0	2	6	_	6	5	15	265	297
Wyoming [†] Pacific	1	0 4	2 12	8 210	17 210	_ 1	0	1	7 7	3 2	111	1 113	4 426	43 5,584	82 5,283
Alaska California	1	0 3	4 11	16 169	1 202	<u>-</u> 1	0	0	<u>-</u> 5		4 87	1 89	7 292	71 4,391	57 4,057
Hawaii	_	0	0	_	_	_	0	0	_	_	_	5	18	252	276
Oregon [†] Washington	U	0	4 0	25 U	7 U	N	0 0	1 0	2 N	2 N	3 17	8 8	16 124	397 473	394 499
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	7
C.N.M.I. Guam	<u>U</u>	0	0	<u>U</u>	<u>U</u>	<u>U</u>	0	0	<u>U</u>	<u>U</u>	<u>U</u>	0	0	<u>U</u>	U 43
Puerto Rico U.S. Virgin Islands	_	1 0	6 0	68 —	65 —	N —	0	0 0	N	N —	_	4 0	35 0	233	616 —
<u> </u>		-	-				-	-				-	-		

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U: Unavailable. —: No reported cases. N: No U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to
* Incidence data for reporting year 2006 is provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)*	Shig	a toxin-p	roducing	E. coli (S1	ΓEC) [†]		Sh	igellosi	S		Strepto	coccal d	lisease, i	nvasive, g	roup A
	Current	Prev 52 w		Cum	Cum	Current	Prev 52 w		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	51	51	297	2,787	3,097	199	257	1,013	12,766	14,539	60	92	282	4,450	4,235
New England Connecticut	_	2	80 79	254 79	213 58	2	3	69 63	226 63	310 54		3 0	15 2	185 U	272 97
Maine [§] Massachusetts	_	0 1	8 9	43 82	29 84	_	0 2	2 11	3 128	15 187	_	0 2	2 6	18 101	14 124
New Hampshire	_	0	3	25	16	_	0	2	11	17	_	0	9	44	18
Rhode Island [§] Vermont [§]	_	0 0	2 2	8 2	7 19	2	0	3 2	15 6	20 17	_	0 0	3 2	8 14	9 10
Mid. Atlantic	21	5	107	327	350	8	16	72	795	1,186	9	18	43	859	826
New Jersey New York (Upstate)	_	0	3 103	3 10	73 133	<u> </u>	3 4	34 60	242 220	297 259		2 5	8 32	122 292	174 232
New York City Pennsylvania	 13	0	4 12	34 136	17 127		5 1	13 6	247 86	398 232	4	2	8 13	141 304	162 258
E.N. Central	12	10	56	616	619	11	20	37	939	1,137	15	14	44	740	853
Illinois	_	1	7	75	136	_	7	18	316	386	_	3	11	144	286
Indiana Michigan	1 1	1 1	8 6	81 86	70 91	6 —	2	18 8	158 140	172 231	3 1	2 3	11 12	109 204	97 201
Ohio Wisconsin	10	3 2	18 39	196 178	166 156	5 —	3	14 9	188 137	129 219	11	4 1	19 4	231 52	181 88
W.N. Central	9	9	33	521	516	20	34	77	1,623	1,667	3	5	57	329	268
Iowa Kansas	1	2	8 4	116 29	99 53	_ 1	2 2	10 20	112 136	96 259	N	0 1	0 5	N 53	N 39
Minnesota	5	3	27 10	231 84	168 96	6	3	24 69	233 629	87 971		0	52 5	149 77	102 66
Missouri Nebraska [§]	_	1	8	55	61	13 —	2	14	119	146	1	1	4	31	22
North Dakota South Dakota	_	0	15 5	49	8 31	_	0 6	18 22	103 291	4 104	_	0	5 1	11 8	13 26
S. Atlantic	5	9 0	39 3	460	394	48	57 0	142	3,187	2,327	23	21	44	1,091	880
Delaware District of Columbia	_	0	1	12 3	9 1	_	0	2 2	10 17	11 15	1	0 0	2 2	10 18	6 11
Florida Georgia	4	2 2	29 6	91 84	88 49	32 14	27 19	76 74	1,505 1,200	1,152 637	6 3	5 5	16 12	280 233	238 193
Maryland [§] North Carolina	1 2	1 2	8 7	98 108	75 61	1	2	10 21	123 151	99 187	5 8	4	12 26	194 157	166 118
South Carolina§	_	0	2	9	12	_	1	9	72	102	_	1	6	54	33
Virginia [§] West Virginia	_	0 0	8 5	12	95 4	<u> </u>	2	9 2	104 5	123 1	_	2 0	11 6	118 27	93 22
E.S. Central	_	1	12	93	174	7	13	81	906	1,154	1	3	11	184	169
Alabama [§] Kentucky	_	0 1	5 12	47 93	29 75	6 —	4 4	72 15	432 227	214 312	<u>N</u>	0 0	0 5	N 35	N 32
Mississippi Tennessee [§]	_	0	0 4	 24	8 62	_ 1	2	9 12	91 156	96 532	_ 1	0 3	0 9	 149	137
W.S. Central	_	1	52	76	114	40	36	596	1,735	3,486	3	7	58	346	301
Arkansas Louisiana	_	0	7 1	33	13 22	4	2 1	9 25	119 138	59 136	1	0	5 2	26 8	22
Oklahoma Texas [§]		0 2	17 44	43 110	29 50	3 33	2 30	286 308	129 1,349	614 2,677	1 1	2 4	14 43	98 214	113 166
Mountain	_	5	16	306	300	23	24	86	1,349	912	5	11	43 77	594	553
Arizona	_	2	13 8	124 102	30 82	17	11 4	34 15	697 232	483 163	3	6 3	57 8	317 130	233 169
Colorado Idaho [§]	_	1	7	81	50	_	0	3	15	17	_	0	2	8	3
Montana [§] Nevada [§]	_	0	0 5	 22	16 24	_	0 1	13 20	56 103	5 63	_	0	0	_	_
New Mexico§ Utah	_	0	1 14	4 120	24 64	<u>_</u>	2 1	15 6	164 80	132 44		1	7	68 67	82 61
Wyoming§	=	0	3	20	10	5	0	8	49	5	_	0	1	4	5
Pacific Alaska	4	2	50 0	134	417	40	39 0	148 2	1,959 9	2,360 12	1	2	9 0	122	113
California	_	0	18	_	147	40	31	104	1,657	2,051	_	0	0	_	_
Hawaii Oregon [§]	_	0 2	2 14	18 109	13 155	_	1 1	4 31	43 115	32 124	1 N	2 0	9 0	122 N	113 N
Washington	4	2	32	116	102	_	2	43	135	141	N	0	0	N	N
American Samoa C.N.M.I.	U U	0	0 0	U	U U	U U	0	0	U U	7 U	U U	0	0	U U	U
Guam Puerto Rico	_	0	0				0	0 2	13	20 9		0	0	— N	_ N
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	<u> </u>	0	0	<u> </u>	

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

^{*} Incidence data for reporting year 2006 is provisional.

† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

(49th Week)	Strepto		neumonia esistant,	e, invasive	disease	Sypl	nilis, prin	nary and	seconda	ry		Varice	ella (chicl	kenpox)	
		Prev	ious				Previ	ous				Prev	/ious		
Reporting area	Current week	Med Med	eeks Max	Cum 2006	Cum 2005	Current week	52 we Med	eks Max	Cum 2006	Cum 2005	Current week	Med	eeks Max	Cum 2006	Cum 2005
United States	84	50	333	2,353	2,416	108	175	334	8,462	8,056	850	835	2,857	39,628	27,887
New England Connecticut	1 U	0	24 7	37 U	221 93	3 2	4 0	17 11	197 53	202 46	17 U	32 0	113 50	1,415 U	5,046 1,595
Maine† Massachusetts	_	0 0	2 5	9	N 98	<u> </u>	0 2	2 6	8 109	1 117	_	2 0	20 26	151 94	299 2,174
New Hampshire Rhode Island [†]	_	0	0 11	 13	 18	_	0	2	12 13	15 22	8	6 0	47 0	473	327
Vermont [†]	1	0	2	15	12	_	0	1	2	1	9	12	50	697	651
Mid. Atlantic	1	3	15	162	195	_	21	35	1,044	961	95	102	184	4,663	4,639
New Jersey New York (Upstate)	N 1	0 1	0 10	N 60	N 74	_	3 3	8 14	150 139	127 73	_	0 0	0 0	_	_
New York City Pennsylvania	U	0 2	0 9	U 102	U 121	_	10 5	23 12	514 241	574 187	— 95	0 102	0 184	4,663	4,639
E.N. Central	45	11	41	566	596	9	17	39	821	877	298	288	587	14,158	5,743
Illinois Indiana		0 2	3 21	17 155	35 178	_	7 1	23 5	381 86	501 58	_	1 0	7 475	68 475	95
Michigan	_	0	4	18	42	1	2	19	106	80	100	105	185	4,572	3,686
Ohio Wisconsin	43 N	6 0	32 0	376 N	341 N	6 2	3 1	8 4	183 65	202 36	198	136 10	420 52	8,388 655	1,523 439
W.N. Central lowa	2 N	1 0	191 0	106 N	43 N	3	5 0	12 3	248 18	241 8	42 N	27 0	98 0	1,673 N	648 N
Kansas	N	0	0	N	N	2	0	3	26	18	5	3	24	313	_
Minnesota Missouri		0 1	191 3	60 41	35	_	0 3	2 8	29 155	68 141	35	0 20	0 82	1,231	<u>—</u> 450
Nebraska [†] North Dakota	_	0	1 0	1	2	_	0	2 1	6 1	4 1	_	0	0 17	— 45	— 65
South Dakota	_	0	3	4	3	1	0	3	13	i	2	1	10	84	133
S. Atlantic Delaware	34	24 0	53 0	1,233	1,019 3	27	42 0	186 2	1,989 17	2,025 10	61 —	91 1	860 6	4,184 63	2,596 29
District of Columbia Florida	1 17	0 13	3 36	27 682	15 545	7	2 15	9 23	117 688	103 672	_	0	5	46	38
Georgia	16	6	29	420	345	_	7	147	362	461	_	0	0	_	_
Maryland† North Carolina	N	0	0	N	 N	6 8	5 5	14 17	273 282	302 260	_	0	0	_	_
South Carolina†	_	0	0	_	_	2	1	5	65	82	22	19	53	1,046	600
Virginia [†] West Virginia	N —	0 1	0 14	N 104	N 111	3 1	3 0	17 1	179 6	132 3	14 25	30 26	812 70	1,598 1,431	825 1,104
E.S. Central Alabama†	1 N	3 0	13 0	137 N	179 N	12 6	13 5	26 19	678 305	462 160	3	2 2	70 70	152 150	291 291
Kentucky	_	0	1	_	32	1	1	9	67	52	N	0	0	N	N
Mississippi Tennessee†	1	0 3	0 13	137	1 146	5	1 5	7 13	69 237	47 203	N	0 0	1 0	2 N	N
W.S. Central	_	0	5	21	113	27	29	54	1,482	1,184	269	189	1,757	10,673	6,442
Arkansas Louisiana	_	0 0	3 4	12 9	14 99	1 18	1 4	6 27	76 286	48 265	35 —	12 1	110 8	926 66	38 122
Oklahoma Texas [†]	N N	0	0	N N	N N	_ 8	1 22	6 34	68 1,052	38 833	234	0 170	0 1,647	9,681	6,282
Mountain	_	2	9	91	50	14	8	25	403	400	65	59	137	2,710	2,482
Arizona Colorado	N N	0 0	0 0	N N	N N	9	3 1	16 3	180 44	158 45	_	0 30	0 76	1,388	1,734
Idaho†	N	0	0	N	N	_	0	1	2	20 7	_	0	0	· —	
Montana† Nevada†	_	0 0	1 0	_	_	5	0 2	1 12	1 105	105	_	0 0	13 0	24 —	_
New Mexico† Utah	_	0 1	0 9	— 48	 25	_	1 0	5 2	62 9	55 10	— 65	4 14	34 57	347 892	211 484
Wyoming [†]	_	1	4	43	25	_	Ő	0	_	_	_	0	11	59	53
Pacific Alaska	_	0	0	_	_	13	34 0	51 4	1,600 9	1,704 6	_	0	0	_	_
California	N	0	Ō	N	N	5	29	43	1,378	1,507		0	0	_	_
Hawaii Oregon [†]	N	0 0	0 0	N	N	_	0 0	2 6	17 24	11 36	N N	0 0	0	N N	N N
Washington	N	0	0	N	N	8	2	10	172	144	N	0	0	N	N
American Samoa C.N.M.I.	_	0 0	0 0	_	_	U U	0 0	0 0	U U	U U	U U	0 0	0	U	U U
Guam Puerto Rico	N	0 0	0 0	N	 N	<u> </u>	0 3	0 10	— 137	3 206	_	2 7	4 47	 321	437 679
U.S. Virgin Islands		Ö	ő				ő	0				Ó	0		

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

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 year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 9, 2006, and December 10, 2005 (49th Week)*

					West Nile viru	s disease [†]							
Reporting area			leuroinvas	ive									
	Previous Current 52 weeks			Cum	Cum	Cu	Previous Current 52 weeks				Cum Cum		
	week	Med	Max	2006	2005		eek	Med	Max	2006	2005		
Jnited States	_	0	66	471	1,191		_	1	383	2,454	1,683		
lew England	_	0	2	3	9		_	0	2	3	4		
Connecticut Maine§	_	0 0	2 0	3	4		_	0	1 0	2	2		
names Nassachusetts	_	0	0	_	4		_	0	1	1			
lew Hampshire	_	0	0	_	_		_	0	0	_	_		
Rhode Island [§] /ermont [§]	_	0 0	0 0	_	1 —		_	0	0 0	_	_		
	_												
/lid. Atlantic New Jersev	_	0 0	2 0	6	47 3		_	0	4 1	10 2	22 3		
lew York (Upstate)	_	0	1	3	19		_	0	1	3	5		
New York City Pennsylvania	_	0 0	1 1	2 1	11 14		_	0	2 1	4 1	3 11		
-													
E.N. Central Ilinois	_	0 0	16 10	74 44	259 137		_	0	22 19	99 70	156 115		
ndiana	_	0	2	7	11		_	0	2	7	12		
⁄lichigan Dhio	_	0 0	3 3	14 9	54 46		_	0 0	1	2 11	8 15		
Visconsin	_	0	0	_	46 11		_	0	3 2	9	6		
V.N. Central	_	0	16	81	169		_	0	- 79	477	463		
owa	_	0	3	9	14		_	0	4	13	23		
Kansas Minnesota	_	0	0 5	— 19	17 18		_	0 0	3 7	13 35	N 27		
viinnesota Viissouri	_	0	5 1	19 4	18 17		_	0	2	12	13		
Nebraska§	_	0	7	20	55		_	0	37	212	133		
North Dakota South Dakota	_	0	3 5	8 21	12 36		_	0	28 22	117 75	74 193		
S. Atlantic Delaware	_	0 0	1 0	5 —	34 1		_	0	4 0	7	29 1		
District of Columbia	_	0	0	_	3		_	0	1	1	2		
Florida	_	0	0 0	_	10 9		_	0 0	0 3	 5	11		
Georgia Maryland§	_	0	1	<u> </u>	4		_	0	1	1	11 1		
North Carolina	_	0	0	_	2		_	0	0	_	2		
South Carolina§ Virginia§	_	0 0	0 0	_	5 —		_	0 0	0 0	_	_ 1		
West Virginia	_	0	0	_	_		N	0	0	N	N		
E.S. Central	_	0	4	14	65		_	0	16	94	38		
Alabama§	_	0	1	1	6	-	_	0	0	_	4		
Kentucky Mississippi	_	0 0	0 3	9	5 39		_	0 0	1 16	1 91	— 31		
Viississippi Tennessee§	_	0	2	4	15		_	0	2	2	3		
W.S. Central	_	0	19	81	157		_	0	26	208	150		
Arkansas	_	0	0	_	13		_	0	2	5	15		
∟ouisiana Oklahoma	_	0 0	0 1	_ 1	 17		_	0	9 4	81 18	54 14		
Jexas [§]	_	0	19	80	127		_	0	15	104	67		
Mountain	_	0	29	161	145		_	0	222	1,321	240		
Arizona	_	0	5 7	21	52		_	0	12	58	61		
Colorado	_	0		34	21		_	0	51	269	85		
daho§ Montana§	_	0 0	11 2	46 11	3 8		_	0 0	151 7	752 21	10 17		
Nevada§	_	0	3	13	14		_	0	13	75	17		
New Mexico [§] Jtah	_	0 0	1 5	2 28	20 21		_	0 0	1 17	5 101	13 31		
Nyoming§	_	0	3	∠8 6	6		_	0	8	40	6		
Pacific	_	0	6	46	306		_	0	45	235	581		
Alaska	_	0	0	_	_		_	0	0	_	_		
California	_	0	6 0	44	305		_	0 0	33	182	575 —		
Hawaii Oregon§	_	0 0	1					0	0 12	<u> </u>	6		
Washington	_	Ö	Ö	_	<u>.</u>		_	Ö	2	3	_		
American Samoa	U	0	0	U	U		U	0	0	U	U		
C.N.M.I.	U	0	0	U	U		U	0	0	U	U		
Guam Puerto Rico	_	0 0	0 0	_	_		_	0	0 0	_	_		
		0	0						Ö				

Med: Median.

Max: Maximum.

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.

The Incidence data for reporting year 2006 is provisional.

† Incidence data for reporting year 2006 is provisional.

† 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 December 9, 2006 (49th Week) All causes, by age (years) All causes, by age (years)															
	 				Dott		All causes, by age (years)								
Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&I [†] Total
New England	540	382	106	28	12	12	44	S. Atlantic	1,376	819	363	121	48	23	80
Boston, MA	142 33	101 25	29 5	4 1	4 1	4 1	15 3	Atlanta, GA	220 235	122 127	59 64	23 29	14 12	2	11 24
Bridgeport, CT Cambridge, MA	16	9	7				1	Baltimore, MD Charlotte, NC	125	86	24	29 8	6	1	7
Fall River, MA	28	21	6	_	_	1	4	Jacksonville, FL	172	105	47	15	3	2	7
Hartford, CT	52	36	9	4	3	_	5	Miami, FL	96	59	19	12	5	1	2
Lowell, MA	31 9	22	3	5	1	_	2	Norfolk, VA	57	37	17 21		_	3	2
Lynn, MA New Bedford, MA	18	6 14	2 2	1 2	_	_	_ 1	Richmond, VA Savannah, GA	56 59	27 37	17	, 5	1	_	2 7
New Haven, CT	20	15	2	3	_	_	2	St. Petersburg, FL	67	39	17	5	4	2	1
Providence, RI	75	54	14	3	1	3	7	Tampa, FL	177	119	42	10	_	6	13
Somerville, MA	5 50	4 29	1 12	4	_	3	 3	Washington, D.C.	100	53	33	6	3	3	3
Springfield, MA Waterbury, CT	17	11	5	1	_	_	1	Wilmington, DE	12	8	3	1		_	1
Worcester, MA	44	35	9		_	_		E.S. Central	990 200	641	246 48	76 19	17	10	87
Mid. Atlantic	2,251	1,551	472	142	47	35	119	Birmingham, AL Chattanooga, TN	104	129 66	48 29	7	4	_	10 4
Albany, NY	54	37	16	1	_	_	5	Knoxville, TN	109	80	22	3	3	1	3
Allentown, PA	27	25	1	_	1	_	2	Lexington, KY	60	41	15	2	1	1	5
Buffalo, NY	84 31	56 18	21 7	5 4	2	_	7	Memphis, TN Mobile. AL	177	109	48	18	2	_ 1	30
Camden, NJ Elizabeth, NJ	20	8	6	4	_	_	_	Montgomery, AL	101 50	59 38	28 9	11 3	2	'	7 7
Erie, PA	55	47	5	1	_	2	2	Nashville, TN	189	119	47	13	5	5	21
Jersey City, NJ	47	33	12	1	1	_	6	W.S. Central	1,492	980	331	121	33	27	78
New York City, NY	1,100 37	752 16	246 8	69 12	17	12 1	48 2	Austin, TX	107	69	29	5	1	3	12
Newark, NJ Paterson, NJ	13	8	3	2	_		_	Baton Rouge, LA	64	35		23	6	_	_
Philadelphia, PA	290	185	72	17	12	4	15	Corpus Christi, TX	77	51	17	6	3 7	_ 5	3
Pittsburgh, PA§	42	28	9	1	1	3	4	Dallas, TX El Paso, TX	223 127	140 85	49 30	22 9	3	_	11 8
Reading, PA Rochester, NY	30 153	25 111	4 20	1 11	 8	3	1 16	Fort Worth, TX	140	91	32	10	3	4	2
Schenectady, NY	24	20	∠0 3	1	_	_	<u> </u>	Houston, TX	279	172	78	18	4	7	8
Scranton, PA	41	29	10	1	_	1	3	Little Rock, AR New Orleans, LA ¹	U	U U	U U	U U	U	U	U U
Syracuse, NY	137	105	20	6	1	5	7	San Antonio, TX	235	162	48	14	5	6	16
Trenton, NJ Utica, NY	32 16	19 15	6 1	3	2	2	_	Shreveport, LA	64	50	12	2	_	_	7
Yonkers, NY	18	14	2	2	_	_	1	Tulsa, OK	176	125	36	12	1	2	11
E.N. Central	2,220	1,440	538	147	40	55	128	Mountain Albuquerque, NM	1,301 181	844 123	292 36	90 18	38 3	34 1	82 11
Akron, OH Canton, OH	51 36	27 24	20 10	_	3	1 2	1	Boise, ID	66	49	11	1	2	3	2
Chicago, IL	351	194	100	44	4	9	 25	Colorado Springs, CO		64	14	6	2	2	3
Cincinnati, OH	110	70	20	7	5	8	17	Denver, CO Las Vegas, NV	87 314	57 201	20 80	5 23	5 6	4	4 19
Cleveland, OH	233	163	46	10	5	9	_	Ogden, UT	27	18	5	1	1	2	2
Columbus, OH Dayton, OH	256 154	159 107	68 34	15 7	5 4	9	20 8	Phoenix, AZ	201	108	49	16	11	14	12
Detroit, MI	152	81	51	16	3	1	5	Pueblo, CO	30	29	1	_	_	_	5
Evansville, IN	39	31	8	_	_	_	3	Salt Like City, UT Tucson, AZ	146 161	88 107	36 40	13 7	5 3	4	12 12
Fort Wayne, IN	84 19	61 10	15 8	6 1	2	_	4								
Gary, IN Grand Rapids, MI	55	43	7	2	_	3	2	Pacific Berkeley, CA	1,460 13	1,023 10	318 2	74 1	20	25 —	122 3
Indianapolis, IN	200	127	47	16	3	7	12	Fresno, CA	Ü	Ü	Ū	Ü	U	U	Ŭ
Lansing, MI	54	41	10	2	1	_	5	Glendale, CA	U	U	U	U	U	U	U
Milwaukee, WI Peoria, IL	91 49	60 32	25 10	6 4	_	_ 1	3 2	Honolulu, HI Long Beach, CA	84 64	54 40	21 18	5 3	2 2	2	3 6
Rockford, IL	53	39	8	4	2		4	Los Angeles, CA	U	U	Ü	U	Ú	Ü	Ü
South Bend, IN	64	46	12	4	1	1	4	Pasadena, CA	22	14	5	2	1	_	2
Toledo, OH	90	60	27	2	_	1	8	Portland, OR	162	112	36	8	1	5	10
Youngstown, OH	79	65	12	1		1	5	Sacramento, CA San Diego, CA	198 183	143 128	43 34	9 8	2 4	1 9	17 17
W.N. Central	672	452	138	48	26	8	37	San Francisco, CA	148	100	36	8	3	1	15
Des Moines, IA Duluth, MN	70 31	54 23	12 6	3 2	1	_	3 1	San Jose, CA	252	185	53	10	3	1	23
Kansas City, KS	35	19	10	5	_	1	2	Santa Cruz, CA	30	23	5 35	2	_		10
Kansas City, MO	97	57	19	13	5	3	1	Seattle, WA Spokane, WA	142 77	92 59	35 12	9 6	2	4	18 4
Lincoln, NE Minneapolis, MN	48 67	31	14 15	2	1	_ 1	3 7	Tacoma, WA	85	63	18	3	_	1	4
Omaha, NE	67 113	39 84	15 18	6 5	6 5	1	7 12	Total	12,302**	8.132	2,804	847	281	229	777
St. Louis, MO	47	30	13	4	_	_	1		,502	J, . JL	_,50 /	J.,	_0.		
St. Paul, MN	64	43	15	2	3	1	3								
Wichita, KS	100	72	16	6	5	1	4	l							

U: Unavailable. —:No reported cases.

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

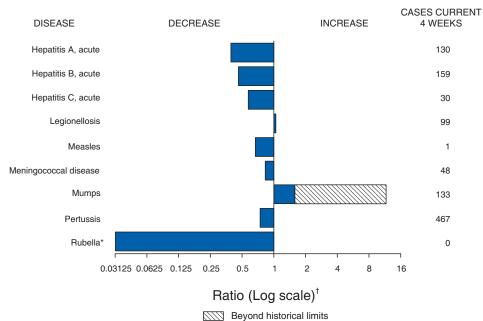
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 9, 2006, with historical data



Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

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

^{*} No rubella cases were reported for the current 4-week period yielding a ratio for week 49 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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