

Weekly

May 4, 2007 / Vol. 56 / No. 17

Vulvar Vaccinia Infection After Sexual Contact with a Military Smallpox Vaccinee — Alaska, 2006

On October 10, 2006, an otherwise healthy woman visited a public health clinic in Alaska after vaginal tears that she had first experienced 10 days before became increasingly painful. The patient reported having a new male sex partner during September 22-October 1, 2006. A viral swab specimen from a labial lesion of the woman was submitted to the Alaska State Virology Laboratory (ASVL) for viral culture. The viral isolate could not be identified initially and subsequently was sent to CDC on January 9, 2007, where the isolate was identified as a vaccine-strain vaccinia virus. After vaccinia was identified, investigators interviewed the woman more closely and learned that her new sex partner was a male U.S. military service member stationed at a local military base. Further investigation determined that the service member had been vaccinated for smallpox 3 days before beginning his relationship with the woman. This report describes the clinical evaluation of the woman and laboratory testing performed to identify the isolate. Health-care providers should be aware of the possibility of vaccinia infection in persons with clinically compatible genital lesions who have had recent contact with smallpox vaccinees.

Clinical Description

At the public health clinic on October 10, the woman told health-care providers that her partner consistently wore condoms during sex; however, a condom broke during vaginal intercourse on October 1. The two had no further contact after October 1. The patient told health-care providers she did not recall seeing penile ulcers or other unusual skin lesions on her partner. She had no history of genital ulcers or sexually transmitted infections and said that her vaginal tears did not result from sexual violence or abuse. She reported testing negative for human immunodeficiency virus approximately 3 months earlier. She had no fever, itching, or dysuria.

Clinical examination revealed two shallow ulcerations, one measuring 5 mm on the upper left labia minora and the other measuring 3 mm on the lower right labia minora, mild bilateral labial erythema and induration, and vaginal discharge. No inguinal lymphadenopathy was noted, and examination findings were normal for the cervix, uterus, adnexa, and anus. Tests for gonorrhea and Chlamydia trachomatis infection were negative; serologic tests for syphilis and hepatitis B virus were not performed. A viral swab specimen from the left labial lesion was submitted to ASVL for culture for possible herpes virus infection. A primary diagnosis of sexually transmitted infection was made but was not further characterized, and no specific treatment was administered pending viral culture results. A secondary diagnosis of vulvovaginal candidiasis was made, and the patient was treated with an over-the-counter medication.

After 2 days of increased redness, swelling, and burning of the labia minora, the woman returned to the clinic on October 12. The evaluating health-care provider diagnosed cellulitis, discontinued the over-the-counter preparation, and prescribed a 7-day course of oral cephalexin (500 mg by mouth, twice a day). No specimens were collected during the second clinic visit. The patient's labial redness, induration, and pain resolved, and the ulcers healed completely by October 19.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2007;56:[inclusive page numbers].

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Laboratory Findings

At ASVL, viral cytopathic effect was observed in viral culture cells from the specimen collected from the woman on October 10; however, immunofluorescent antibody staining was negative for herpes simplex virus (HSV). During late October to November, the viral isolate was successfully passaged into two additional viral culture cell lines, but subsequent staining of the viral isolate also was negative for HSV and cytomegalovirus. The viral isolate was submitted on November 22 to a second reference laboratory, where it remained unidentified 1 month later.

On January 9, 2007, ASVL sent the unidentified viral isolate to CDC, where the isolate was evaluated using two pathogendiscovery strategies: a pan-herpes virus polymerase chain reaction (PCR) test and a deoxyribonuclease sequence-independent, single-primer amplification (DNase-SISPA) sequencing method,* in which a specimen is treated with DNase, followed by nucleic acid extraction, random amplification, restriction enzyme digestion, and SISPA of the restriction fragments. Although the pan-herpes virus PCR assay was negative, the DNase-SISPA method produced unique and prominent DNA fragments in the unknown isolate but not in the control cells. The PCR product containing these fragments was cloned and sequenced. Eight of nine sequenced clones of the bands matched vaccinia virus sequences. Additional PCR testing by the CDC Poxvirus Laboratory identified the isolate as being consistent with a vaccine-strain vaccinia virus. On January 30, 2007, CDC notified ASVL of the results, which were immediately relayed to the Alaska Section of Epidemiology.

Epidemiologic Investigation

After receiving notification of the laboratory result, Alaska state health officials interviewed the patient and learned that she lived alone and had never been vaccinated against smallpox. However, the patient told investigators that her recent sex partner was a U.S. service member stationed at a local military base and that he had been her only sex partner during the period from 1 month before her infection until the time her ulcers were completely healed (September 1– October 19). The patient also told investigators that her sexual contact with her recent partner had included manual stimulation in addition to vaginal intercourse. The patient did not remember seeing bandages on her partner and did not know whether he had received any recent vaccinations.

The service member was deployed overseas in late October and was not available for interview. According to the preventive medicine officer at the military base where the service

^{*} Reyes GR, Kim JP. Sequence-independent, single-primer amplification (SISPA) of complex DNA populations. Mol Cell Probes 1991;5:473–81.

member was stationed, the service member had reported no underlying skin disorders or other contraindications to vaccination. He had received smallpox vaccination on September 19, 2006, after first receiving instruction on care of the vaccination site and proper hand hygiene. Investigators identified no additional transmission of the virus from the vaccinee and no transmission from the woman to other persons, including health-care providers who had examined her.

Reported by: J McLaughlin, MD, Alaska Section of Epidemiology; T Schmidt, MS, M Westcott, Alaska State Virology Laboratory. J Baumbach, MD, New Mexico Dept of Health. JP Lofgren, MD, Alabama Dept of Public Health. S Gerber, MD, Chicago Dept of Public Health. R Panares, MD, Hammond City Health Dept; W Staggs, MS, Indiana State Dept of Health. L Collins, MD, Walter Reed National Vaccine Healthcare Center, Silver Spring, Maryland. S Tong, PhD, YLi, MS, W Tan, PhD, E Mar, PhD, S Ruone, MS, A LaMonte-Fowlkes, MPH, L Anderson, MD, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases; M Reynolds, PhD, Y Li, PhD, G Trindade, PhD, V Olson, PhD, I Damon, MD, PhD, Div of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne and Enteric Diseases; R Fagan, MD, E Lederman, MD, EIS officers, CDC.

Editorial Note: This case of vulvar vaccinia was transmitted by a sex partner who had recently received smallpox vaccination. Unintentional transfer of vaccinia virus can occur from a vaccination site to a second site on the vaccinee (inadvertent autoinoculation) or to a close contact (contact transmission) (1). The most frequently reported sites of vaccinia infections caused by unintentional transfer are the face, nose, mouth, lips, genitalia, anus, and eye (1). To prevent transfers, healthcare providers should educate vaccinees regarding proper hand washing after bandage changes or other contact with the vaccination site (2). This general recommendation remains the most effective way to prevent genital vaccinia infections. Persons with any new genital lesion, including lesions suspected to have been caused by vaccinia infection, should avoid sexual contact and consult a health-care provider.

Vulvar vaccinia infections often are characterized by painful labial ulcers and/or vesicles, vulvar edema and pruritus, vaginal discharge, and occasionally by vaginitis and tender bilateral inguinal lymphadenopathy (3-9). Most reports of vulvar vaccinia were published before cessation of widespread smallpox vaccination programs (7); however, in addition to the case described in this report, laboratory-confirmed cases of vulvar vaccinia after sexual contact with vaccinated military personnel have been reported in New York and Texas since the U.S. military resumed smallpox vaccination in 2002 (8,9). Similar to the case described in this report, herpes virus infection was initially suspected in the New York case, and information regarding contact with a recent smallpox vaccinee was not disclosed until after laboratory evidence of vaccinia virus had been detected.

Laboratory confirmation of orthopoxvirus infections, including vaccinia, requires test methods that are not commercially available. However, tests for orthopoxvirus infections are available at many state and local health departments via the Laboratory Response Network, and confirmatory (i.e., species-specific) testing is available at CDC. In the case described in this report, initial testing of clinical specimens for presumed herpes virus infection at ASVL was inconclusive. In the absence of critical information (i.e., patient contact with a recent smallpox vaccinee) to guide testing of the isolate, ASVL forwarded the specimen to CDC. Identification of vaccinia as the etiologic agent illustrates the power of using multiple new tools for identifying pathogens in patients with a disease of unknown etiology.

Since March 8, 2007, CDC and the U.S. Department of Defense have received reports of four instances of nongenital contact vaccinia associated with recently vaccinated service members, including two cases from Indiana and one case each from Alabama and New Mexico. Health-care providers and public health professionals should ask about any contact with recent smallpox vaccinees when evaluating patients with vesicular lesions compatible with vaccinia. Early identification of such contact can guide diagnostic tests, allow for timely contact tracing and clinical intervention, and facilitate prompt patient counseling to prevent further transmission of the virus.

Acknowledgments

The findings in this report are based, in part, on contributions by the examining health-care provider and the preventive medicine officer at the military base.

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Prevalence of Actions to Control High Blood Pressure — 20 States, 2005

High blood pressure (HBP) increases the risk for heart disease and stroke, the first and third leading causes of death in the United States, respectively (1). The association between HBP and cardiovascular disease is independent of other risk factors (2). Nearly 30% of the U.S. adult population had HBP* during 2001-2004, according to the National Health and Nutrition Examination Survey (NHANES), and the prevalence has increased compared with 1988-1994 NHANES data (3,4). Although HBP is easily detectable and can be controlled with treatment, the condition is not controlled (i.e., systolic blood pressure <140 mm Hg and diastolic pressure <90 mm Hg) in approximately 70% of persons (3). A Healthy People 2010 objective (objective 12-11) is to increase the proportion of adults with HBP who are taking action to help control their blood pressure (5). To assess the prevalence of selfreported HBP and actions to control HBP, CDC analyzed 2005 data from an optional module in the Behavioral Risk Factor Surveillance System (BRFSS) in the 20 states that participated. The results indicated that although nearly all adults with HBP in the 20 states were taking some action to control their blood pressure, some persons can take additional actions to control their HBP, if indicated, including dietary changes, exercise, and taking prescribed medication.

BRFSS is a state-based, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged \geq 18 years. The survey is administered in all 50 states, the District of Columbia (DC), and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). During 2005, a total of 24,447 of 101,574 respondents in 20 states responded "yes" to the following question: "Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?" Women who reported HBP only during pregnancy were not categorized as having HBP. Respondents also were asked the following five questions about actions they were currently taking to control their HBP: "Are you changing your eating habits to help lower or control your high blood pressure?" "Are you cutting down on salt to help lower or control your high blood pressure?" "Are you reducing alcohol use to help lower or control your high blood pressure?" "Are you exercising to help lower or control your high blood pressure?" "Are you currently taking medicine for your high blood pressure?" The median response rate for the 20 states was 51.0% (range: 34.6%-66.7%). Data were weighted to 2005 state population estimates. Prevalence estimates and 95% confidence intervals were calculated.

The age-adjusted prevalence of self-reported HBP was 19.4% (Table 1) for the 20 states combined. Self-reported HBP increased by age group, and the age-adjusted prevalence was highest among non-Hispanic blacks (27.2%). Among the 20 states, self-reported HBP tended to be highest in southern states, with Mississippi (25.5%), West Virginia (23.5%), Alabama (23.2%), Louisiana (22.1%), and Arkansas (21.9%) having the highest age-adjusted prevalence.

TABLE 1. Number and percentage of respondents told on two
or more visits to a health professional that they have high
blood pressure (HBP), by selected characteristics - Behav-
ioral Risk Factor Surveillance System, 20 states, 2005

		% of respondents	
	Total no. of	reporting HBP	
Characteristic	respondents	diagnosis*	95% CI†
Age group (yrs)			
18–24	5,023	2.4	1.7–3.1
25–44	31,723	8.3	7.8–8.7
45–64	39,603	27.7	27.0–28.4
<u>≥</u> 65	25,225	44.2	43.2–45.1
Sex			
Men	38,177	19.5	19.0–20.1
Women	63,397	19.2	18.7–19.6
Race/Ethnicity			
White, non-Hispanic	80,535	18.6	18.3–19.0
Black, non-Hispanic	8,861	27.2	26.0-28.3
Hispanic [§]	6,432	18.0	16.5–19.6
Asian	2,207	14.7	12.3–17.1
Native Hawaiian/			
Pacific Islander	496	12.7	7.9–17.5
American Indian/			
Alaska Native	1,298	25.2	20.4-30.1
Other	834	16.3	12.8–19.9
State			
Alabama	3,095	23.2	21.8-24.7
Arizona	4,565	16.4	14.8–18.0
Arkansas	5,140	21.9	20.8-23.1
Connecticut	5,070	16.6	15.6–17.7
Florida	7,953	19.0	17.9–20.0
Georgia	5,897	21.2	20.0-22.4
Hawaii	3,127	15.7	14.1–17.4
Kansas	4,241	18.3	17.1–19.4
Kentucky	6,391	20.9	19.7–22.1
Louisiana	2,869	22.1	20.5–23.6
Maryland	4,234	20.0	18.7–21.3
Minnesota	2,810	17.0	15.7–18.3
Mississippi	4,294	25.5	24.2–26.9
Montana	4,846	16.3	15.1–17.4
Nebraska	4,037	19.1	17.8–20.5
New Jersey	13,039	17.9	17.1–18.6
New York	7,508	19.4	18.4–20.4
North Dakota	3,899	17.2	16.1–18.3
Utah	5,056	16.0	15.0–17.1
West Virginia	3,503	23.5	22.1–24.9
Total	101,574	19.4	19.1–19.8
* Weighted percentages	excent for age o	roune are ane sta	ndardized to

* Weighted percentages, except for age groups, are age standardized to the 2000 U.S. standard population.

Confidence interval.

[§]Might be of any race.

^{*}HBP in NHANES was defined as systolic blood pressure of ≥140 mm Hg, diastolic blood pressure of ≥90 mm Hg, or taking antihypertensive medication.

Approximately 98.1% of adults with self-reported HBP reported taking at least one action to lower or control their blood pressure, and a majority of respondents reported taking each of the five actions: 70.9% changed their eating habits, 79.5% decreased use of salt or did not use salt, 79.2%

reduced consumption of alcohol or did not drink alcohol, 68.6% exercised, and 73.4% took antihypertensive medication (Table 2). Women were more likely than men to report changing eating habits and reducing consumption of alcohol or not drinking alcohol. Reducing use of salt or not using salt

TABLE 2. Number and percentage of respondents taking selected actions* to control high blood pressure (HBP) among adults told on two or more visits to a health professional that they have HBP, by selected characteristics — Behavioral Risk Factor Surveillance System, 20 states, 2005

					Act	ion taker	n to control H	BP			
	Total no. of		nanging ng habits		cing use of t using salt	use	ducing of or not ng alcohol	E	ercising	antihyp	king ertensive ication
Characteristic	respondents [†]	%§	95% CI [¶]	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group (yrs)											
18–24	129	47.2	32.3-62.1	68.2	52.4-84.0	77.2	66.8-87.6	65.9	50.1–81.8	35.3	20.4–50.1
25–44	2,694	75.7	73.3–78.2	78.9	76.1–81.6	79.9	77.6-82.1	70.9	68.4–73.4	64.6	61.7–67.6
45–64	10,889	76.7	75.5–78.0	82.1	80.8-83.4	79.6	78.4-80.9	68.6	67.2–70.0	88.7	87.8–89.6
≥65	10,735	67.1	65.7–68.5	85.0	83.8-86.1	78.6	77.3–79.8	65.2	63.8–66.6	96.2	95.6–96.8
Sex											
Men	9,077	66.7	63.8–69.6	77.0	73.6-80.3	75.5	73.2–77.8	68.8	65.4–72.2	71.1	67.7–74.5
Women	15,370	76.4	74.2–78.6	82.0	79.3–84.7	82.5	80.2-84.8	69.0	66.6-71.5	76.3	73.8–78.8
Race/Ethnicity											
White, non-Hispanic	19,705	69.5	66.8–72.1	79.0	76.7-81.2	76.6	74.6–78.6	69.4	67.2–71.5	75.9	73.1–78.7
Black, non-Hispanic	2,769	77.5	72.7-82.3	90.0	86.5-93.5	86.9	83.2-90.5	67.5	62.2-72.7	75.2	71.2-79.2
Hispanic**	1,045	70.7	63.5-77.9	73.9	66.8-80.9	84.3	79.0-89.5	66.8	60.1-73.5	62.5	57.1-67.8
Asian	374	73.1	61.2-85.0	80.9	69.1-92.8	79.3	69.0-89.6	72.0	60.9-83.0	77.4	65.4-89.4
Native Hawaiian/	89	65.9	47.3-84.5	78.5	57.0-100.0	74.5	63.6-85.5	77.1	62.6-91.5	63.1	52.5-73.8
Pacific Islander											
American Indian/	303	63.8	53.5-74.0	76.8	69.6-83.9	79.6	71.5-87.7	76.0	66.8-85.1	61.3	49.2-73.4
Alaska Native											
Other	162	75.3	57.1–93.6	71.5	52.9-90.0	82.5	70.2–94.8	74.8	62.1-87.5	75.0	57.1–92.9
State											
Alabama	912	76.1	71.9-80.3		_	88.3	85.5-91.0	66.7	62.3–71.1	81.4	72.8–90.1
Arizona	993	70.2	62.1–78.3	73.7	69.1–78.2	77.0	68.6-85.4	73.0	64.7–81.4	68.2	59.2-77.1
Arkansas	1,407	64.4	57.7-71.0	75.8	69.4-82.1	83.0	77.2-88.9	72.1	66.1–78.0	72.3	65.8–78.8
Connecticut	1,065	76.1	71.3-80.8	82.2	77.6-86.7	70.3	64.4-76.1	74.0	69.0-79.0	69.9	65.1–74.7
Florida	2,026	73.5	66.1-80.8	83.2	79.3–87.0	81.3	77.8–84.7	74.6	71.2–77.9	73.7	65.7-81.7
Georgia	1,568	70.6	65.6-75.7		_	79.1	73.1–85.0	65.8	59.6-71.9	74.0	69.4–78.6
Hawaii	558	74.5	65.6-83.4	83.8	77.8-89.8	71.6	63.1-80.1	63.2	53.8-72.6	76.5	66.6-86.4
Kansas	1,000	68.6	61.1–76.0	75.8	67.0-84.5	83.4	76.4–90.5	79.9	76.5-83.2	76.0	67.1–84.8
Kentucky	1,771	74.4	69.1–79.8	81.4	76.3-86.5	80.3	75.6-84.9	59.9	54.7-65.1	78.3	73.4-83.2
Louisiana	739	75.9	69.9-81.9	81.4	75.9–87.0	85.0	80.2-89.7	69.7	63.6–75.8	85.8	80.4–91.2
Maryland	989	75.3	68.4-82.2	81.1	76.5-85.8	78.5	73.8–83.1	70.8	63.7–77.8	76.7	69.6-83.8
Minnesota	603	63.9	58.9-68.8	69.5	64.4–74.5	61.4	56.0-66.7	60.8	55.3-66.2	78.9	73.2-84.5
Mississippi	1,338	80.5	77.6–83.4			75.5	69.4–81.6	69.5	66.1-72.9	81.0	74.5-87.6
Montana	1,002	59.7	53.5-65.8	73.1	64.8-81.5	69.5	60.8–78.2	76.7	71.6-81.7	58.1	52.9-63.3
Nebraska	1,012	65.2	56.7-73.7	82.8	78.5-87.0	75.6	67.8-83.3	66.5	58.0-75.1	72.7	64.1-81.2
New Jersey	2,978	69.3	64.4–74.2	80.9	76.2–85.6	75.4	70.5-80.2	70.0	65.7–74.2	71.7	67.5–75.8
New York	1,677	66.8	60.4-73.2	77.5	70.5-84.6	79.2	75.0-83.3	65.8	60.2-71.4	66.2	60.9-71.5
North Dakota	851	65.5	57.9-73.0	76.9	71.2-82.5	74.3	66.7-81.9	75.4	69.7–81.0	74.3	68.5-80.2
Utah	915	69.1	63.0–75.3	73.7	68.4–78.9	85.1	80.0-90.2	75.5	69.9-81.1	68.9	62.8-74.9
West Virginia	1,043	68.2	60.0-76.4	75.4	67.7-83.2	84.5	77.2–91.9	57.6	49.3-65.9	70.9	67.1–74.7
Total	24,447	70.9	68.7–73.1	79.5	77.1–81.9	79.2	77.6-80.9	68.6	66.3–70.9	70.0 73.4	71.2–75.7
	24,447	10.9	00.7-73.1	19.0	77.1-01.9	19.2	11.0-00.9	00.0	00.3-70.9	73.4	11.2-13.1

* Respondents were asked the following five questions: "Are you changing your eating habits to help lower or control your high blood pressure?" "Are you cutting down on salt to help lower or control your high blood pressure?" "Are you reducing alcohol use to help lower or control your high blood pressure?" "Are you currently taking medicine for your high blood pressure?"

[†] The number of respondents in the salt-use column is lower because of missing values for three states.

§ Weighted percentages, except for age groups, are age standardized to the 2000 U.S. standard population.

[¶] Confidence interval.

** Might be of any race.

^{††} Data not comparable for this question because of different response categories.

and taking antihypertensive medicine increased with age. A higher proportion of non-Hispanic blacks (90.0%) compared with other racial/ethnic groups reported reducing use of salt or not using salt.

The proportion of respondents with self-reported HBP who took each action varied by state. The percentage of adults who reported changing eating habits ranged from 59.7% (Montana) to 80.5% (Mississippi); the percentage who reduced use of salt or did not use salt ranged from 69.5% (Minnesota) to 83.8% (Hawaii); the percentage who reduced alcohol consumption or did not drink alcohol ranged from 61.4% (Minnesota) to 88.3% (Alabama); the percentage who exercised ranged from 57.6% (West Virginia) to 79.9% (Kansas); and the percentage who took antihypertensive medication ranged from 58.1% (Montana) to 85.8% (Louisiana).

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Editorial Note: Controlling HBP can reduce disability and death from heart disease, stroke, and other cardiovascular diseases. Recommendations to control HBP include both lifestyle changes and antihypertensive medication (2). The findings in this report indicate that, although nearly all adults with self-reported HBP take at least some health action to control their HBP, some persons can take additional actions if indicated. For example, although nearly 70% of respondents report exercising to control their HBP, 30% do not exercise to control HBP.

The findings in this report are subject to at least four limitations. First, data were based on self-reports and therefore were subject to recall bias and social desirability bias (i.e., providing a socially acceptable answer rather than the most accurate answer). Second, the degree and effects from the actions taken to reduce HBP were not assessed; for example, although exercising to control HBP was assessed, the frequency was not. Third, the combined results for these 20 states are not generalizable to the entire United States. Finally, the median response rate for the 20 states was only 51.0%; however, the reliability and validity of BRFSS measures have been demonstrated (6,7).

The CDC State Heart Disease and Stroke Prevention Program funds health departments in 32 states and DC to support heart-disease prevention activities through education, strategies to change physical and social environments to decrease risk for heart disease, and elimination of racial/ ethnic disparities in heart-disease risk. In addition, CDC funds 15 WISEWOMAN (http://www.cdc.gov/wisewoman) projects in 14 states to provide low-income and underinsured or uninsured women aged 40–64 years with services to prevent cardiovascular disease; approximately 12,000 women have received services through WISEWOMAN in the past 4 years. WISEWOMAN projects operate on the local level in states and tribal organizations and provide preventive services, including blood-pressure screening and cholesterol testing, and lifestyle intervention programs to help women develop a healthier diet, increase physical activity, and quit using tobacco. These actions, combined with activities of clinicians and public health partners coordinated through A Public Health Action Plan to Prevent Heart Disease and Stroke (http://www.cdc.gov/ dhdsp/library/action_plan/index.htm), should increase identification, treatment, and control of HBP and clarify the actions needed to control HBP.

A comprehensive approach to lifestyle modification that targets diet, salt intake, alcohol intake, and exercise can help to control HBP (8). The Dietary Approaches to Stop Hypertension diet, which is low in saturated and total fat and emphasizes fruits, vegetables, and low-fat dairy products, has assisted with reducing blood pressure (9). HBP control requires maintaining lifestyle changes and taking prescribed medications. Self-management can increase overall HBP control (10), and improvements in counseling from health-care providers, patient education, and clinician-patient partnerships could further encourage adults with HBP to take action (2).

Acknowledgment

The findings in this report are based, in part, on data provided by BRFSS state coordinators.

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Projected State-Specific Increases in Self-Reported Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitations — United States, 2005–2030

Arthritis and other rheumatic conditions (e.g., gout, lupus, and fibromyalgia) affect approximately 46 million adults in the United States, resulting in substantial disability and costs of \$128 billion annually (1–3). Because U.S. adults are living longer and the number of persons in older age groups is growing, the number of U.S. adults living with chronic conditions such as arthritis likely will increase. The number of U.S. adults with doctor-diagnosed arthritis has been projected to reach nearly 67 million adults by the year 2030, including 25 million adults who are expected to have arthritis-attributable activity limitations (4). This report supplements those estimates by projecting the number of adults aged ≥ 18 years in each state who will have doctor-diagnosed arthritis and arthritis-attributable activity limitations in 2030.* The results indicate that, among 48 states, the median projected increase in doctor-diagnosed arthritis from 2005 to 2030 will be 16%; a total of 14 states are projected to have increases of 30% to 87%. Greater use of existing evidence-based interventions and development of new interventions aimed at decreasing pain, improving function, and delaying disability associated with arthritis are needed to reduce the impact of these projected increases, particularly in those states that will be most heavily affected.

To estimate the number of adults who will have doctordiagnosed arthritis and arthritis-attributable activity limitations in 2030, CDC applied state arthritis prevalence proportion estimates from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey to U.S. Census-projected state population data for the year 2030. BRFSS is a statebased, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥ 18 years. BRFSS is administered in all 50 states, the District of Columbia, and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). In 2005, the median response rate (i.e., the percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted) among states was 51.1% (range: 34.6% [New Jersey] to 67.4% [Alaska]). The median cooperation rate (i.e., the percentage of persons who completed interviews among all eligible persons contacted) was 75.1% (range: 58.7% [California] to 85.3% [Minnesota]). Self-reported doctor-diagnosed arthritis was defined as a "yes" response to the question, "Have you ever been told by a doctor or other health-care professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" Arthritis-attributable activity limitations were defined as a "yes" response by a respondent with doctor-diagnosed arthritis to the question, "Are you now limited in any way in any of your usual activities because of your arthritis or joint symptoms?" Projected state totals for doctor-diagnosed arthritis were calculated by applying prevalence proportion estimates for six sex-specific and age-specific (18–44 years, 45–64 years, and \geq 65 years) groups from the 2005 BRFSS survey to corresponding U.S. Census-projected state populations for the year 2030 (6) and then adding the six results. The same method was used to calculate projected state totals for arthritis-attributable activity limitations. Projections were not calculated for the three U.S. territories because U.S. Census-projected territory populations for the year 2030 were not available.

From 2005 to 2030, the number of adults with doctordiagnosed arthritis is projected to increase by a median of 16%[†] in 48 states (range: 2% [Iowa] to 87% [Arizona]); in 14 states, the projected increase ranges from 30% to 87% (Table). The median projected increase in the absolute number of persons with doctor-diagnosed arthritis in these same states is 126,000 (range: 8,000 [South Dakota] to 2,539,000 [Florida]); the comparable median increase in those with arthritis-attributable activity limitations is 46,000 (range: 3,000 [South Dakota] to 991,000 [Florida]) (Table). Primarily because of expected population declines, two states (North Dakota and West Virginia) and the District of Columbia are projected to have decreases in the numbers of adults with doctor-diagnosed arthritis and arthritis-attributable activity limitations.

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^{*} This report uses the most current surveillance case definition of arthritis, which excludes adults who report only chronic joint symptoms because only a small percentage of these persons have arthritis (5).

[†]The number of adults with arthritis-attributable activity limitations is projected to increase similarly (within 1%).

		No. of a	idults with nosed arthritis		No. of a	adults with le activity limitations	% change in doctor-diagnosed arthritis [†]
State/Area	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	Increase (decrease) 2030 versus 2005 (%)
Alabama	1,124	1,238	114	468	515	47	10
Alaska	111	143	32	44	57	13	29
Arizona	1,131	2,115	984	407	762	355	87
Arkansas	641	754	113	244	287	43	18
California	5,927	7,894	1,967	2,179	2,903	724	33
Colorado	807	1,008	201	274	342	68	25
Connecticut	680	731	51	208	223	15	8
Delaware	187	233	46	62	77	15	25
District of Columbia	97	75	(22)	34	26	(8)	(23)
Florida	3,739	6,279	2,540	1,460	2,452	992	68
Georgia	1,694	2,289	595	676	914	238	35
Hawaii	214	252	38	67	79	12	18
Idaho	262	378	116	106	153	47	44
Illinois	2,358	2,533	175	767	824	57	7
Indiana	1,363	1,497	134	475	521	46	10
lowa	617	628	11	205	209	40	2
Kansas	551	600	49	184	203	17	9
Kentucky	910	1,016	106	395	441	46	12
,	894	975	81	393	441	34	9
Louisiana							
Maine	316	352	36	113	126	13	12
Maryland	1,159	1,459	300	375	472	97	26
Massachusetts	1,298	1,421	123	454	497	43	10
Michigan	2,357	2,544	187	842	909	67	8
Minnesota	928	1,224	296	331	437	106	32
Mississippi	688	764	76	296	328	32	11
Missouri	1,395	1,584	189	556	631	75	14
Montana	189	220	31	71	83	12	16
Nebraska	340	357	17	118	124	6	5
Nevada	441	805	364	164	298	134	82
New Hampshire	271	347	76	87	111	24	28
New Jersey	1,621	1,861	240	531	610	79	15
New Mexico	345	401	56	133	155	22	16
New York	3,824	3,955	131	1,348	1,394	46	3
North Carolina	1,788	2,497	709	688	960	272	40
North Dakota	126	124	(2)	41	41	0	(2)
Ohio	2,606	2,682	76	857	882	25	3
Oklahoma	797	889	92	347	387	40	12
Oregon	743	1,003	260	308	416	108	35
Pennsylvania	3,038	3,177	139	987	1,032	45	5
Rhode Island	234	254	20	70	76	6	8
South Carolina	986	1,233	247	371	465	94	25
South Dakota	161	169	8	61	63	2	5
Tennessee	1,341	1,660	319	610	755	145	24
Texas	3,670	5,425	1,755	1,350	1,995	645	48
Utah	374	551	177	1,330	213	68	40
Vermont	374 134	157	23	47	213 55	8	47 17
Virginia	1,580	2,071	491	578	758	180	31
Washington	1,235	1,745	510	504	713	209	41
West Virginia	498	487	(11)	247	241	(6)	(2)
Wisconsin	1,169	1,326	157	409	464	55	13
Wyoming	106	116	10	37	40	3	9
Median increase [§]	—	_	126	—	—	46	16

TABLE. State-specific 2005 estimates and 2030 projections* of the numbers of adults with doctor-diagnosed arthritis and arthritisattributable activity limitations — Behavioral Risk Factor Surveillance System (BRFSS) and U.S. Census

* Projected state totals were calculated by applying proportions for six sex-specific age groups (i.e., 18–44 years, 45–64 years, and ≥65 years) from the 2005 BRFSS survey to corresponding U.S. Census–projected state populations for the year 2030 and then adding the age groups together. the number of adults with arthritis-attributable activity limitations is projected to increase similarly (within 1%).

[§]Median increases were calculated using data only from the 48 states that projected increases in prevalences of doctor-diagnosed arthritis and arthritis-

attributable activity limitations.

Editorial Note: The findings in this report confirm previous findings that arthritis and other rheumatic conditions will be increasing in nearly all U.S. states in the years ahead. On the basis of U.S. Census–projected increases in state populations overall and their older age distributions, 48 states are expected to have an increase in the number of adults reporting doctor-diagnosed arthritis and arthritis-attributable activity limitations by the year 2030, including 14 states with increases of >30%. States can use these projections to plan programs and resource allocations that will be needed to address the needs of their growing populations with arthritis.

The findings in this report are subject to at least five limitations. First, doctor-diagnosed arthritis is self-reported and not confirmed by a health-care provider; however, such self-reports have been validated previously for surveillance purposes (5). Second, BRFSS is a telephone survey that excludes certain populations (e.g., military personnel residing on bases, institutionalized populations, and persons without landline telephones). Third, the median response rate for BRFSS is low; however, BRFSS data have consistently been determined to provide valid and reliable estimates when compared with national household surveys in the United States (7). Fourth, projections in this report assume consistent age/sex prevalence proportions of doctor-diagnosed arthritis and arthritis-attributable activity limitations to the year 2030; these projections do not take into account emerging health risks (e.g., obesity) that might increase the proportions of doctor-diagnosed arthritis or emerging interventions (e.g., earlier diagnosis of and continued improvements in medications for rheumatoid arthritis) that might decrease the proportions of arthritis-attributable activity limitations. Finally, less than 2% (five of 306) of the sex- and agespecific cells used to calculate the projected prevalence of arthritis-attributable activity limitation in each state had fewer than 50 respondents before weighting and, therefore, might not be reliable estimates. However, any effect on the final state projection likely was overshadowed when the data in these five cells were summed with the other 301 cells.

CDC's Arthritis Program funds 36 state health departments, who collaborate with local chapters of the Arthritis Foundation to expand the reach of evidence-based public health interventions for arthritis. These include physical activity programs (Arthritis Foundation Exercise Program, Arthritis Foundation Aquatics Program, and Enhance Fitness) and self-management education programs (Arthritis Foundation Self-Help Program and Chronic Disease Self-Management Program), both of which are delivered by trained instructors in community settings. These interventions decrease the impact of arthritis by reducing pain and health-care utilization and by improving the ability to function and mental health of persons with arthritis (8). In addition, the CDC Arthritis Program also has developed two communication campaigns to promote physical activity among persons with arthritis.[§] *Healthy People 2010* midcourse review objectives[¶] for arthritis include increasing the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition (objective 2-8). Only 11% of adults with arthritis have taken a class to help manage their arthritis (9).

In addition to expanding the reach of arthritis education and other existing interventions, new interventions that specifically target persons with arthritis at highest risk for disability (e.g., persons who are overweight, obese, or physically inactive) also should be developed, evaluated, and disseminated. CDC is funding a project to develop a new arthritis-specific exercise program that emphasizes jointprotection strategies and components designed to improve physical function. The impact of the projected increases in doctor-diagnosed arthritis and arthritis-attributable activity limitations can be reduced by greater participation in such programs and other healthful activities.

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[§]Available at http://www.cdc.gov/arthritis/campaigns.

[¶]Available at http://www.healthypeople.gov/data/midcourse/pdf/fa02.pdf.

Notice to Readers

National Arthritis Month — May 2007

May is National Arthritis Month. Arthritis affects approximately 46 million persons of both sexes and all ages and races, and is the most common physical cause of disability in the United States. The national prevalence of arthritis and arthritisattributable activity limitations are both projected to increase substantially as the population ages.

This year's theme is Walk for Wellness, which is intended to remind those with arthritis that walking, a simple and readily available form of physical activity, is an effective but underused intervention for managing arthritis. Walking is a low-impact exercise appropriate for most persons with mild or moderate arthritis. Persons with arthritis also can reduce the impact of the disease by maintaining a healthy weight and pursuing education regarding arthritis self-management. To help those with arthritis better manage their disease, the Arthritis Foundation offers community-based exercise classes (through the Arthritis Foundation Exercise Program and the Arthritis Foundation Aquatics Program) and self-management education classes (through the Arthritis Foundation Self-Help Program), both of which have reduced pain and improved function and mental health among persons with arthritis.

The CDC Arthritis Program helps fund 36 state arthritis programs designed to increase the quality of life among persons affected by arthritis by implementing recommendations in the National Arthritis Action Plan: A Public Health Strategy. The program also promotes progress toward reaching the arthritis-related *Healthy People 2010* objectives. Additional information regarding public health and arthritis is available at http://www.cdc.gov/arthritis. Additional information regarding local arthritis programs and services is available from the Arthritis Foundation at http://www.arthritis.org or by telephone at 800-568-4045.

Notice to Readers

National High Blood Pressure Education Month, May 2007, and World Hypertension Day, May 17

May is National High Blood Pressure Education Month in the United States, and May 17 is World Hypertension Day. Approximately 72 million persons in the United States aged \geq 20 years have high blood pressure (i.e., systolic blood pressure \geq 140 mm Hg or diastolic pressure \geq 90 mm Hg, are taking antihypertensive medication, or have been told on two or more visits to a physician or other health professional that they have high blood pressure) (1). High blood pressure increases the risk for heart disease and stroke, the first and third leading causes of death, respectively, in the United States.

Lowering high blood pressure, which can prevent deaths and reduce adverse effects from heart disease and stroke, can be achieved through lifestyle modifications alone or in combination with drug therapy (2). Lifestyle changes include reducing body weight, adopting a diet high in fruits and vegetables but low in fat, reducing dietary sodium, increasing physical activity, and moderating alcohol consumption. In addition, stopping smoking improves overall cardiovascular health. The most recent recommendations for the detection and treatment of high blood pressure are available from the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2). Additional information on prevention and treatment of high blood pressure is available from the American Heart Association at http://www.americanheart.org or from CDC at http://www. cdc.gov/bloodpressure.

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Notice to Readers

Healthy Vision Month — May 2007

May is Healthy Vision Month, a national eye health observance promoting the 10 vision objectives in *Healthy People 2010* (1). This year's theme is Keep Vision in Your Future, and the focus is on reducing visual impairment from glaucoma.

The CDC Vision Health Initiative and stakeholders have produced the report, *Improving the Nation's Vision Health: A Coordinated Public Health Approach*, which is aimed at preventing vision loss and blindness, promoting eye health, and improving quality of life for all persons throughout all life stages. The report is available at http://www.cdc.gov/diabetes/ projects/vision.htm.

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Notice to Readers

National Drinking Water Week — May 6–12, 2007

Safe drinking water is vital to public health. Each year, the American Water Works Association and an alliance of organizations, including the U.S. Environmental Protection Agency (EPA), sponsor National Drinking Water Awareness Week to highlight the importance of tap water and the need to reinvest in water infrastructure. The theme for 2007 is Only Tap Water Delivers (*1*).

Worldwide, approximately 1.1 billion persons lack access to an improved potable water source,* and an estimated 3 million persons in developing regions of the world die each year from infectious diseases related to unsafe water and inadequate sanitation (2). In contrast, the United States has one of the safest water supplies in the world. In 2005, more than 52,000 community water systems supplied approximately 93% of the U.S. population with tap water (3,4), and more than 92% of public water systems were in full compliance with health-based drinking water standards (3). Nonetheless, an estimated 4 million to 33 million cases of gastrointestinal illness associated with public drinking water systems occur annually in the United States (5,6). These estimates do not include illnesses that occur in the estimated 45 million persons served by small or individual water systems (4,7) or illnesses that are not gastrointestinal.

The occurrence of drinking-water–associated disease highlights the importance of maintaining and improving the nation's water infrastructure. EPA promotes practices to change how the nation views, values, manages, and invests in its water infrastructure so that water systems are sustainable and will be available to serve future generations. EPA is working with the water industry to identify best practices to help water utilities address aging infrastructure, efficient water use, and watershed protection (8). CDC activities related to National Drinking Water Week include reducing the adverse health effects from contaminated drinking water and recreational water, improving access to safe water internationally, strengthening waterborne disease outbreak surveillance and investigations, supporting waterrelated programs at local and state health departments, and addressing terrorism concerns related to waterborne pathogens. Additional information regarding CDC activities is available at http://www.cdc.gov/health/water.htm, http://www.cdc. gov/safewater, http://www.cdc.gov/nceh/globalhealth/projects/ waterplus.htm, and http://www.cdc.gov/fluoridation. Additional information about National Drinking Water Week is available at http://www.awwa.org/advocacy/dww and http://www. epa.gov/safewater/index.html.

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^{*} Potable water that is supplied through a household connection, public standpipe, borehole well, protected dug well, protected spring, or rain water collection.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 28, 2007 (17th Week)*

	Current	Cum	5-year weeklv	Total o	cases rep	orted for	previou	s years	
Disease	week	2007	average [†]	2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax				1				2	······································
Botulism:				'				2	
foodborne	_	_	0	19	19	16	20	28	
infant	1	18	1	96	85	87	76	69	PA (1)
other (wound & unspecified)	_	4	0	45	31	30	33	21	
Brucellosis	2	34	3	123	120	114	104	125	TN (1), OK (1)
Chancroid	5	9	1	34	17	30	54	67	MA (1), SC (4)
Cholera	_	_	0	7	8	5	2	2	
Cyclosporiasis§	1	16	12	135	543	171	75	156	FL (1)
Diphtheria	_						1	1	1 = (1)
Domestic arboviral diseases ^{§,1} :									
California serogroup	_	_	0	63	80	112	108	164	
eastern equine	_	_	_	7	21	6	14	10	
Powassan	_	_	_	1	1	1		1	
St. Louis	_	_	0	9	13	12	41	28	
western equine	_	_	_	_			-		
Ehrlichiosis [§] :		_	,		-		-	_	
human granulocytic	1	15	4	593	786	537	362	511	VA (1)
human monocytic	_	32	2	501	506	338	321	216	
human (other & unspecified)	_	11	1	237	112	59	44	23	
Haemophilus influenzae,**				201	112	00		20	
invasive disease (age <5 yrs):									
serotype b	_	4	0	13	9	19	32	34	
nonserotype b	3	18	3	128	135	135	117	144	NY (2), FL (1)
unknown serotype	4	97	4	222	217	177	227	153	PA (1), OH (1), AR (1), UT (1)
Hansen disease [§]	2	17	1	62	87	105	95	96	FL (2)
Hantavirus pulmonary syndrome [§]		2	0	37	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal [§]	1	33	3	268	221	200	178	216	MI (1)
Hepatitis C viral, acute	6	197	22	859	652	713	1,102	1,835	NY (1), MO (1), FL (1), TN (1), OK (1), ID (1)
HIV infection, pediatric (age <13 yrs) ^{††}	_		3	52	380	436	504	420	
Influenza-associated pediatric mortality ^{\$.§§}	4	53	0	41	45		N	N N	CT (1), CO (1), VA (2)
Listeriosis	2	145	10	829	896	753	696	665	OH (1), IN (1)
Measles	_	6	1	52	66	37	56	44	
Meningococcal disease, invasive***:				02		0.			
A, C, Y, & W-135	4	79	5	250	297	_	_	_	NY (1), IN (2), MD (1)
serogroup B	2	34	2	160	156	_	_	_	NY (1), IN (1)
other serogroup	1	7	0	28	27	_	_	_	CT (1)
unknown serogroup	6	234	17	678	765	_	_	_	IN (1), MI (1), TN (2), CA (2)
Mumps	17	309	127	6,561	314	258	231	270	ND (1), WV (1), NC (11), WA (4)
Novel influenza A virus infections	_	_	_	N	N	N	N	N	
Plague	_	_	0	17	8	3	1	2	
Poliomyelitis, paralytic	_	_	_	_	1	_	_		
Poliovirus infection, nonparalytic§	_	_	_	N	N	Ν	Ν	Ν	
Psittacosis [§]	_	3	0	21	16	12	12	18	
Q fever [§]	3	46	2	176	136	70	71	61	NE (1), MD (2)
Rabies, human	_	_	_	3	2	7	2	3	
Rubella ^{†††}	_	9	0	9	11	10	7	18	
Rubella, congenital syndrome	_	_	0	1	1	_	1	1	
SARS-CoV ^{\$,§§§}	_	_		_	_	_	8	Ν	
Smallpox [§]	_	_	_	_		_	_		
Streptococcal toxic-shock syndrome§	1	23	4	104	129	132	161	118	OH (1)
Syphilis, congenital (age <1 yr)	1	51	7	340	329	353	413	412	TX (1)
Tetanus	_	3	1	34	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	_	23	2	94	90	95	133	109	
Trichinellosis	_	1	0	13	16	5	6	14	
Tularemia	_	3	1	89	154	134	129	90	
Typhoid fever	2	77	5	315	324	322	356	321	CT (1), VA (1)
Vancomycin-intermediate Staphylococcus auro		3	_	5	2	_	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i>		_	0	1	3	1	N	N	
Vibriosis (non-cholera Vibrio species infections		39	_	Ň	Ň	Ň	N	N	FL (2), CA (1), HI (1)

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

No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized. Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf. Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm. Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II. § ¶

Data for *H. influenzae* (all ages, all serotypes) are available in Table II. Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting †† influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly. Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 54 cases were reported for the 2006–07 flu season.

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

Data for meningococcal disease (all serogroups) are available in Table II. No rubella cases were reported for the current week. +++

\$8\$ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

(17th Week)*	Chlamydia [†] Previous					Coccid	ioidomy	cosis			Cryp	otosporid	iosis		
	Current <u>52 weeks</u> Cum Cum				0	0		vious	0	0	0		vious	0	0
Reporting area	week Med Max 2007 2006				Current week	Med	weeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006	
United States	498 673 1,364 10,577 9,8				326,268	100	151	649	2,556	2,919	27	69	302	741	825
New England Connecticut	157 194 833 2,468 2,2			9,882 2,240	N	0	0 0	N	N	_2	3 0	22 7	33 7	72 38	
Maine [§] Massachusetts	34 47 73 831 201 306 604 5,286			674 4,865		0	0		_	_	0 0	6 14	7	9 22	
New Hampshire Rhode Island [§]	8 38 69 613 98 63 108 1,090				593 1,089	_	0	0	_	_	1 1	1 0	5	8 5	1
Vermont [§]	— 20 45 289 1,534 2,533 4,164 44,177 39				421	N	0	0	N	N	_	1	5	6	2
Mid. Atlantic New Jersey	126 386 541 5,132 6				39,908 6,345	N	0 0	0 0	N	N	_	10 0	33 1	90	135 9
New York (Upstate) New York City	607 501 2,745 7,988 7				7,062 13,525	N N	0 0	0 0	N N	N N	_	3 2	13 12	33 15	26 34
Pennsylvania	420 805 1,262 17,272 12, 1,694 3,199 6,275 51,327 55,			12,976	N	0	0	Ν	Ν	—	4	18	42	66	
E.N. Central Illinois	1,694 632	3,199 1,010	6,275 1,259	51,327 14,039	55,951 18,030	_	1 0	3 0	10	13	8	15 2	110 22	170 17	181 24
Indiana Michigan	462	380 765	632 1,225	6,503 11,951	6,808 9,232	_	0 1	0 3	8	9	2 3	1 2	18 9	15 38	11 32
Ohio Wisconsin	506 643 3,863 13,071 14 94 376 528 5,763 7				14,689 7,192	N	0 0	2 0	2 N	4 N	3	5 4	33 53	60 40	66 48
W.N. Central	94 376 528 5,763 7,192 215 1,179 1,445 16,354 20,280						0	54	3	N	4	12	77	111	122
Iowa Kansas	- 110	110 160 239 2,741 2,819 — 149 266 2,446 2,682				N N	0	0 0	N N	Ν		2	28 8	20 13	11 18
Minnesota Missouri		241 440	298 628	3,117 5,220	4,322 7,277	_	0	54 1	3	_	3 1	2 2	25 21	31 21	47 26
Nebraska [§] North Dakota	26 104 180 1,598 18 28 64 418 61 50 84 814				1,684 634	N N	0 0	0 0	N N	N N	_	1 0	16 1	6 1	9 1
South Dakota S. Atlantic					862 61,276	N	0 0	0 1	N 1	N 2	— 11	1 17	7 68	19 208	10 193
Delaware	47 69 111 1,135 1				1,179	N	0	0	N	N	_	0	3	2	_
District of Columbia Florida	a 113 71 161 1,726 — 947 1,187 3,300		963 15,306	N	0	0	N	N	7	0	2 32	3 100	5 79		
Georgia Maryland§	487	702 341	3,022 945	7,608 6,926	10,715 5,779		0 0	0 1	N 1	N 2	_	5 0	12 2	52 8	57 6
North Carolina South Carolina [§]	48 1,944	624 395	1,772 2,105	9,403 9,714	11,111 7,490	N	0 0	0 0	N	N	1 1	0 1	11 14	13 13	25 6
Virginia [§] West Virginia	527 56	473 54	685 96	8,148 775	7,768 965	N N	0 0	0 0	N N	N N	_2	1 0	5 3	15 2	13 2
E.S. Central	1,006	1,470	2,095	25,497	25,207		0	0			1	3	14	40	25
Alabama [§] Kentucky	64 357	419 126	539 691	6,103 2,412	8,249 3,339	N N	0	0	N N	N N	_	0	11 3	12 15	8 8
Mississippi Tennessee [§]	585	401 528	959 703	7,401 9,581	5,414 8,205	N N	0 0	0 0	N N	N N	1	0 1	7 5	7 6	1 8
W.S. Central Arkansas [§]	1,453 203	2,184 160	3,027 337	35,501 2,843	36,913 2,661	N	0	1 0	N	N	_	5 0	45 2	29 2	42 5
Louisiana Oklahoma	52	317 264	610 473	5,125 4,076	5,794 3,399	N	0 0	1 0	N	N	_	1	9 4	11 11	
Texas [§]	1,198	1,440	1,910	23,457	25,059	Ν	0	0	Ν	Ν	_	2	36	5	26
Mountain Arizona	206 80	1,273 478	2,018 993	16,973 6,387	20,848 6,331	93 93	101 99	296 296	1,825 1,789	2,130 2,070	_	4 0	40 3	40 10	32 4
Colorado Idaho§	_	311 44	416 253	1,874 1,175	5,099 1,117	N N	0 0	0 0	N N	N N	_	1 0	7 5	11 3	9 3
Montana [§] Nevada [§]	12	51 107	144 397	823 2,234	781 2,032	N	0	0	N 12	N 27	_	0	26 2	3 2	5 3
New Mexico [§] Utah	100	179 95	324 200	2,591 1,483	3,380 1,650	_	0	3 4	5 19	6 25	_	0 0	5 3	- 6 1	3 5
Wyoming [§]	14	29	54	406	458	_	0	0		23	_	0	11	4	
Pacific Alaska	1,048 54	3,371 87	4,069 157	53,135 1,326	56,003 1,336	7 N	53 0	299 0	717 N	774 N	1	1 0	5 1	20	23 1
California Hawaii	535 4	2,660 107	3,259 130	41,233 1,652	43,574 1,901	7 N	53 0	299 0	717 N	774 N	_	0 0	0 1	_	_
Oregon [§] Washington	144 311	161 350	394 621	3,057 5,867	3,215 5,977	N	0 0	0 0	N N	N N	1	1 0	4 0	20	22
American Samoa C.N.M.I.	U	0	46	U U	U U	UUU	0	0	UUU	UU	UU	0	0	UU	U U
Guam Puerto Rico		 118	235	2,360	1,546	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	4	9	U	U	U	Ő	Ō	Ŭ	Ŭ	Ŭ	0	0	Ŭ	Ŭ

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

			Giardiasi	s			G	onorrhea	a		Hae		<i>is influen.</i> es, all sere	<i>zae</i> , invas otypes†	ive
	Previous Current <u>52 weeks</u> Cum Cum				0	0		evious	0	0	0	Pre	vious		0
Reporting area	week	Med	Max	2007	2006	Current week	Med	weeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	139	314	1,029	4,011	4,701	3,316	6,794	8,665	96,838	110,939	33	43	144	773	761
New England Connecticut	7	18 5	44 24	164 70	344 88	100 37	111 42	259 203	1,696 547	1,655 555	_	2 0	12 7	26 17	41 8
Maine [§] Massachusetts	1	4 0	14 18	44	25 159	1 42	2 48	8 96	23 888	40 802	_	0	4 7	5	5 21
New Hampshire	_	0	9	2	1	6	3	8	52	79	_	0	3	3	2
Rhode Island [§] Vermont [§]	6	0 3	17 12	12 36	25 46	14	10 1	19 5	168 18	160 19	_	0 0	3 2	1	2 3
Mid. Atlantic New Jersey	30	66 7	123 17	727 36	964 149	360 49	676 102	1,519 156	11,578 1,483	10,668 1,748	8	10 1	26 5	184 17	168 31
New York (Upstate)	26	24	101	272	288	104	122	1,035	1,948	1,934	4	3	14	53	41
New York City Pennsylvania	2 2	17 14	33 35	239 180	299 228	72 135	176 239	376 413	3,036 5,111	3,284 3,702	4	2 3	6 10	37 77	36 60
E.N. Central Illinois	6	42 9	96 27	558 82	806 182	542 182	1,291 356	2,566 485	20,620 4.942	22,193 6.621	4	6 1	14 5	81 10	114 36
Indiana	N 2	0 13	0 38	N 187	N 229	139	154 313	289 880	2,647	2,959 3,555	1	1 0	10 5	16 9	19 15
Michigan Ohio	4	15	32	212	246	170	315	1,636	5,200 5,782	6,677	3	2	6	46	30
Wisconsin — 8 24 77 149 51 135 W.N. Central 6 23 539 273 398 45 383								181 515	2,049 5,030	2,381 6,098	3	0 3	3 23	47	14 35
lowa	_	5 3	16 11	56 35	76 51	16	38 43	63 87	612 714	578 756		0	1	4	6
Kansas Minnesota	_	0	514	12	78	4	62	87	841	1,005	3	1	17	18	13
Missouri Nebraska§	2 1	9 2	28 9	125 24	135 25	17	195 26	269 48	2,354 393	3,209 403	_	1 0	5 2	19 5	13 3
North Dakota South Dakota	3	0 1	4 6	4 17	5 28	3 5	2 6	6 15	22 94	37 110	_	0 0	2 0	1	_
S. Atlantic	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$					1,150	1,580	2,696	19,063	26,529	7	11	28	208	196
Delaware District of Columbia	- 0 4 8 8 a 1 1 7 17 20				20	29 39	28 36	44 63	463 735	483 611	_	0 0	3 2	5 2	1 1
Florida Georgia	27	24 12	44 26	362 162	284 154	_	446 348	549 1,539	1,564 3,159	7,051 4,874	3	3 2	9 6	67 53	64 46
Maryland [§] North Carolina	2	4 0	12 0	69	45	164	117 317	238 676	2,157 4,873	2,197 5,547	3	2 0	5 8	37 18	28 15
South Carolina [§] Virginia [§]	1 4	2 9	8 28	20 120	31 139	822 88	167 124	1,026 238	3,959 1,938	3,382 2,137	1	1 0	4 7	19 1	16 16
West Virginia	-	0	20	8	6	8	124	44	215	2,137	_	0	6	6	9
E.S. Central Alabama [§]	8 1	8 3	34 22	124 54	116 58	357 21	578 191	878 271	9,162 2.478	9,947 3,761	3	2 0	9 3	42 8	52 11
Kentucky Mississippi	N N	0	0	N	N N	137	48 157	268 434	845 2,607	1,151 2,008	_	0	1	2	4
Tennessee§	7	5	12	70	58	199	194	240	3,232	3,027	3	1	6	32	33
W.S. Central Arkansas [§]	1	7 3	26 13	96 44	46 21	456 66	960 81	1,483 142	14,604 1,350	15,599 1,481	3 1	1 0	27 2	41 3	27 2
Louisiana Oklahoma	_	1 2	6 13	22 30	 25	21	193 103	366 237	3,087 1,669	3,346 1,190	2	0	3 25	4 32	1 23
Texas [§]	N	0	0	N	N	369	561	931	8,498	9,582		0	2	2	1
Mountain Arizona	12	31 3	69 11	381 57	435 38	32 14	264 106	455 220	3,234 1,317	4,478 1,577	5 2	4 2	14 9	106 51	92 33
Colorado Idaho§	1	10 3	26 12	120 35	149 48	_	70 2	93 20	586 75	1,164 68	_	1 0	4 1	21 4	28 3
Montana§	_	2	11	25	22	1	3	20	32	46	_	0	0		6
Nevada [§] New Mexico [§]		2 1	6	26 21	31 19		28 30	135 65	534 443	704 563	_	0	2	9	13
Utah Wyoming [§]	11	6 1	27 4	85 12	122 6	15 2	16 2	28 5	225 22	302 54	3	0 0	3 1	15 1	9
Pacific	34	60	147 17	922	905 11	274 7	776 10	971	11,851	13,772 182	—	2 0	8 2	38 4	36 3
Alaska California	1 19	1 42	71	19 644	681	199	640	27 833	137 9,972	11,421	_	0	6	_	10
Hawaii Oregon§	7	1 9	4 14	21 132	19 123	1 24	14 26	30 46	198 357	357 458	_	0 1	1 6	2 32	6 16
Washington	7 U	8 0	68 0	106 U	71 U	43 U	75	142	1,187	1,354 U	— U	0 0	2 0	— U	1 U
American Samoa C.N.M.I.	U	_	_	U	Ŭ	Ŭ	0	2	U U	U	Ŭ	_	_	Ŭ	Ŭ
Guam Puerto Rico	1	5	19	49	32	4	6	16	119	116	1	0	2	1	
U.S. Virgin Islands	U	0	0	U	U	U	0	3	U	U	U	0	0	U	U

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

¹ Incidence data for reporting years 2006 and 2007 are provisional.
 ¹ Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
 ⁹ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

(17th Week)*	Hepatitis (viral, acute), b A Previous					pe [†]		_					alex-ll.			
		Prov					Prev	B					gionellos vious	SIS		
	Current 52 weeks Cum Cur					Current	52 w	eeks	Cum	Cum	Current	52 v	reeks	Cum	Cum	
Reporting area					2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006	
United States New England	28	55 1	120 19	753 11	1,235 67	33	79 2	309 5	1,174 19	1,321 44	18	49 2	107 13	417 9	414 18	
Connecticut	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				11	_	0	5	10	21	_	0	9	3	3	
Maine [§] Massachusetts	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				3 46	_	0	2 1	1	6 13	_	0 0	2 4	_	2 10	
New Hampshire Rhode Island [§]	<u> </u>				1	_	0	2 4	2 5	3	_	0	2 6	5	2	
Vermont [§]			2		4	_	0	1	1	1	_	0	2	1	1	
Mid. Atlantic	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				97	3	9	19	134	164	6	15	53	112	119	
New Jersey New York (Upstate)	1 2 12 27 - 2 11 39				31 18	2	2 1	6 14	30 26	50 23	5	2 5	11 30	12 36	15 38	
New York City Pennsylvania	1	2 1	11 4	39 16	33 15	1	2 3	6 7	24 54	33 58	1	2 5	20 19	16 48	17 49	
E.N. Central	2	6	13	71	98	4	8	19	124	150	3	10	30	81	84	
Illinois Indiana	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				21 7	_	1 0	5 17	15 11	54 9	_	1 1	11 5	5	15 3	
Michigan	1 2 8 26 1 1 4 23				35	_	2	8	41	50	_	3	10	30	17	
Ohio Wisconsin	- 0 4 $--$ 2 17 43										35 2	3	4 0	19 3	45 1	36 13
W.N. Central	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				- 2 17 43 40						_	1	16	15	13	
lowa Kansas	$\begin{array}{cccccccccccccccccccccccccccccccccccc$					_	0 0	3 2	8 4	8 6	_	0 0	3 3	1 2	1 1	
Minnesota Missouri	—						0	13 5	4 24	2 29	_	0	11 2	2 8	8	
Nebraska§	_	0	2	4	4	_	0	3	3	2	—	0	2	1	2	
North Dakota South Dakota	_	0 0	0 2	2	5	_	0 0	0 1	2	1	_	0 0	0 1	1	1	
S. Atlantic	8 9 27 148 0 2				177	19	23	53	320	381	4	9	24	109	100	
Delaware District of Columbia	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				4 1	_	0 0	4 2	5 1	14 4	_	0 0	2 5	1	1 4	
Florida Georgia	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				64 13	11	7 3	14 8	110 39	140 54	3	3 1	9 5	51 11	48 2	
Maryland§	1	1	7	22	26	_	2	8	28	54	_	2	8	22	16	
North Carolina South Carolina [§]	_	0 0	11 3	7 4	40 7	_	1 2	16 5	52 25	66 23	_	0 0	5 2	9 5	13 2	
Virginia [§] West Virginia	3	1 0	5 3	30 1	21 1	3 5	2 0	5 23	41 19	13 13	1	1 0	5 4	7 3	13 1	
E.S. Central	1	2	7	22	41	2	6	20	74	115	_	2	9	17	13	
Alabama [§] Kentucky	_	0 0	2 2	3 4	2 19	_	1	10 5	22 2	27 31	_	0 1	2 6	1 8	3 3	
Mississippi		0	4	4	2		0 3	7 7	7	13 44	—	0	2 7		1	
Tennessee [§] W.S. Central	1 3	1 6	5 18	11 43	18 110	2 3	3 19	, 151	43 211	44 206	4	1 1	12	8 22	6 8	
Arkansas§	_	0	2	4	27	_	1	4	7	19	_	0	1	1	1	
Louisiana Oklahoma	3	0 0	4 3	7 3	3 3	_	1 1	5 37	14 11	6 1	_	0 0	2 6	1	1	
Texas [§]	_	5	15	29	77	3	15	108	179	180	4	1	12	20	6	
Mountain Arizona	11 11	5 3	17 13	107 90	107 62	_	3 0	9 6	71 33	47 2	_	2 1	8 4	26 9	23 7	
Colorado Idaho§	_	1 0	3 2	7 1	17 4	_	0 0	4 2	8 4	11 5	_	0 0	2 3	5 1	5 2	
Montana§	—	0	3	1	1	_	0	0	_		—	0	1	1	_	
Nevada [§] New Mexico [§]	_	0 0	2 2	5 1	6 8	_	1 0	5 2	13 4	14 7	_	0 0	2 2	2 2	4	
Utah Wyoming [§]	_	0 0	2 1	2	8 1	_	0 0	4 1	9	8	_	0 0	2 1	4 2	5	
Pacific	1	14	52	205	498	2	11	38	176	166	1	1	11	26	36	
Alaska California	1	0 12	1 48	1 184	1 463	2	0 8	3 26	3 135	1 130	_	0 1	1 11	20	36	
Hawaii	—	0	2	2	6	_	0	1	—	2	_	0	0	_	_	
Oregon [§] Washington	_	1 1	3 4	9 9	12 16	_	2 1	5 12	27 11	24 9	1	0 0	0 2	1 5	_	
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U	
C.N.M.I. Guam	<u> </u>	_	_	<u> </u>	<u> </u>	U	_	_	U	U	U	_	_	U	U	
Puerto Rico U.S. Virgin Islands	 U	1 0	10 0	15 U	16 U	 U	1 0	9 0	15 U	7 U	 U	0 0	1 0	 U	 U	
	U olthoof Nowth	0	0	U	U	U	0	0	U	U	U	U	U	U	0	

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

	Lyme disease Previous Current 52 weeks Cum Cun						lalaria			Men	Ŭ All	serogrou	se, invasi .ps	ve†	
	0			0	0	0		vious	0	0	0		vious	0	0
Reporting area	week	Med	Max	2007	2006	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	41	253	1,029	1,693	1,866	9	25	50	213	339	13	19	38	354	478
New England	_	22	255	79	106	_	0	6	4	10	1	1	3	8	15
Connecticut Maine [§]	_	9 2	227 39	21 15	49 22	_	0 0	3 1	3	1 2	1	0 0	2 3	3 2	4 2
Massachusetts	_	0	3	—	23	—	0	3	—	6	—	0	1	—	9
New Hampshire Rhode Island [§]	_	5 0	97 93	35	5 1	_	0	3 1	1	_	_	0 0	2 1	1	_
Vermont§	—	1	15	8	6	—	0	0	—	1	—	0	1	2	—
Mid. Atlantic New Jersey	20	147 27	571 190	824 102	1,289 326	2	5 1	18 7	50	95 26	_2	2 0	8 2	42 1	78 8
New York (Upstate)	10	52	392	233	516	2	1	7	15	8	2	1	4	11	13
New York City Pennsylvania	10	2 45	24 237	6 483	17 430	_	2 1	9 4	29 6	50 11	_	1 0	4 5	10 20	29 28
E.N. Central		10	158	19	112	1	3	10	32	44	5	2	7	46	64
Illinois	_	0	1	1	_	_	1	6	10	16	_	0	2	10	17
Indiana Michigan	_	0 1	3 5	1 6	3 3	_	0	2 2	1 7	5 6	4 1	0 0	4 3	13 11	8 12
Ohio	_	0	5	2	12	1	0	2	8	12	—	1	4	12	18
Wisconsin		9	154	9	94	_	0	3	6	5	_	0	2 5		9
W.N. Central Iowa	7	5 1	188 8	43 6	42 8	_	1 0	13 1	14 2	6 1	_	1 0	5	28 7	24 6
Kansas Minnesota	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		—	0 0	2 12	7	2	_	0 0	1 3	1 8	1 3			
Missouri	1	2	2	32	—	_	0	12	2	1	_	0	3	9	8
Nebraska [§] North Dakota	_	0 0	2 0	_	1	_	0 0	1 0	2	1	_	0 0	1	1	5 1
South Dakota	_	0	1	_	_	_	0	1	1	1	_	0	1	1	_
S. Atlantic			279	3	5	15	53	90	1	3	9	52	84		
Delaware District of Columbia	3 8 28 129		94 7	1	0 0	1 2	2 2	2	_	0 0	1	_	_2		
Florida	— 0 3 10		10	7	1	1	4	14	14	_	1	7	22	34	
Georgia Maryland [§]	7	0 21	1 105	431	1 155	1	1 1	6 4	4 17	32 12	1	0 0	3 2	6 13	9 5
North Carolina	_	0	4	6	8	_	0	4	4	10	_	0	6	4	14
South Carolina [§] Virginia [§]	3	0 7	2 36	4 88	1 6	_	0 1	2 4	9	4 15	_	0 0	2 2	5 2	9 10
West Virginia	—	0	14	4	—	—	0	1	1	1	—	0	2	—	1
E.S. Central Alabama [§]	_	0 0	4 3	7 1	2 1	1	0 0	3 2	10 1	8 3	_2	1 0	4 2	18 3	16 3
Kentucky	_	0	2	_	_	_	0	1	1	1	_	0	1	1	4
Mississippi Tennessee§	_	0	1 2	6	- 1	1	0	1 2	1 7	2 2	2	0 0	4 2	4 10	3 6
W.S. Central	_	1	6	10	2	_	1	7	3	15	_	1	13	36	29
Arkansas§	_	0	0	—	—	_	0	2	_	—	_	0	2	5	5
Louisiana Oklahoma	_	0	1 0	2	_	_	0	1 3	1	1 2	_	0 0	4 4	9 9	4 5
Texas§	—	1	6	8	2	—	1	6	1	12	—	0	9	13	15
Mountain	_	0 0	4	4	3	_	1	6	11	18	_	1 0	4	32	32
Arizona Colorado	_	0	2 1	_	3	_	0 0	3 2	4 4	3 6	_	0	3 2	10 8	9 11
Idaho [§] Montana [§]	_	0 0	2 1	1 1	_	_	0 0	1 1		1	_	0 0	1 1	2 1	1 1
Nevada§	_	0	1	2	_	_	0	1	_	—	_	0	1	3	3
New Mexico [§] Utah	_	0 0	1	_	_	_	0	1 2	2	1 7	_	0 0	1 2	1 6	1 4
Wyoming [§]	—	Ő	1	_	—	—	Ő	0	_	_	—	õ	2	1	2
Pacific	_	3	17	32	31	2	4	14	36	53	2	4	11	92	136
Alaska California	_	0 3	1 14	2 30	31	1	0 2	4 6	2 26	4 42	2	0 3	1 9	1 64	2 89
Hawaii	Ν	0	0	N	N	1	0	2		—	—	0	2 3	2	4
Oregon [§] Washington	_	0	1 3	_	_	- -	0	3 11	1	4 3	_	0	3 5	12 13	22 19
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	_	_
C.N.M.I. Guam	U	_	_	U	U	U	_	_	U	U	U	_	_	_	_
Puerto Rico	Ν	0	0	Ν	Ν	_	0	1	1	_	_	0	1	3	2
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	_

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

(17th Week)*															
							ies, anim vious	nal		Re		untain sp vious	otted feve	er	
		52 w	veeks		Cum	Current	52 v	veeks	Cum	Cum	Current	52 v	veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	64	245	977 54	2,017 75	4,466 464	43 7	96	174 25	1,054	1,644 189	13	30 0	114 8	160	327
New England Connecticut	_	16 2	9	15	24	5	11 4	14	135 47	40	_	0	0	_	_
Maine [†] Massachusetts	_	2 0	15 22	32	23 344	1	2 0	8 7	26	28 96	N	0 0	0 1	N	N
New Hampshire	—	2	28	12	17	1	1	5	11	_	_	0	1	—	_
Rhode Island [†] Vermont [†]	_	0 1	30 14	16	21 35	_	0 2	3 6	12 39	5 20	_	0 0	8 0	_	_
Mid. Atlantic	10	32	159	394	539	1	16	57	121	230	_	2	7	13	19
New Jersey New York (Upstate)					122 182	_	0 0	0 0	_	_	_	0 0	2 2	_	5
New York City	_	0	6	—	—	1	1	5	24	1	—	0	3	4	2
Pennsylvania E.N. Central	6 20	9 39	22 79	110 466	235 687	_	16 2	56 18	97 8	229 9	1	1	4 6	9 5	12 4
Illinois	—	9	23	50	176	—	0	7	3	1	_	0	4	1	1
Indiana Michigan	_2	3 10	37 39	11 102	54 135	_	0 0	2 5	4	8	1	0 0	1 1	1 1	1
Ohio Wisconsin	18	12 3	56 10	262 41	230 92	_	0	9 0	1	_	_	0	4 1	2	2
W.N. Central	3	17	140	138	92 544	2	5	20	51	68	2	3	13	24	11
lowa Kansas	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				143 117	1	1 2	7 6	7 31	9 26	_	0 0	1 1	_	_
Minnesota	_	0	120		71	_	0	6	3	7	_	0	2	_	1
Missouri Nebraska†	_	4	10 4	21 7	142 60	_	1 0	6 0	3	6	2	3 0	12 5	24	10
North Dakota South Dakota	3	0	9 4	4 14	4 7	1	0	7 3	6 1	2 18	_	0 0	0 0	_	_
Soun Dakota S. Atlantic	17	17	4 163	296	7 327	1 27	38	62	602	742	5	11	67	87	257
Delaware	1 0 1 2 2				2	_	0	0	_	_	_	0	3	4	4
District of Columbia Florida	nbia — 0 2 2 2 4 18 93			3 75	_	0 0	0 18	41	176	1 2	0 0	1 4	1 5	6	
Georgia Maryland†	_	0 2	3 7	42	8 63	7	4 5	16 12	36 93	76 122	1	0 1	5 6	2 14	4 6
North Carolina	12	0	112	91	70	8	11	21	149	108	1	4	61	46	228
South Carolina [†] Virginia [†]	_	3 2	11 19	27 33	49 53	12	3 12	11 31	35 224	39 196	_	1 2	5 12	6 8	3 6
West Virginia	2	0	19	6	4	—	2	8	24	25	—	0	2	1	_
E.S. Central Alabama [†]	_	6 1	24 17	70 21	85 21	1	4 1	13 8	28	63 19	5	5 1	27 9	30 6	24 6
Kentucky	—	0	5	1	14	1	0	4	7	4	_	0	1	—	_
Mississippi Tennessee [†]	_	0 3	7 11	7 41	10 40	_	0 2	1 7	21	3 37	5	0 4	1 22	24	18
W.S. Central	1	16	147	92	195	2	2	34	27	249	_	1	28	_	5
Arkansas† Louisiana	_	1 0	13 2	2 5	17 5	1	0 0	5 0	9	9	_	0 0	10 1	_	4
Oklahoma Texas†	1	0 14	9 134	1 84	2 171	1	0 0	9 29	18	11 229	_	0 0	18 6	_	1
Mountain	10	36	75	399	1,072	_	3	28	25	42	_	0	5	1	6
Arizona Colorado	2	6 8	30 20	95 102	205 417	_	2 0	10 0	24	37	_	0 0	2 1	_	2 1
Idaho [†]	3	1	7	15	27	—	0	24	—	_	_	0	3	1	_
Montana [†] Nevada [†]	_	1 0	8 9	15 3	42 20	_	0 0	2 1	_	3	_	0 0	2 0	_	_
New Mexico [†] Utah	5	2 10	8 50	13 144	29 306	_	0 0	2 1	1	2	_	0 0	2 0	—	2
Wyoming [†]		1	8	12	26	_	0	2	_	_	_	0	1	_	1
Pacific	3	33	229	87	553	3	4	12	57	52		0	1		1
Alaska California	_	1 22	8 226	8	28 311	1 2	0 3	6 11	26 31	11 40		0 0	0 1	N	N
Hawaii Oregon†	_	0 2	7 7	7 29	42 50	N	0 0	0 4	N	N 1	N	0 0	0 1	N	N 1
Washington	3	4	46	43	122	_	0	4	_	_	N	0	0	N	N
American Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U U	U U	U U	0	0	U U	U U
Guam	—	_	_	—	—	—	_	_	_	_	N	_	_	N	N
Puerto Rico U.S. Virgin Islands	U	0 0	1 0	U	 U	 U	1 0	6 0	17 U	32 U	N U	0 0	0 0	N U	N U
-															

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(17th Week)*	Salmonellosis Previous				Shiqa t	oxin-pro	ducina E	. <i>coli</i> (STI	EC)†			Shigellos	is		
	Current 52 weeks Cum Cum					Pre	vious		<u> </u>		Pre	vious			
Reporting area	Current week	52 w Med	Max	Cum 2007	Cum 2006	Current week	52 v Med	veeks Max	Cum 2007	Cum 2006	Current week	52 v Med	veeks Max	Cum 2007	Cum 2006
United States	275	831	1,336	8,011	8,949	37	75	179	573	617	189	258	528	3,204	2,924
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§]	4 4	18 0 2 0 4 2	82 68 14 53 26 15	162 68 29 — 27 25	831 503 23 267 11 19	1 	2 0 0 0 0	16 5 8 9 4 2	23 5 11 4 1	106 84 3 16 1	 	2 0 0 0 0	14 8 5 11 2 3	23 8 12 - 2 1	126 67 54 4
Vermont [§]		1	6	13	8	_	0	4	2	2	_	0	2		1
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	19 50 54 211 27 28 93 354 210 2 24 50 277 293 9 30 67 411 352 39 103 198 945 1,284		1,066 211 210 293 352	3 3 —	8 1 3 0 3	62 16 14 4 47	68 1 30 5 32	73 21 21 8 23	1 1 	13 3 5 1	48 34 43 14 6	137 13 35 68 21	261 78 76 77 30		
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				5 1 	9 1 1 3 2	59 7 8 6 18 39	70 5 14 35 11	97 15 11 21 24 26	6 2 4	23 10 2 2 4 3	68 50 17 5 14 10	164 19 20 10 79 36	304 106 42 72 51 33	
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		595 105 89 136 166 59 6 34	5 2 1 2 	11 2 0 3 3 1 0 0	45 38 4 26 13 11 0 5	78 12 6 30 18 12 —	81 13 2 31 24 8 — 3	64 — 2 61 — 1	42 2 5 14 1 0 6	76 14 11 24 68 14 18 24	660 18 9 84 526 6 4 13	242 9 26 23 131 26 4 23		
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		2,091 23 19 950 287 91 373 142 182 24	11 	12 0 2 1 2 2 0 3 0	32 3 8 7 9 11 3 11 5	153 <u>4</u> <u>46</u> 16 28 23 <u>2</u> 33 1	96 1 16 16 21 3 31 —	72 	70 0 36 24 1 1 0 2 0	143 2 5 76 54 10 14 10 9 2	1,165 4 757 318 23 19 17 22 1	698 		
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	24 7 8 	53 9 9 12 17	138 70 23 62 32	523 128 123 62 210	463 147 94 91 131	3 1 1 1	4 0 1 0 2	21 5 12 0 9	28 5 9 	43 4 12 	10 8 2	12 4 2 1 4	75 66 15 45 14	226 87 29 45 65	192 38 100 26 28
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	13 7 6	84 14 17 9 46	186 45 42 40 107	319 100 94 89 36	735 234 71 61 369	2 1 1	3 0 0 2	52 7 1 17 48	31 5 8 18	28 2 2 24	23 6 1 16	38 2 3 2 31	192 10 24 9 174	318 36 57 16 209	375 27 8 28 312
Mountain Arizona Colorado Idaho [§] Montana [§] New Mexico [§] Utah Wyoming [§]	21 8 - 2 - - 9 2	52 18 12 3 2 4 5 4 0	87 45 30 9 10 20 15 14 4	627 242 143 37 28 46 46 65 20	615 175 170 41 33 43 56 77 20	4 1 	8 2 1 0 0 1 1 0	36 13 8 0 5 5 14 3	64 25 9 4 4 9 13	64 17 16 10 <u>-</u> 10 5 5 1	7 5 1 — 1 1	26 11 3 0 1 2 1 0	87 35 15 3 13 20 15 4 19	201 104 30 4 9 11 25 6 12	227 118 32 6 1 24 31 12 3
Pacific Alaska California Hawaii Oregon [§] Washington	32 — 12 1 2 17	116 1 89 4 7 11	306 5 218 16 17 83	1,243 22 956 58 75 132	1,269 28 949 73 118 101	3 N - 3	5 0 0 1 2	24 0 5 3 9 22	58 N 31 9 15	29 N 4 17 8	6 3 — 3	32 0 28 1 1 2	94 2 81 3 6 13	310 6 244 12 15 33	499 4 378 13 57 47
American Samoa C.N.M.I. Guam Puerto Rico	U U 3	0 14	0 65	U U 131	U U 75	U U N	0 0	0 0	U U N	U U N	U U 	0 0	0 6	U U 5	U U 3
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Cum 2006 453 21
Reporting area week Med Max 2007 2006 week Med Max 2007 United States 70 88 217 1,729 2,167 28 24 93 502 New England 6 2 21 54 74 1 4 10 Connecticut 5 0 17 22 0 0 Maine [§] 0 5 56 0 4 Massachusetts 0 5 56 0 4 6 Rhode Island [§] 0 6 4 0 3 3 20 45 Vermont [§] 0 2 10 3 0 1 1 Mid. Atlantic 22 17 39 347 447 3 3	2006 453 21 —
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	21
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	_
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	_
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	01
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	21
Vermont [§] - 0 2 10 3 - 0 1 1 Mid. Atlantic 22 17 39 347 447 3 3 20 45 New Jersey 2 6 28 77 0 4 New York (Upstate) 16 5 26 132 135 3 2 14 45	_
New Jersey - 2 6 28 77 - 0 4 - New York (Upstate) 16 5 26 132 135 3 2 14 45	_
New York (Upstate) 16 5 26 132 135 3 2 14 45	72
	24 48
	_
Pennsylvania 6 6 11 116 149 N 0 0 N	Ν
E.N. Central 7 15 31 290 490 4 6 14 79 Illinois 4 11 63 153 1 6 9	132 33
Indiana 3 2 12 45 53 — 0 10 8	17
Michigan 1 3 10 74 107 1 1 5 34 Ohio 3 4 14 108 118 3 1 7 27	31 29
Ohio 3 4 14 108 118 3 1 7 27 Wisconsin - 1 6 - 59 - 0 2 1	29
W.N. Central 2 4 32 139 156 1 2 10 45	35
lowa — 0 0 — — 0 0 —	_
Kansas 0 3 19 34 0 3 3 Minnesota 0 29 60 67 1 1 6 26	9 12
Missouri 1 2 6 41 28 — 0 3 12	8
Nebraska [§] — 0 2 7 16 — 0 2 3 North Dakota 1 0 2 9 6 — 0 1 1	4 2
South Dakota — 0 2 3 5 — 0 0 —	_
S. Atlantic 15 20 42 423 421 8 2 11 100	22
Delaware 0 2 1 4 0 0 District of Columbia 0 2 4 4 0 1	_
Florida 5 6 16 101 101 5 0 5 26	_
Georgia — 5 11 94 112 — 0 5 31 Marviand [§] 5 4 10 77 51 3 1 6 30	17
Maryland [§] 5 4 10 77 51 3 1 6 30 North Carolina 0 26 51 61 0 0	17
South Carolina [§] 1 1 5 33 31 — 0 3 9	—
Virginia [§] 3 2 10 55 49 — 0 1 2 West Virginia 1 0 6 7 8 — 0 3 2	5
E.S. Central 5 4 11 71 95 1 0 6 29	6
Alabama [§] N 0 0 N N N 0 0 N	Ν
Kentucky 1 0 4 17 26 — 0 0 — Mississippi N 0 0 N N — 0 2 2	6
Tennessee [§] 4 3 7 54 69 1 0 6 27	_
W.S. Central 8 6 61 120 166 7 4 39 95	71
Arkansas [§] 1 0 2 11 14 — 0 2 7 Louisiana — 0 2 3 2 — 0 4 18	12 2
Oklahoma 2 2 5 38 52 1 1 12 22	16
Texas [§] 5 3 56 68 98 6 2 24 48	41
Mountain41242245287441287Arizona253410114942754	91 54
Colorado — 3 9 67 49 — 1 4 19	21
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1 N
Nevada [§] — 0 1 1 1 — 0 1 1	_
New Mexico [§] - 1 6 19 57 - 0 4 11 Utah 2 1 7 48 24 - 0 0	15
Wyoming§ $ 0$ 1 3 2 $ 0$ 0 $-$	_
Pacific 1 3 9 40 31 - 0 4 12	3
Alaska 1 0 2 9 N — 0 2 10 California N 0 0 N N 0 0 N	N
Hawaii — 2 9 31 31 — 0 2 2	3
Oregon [§] N 0 0 N N 0 0 N Washington N 0 0 N N 0 0 N	N N
American SamoaU00UU00U	U
C.N.M.I. U — — U U U — — U	U
Guam N N Puerto Rico 0 0 N 0 0 N	N N
U.S. Virgin Islands U 0 0 U U 0 0 U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum. * Incidence data for reporting years 2006 and 2007 are provisional. Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717). § Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

<u> </u>		Str	reptococo	us pneum											
			All ages	;			s	Syphilis, primary and secondary							
	Previous Current 52 weeks							ious		•			vious		
Reporting area	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	52 w Med	eeks Max	Cum 2007	Cum 2006	Current week	52 v Med	weeks Max	Cum 2007	Cum 2006
United States	31	43	242	939	1,046	6	6	32	137	142	91	182	262	2,570	2,864
New England	_	1	7	21	14	_	0	1	2	2	9	4	13	65	64
Connecticut Maine [§]	_	0	0 2	4	3	_	0	0 1	1	1	2	0 0	10 1	8 1	15 3
Massachusetts	_	0	0	-		_	0	Ó	_	_	5	2	7	39	34
New Hampshire	_	0	0 4	8	3	_	0	0	1	_	2	0 0	2 5	7 9	5
Rhode Island [§] Vermont [§]	_	0	4	8 9	8	_	0	1 1		1	_	0	5 1	9	5 2
Mid. Atlantic	_	3	8	62	60	_	0	5	14	9	31	24	44	517	361
New Jersey New York (Upstate)	_	0 1	0 5	21	17	_	0	0 4	7	4	4	3 3	8 14	57 41	59 51
New York City	_	0	0	—	_	_	0	0	_	_	22	15	35	342	170
Pennsylvania		2	6	41	43		0	2	7	5	5	5	12	77	81
E.N. Central Illinois	20	10 0	40 2	244 3	237 8	4	1 0	7 1	29 1	40 3	3	15 6	32 13	172 35	294 167
Indiana	3	2	30	51	49	2	0	5	5	11	_	2	5	15	26
Michigan Ohio	17	0 5	3 38	190	9 171	2	0 1	1 5	23	1 25	2	2 4	10 9	39 67	28 60
Wisconsin	N	0	0	N	N		0	0			1	1	4	16	13
W.N. Central	—	1	124	40	17	—	0	15	5	1	_	5	13	50	79
lowa Kansas	_	0	0 1	4	_	_	0 0	0 0	_	_	_	0 0	3 3	1 7	6 9
Minnesota	_	0	123	—	_	_	0	15	_	_	_	0	5	21	19
Missouri Nebraska [§]	_	1 0	6 1	30 2	17	_	0	2 0	3	1	_	3 0	9 2	21	43 2
North Dakota	_	0	0	—	_	_	0	0	_	_	_	0	1	_	
South Dakota	—	0	3	4	—	—	0	1	2	_	—	0	3	—	
S. Atlantic Delaware	10	21 0	54 1	442 3	578	2	3 0	8 1	66 1	50	13	41 0	136 3	446 3	610 9
District of Columbia	_	0	2	4	17	_	0	Ó	_	2	1	2	11	49	38
Florida Georgia	5	11 6	29 17	254 157	268 254	2	2 0	8 1	60	47 1	_	13 6	23 105	68 20	228 54
Maryland [§]	_	0	1	1	204	_	0	Ó	_	_	4	5	15	102	108
North Carolina South Carolina [§]	_	0	0 0	_	_	_	0	0 0	_	_	4	5 1	23 5	107 29	100 25
Virginia [§]	N	0	0	N	N	_	0	0	_	_	4	4	17	29 66	25 47
West Virginia	5	1	17	23	39	_	0	1	5	—	_	0	2	2	1
E.S. Central Alabama [§]	1 N	2 0	7 0	56 N	83 N	_	0 0	3 0	10	16	8 2	14 5	29 17	243 82	195 90
Kentucky		0	2	12	21	_	0	1	1	3		1	7	29	28
Mississippi Tennessee [§]	1	0 2	0 7	44	62	—	0 0	0 3	9	 13	6	1 6	8 12	33 99	20 57
W.S. Central	_	1	7	50	9		0	2	5	3	24	29	56	485	446
Arkansas [§]	_	0	3	1	9 4	_	0	0	_	2	24	29	7	403	28
Louisiana Oklahoma	—	1 0	2 6	17 32	5	—	0 0	1 2	2 3	1	5	6 1	30 5	101 27	62 23
Texas [§]	_	0	0		_	_	0	0		_	17	21	31	320	333
Mountain	_	1	5	24	48	_	0	5	6	21	_	8	27	83	142
Arizona Colorado	_	0 0	0 0	_	_	_	0 0	0 0	_	_	_	3 1	16 5	29 5	59
Idaho§	N	0	0	N	N	_	0	0	_	_	_	Ó	1	1	24 2
Montana [§] Nevada [§]	_	0 0	0 3	 13	 12	_	0 0	0 2	3	_	_	0 1	1 12	1 19	1 32
New Mexico [§]	_	0	0		12	_	0	0		_	_	1	5	24	21
Utah Wyoming§	_	0	5 3	8 3	21 15	_	0 0	4 2	2 1	15 6	_	0 0	2 1	3 1	3
Pacific	_	0	0	- 3	15	_	0	2	-	0	3	37	54	509	673
Alaska	_	0	0	_	_	_	0	0	_	_	_	0	2	4	5
California Hawaii	N	0	0	N	N	_	0	0 0	_	_	2	34 0	51 1	457 1	585 9
Oregon [§]	N	0	0	N	N	_	0	Ō	_	_	_	0	6	5	5
Washington	Ν	0	0	N	Ν	_	0	0	_	_	1	2	11	42	69
American Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U U	U U	U U	0	0	U U	U U
Guam	N	_	_	N	N		_	_		_	_	_	_	_	_
Puerto Rico	N U	0	0	N	N	 U	0	0	U	 U	9 U	2	11 0	42	53 U
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

(17th week)*									Nile virus							
			(enpox)			roinvasi	ve	Non-neuroinvasive [§]								
	0		/ious	0	0	0		/ious	0	0	0		vious	0	0	
Reporting area	Current week	Med	veeks Max	Cum 2007	Cum 2006	Current week	Med	/eeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006	
United States	653	794	1,496	15,176	18,583		0	178		9		1	399		2000	
New England	7	21	74	231	496	_	0	3	_	_	_	0	2	_	_	
Connecticut	_	0	0	_	—	_	0	3	_	_	_	0	1	—	_	
Maine	_	1	17	—	111	—	0	0	_	—	_	0	0	_	_	
Massachusetts New Hampshire	7	0 6	1 43	88	92 27	_	0 0	1 0	_	_	_	0 0	1 0	_	_	
Rhode Island ¹	_	õ	0	_		_	Ő	Ő	_	_	_	õ	õ	_	_	
Vermont [®]	—	10	66	143	266	—	0	0	—	—	—	0	0	—	—	
Mid. Atlantic	57	105	193	1,914	2,171	_	0	11	—	_	_	0	4	_	_	
New Jersey New York (Upstate)	N N	0	0	N N	N N	_	0	2 5	_	_	_	0 0	1	_	_	
New York City	IN	0	0	IN		_	0	4	_	_	_	0	2	_	_	
Pennsylvania	57	105	193	1,914	2,171	—	Ō	2	—	—	—	Ō	1	—	—	
E.N. Central	177	228	568	4,506	7,196	_	0	43	_	_	_	0	33	_	_	
Illinois	—	1	10	54	44	_	0	23	—	_	_	0	23	_	_	
Indiana Michigan	50	0 89	0 258	1,746	2,091	_	0	7 11	_	_	_	0 0	12 2	_	_	
Ohio	127	122	449	2,289	4,477	_	Ő	11	_	_	_	õ	3	_	_	
Wisconsin	_	17	64	417	584	_	0	2	—	—	—	0	2	_	—	
W.N. Central Iowa	31 N	30 0	136 0	869 N	953 N	_	0 0	36 3	_	_	_	0 0	79 4	—	_	
Kansas		8	52	335	167	_	0	3	_	_	_	Ő	3	_	_	
Minnesota		0	0			_	0	6	_	—	—	0	7	—	_	
Missouri Nebraska [¶]	18 N	15 0	78 0	409 N	739 N	_	0	14 9	_	_	_	0 0	2 38	_	_	
North Dakota		0	60	84	18	_	0	5	_	_	_	0	28	_	_	
South Dakota	13	1	15	41	29	—	0	7	—	—	—	0	22	—	—	
S. Atlantic	63	85	211	1,752	1,952	—	0	2	—	—	—	0	7	—	—	
Delaware District of Columbia	_	1 0	6 5	11	38 14	_	0	0 0	_	_	_	0 0	0 1	_	_	
Florida	43	0	42	484	N	_	0	1	_	_	_	0	0	_	_	
Georgia	N	0	0	Ν	N	_	0	1	—	_	_	0	4	_	_	
Maryland ¹ North Carolina	N	0	0 0	N	N	_	0	2 1	_	_	_	0 0	2 0	_	_	
South Carolina ¹	6	22	72	515	530	_	0	1	_	_	_	0	0	_	_	
Virginia [¶]	_	25	177	237	620	_	0	0	_	_	_	0	2	_	_	
West Virginia	14	25	56	505	750	—	0	1	—	—	—	0	0	—	—	
E.S. Central	6	5	43	134	34	_	0	15	_	3	_	0	16	—	_	
Alabama [¶] Kentucky	6 N	5 0	43 0	132 N	34 N	_	0	2 2	_	_	_	0 0	0 1	_	_	
Mississippi	_	Õ	2	2	_	_	Õ	10	_	3	_	Õ	16	_	_	
Tennessee ¹	N	0	0	N	N	_	0	4	_	_	_	0	2	—	_	
W.S. Central	295	200	966	4,623	4,398	_	0	58	—	4	_	0	26	_	2	
Arkansas [¶] Louisiana	_	9 1	92 11	171 41	356 31	_	0 0	4 13	_	_	_	0 0	2 9	_	1	
Oklahoma	_	0	0	41		_	0	6	_	_	_	0	9 4	_		
Texas ¹	295	172	873	4,411	4,011	_	0	38	—	4	_	0	16	_	1	
Mountain	17	55	105	1,127	1,383	_	0	61	_	2	_	1	228	_	_	
Arizona	_	0 22	0		712	_	0	9 10	_	_	_	0	15	—	_	
Colorado Idaho ¹	N	22	51 0	417 N	/12 N	_	0 0	30	_	_2	_	0 0	51 157	_	_	
Montana ¹	_	Õ	26	153	N	_	0	3	_	_	_	0	8	_	_	
Nevada ¹	_	0	3	100	4	_	0	9	_	—	_	0	16	—	_	
New Mexico [¶] Utah	 17	4 18	19 65	123 421	262 393	_	0	1 8	_	_	_	0 0	1 17	_	_	
Wyoming ¹		0	11	13	12	_	Ő	7	_	_	_	ŏ	10	_	_	
Pacific	_	0	9	20		_	0	15	_	_	_	0	51	_	_	
Alaska California	_	0	9 0	20	N N	_	0	0 15	_	_	_	0 0	0 37	_	_	
Hawaii	_	0	0	_	IN	_	0	0	_	_	_	0	37	_	_	
Oregon ¹	Ν	0	0	N	Ν	—	0	2	—	_	—	0	14	_	—	
Washington	N	0	0	N	N	_	0	0	_	_	_	0	2		_	
American Samoa C.N.M.I.	U U	0	0	U U	U U	U U	0	0	U U	U U	U U	0	0	U U	U U	
Guam	_	_	_	_	_	—	_	_	—	_	_	_	_	_	_	
Puerto Rico U.S. Virgin Islands	2 U	12 0	24 0	176 U	199 U	 U	0	0 0	U	 U	U	0 0	0 0		U	
S.C. VIIgin Islanus		0	0	0	0	0	U	0	0	0	0	U	U	0	0	

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum. Incidence data for reporting years 2006 and 2007 are provisional. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I. Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

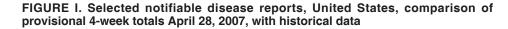
TABLE III. Deaths in 122 U.S. cities,* week ending April 28, 2007 (17th Week)

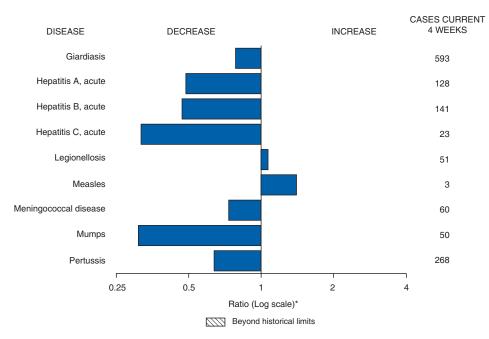
TABLE III. Deaths	n 122 U.S. cities,* week ending April 28, 200 All causes, by age (years)					3, 200	7 (17th)	Week)	All causes, by age (years)						
	All			, <u> </u>	,		P&I [†]		All		<u> </u>				P&I [†]
Reporting Area	Ages	<u>></u> 65	45-64	25-44	1-24	<1	Total	Reporting Area	Ages	<u>></u> 65	45-64	25-44	1-24	<1	Total
New England	578	410	108	38	14	8	66	S. Atlantic	1,339	819	329	116	42	33	65
Boston, MA Bridgeport, CT	133 39	83 30	31 4	7 4	8 1	4	16 1	Atlanta, GA Baltimore, MD	66 147	36 74	17 48	8 14	3 8	2 3	13
Cambridge, MA	14	13	-	1			_	Charlotte, NC	147	74	33	6	4	1	11
Fall River, MA	17	12	3	2	_	_	4	Jacksonville, FL	312	199	72	22	11	8	13
Hartford, CT	58	40	12	4	1	1	11	Miami, FL	132	82	30	14	4	2	4
Lowell, MA	29	20	7	2	_	—	4	Norfolk, VA	51	27	13	5	1	5	3
Lynn, MA New Bedford, MA	15 28	9 21	4 6	2 1	_	—	2 7	Richmond, VA Savannah, GA	59 66	35 52	14 10	6 2	2 1	2 1	4 1
New Haven, CT	20 46	30	11	3	2	_	5	Savannan, GA St. Petersburg, FL	53	25	17	2 5	3	3	4
Providence, RI	64	47	11	4	_	2	5	Tampa, FL	215	134	52	23	3	3	11
Somerville, MA	5	1	2	2	_	_	_	Washington, D.C.	107	71	21	10	2	3	1
Springfield, MA	46	33	8	3	1	1	3	Wilmington, DE	13	10	2	1	_	—	—
Waterbury, CT	24 60	19 52	4 5	1 2	1	_	5 3	E.S. Central	800	532	187	42	25	14	59
Worcester, MA								Birmingham, AL	160	111	36	6	5	2	14
Mid. Atlantic	2,410	1,667	518	132	52	41	135	Chattanooga, TN	84	60	15	8	_	1	5
Albany, NY Allentown, PA	51 22	26 16	14 5	7	3 1	1	1	Knoxville, TN Lexington, KY	71 71	41 51	21 14	5 3	2 1	2 2	7 2
Buffalo, NY	78	46	26	3	1	2	8	Memphis, TN	153	95	46	6	4	2	5
Camden, NJ	33	18	10	1	1	3	_	Mobile, AL	68	48	14	4	2	_	8
Elizabeth, NJ	18	12	3	2	1	—	3	Montgomery, AL	38	21	10	1	4	2	5
Erie, PA	57	39	13	2	2	1	6	Nashville, TN	155	105	31	9	7	3	13
Jersey City, NJ New York City, NY	15 1,114	11 797	2 238	2 51	20	8	1 45	W.S. Central	1,543	1,004	371	94	32	42	84
Newark, NJ	72	34	19	7	20	10	45 5	Austin, TX	91	49	23	11	1	7	10
Paterson, NJ	20	8	10	1	1	_	_	Baton Rouge, LA	40	30	8	2	_		_
Philadelphia, PA	469	310	94	37	15	13	26	Corpus Christi, TX Dallas, TX	56 196	41 122	7 51	6 12	6	2 5	9 14
Pittsburgh, PA§	37	29	6	1	1	_	3	El Paso, TX	190	144	34	9	5		2
Reading, PA Rochester, NY	41 154	32 116	7 26	2 6	3	3	5 8	Fort Worth, TX	138	92	35	4	1	6	6
Schenectady, NY	134	11	20	0			<u> </u>	Houston, TX	326	190	89	23	11	13	11
Scranton, PA	30	26	2	2	_	_	1	Little Rock, AR	57	33	17	2	1 U	4	2
Syracuse, NY	124	88	29	6	1	_	20	New Orleans, LA ¹ San Antonio, TX	U 229	U 161	U 48	U 11	6	U 3	U 15
Trenton, NJ	21	14	5	2	_	—	1	Shreveport, LA	109	77	26	4	_	2	11
Utica, NY Yonkers, NY	14 26	13 21	1 5	_	_	_	1 1	Tulsa, OK	109	65	33	10	1	_	4
,								Mountain	1,216	807	259	91	28	29	83
E.N. Central Akron, OH	2,242 53	1,464 36	545 13	128 1	51 2	54 1	137 3	Albuquerque, NM	172	111	44	12	3	2	12
Canton, OH	47	32	15			_	3	Boise, ID	73	52	15	5	_	1	2
Chicago, IL	409	244	118	26	11	10	34	Colorado Springs, CO	111	81	22	7	_	1	6
Cincinnati, OH	97	56	31	7	3	—	17	Denver, CO Las Vegas, NV	93 273	54 180	28 60	6 26	1 3	4 4	9 19
Cleveland, OH	233	168	46	10	3	6	4	Ogden, UT	31	24	2	3	1	1	3
Columbus, OH Dayton, OH	209 135	127 92	57 29	13 6	6 4	6 4	13 16	Phoenix, AZ	179	99	39	17	12	10	12
Detroit, MI	163	96	54	9	3	1	7	Pueblo, CO	40	27	11	1	1	_	4
Evansville, IN	34	24	4	5	1	_	1	Salt Like City, UT	120	84	18	8	5	5	11
Fort Wayne, IN	77	55	13	4		5	2	Tucson, AZ	124	95	20	6	2	1	5
Gary, IN	23	6	11	2	1	3	_	Pacific Davidation OA	1,398	983	283	82	28	22	99
Grand Rapids, MI Indianapolis, IN	54 217	35 139	11 48	5 14	9	3 7	4 10	Berkeley, CA Fresno, CA	11 64	8 49	3 13	_	2	_	1 5
Lansing, MI	52	36	13	1	_	2	3	Glendale, CA	Ŭ	Ű	Ű	U	Ū	U	Ŭ
Milwaukee, WI	100	65	27	4	2	2	2	Honolulu, HI	81	55	19	4	2	1	9
Peoria, IL	61	43	10	7		1	5	Long Beach, CA	54	39	8	4	3		8
Rockford, IL	43	35	3	3	1	1	1	Los Angeles, CA	U	U	U	U	U	U	U
South Bend, IN Toledo, OH	50 120	37 83	9 25	3 7	1 4	1	1 8	Pasadena, CA Portland, OR	57 147	42 96	12 32	2 9	4	1 6	7 10
Youngstown, OH	65	55	8	1	_	1	3	Sacramento, CA	190	127	46	10	3	4	7
W.N. Central	584	387	128	36	17	15	41	San Diego, CA	150	101	30	13	1	5	10
Des Moines, IA	57	49	6	2		- 15	6	San Francisco, CA	110	78	27	4	1		12
Duluth, MN	23	17	6		_	_	2	San Jose, CA	183	139	25	16	2	1	15
Kansas City, KS	21	12	6	2	1	—	—	Santa Cruz, CA Seattle, WA	35 135	24 91	9 28	1 10	1 3	3	1 6
Kansas City, MO	120	82	25	6	3	4	8	Spokane, WA	62	45	20 12	2	2	1	1
Lincoln, NE	27	19	6	2			2	Tacoma, WA	119	89	19	7	4	_	7
Minneapolis, MN Omaha, NE	54 67	24 48	16 14	6 3	3 1	5 1	4 2	Total	12,110**		2,728	759	289	258	769
St. Louis, MO	91	40	24	9	7	3	5		12,110	0,070	2,120	100	203	200	103
St. Paul, MN	59	45	12	2	_	_	9								
Wichita, KS	65	44	13	4	2	2	3								

U: Unavailable.

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

¹Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks. ¹Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted. ** Total includes unknown ages.





* 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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☆U.S. Government Printing Office: 2007-623-038/41023 Region IV ISSN: 0149-2195