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National Disability Awareness Month — October 2007

October is National Disability Awareness Month in the United States. To mark this event, CDC is highlighting activities and interventions that have improved the health of persons with disabilities and reduced health-care costs (1,2). One such intervention is health promotion, which can increase community awareness of the needs of persons with disabilities (3,4).

CDC provides funding to 16 states for healthpromotion programs for persons with disabilities. These 16 states use multiple strategies, including 1) creating a state disability advisory board to assist with strategic planning, development, and implementation of policies that address barriers to accessing health-promotion programs and primary preventive-care services; 2) implementing interventions to promote healthy behaviors among persons with disabilities; and 3) partnering with community-based disability organizations (e.g., independent living centers). Additional information regarding state disability and health programs is available at http://www. cdc.gov/ncbddd/dh/dhstateprograms.htm.

References

- 1. Ravesloot C, Seekins T, White G. Living well with a disability health promotion intervention: improved health status for consumers and lower costs for health care policymakers. Rehabil Psychol 2005;50:239–45.
- 2. Mann J, Zhou H, McDermott S, Poston MB. Healthy behavior change of adults with mental retardation: attendance in a health promotion program. Am J Ment Retard 2006;111:62–73.
- 3. Rimmer JH, Braddock D. Health promotion for people with physical, cognitive and sensory disabilities: an emerging national priority. Am J Health Promot 2002;16:220–4.
- 4. Lollar DJ. Public health and disability: emerging opportunities. Public Health Rep 1999;117:131–6.

Physical Activity Among Adults With a Disability — United States, 2005

The health benefits of physical activity have been well documented (1,2) and are supported by recommendations from Healthy People 2010 (focus area 22) (3); however, fewer than half of U.S. adults follow these recommendations (4). Physical inactivity is particularly prevalent among adults with a disability (5), who are at increased risk for functional limitations and secondary health conditions (e.g., obesity, depression, or social isolation) (6) that can result from their disabilities, behavior, lifestyle, or environment (1). To estimate the statespecific prevalence of physical activity and physical inactivity among adults with and without a disability, CDC analyzed data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS). This report summarizes the results of that analysis, which determined that, compared with adults without a disability, a smaller proportion of adults with a disability met national recommendations for physical activity (37.7% versus 49.4%), and a greater proportion were physically inactive (25.6% versus 12.8%). Public health measures to promote and increase physical activity should include consideration for the needs of adults with disabilities.

BRFSS is a state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged \geq 18 years. In 2005, approximately 350,000 persons from all 50 states, the District of Columbia, Puerto Rico (PR), and the U.S. Virgin Islands (USVI) participated in BRFSS. Consistent with the definition of disability from *Healthy People* 2010 (3), respondents were asked, "Are you limited in any

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way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?" Persons who responded yes to either question were classified as having a disability. To measure physical activity, respondents were asked how often they engaged in physical activities of moderate intensity (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate) and vigorous intensity (i.e., running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) for at least 10 minutes at a time during a usual week.* Respondents were classified as meeting physical activity recommendations if they reported engaging in moderate-intensity activity for ≥ 30 minutes per day, \geq 5 days per week, or vigorous-intensity activity for \geq 20 minutes per day, ≥ 3 days per week. Respondents were classified as physically inactive if they reported participating in moderateintensity or vigorous-intensity activities for <10 minutes at a time during a usual week or reported no physical activity during a usual week. The Council of American Survey Research Organizations (CASRO) median response rate for the 2005 BRFSS was 51.1%

Prevalence estimates were age-adjusted to the 2000 U.S. standard population. Bivariate analyses and chi-square tests were used to compare physical activity levels among those with and those without a disability, and all differences reported were considered to be statistically significant at p<0.05. State-level prevalence estimates and 95% confidence intervals were calculated.

Nationwide in 2005, an estimated 19.6% of adults had a disability. Among states and territories, the prevalence of disability ranged from 11.5% in USVI to 27.1% in West Virginia (Table). Nationwide, a smaller proportion of adults with a disability engaged in recommended levels of physical activity than respondents without a disability (37.7% versus 49.4%; p<0.01). A smaller proportion of adults with a disability met recommended levels for physical activity than adults without a disability in all states and territories except USVI, where the difference was not significant. Among states and territories, the prevalence of persons with a disability who met recommended physical activity levels ranged from 23.2% in Kentucky to 53.3% in Alaska.

Nationwide, 25.6% of persons with a disability reported being physically inactive during a usual week compared with 12.8% of those without a disability (p<0.01). Adults with a disability were more likely than those without a disability to

^{*} The 2005 BRFSS questionnaire is available at http://www.cdc.gov/brfss/questionnaires/ pdf-ques/2005brfss.pdf.

TABLE. Estimated age-adjusted prevalence of disability* and physical activity, by disability status and area — Behavioral Risk Factor Surveillance System, United States, 2005

				I	Physica	ally active	t			P	hysica	Ily inactive	§	
	Prev of dis	alence sability	W dis	/ith a ability	Wit dis	hout a ability	Т	otal	\ di	Vith a sability	Wit	thout a ability	то	otal
Area	% ((95% CI [®])	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Alabama	23.2	(±1.6)	31.2	(±5.1)	45.3	(±2.7)	41.9	(±2.4)	31.4	(±4.3)	15.7	(±1.9)	20.1	(±1.7)
Alaska	21.3	(±2.2)	53.3	(±6.3)	57.9	(±3.2)	56.7	(±2.8)	16.7	(±4.3)	10.2	(±1.9)	11.8	(±1.7)
Arizona	20.4	(±2.2)	45.0	(±8.8)	54.8	(±3.1)	52.3	(±2.9)	21.5	(±6.4)	10.3	(±1.8)	12.7	(±1.8)
Arkansas	21.6	(±1.3)	36.9	(±4.1)	47.5	(±2.0)	44.7	(±1.7)	28.2	(±3.7)	13.2	(±1.3)	16.8	(±1.2)
California	19.1	(±1.2)	44.5	(±4.3)	55.1	(±1.9)	52.7	(±1.7)	19.8	(±3.6)	10.5	(±1.3)	12.5	(±1.2)
Colorado	18.0	(±1.1)	42.4	(±3.9)	55.0	(±1.7)	52.5	(±1.5)	16.6	(±2.5)	9.1	(±1.0)	10.8	(±0.9)
Connecticut	15.9	(±1.3)	41.5	(±5.6)	52.0	(±2.1)	50.0	(±2.0)	21.3	(±3.4)	10.9	(±1.2)	12.9	(±1.2)
Delaware	18.5	(±1.5)	35.3	(±5.2)	46.8	(±2.4)	44.7	(±2.1)	25.0	(±4.0)	12.2	(±1.5)	14.9	(±1.4)
District of Columbia	16.7	(±1.6)	46.2	(±6.2)	52.7	(±2.4)	50.7	(±2.2)	27.7	(±4.8)	13.0	(±1.7)	16.1	(±1.6)
Florida	19.6	(±1.2)	35.5	(±3.9)	46.9	(±1.9)	44.4	(±1.7)	27.2	(±3.6)	13.6	(±1.2)	16.7	(±1.2)
Georgia	21.0	(±1.4)	31.6	(±4.4)	43.1	(±2.0)	40.2	(±1.8)	35.1	(±4.2)	14.2	(±1.4)	19.0	(±1.4)
Hawaii	15.7	(±1.2)	46.7	(±5.1)	53.1	(±1.9)	52.0	(±1.8)	18.3	(±3.7)	11.0	(±1.2)	12.4	(±1.1)
Idaho	21.5	(±1.3)	45.5	(±4.1)	54.5	(±2.0)	52.3	(±1.8)	17.2	(±2.5)	10.9	(±1.3)	12.9	(±1.2)
Illinois	15.8	(±1.1)	35.4	(±4.9)	48.2	(±1.9)	45.8	(±1.8)	27.2	(±3.9)	13.4	(±1.3)	16.0	(±1.3)
Indiana	18.3	(±1.1)	42.8	(±4.2)	47.5	(±1.8)	46.1	(±1.6)	23.5	(±3.2)	12.5	(±1.2)	15.1	(±1.1)
lowa	17.7	(±1.2)	35.8	(±4.8)	47.4	(±1.9)	45.2	(±1.8)	26.0	(±4.3)	11.9	(±1.2)	14.6	(±1.1)
Kansas	19.3	(±1.0)	36.9	(±3.8)	50.9	(±1.5)	47.8	(±1.4)	25.9	(±3.5)	10.8	(±0.9)	14.3	(±0.9)
Kentucky	24.1	(±1.4)	23.2	(±3.6)	36.7	(±2.1)	32.9	(±1.8)	43.4	(±3.8)	23.4	(±1.8)	28.8	(±1.6)
Louisiana	20.2	(±1.7)	27.4	(±5.6)	38.9	(±2.4)	36.5	(±2.2)	38.9	(±5.3)	21.5	(±2.0)	25.3	(±1.8)
Maine	20.4	(±1.5)	39.4	(±4.8)	56.5	(±2.3)	52.8	(±2.0)	21.5	(±3.0)	9.3	(±1.3)	12.2	(±1.2)
Maryland	17.4	(±1.0)	38.1	(±3.9)	50.0	(±1.6)	47.6	(±1.5)	24.2	(±2.9)	12.3	(±1.1)	14.8	(±1.0)
Massachusetts	17.9	(±1.1)	40.8	(±4.2)	53.9	(±1.7)	51.3	(±1.6)	26.1	(±3.5)	11.9	(±1.1)	14.8	(±1.1)
Michigan	21.1	(±0.8)	37.0	(±2.8)	51.3	(±1.3)	48.0	(±1.1)	24.0	(±2.1)	11.6	(±0.8)	14.6	(±0.8)
Minnesota	22.8	(±1.8)	42.9	(±5.2)	51.5	(±2.6)	49.5	(±2.3)	17.1	(±3.7)	9.4	(±1.4)	11.4	(±1.4)
Mississippi	23.6	(±1.5)	27.7	(±4.8)	42.0	(±2.2)	38.6	(±2.0)	33.8	(±4.1)	17.6	(±1.6)	21.9	(±1.5)
Missouri	21.9	(±1.5)	38.6	(±4.9)	48.3	(±2.6)	45.8	(±2.2)	21.4	(±3.5)	10.7	(±2.0)	13.6	(±1.8)
Montana	21.2	(±1.6)	40.7	(±5.1)	58.6	(±2.2)	54.7	(±2.1)	19.0	(±3.5)	8.0	(±1.1)	10.6	(±1.1)
Nebraska	18.2	(±1.0)	36.6	(±4.1)	47.9	(±1.7)	45.3	(±1.6)	23.5	(±3.1)	13.4	(±1.2)	15.9	(±1.1)
Nevada	20.3	(±2.1)	38.6	(±6.8)	53.0	(±3.1)	49.5	(±2.7)	18.5	(±4.4)	10.8	(±2.0)	12.9	(±1.9)
New Hampshire	17.9	(±1.1)	40.3	(±4.2)	57.7	(±1.8)	54.4	(±1.6)	22.3	(±2.9)	9.0	(±1.0)	12.0	(±1.0)
New Jersey	16.3	(±0.8)	36.9	(±3.3)	46.2	(±1.4)	44.5	(±1.3)	28.7	(±2.9)	15.5	(±1.1)	18.0	(±1.0)
New Mexico	21.1	(±1.3)	42.1	(±4.8)	52.5	(±2.0)	49.6	(±1.8)	21.7	(±3.3)	11.5	(±1.2)	14.2	(±1.2)
New York	18.7	(±1.1)	36.0	(±3.8)	49.1	(±1.7)	46.4	(±1.5)	28.7	(±3.3)	14.0	(±1.3)	17.1	(±1.2)
North Carolina	19.2	(±0.7)	32.8	(±2.9)	43.5	(±1.2)	41.1	(±1.0)	30.4	(±2.5)	16.3	(±0.9)	19.5	(±0.8)
North Dakota	15.4	(±1.2)	39.5	(±5.9)	49.1	(±2.1)	47.1	(±2.0)	20.4	(±3.5)	10.3	(±1.2)	12.6	(±1.1)
Ohio	19.0	(±1.3)	38.9	(±4.8)	50.0	(±2.2)	47.6	(±2.0)	21.2	(±3.3)	12.0	(±1.4)	14.1	(±1.3)
Oklahoma	23.1	(±1.1)	30.3	(±3.1)	44.3	(±1.8)	41.3	(±1.5)	27.9	(±2.7)	14.4	(±1.3)	18.1	(±1.2)
Oregon	23.6	(±0.9)	47.1	(±2.6)	57.1	(±1.3)	54.3	(±1.1)	17.9	(±1.7)	9.3	(±0.8)	11.8	(±0.7)
Pennsylvania	19.1	(±1.0)	37.5	(±3.5)	50.1	(±1.6)	47.5	(±1.4)	25.5	(±3.1)	11.6	(±1.0)	14.5	(±1.0)
Rhode Island	18.6	(±1.5)	40.5	(±5.6)	52.0	(±2.3)	49.6	(±2.1)	26.5	(±4.4)	14.4	(±1.6)	17.0	(±1.5)
South Carolina	20.7	(±1.0)	32.2	(±3.3)	46.7	(±1.5)	43.7	(±1.4)	25.9	(±2.8)	11.3	(±0.9)	14.8	(±0.9)
South Dakota	19.5	(±1.2)	38.5	(±4.7)	49.4	(±1.8)	46.9	(±1.7)	23.2	(±4.1)	10.8	(±1.1)	13.5	(±1.1)
Tennessee	21.4	(±1.5)	23.9	(±4.5)	39.0	(±2.4)	35.4	(±2.1)	41.5	(±4.8)	19.2	(±2.2)	24.3	(±2.0)
Texas	18.9	(±1.1)	37.2	(±4.4)	47.1	(±1.8)	44.8	(±1.6)	25.9	(±3.7)	12.9	(±1.2)	16.1	(±1.2)
Utah	21.6	(±1.4)	42.5	(±4.3)	56.0	(±1.9)	52.8	(±1.7)	15.3	(±2.6)	7.3	(±1.1)	9.5	(±1.0)
Vermont	20.1	(±1.1)	47.2	(±3.7)	58.4	(±1.7)	55.9	(±1.5)	18.4	(±2.7)	8.8	(±0.9)	11.2	(±0.9)
Virginia	19.5	(±1.3)	38.9	(±4.6)	51.7	(±2.2)	48.8	(±2.0)	19.9	(±3.1)	9.3	(±1.1)	12.1	(±1.1)
Washington	23.1	(±0.7)	44.3	(±2.1)	55.9	(±1.0)	52.9	(±0.9)	17.0	(±1.5)	8.2	(±0.6)	10.6	(±0.5)
West Virginia	27.1	(±1.7)	27.7	(±4.0)	44.1	(±2.4)	39.6	(±2.0)	41.0	(±4.3)	17.6	(±1.7)	24.0	(±1.7)
Wisconsin	18.7	(±1.4)	50.3	(±4.9)	57.6	(±2.1)	55.6	(±1.9)	17.2	(±2.8)	7.1	(±1.1)	9.6	(±1.0)
Wyoming	19.4	(±1.2)	43.4	(±4.3)	57.8	(±1.8)	54.8	(±1.7)	18.7	(±2.9)	9.5	(±1.1)	11.7	(±1.0)
Puerto Rico	21.7	(±1.5)	24.1	(±4.8)	35.1	(±2.4)	32.2	(±2.1)	50.2	(±5.3)	32.9	(±2.2)	37.3	(±2.0)
U.S. Virgin Islands	11.5	(±1.5)	35.1	(±8.4)	41.4	(±2.7)	40.4	(±2.5)	23.1	(±5.7)	21.5	(±2.2)	22.3	(±2.1)
Total	19.6	(±0.2)	37.7	(±0.9)	49.4	(±0.4)	46.8	(±0.3)	25.6	(±0.7)	12.8	(±0.3)	15.7	(±0.2)

* Respondents were asked, "Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?" Persons who responded yes to either question were classified as having a disability. [†] Reported participating in moderate-intensity activities (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate)

for >30 minutes per day, >5 days per week, or vigorous-intensity activities (i.e., running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) for ≥20 minutes per day, ≥3 days per week.

⁹ Reported participating in moderate-intensity or vigorous-intensity activities for <10 minutes at a time or reported no physical activity during a usual week.
 ¹ Confidence interval.

be physically inactive in all states and territories except USVI, where the difference was not significant. Among persons with a disability, the prevalence of physical inactivity ranged from 15.3% in Utah to 50.2% in PR.

Reported by: JH Rimmer, PhD, Dept of Disability and Human Development, Univ of Illinois at Chicago. LA Wolf, MPH, BS Armour, PhD, LB Sinclair, MPH, Div of Human Development and Disability, National Center for Birth Defects and Developmental Disabilities, CDC.

Editorial Note: The findings in this report indicate that, in 2005, the proportion of persons without a disability in 28 of 53 (52.8%) U.S. states and territories surpassed the 50% target for meeting moderate or vigorous physical activity recommendations set by *Healthy People 2010* (objective 22-2).[†] However, the proportion of persons with a disability surpassed the same target in only two of 53 (3.7%) states and territories (Table). Furthermore, the findings indicate that the proportion of adults with a disability who were physically inactive (25.6%) during a usual week was nearly twice the proportion of adults without a disability who were inactive (12.8%). These results are consistent with those of previous reports finding significant differences in physical activity levels between persons with and without a disability (5).

Physical inactivity among persons with a disability might be more common than among persons without a disability because the inactivity is a consequence of 1) the disabling condition itself, 2) physiologic decline (e.g., decreased aerobic capacity, muscular strength and endurance, or flexibility), or 3) lack of access to physical-activity programs and facilities because of personal or environmental barriers (7). Persons with a disability often experience barriers to regular physical activity that differ from those experienced by the general population, including lack of transportation to fitness centers, lack of information on available and accessible facilities and programs, lack of accessible exercise equipment and adequate space to move about, and the perception that fitness facilities are unfriendly environments for those with a disability (7). Such barriers can result in a decline in physical function and a cycle of deconditioning, in which deteriorating physical function produces greater inactivity, further physical decline, and an increase in the number or severity of secondary conditions (8). To overcome deconditioning, public health officials and others designing strategies to increase adult physical activity should devise ways to eliminate barriers that limit participation by persons with a disability (2).

The findings in this report are subject to at least two limitations. First, BRFSS excludes persons living in institutions or group homes. Therefore, the results likely underestimate the actual prevalence of adults with a disability. Second, BRFSS questions relating to physical activity were developed and validated for the population without a disability, and the activities described (e.g., brisk walking, bicycling, vacuuming, or running) might be more demanding and difficult for a person with a disability. The need for a physical-activity scale specific to persons with a disability has been suggested (9).

Physical inactivity among persons with a disability is associated with increased functional limitation and higher risk for developing secondary conditions (1,2). Although not all adults with a disability are able to achieve recommended levels of physical activity because of the nature or severity of their disability, participation at lower levels has been determined to confer health benefits (e.g., pain reduction) (2). Persons unable to meet recommended levels might require physicalactivity regimens tailored to their specific needs. In addition, certain barriers to physical activity are unique to persons with a disability. Public health agencies and stakeholders should ensure that barriers to promote health and physical activity.

References

- 1. Santiago M, Coyle C. Leisure-time physical activity and secondary conditions in women with physical disabilities. Disabil Rehabil 2004; 26:485–94.
- Rimmer JH, Shenoy SS. Impact of exercise on targeted secondary conditions. In: Field MJ, Jette AM, Martin L, eds. Workshop on disability in America: a new look. Washington, DC: The National Academies Press; 2006:205–21.
- 3. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.health.gov/healthypeople.
- 4. CDC. Adult participation in recommended levels of physical activity— United States, 2001 and 2003. MMWR 2005;54:1208–12.
- McGuire LC, Strine TW, Okoro CA, Ahluwalia IB, Ford ES. Healthy lifestyle behaviors among older U.S. adults with and without disabilities, Behavioral Risk Factor Surveillance System, 2003. Prev Chron Dis 2007;4:A09.
- Kinne S, Patrick DL, Doyle DL. Prevalence of secondary conditions among people with disabilities. Am J Public Health 2004;94:443–5.
- Rimmer JH, Riley B, Wang E, Rauworth A, Jurkowski J. Physical activity participation among persons with disabilities: barriers and facilitators. Am J Prev Med 2004;26:419–25.
- Rimmer JH. The conspicuous absence of people with disabilities in public fitness and recreation facilities: lack of interest or lack of access? Am J Health Promot 2005;19:327–9,ii.
- 9. Washburn RA, Zhu W, McAuley E, Frogley M, Figoni SF. The physical activity scale for individuals with physical disabilities: development and evaluation. Arch Phys Med Rehabil 2002;83:193–200.

[†] *Healthy People 2010* midcourse review: physical activity and fitness. Available at http://www.healthypeople.gov/data/midcourse/pdf/fa22.pdf.

Salmonella Oranienburg Infections Associated with Fruit Salad Served in Health-Care Facilities — Northeastern United States and Canada, 2006

During June–July 2006, a total of 41 culture-confirmed *Salmonella* serotype Oranienburg infections were diagnosed in persons in 10 northeastern U.S. states and one Canadian province. This report describes the epidemiologic, environmental, and laboratory investigations of this outbreak by federal, state, and local health agencies; the Food and Drug Administration (FDA); and the Canadian Food Inspection Agency. The results of the investigations determined that illness was associated with eating fruit salad in health-care facilities. Although the fruit salads were produced by one processing plant, the source of contamination was not determined. This outbreak highlights the importance of laboratory-based surveillance of *Salmonella*, including molecular subtyping, and timely communication of public health information.

On July 19, 2006, the New Hampshire Department of Health and Human Services (NHDHHS) began an investigation after S. Oranienburg was identified in stool specimens collected from two patients, two employees, and one cafeteria patron at a local hospital. On July 21, the Massachusetts Department of Public Health began an investigation after the state public health laboratory identified S. Oranienburg in stool specimens collected from three ill persons at a long-termcare facility. State public health laboratories in Massachusetts and New Hampshire subtyped S. Oranienburg isolates by pulsed-field gel electrophoresis (PFGE) and submitted the PFGE patterns to PulseNet, the national molecular subtyping network for foodborne disease surveillance. PulseNet compares these patterns within and among states and categorizes isolates with indistinguishable patterns into potential clusters of cases. The S. Oranienburg isolates from New Hampshire and Massachusetts had indistinguishable PFGE patterns (both with XbaI pattern JJXX01.0056 and BlnI pattern JJXA26.0017); this uncommon pattern combination was designated the outbreak strain. NHDHHS coordinated the outbreak investigation with other state health departments, all of which were members of OutbreakNet, a network of local, state, and federal epidemiologists and public health agencies that investigate outbreaks of foodborne, waterborne, and other enteric illnesses.

Epidemiologists were contacted in jurisdictions that reported S. Oranienburg isolates with the outbreak strain during June– December 2006. To develop hypotheses regarding sources of the S. Oranienburg infections, NHDHHS reviewed interview records for all patients who had been interviewed by state and local health departments. Investigators also conducted extended interviews; interviewers sought information regarding nearly 300 sources of exposure, including consumption of 234 specific food items.

A case was defined as culture-confirmed S. Oranienburg infection with the outbreak strain and illness onset from June 15 to July 31. Forty-one cases of S. Oranienburg with the outbreak strain occurred in 10 U.S. states and one Canadian province: Massachusetts (12), New Hampshire (nine), New York (four), Pennsylvania (three), Vermont (three), Kentucky (two), Maine (two), Maryland (two), Connecticut (one), New Jersey (one), and Ontario, Canada (two). Date of illness onset ranged from June 15 to July 25 (Figure). The median age of patients was 59 years (range: 8 months-96 years); 31% of cases were in persons aged >70 years. Twenty-eight (68%) patients were female. Symptoms reported by patients included diarrhea (74%) (i.e., three or more loose stools in a 24-hour period), abdominal cramps (52%), fever (39%), vomiting (23%), and bloody diarrhea (16%). Seven (17%) patients were hospitalized as a result of their Salmonella infections. No deaths were reported.

Among the 41 cases, 30 (73%) occurred among persons who worked, stayed, or ate in a health-care facility during the 7 days preceding illness onset, including 10 already-hospitalized patients, 10 residents of a long-term–care facility, nine employees of health-care facilities, and one visitor who had eaten in a hospital cafeteria. The interviews with 33 of the 41 patients suggested that illness was associated with eating fruit salad in a health-care facility; 23 (70%) reported eating fresh fruit salad, 19 (83%) of whom had eaten fresh fruit salad in a health-care facility.

FIGURE. Number of culture-confirmed cases (N = 41) of infection with outbreak strain of *Salmonella* serotype Oranienburg, by date of illness onset^{*} — United States and Canada, June–July 2006



* If illness onset date was unknown, date of specimen collection was used.

A case-control study was conducted to identify risk factors for infection. Case-patients were eligible for the study if they experienced diarrhea, were able to respond to the questionnaire, and had an isolate with the outbreak PFGE patterns. For case-patients who were residents or patients of a healthcare facility, controls were selected randomly from a list of residents or patients who were in the facility at the same time as the case-patient. For case-patients who were employees, controls were selected randomly from a list of employees who worked in the facility at the same time as the case-patient. Controls for community case-patients (i.e., patients who were not exposed as employees or patients in health-care facilities) were well neighbors of the case-patient and were identified through a reverse telephone directory. Controls must not have had diarrhea since June 1 and must have been eating a solid diet during the 7 days before illness onset in the casepatient (i.e., the food-recall period). Based on hypotheses generated during interviews with case-patients, the questionnaire included 75 exposures focused on individual types of fresh fruit and on fruit salad eaten during the foodrecall period. Questionnaires were administered by telephone or in person during August 15-September 6, 2006.

At the time the case-control study was conducted, 36 cases

of S. Oranienburg had been identified in eight states and Canada. Twenty-two case-patients were eligible for the study; one case-patient chose not to participate and was not enrolled. A total of 21 case-patients and 33 controls were enrolled from all eight states and Canada. Case-control data were analyzed using a frequency-matched univariate analysis; three strata were analyzed, with each stratum containing all case-patients and controls for the given exposure location (health-care patients, health-care employees, and community residents). Fourteen (70%) of 20 case-patients, compared with four (13%) of 30 controls, ate fruit salad (matched odds ratio [mOR] = 8.9; 95% confidence interval [CI] = 2.3–35.5). Illness was associated with eating fruit salad in a health-care facility (Table). Twelve (60%) of 20 case-patients, compared with four (13%) of 30 controls, ate fruit salad in a health-care facility (mOR = 6.0; CI = 1.5–23.5). Salads eaten by case-patients were composed of multiple types of fruits; cantaloupe and honeydew melon were the most common fruits in salads eaten in health-care facilities. Cantaloupe was eaten by 10 (50%) case-patients and two (7%) controls (mOR = 7.6; CI = 1.636.7); honeydew melon was eaten by nine (45%) case-patients and one (3%) control (mOR = 14.2; CI = 1.8–112.5). Illness was not associated with consumption of individual fruits that were not part of a fruit salad. Use of multivariate analysis with conditional logistic regression was not feasible because of high consumption of multiple types of fruit.

Of 13 health-care facilities with case-patients, information regarding the source of the fruit served was collected for 11 facilities, 10 (91%) of which had served refrigerated, precut cantaloupe and honeydew melon purchased from the same processing plant in Canada. Inspections of the processing plant by the Canadian Food Inspection Agency did not identify any improper practices and determined that the plant was in compliance with its Hazard Analysis and Critical Control Points (HACCP) plan. The processing plant had received the fruit from multiple farms. At the plant, fruit was cleaned, sliced, packaged into containers, and refrigerated. Health-care facilities received the refrigerated, precut fruit as either a premixed fruit salad or as individual fruits that later were mixed on-site by the health-care facility. A traceback investigation of the original source of the cantaloupe and honeydew melons processed in the facility during June 1-July 15 indicated that the cantaloupe and honeydew melons likely originated from the

TABLE. Number and percentage of case-patients and controls reporting consumption of fruit and association with illness from the outbreak strain of Salmonella serotype Oranienburg, by type of food item - United States and Canada, June–July 2006

	Ca: (n =	ses 21)*	Cor (n =	ntrol 33)*	Matched odds	
Food item	No.	(%)	No.	(%)	ratio	(95% Cl†)
Any fruit salad	14/20	(70)	4/30	(13)	8.9	(2.3–35.5)
Fruit salad in health-care facility	12/20	(60)	4/30	(13)	6.0	(1.5–23.5)
Cantaloupe						
Any (whole or precut)	15/18	(83)	7/27	(26)	11.5	(2.4–55.5)
In fruit salad	12/20	(60)	2/30	(7)	9.9	(2.2-44.5)
In fruit salad in health-care facility	10/20	(50)	2/30	(7)	7.6	(1.6–36.7)
Honeydew						
Any (whole or precut)	14/19	(74)	2/28	(7)	19.5	(3.4–112.7)
In fruit salad	11/20	(55)	1/30	(3)	16.9	(2.4-119.6)
In fruit salad in health-care facility	9/20	(45)	1/31	(3)	14.2	(1.8–112.5)
Watermelon						
In fruit salad	9/19	(47)	2/30	(7)	6.9	(1.4–33.7)
In fruit salad in health-care facility	8/19	(42)	2/30	(7)	5.8	(1.1–29.8)
Pineapple						
Any (whole or precut)	11/18	(61)	6/27	(22)	6.1	(1.4–27.8)
In fruit salad	8/19	(42)	1/29	(3)	40.6	(3.0–548.4)
In fruit salad in health-care facility	6/19	(32)	1/30	(3)	15.2	(1.6–143.6)
Red grapes						
In fruit salad	7/20	(35)	0/30	(0)	9.8 [§]	(1.5–65.6)
In fruit salad in health-care facility	7/20	(35)	0/31	(0)	13.1 [§]	(1.9–89.0)

* Case-patients and controls were excluded from analysis if the relevant interview question was not answered or the respondent answered "unknown."

[§]Calculation uses a 0.5 continuity correction because of stratum cells that contain zero.

United States; however, no specific farm was identified. No salmonellae were isolated from fruit salad samples collected at health-care facilities with outbreak-related cases or from samples collected by FDA at the point of entry into the United States. The Canadian Food Inspection Agency did not collect samples from the processing plant.

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Editorial Note: Salmonellae infect an estimated 1.2 million persons each year in the United States (1). In 2005, 1 year before the outbreak described in this report, a total of 36,184 *Salmonella* infections reported in the United States were laboratory confirmed; 590 (1.6%) were *S*. Oranienburg (2). The 41 cases in this international outbreak highlight the importance of laboratory-based surveillance, which relies on routine submission of *Salmonella* isolates from clinical laboratories to state public health laboratories. Furthermore, this outbreak illustrates the importance of sharing public health information domestically and internationally, because the investigation relied on the timely sharing of information among 10 state health departments, two national health agencies, two national food-regulatory agencies, and multiple local and provincial health departments.

The findings of this investigation indicated that infection with an uncommon strain of *S*. Oranienburg was associated with consumption of fruit salad in health-care facilities. The findings indicated that 1) 70% of case-patients ate fruit salad, 2) case-patients were six times more likely than controls to have eaten fruit salad in a health-care facility, and 3) 10 (91%) of 11 health-care facilities with *Salmonella* infections served refrigerated, precut fruit salad from the same processing plant in Canada. The source of the contamination of the fruit salad was not determined. However, because the fruit salad at the various health-care facilities was provided by several distributors but came from a common processing plant, contamination likely occurred either at the processing plant or earlier in the supply chain, such as at a farm.

Fruits such as cantaloupe and honeydew melon previously have been associated with salmonellosis outbreaks in the United States. During 1973–2003, a total of 11 cantaloupe-associated salmonellosis outbreaks were reported to CDC (3).

Reported outbreaks were associated both with whole melons contaminated in growing fields and with precut melons. Cut fruit can be contaminated during processing when rind is removed and fruit is sliced (4,5). Furthermore, because the inner flesh of melons contains nutrients that can support microbial growth, improper refrigeration of cut fruit can cause bacteria proliferation (4,5). Although S. Oranienburg was not identified in any of the fruit salad samples collected, the samples were obtained several weeks after illness-onset dates in case-patients.

Salmonella outbreaks have not been frequently identified in health-care facilities in the United States, perhaps because not all cases are recognized. Current guidelines for the management of diarrhea discourage testing for Salmonella in hospitalized patients who have been in a facility for >72 hours unless an outbreak is suspected, the diarrhea is bloody, or the patient is an infant (6). These guidelines might make health-care facilities less likely to detect outbreaks of salmonellosis or recognize that they are part of larger outbreaks, such as the one discussed in this report (7,8). During this outbreak, only two of the 13 health-care facilities with cases recognized that an outbreak was occurring, likely because most facilities only identified one or two cases. In the Massachusetts and New Hampshire facilities, the initial outbreaks were recognized after three and five cases were identified in each facility, respectively. After both facilities implemented an active surveillance program for staff members and patients, eight additional cases were identified, suggesting that certain cases might not have been detected in the facilities that adhered to the 72-hour testing policy. Evaluation is needed to determine whether expanding the criteria for bacterial testing of stool specimens from inpatients beyond the presence of bloody diarrhea would improve foodborne outbreak detection and ultimately the safety of the food supply.

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References

- Voetsch AC, Van Gilder TJ, Angulo FJ, et al. FoodNet estimate of the burden of illness caused by nontyphoidal *Salmonella* infections in the United States. Clin Infect Dis 2004;38(Suppl 3):S127–34.
- 2. CDC. *Salmonella* surveillance: annual summary, 2005. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/ncidod/dbmd/phlisdata/salmonella.htm.
- 3. Bowen A, Fry A, Richards G, Beuchat L. Infections associated with cantaloupe consumption: a public health concern. Epidemiol Infect 2006; 134:675–85.
- Ukuku DO, Sapers GM. Effect of sanitizer treatments on *Salmonella* Stanley attached to the surface of cantaloupe and cell transfer to freshcut tissues during cutting practices. J Food Prot 2001;64:1286–91.
- 5. Ukuku DO, Pilizota V, Sapers GM. Effect of hot water and hydrogen peroxide treatments on survival of salmonella and microbial quality of whole and fresh-cut cantaloupe. J Food Prot 2004;67:432–7.
- Guerrant RL, Van Gilder T, Steiner TS, et al. Practice guidelines for the management of infectious diarrhea. Clin Infect Dis 2001;32:331–51.
- 7. Bruins MJ, Fernandes TM, Ruijs GJ, et al. Detection of a nosocomial outbreak of salmonellosis may be delayed by application of a protocol for rejection of stool cultures. J Hosp Infect 2003;54:93–8.
- Bauer TM, Lalvani A, Fahrenbach J, et al. Derivation and validation of guidelines for stool cultures for enteropathogenic bacteria other than *Clostridium difficile* in hospitalized adults. JAMA 2001;285:313–9.

Progress in Measles Control — Nepal, 2000–2006

In 2002, the United Nations General Assembly Special Session on Children set a goal to reduce global measles deaths by half (compared with 1999) by 2005 (1). Nepal, a southeast Asian country with an estimated population of 27 million, adopted the measles mortality reduction strategies of the World Health Organization (WHO) (2) in 2003, with a goal of reducing measles deaths by half (compared with 2003) by 2005. The strategies consisted of strengthening routine childhood immunization programs, providing a second opportunity for measles vaccination through supplementary immunization activities (SIAs),* improving surveillance, and improving measles case management. This report describes routine immunization activities in Nepal, the implementation of measles SIAs, and measles surveillance data for the period 2000-2006. The findings demonstrate a substantial decrease in reported measles incidence. Assuming a reduction in measles deaths that paralleled the decrease in incidence, the findings also suggest progress toward the goal of measles mortality reduction.

Background and Routine Vaccination

Nepal is divided into 75 districts in five regions. The Expanded Programme on Immunization (EPI) was initiated in 1979 in Nepal in three districts; by 1988, the program had been expanded to all 75 districts (*3*). The program aims to achieve and maintain coverage of \geq 90% fully immunized[†] children nationwide by 2010 (*4*) and targets children aged \geq 9 months with measles vaccine. According to WHO/UNICEF estimates, measles vaccination coverage among children aged <1 year increased from 58% in 1988 to 71% in 2000; coverage further increased from 75% in 2003 to 85% in 2006 (*5*). Despite high national coverage in 2006, six of 75 districts (representing 4% of the population aged <5 years) were unable to reach >70% coverage because of lack of security resulting from civil unrest, limited access to certain areas, or lack of human resources.

Surveillance

Measles in Nepal is reported as part of the Health Management Information System (HMIS), which covers all 4,102 government health facilities in Nepal. However, HMIS does not provide detailed geographic and age group data, and reports often are incomplete and not timely; moreover, HMIS reports only clinically suspected measles and does not report laboratory testing. Information on measles-related deaths is not reported systematically. In March 2003, the government of Nepal and WHO initiated a more comprehensive measles surveillance system to supplement HMIS with more detailed information on cases in clusters of suspected measles. The new measles surveillance system, which includes field investigations and laboratory testing of blood specimens, is supported by surveillance medical officers (SMOs), who have conducted health facility visits for active acute flaccid paralysis (AFP) surveillance since 1998. This integrated surveillance network provides timely and detailed data on AFP, Japanese encephalitis, and measles cases though weekly reports from 413 major health-care centers and hospitals throughout all 75 districts of the country (i.e., approximately 10% of all government health facilities), including all inpatient facilities. In addition, SMOs conduct weekly visits to 84 active surveillance sites within this network.

If five or more cases of suspected measles are detected during a 2-week period from one geographic area, an outbreak investigation is undertaken in which epidemiologic informa-

^{*}Mass campaigns conducted during a short period (days to weeks) in which a dose of measles-containing vaccine is administered to all children in a targeted age group (e.g., 9 months–15 years), regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

[†]A fully immunized child is a child who, by his or her first birthday, has received 1 dose of bacille Calmette-Guérin vaccine; 3 doses of diphtheria, tetanus, and pertussis vaccine; 3 doses of oral poliovirus vaccine; and 1 dose of measlescontaining vaccine.

tion is collected on all suspected measles cases[§] in the area, and blood samples are drawn for at least five cases for laboratory confirmation of measles (i.e., via identification of immunoglobulin M [IgM] measles antibodies). An outbreak is considered a confirmed measles outbreak if at least one case is laboratory confirmed in a person who had not received measles vaccination 1 month before. All untested suspected cases in a laboratory-confirmed outbreak are considered epidemiologically confirmed. Since January 2004, all samples that test negative for measles IgM have been tested for rubella IgM. With rubella IgM testing, similar criteria allow an outbreak to be considered a confirmed rubella outbreak or a confirmed mixed measles and rubella outbreak. Approximately 90% of cases associated with confirmed measles outbreaks in 2003 were in children aged <15 years; this finding supported the decision to conduct a "catch-up" SIA[¶] targeting children aged 9 months-15 years.

Measles Vaccination Campaign, 2004–2005

Nepal public health authorities conducted a nationwide measles SIA in three phases during September 2004–April 2005, targeting an estimated 9.4 million children aged 9 months– 15 years. Oral poliovirus vaccine also was administered to all children aged <5 years. The overall reported measles vaccination coverage was 105% of the population target; in one district the coverage was as low as 64%. The population targets were obtained from administrative lists.

Measles Incidence

In 2003, a total of 67 suspected measles outbreaks were investigated using the integrated system; in 2004, a total of 196 outbreaks were investigated. Nearly 70% of these outbreaks were confirmed measles outbreaks (Table). After the start of the SIAs, the number of suspected measles outbreaks detected decreased to 46 in 2005 and to 31 in 2006. In 2005, only one (2%) of the 46 investigated outbreaks was a laboratory-confirmed measles outbreak, whereas 36 (78%) were laboratory-confirmed rubella outbreaks. Similarly, in 2006, two (6%) of 31 outbreaks were laboratory-confirmed measles outbreaks, and 24 (77%) were laboratory-confirmed rubella outbreaks. During 2005 and 2006, three mixed measles and rubella outbreaks were detected: two (4%) in 2005 and one (3%) in 2006. The number of measles cases associated with outbreaks decreased from approximately 1,000 in 2003 to approximately 50 in 2006. During 2005 and 2006, a total of 1,119 suspected measles cases that were not part of any recognized outbreak were reported to SMOs. Serum specimens were collected for 84 of these cases; three (4%) were laboratory confirmed as measles cases.

The average annual number of measles cases reported through HMIS during the 4 years (2000–2003) before the start of the SIA was 10,425. After the SIA, the number of reported cases decreased to 3,931 in 2005 and to 1,935 in 2006, decreases of 62% and 81%, respectively, from the 2000–2003 average (Table, Figure).

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	Total no. of reported suspected measles	No. of suspected measles outbreaks	Outb conf as m outbr	oreaks ïrmed easles reaks ^{†§}	No. of cases from confirmed measles	Outb conf as ru outbre	reaks irmed ıbella eaks ^{†§¶}	No. of cases from confirmed rubella	Outb confirm mixed r and re outbre	reaks med as neasles ubella eaks ^{†§¶}
Year	cases*	investigated ^{†§}	No.	(%)	outbreaks ^{†§}	No.	(%)	outbreaks ^{†§¶}	No.	(%)
2000	10,146	_	_	_	_	_	_	_	_	_
2001	8,799	_	_	_	_	_	_	_	_	_
2002	10,047	_	_	_	_	_	_	_	_	_
2003	12,709	67	41	(61)	1,536	_	_	_	_	_
2004	8,549	196	138	(70)	4,559	13	(7)	306	11	(6)
2005	3,931	46	1	(2)	25	36	(78)	728	2	(4)
2006	1,935	31	2	(6)	45	24	(77)	438	1	(3)

ABLE. Number of suspected and laborato	y-confirmed measles and rubella outbreaks and	l cases, by year — Nepal, 2000–2006
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* Based on data from the Health Management Information System, Department of Health Services, Nepal Ministry of Health and Population.

Based on data from the World Health Organization/Nepal Ministry of Health and Population integrated vaccine-preventable disease surveillance network.

[§]Outbreak investigations and laboratory testing started in March 2003.

Laboratory confirmation for rubella-specific immunoglobulin M did not start until January 2004.

[§] For surveillance purposes, a suspected case of measles is defined as generalized maculopapular rash and fever plus one of the following: cough, coryza (i.e., runny nose), or conjunctivitis (i.e., red eyes). Additional information available at http://www.afro.who.int/measles/guidelines/index.html.

⁹ Catch-up campaigns are one-time events targeting all children in a particular age group. The goal is to vaccinate all children who might not have been previously vaccinated for the first time against measles and provide a second opportunity for measles vaccination in addition to routine vaccination. During a catch-up campaign, all children in the targeted age group receive a supplementary dose of measles vaccine, regardless of previous disease or vaccination history. Additional information is available at http://www.measlesinitiative.org/vaccination.asp.

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Editorial Note: Because information on measles-related deaths is not routinely collected in Nepal, no direct measurement of reduction in deaths associated with improved measles control is possible. However, reports from other countries have assumed that a reduction in measles deaths occurred in the same proportion as a reduction in reported measles cases (6,7). A concomitant decrease in suspected cases and measles deaths has been observed in other countries that monitored measles deaths before and after SIAs (8,9). By making this same assumption FIGURE. Number of measles cases from confirmed measles outbreaks, by month and year — Nepal, 2003–2006*



 * Based on data from the Health Management Information System, Department of Health Services, Nepal Ministry of Health and Population.
 * Supplementary immunization activity.

for Nepal, the findings in this report suggest that, by the end of 2005, Nepal had achieved its goal of reducing measles mortality by at least 50% from 2003 levels. The reduction in measles incidence in Nepal during 2003–2006 indicated by HMIS data might underestimate the actual relative reduction in measles deaths because, compared with pre-SIA years, a more pronounced decrease occurred in the number of confirmed outbreaks and in the proportion of confirmed measles

ment of measles patients^{**} has been emphasized since 2003. On the basis of progress to date, the government of Nepal has decided to set its measles program objective toward elimination. In the Ministry of Health and Population's *Multi-Year Plan of Action* for immunization, the measles elimination phase will begin in 2010 (4). Major components of the elimination strategy include high routine immunization coverage (\geq 90% in \geq 80% of districts), provision of a second opportunity for measles vaccination through routine vaccination or SIAs, and case-based surveillance with laboratory confirmation.

cases in outbreaks during post-SIA years. In addition, treat-

The integration of measles surveillance and AFP surveillance since 2003 has made use of the extensive surveillance infrastructure in Nepal, which was developed for AFP surveillance and, since 2004, has included investigation and laboratory testing of suspected encephalitis cases for Japanese B encephalitis. WHO formally accredited the Nepal national measles reference laboratory in 2006. The first steps toward further strengthening surveillance began in January 2007; a case-based measles surveillance system, in which all suspected measles cases are investigated and laboratory tested for IgM, was started in 12 active surveillance sites in the Kathmandu Valley and in two active surveillance sites in the Far West Development Region. In addition to continuing outbreak investigations, this case-based surveillance system will expand to include the entire country by 2010 and will use measles virus genotyping to determine the origin of virus isolates; however, data on measles-related mortality are not available through this system.

Additional measures to increase routine vaccination coverage, particularly in remote areas and those with low coverage, will be critical for preventing outbreaks and moving toward the goal of measles elimination. Despite advances in delivering routine vaccination, the proportion of children susceptible to measles started to increase after the 2004–2005 SIA,

^{**} Treatment includes administration of vitamin A and, if complications are noted, antibiotics. Additional information available at http://www.who.int/ mediacentre/factsheets/fs286/en.

increasing the likelihood of measles outbreaks. A nationwide follow-up measles vaccination campaign^{††} targeting children aged 9 months to 4 years 11 months is planned for 2008. Given the difficulties with access to certain areas of Nepal, providing a second measles vaccination opportunity through routine vaccination is not likely to reach high coverage levels with both doses. Because SIAs have been effective throughout Nepal, including in areas that are difficult to access, repeated SIAs likely will be the long-term strategy for regularly providing a second measles vaccination opportunity.

Nepal has achieved a substantial reduction in reported measles incidence and in the number of confirmed measles outbreaks. This experience provides useful lessons for other countries in southeast Asia as they progress toward measles mortality reduction.

References

- 1. United Nations General Assembly Special Session on Children. A world fit for children. New York, NY: United Nations General Assembly Special Session on Children; 2002. Resolution S-27/2. Available at http://www.unicef.org/specialsession/docs_new/documents/a-res-s27-2e.pdf.
- World Health Organization, UNICEF. Measles mortality reduction and regional elimination: strategic plan 2001–2005. Geneva, Switzerland: World Health Organization; 2001. Available at http://www.who.int/ vaccines-documents/docspdf01/www573.pdf.
- 3. Suvedi BK. Twenty-five years of immunization program in Nepal. Kathmandu Univ Med J 2005;3:4.
- Nepal Ministry of Health and Population. Multi-year plan of action, Nepal, 2007–2011. Kathmandu, Nepal: Nepal Ministry of Health and Population; 2006.
- 5. World Health Organization, UNICEF. WHO/UNICEF review of national immunization coverage, 1980–2006. Available at http://www.who.int/vaccines/globalsummary/immunization/countryprofile select.cfm.
- 6. Otten M, Kezaala R, Fall A, et al. Public-health impact of accelerated measles control in the WHO African Region 2000–03. Lancet 2005;366: 832–9.
- 7. CDC. Measles mortality reduction—West Africa, 1996–2002. MMWR 2004;53:28–30.
- 8. Biellik R, Madema S, Taole A, et al. First 5 years of measles elimination in southern Africa: 1996–2000. Lancet 2002;359:1564–8.
- 9. CDC. Progress in measles control—Zambia, 1999–2004. MMWR 2005;54:581-4.

^{††} Follow-up SIAs are conducted periodically (i.e., every 3–5 years) to maintain low levels of susceptibility. A follow-up campaign provides children with a second opportunity for measles vaccination and aims to reach all children aged ≥9 months who were born after the previous catch-up campaign. Additional information available at http://www.measlesinitiative.org/ vaccination.asp.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 29, 2007 (39th Week)*

	Current	Cum	5-year weekly	Total c	ases rep	orted for	r previou	s years	
Disease	week	2007	average [†]	2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax		_		1			_	2	.
Botulism [.]								-	
foodborne	_	14	0	20	19	16	20	28	
infant	_	61	2	97	85	87	76	69	
other (wound & unspecified)	_	19	1	48	31	30	33	21	
Brucellosis	3	93	2	121	120	114	104	125	NC (1), TX (1), CA (1)
Chancroid	1	23	1	33	17	30	54	67	NY (1)
Cholera	_	1	0	9	8	5	2	2	
Cyclosporiasis§	1	81	1	136	543	171	75	156	NY (1)
Diphtheria	_	_	_	_	_	_	1	1	
Domestic arboviral diseases ^{§,1} :									
California serogroup	_	22	6	67	80	112	108	164	
eastern equine	_	3	0	8	21	6	14	10	
Powassan	—	_		1	1	1		1	
St. Louis	_	2	1	10	13	12	41	28	
western equine	_	_	_	_	—	_	—	—	
Ehrlichiosis ^s :	_	~ · · ·							
human granulocytic	1	344	10	646	786	537	362	511	NY (6), NC (1)
human monocytic	15	447	11	578	506	338	321	216	NY (1), NC (10), FL (1), TN (1), AR (1), OK (1)
numan (otner & unspecified)	1	123	2	231	112	59	44	23	MD (1)
Haemophilus Influenzae,									
invasive disease (age <5 yrs):		4.4	0	00	0	10	20	04	
serolype b	_	01	0	29	125	125	32 117	144	
	_	150	2	170	217	177	207	152	
Hansen disease§	2	40	1	66	87	105	95	96	NV(1) CA(1)
Hantavirus pulmonary syndrome§	_	19	0	40	26	24	26	19	
Hemolytic uremic syndrome postdiarrheal [§]	_	153	6	288	221	200	178	216	
Hepatitis C viral, acute	9	491	20	802	652	713	1.102	1.835	NY (1), MI (1), MD (1), NC (2), GA (1), FL (1),
	-						.,=	.,	KY(1), CA (1)
HIV infection, pediatric (age <13 yrs) ^{††}	_	_	3	52	380	436	504	420	
Influenza-associated pediatric mortality §.§§	_	73	0	43	45	_	N	N	
Listeriosis	13	470	21	875	896	753	696	665	MI (1), NC (6), SC (1), AR (1), OK (1), TX (1),
									NV (1), CA (1)
Measles ^m	2	30	0	55	66	37	56	44	TX (2)
Meningococcal disease, invasive***:	-								
A, C, Y, & W-135	2	200	4	318	297	_	—	_	IN (2)
serogroup B	1	101	2	193	156	_	—	_	UT (1)
other serogroup	1	18	10	32	27	_	_	_	
Mumpo	0	449 506	10	051	765	250	001	070	NY (1), NC (1), FL (1), CA (3)
Novel influenze A virue infectione	2	300	15	0,364 N	314 N	200 N	231 N	270	OH(I), CA(I)
Plaquo		2		17	0	2	1	2	
Poliomvelitis paralytic	_	-	0		1		_	_	
Poliovirus infection nonparalytic [§]	_	_	_	N	Ň	N	N	N	
Psittacosis§	1	6	0	21	16	12	12	18	FL (1)
Q fever [§]	2	131	2	169	136	70	71	61	MO (1), CA (1)
Rabies, human	_	_	ō	3	2	7	2	3	
Rubella ^{†††}	1	11	0	11	11	10	7	18	MO (1)
Rubella, congenital syndrome	_	_	_	1	1	_	1	1	
SARS-CoV ^{\$,§§§}	—	_	—	—	_	—	8	N	
Smallpox [§]	_	_	_	_	—	_	—	_	
Streptococcal toxic-shock syndrome§	_	77	1	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	—	305	8	380	329	353	413	412	
Tetanus	_	13	0	41	27	34	20	25	
I oxic-shock syndrome (staphylococcal)§	5	61	2	101	90	95	133	109	NH (1), NC (2), CA (2)
Irichinellosis		5	0	15	16	5	6	14	
I ularemia	1	97	3	95	154	134	129	90	
I ypnoia iever	4 2008	234	9	353	324	322	356	321	NY (1), MD (1), CA (2)
Vancomycin-intermediate Staphylococcus aure	eus ³ —	14	U	0 1	2		IN N	IN N	
Vibriosis (noncholera Vibrio sposios infections)	§ 0	224		I N	3 NI	I NI	IN NI	IN NI	
Yellow fever		204						1	$(1), \forall 1 (1), \forall 1 (1), \top \vdash (\exists), \exists 1 (1), \forall A (2)$

-: No reported cases.

t §

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No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Incidence data for reporting year 2007 are provisional, whereas data for 2002, 2003, 2004, 2005, and 2006 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/Syearweeklyaverage.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 nonneuroinvasive. 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. 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 70 cases were reported for the 2006–07 flu season. ††

Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 70 cases were reported for the 2006–07 flu season. The two measles cases reported for the current week were indigenous. Data for meningococcal disease (all serogroups) are available in Table II. No rubella cases were reported for the current week. Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases. ¶¶ ***

†††

§§§

Chlamydia [†]							Coccid	ioidomy	cosis			Cryp	otosporio	liosis	
		Pre	vious				Pre	vious	-			Pre	vious	•	
Reporting area	week	<u>52 v</u> Med	<u>veeкs</u> Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	10,877	20,387	25,327	761,421	760,313	79	130	658	5,121	6,134	268	82	917	7,234	4,138
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	378 241 39 98	720 223 50 305 39 66 19	1,357 829 74 600 70 108 45	25,427 7,420 1,870 11,609 1,574 2,335 619	23,787 6,738 1,674 10,720 1,443 2,318 894	N 	0 0 0 0 0	1 0 0 1 0	2 N 2 N	N - - N		4 0 1 1 1 0	36 36 5 4 5 4	198 36 35 50 42 6 29	317 38 36 158 37 11 37
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1,270 185 631 40 414	2,693 407 514 907 775	4,284 538 2,758 1,683 1,760	104,955 15,431 19,859 35,402 34,263	93,113 15,092 18,059 30,257 29,705	N N N N	0 0 0 0	0 0 0 0 0	N N N N	N N N N	23 21 2	10 0 3 1 4	109 2 19 10 103	971 9 181 44 737	504 41 124 110 229
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	1,381 499 314 353 79 136	3,122 943 396 715 705 371	6,221 1,367 646 1,080 3,648 528	123,104 35,016 15,483 26,466 32,003 14,136	128,175 40,303 14,899 26,230 31,202 15,541	 N	1 0 0 0 0	3 0 3 2 0	24 — 16 8 N	36 — 32 4 N	52 6 1 37 8	18 2 1 3 5 6	102 10 18 10 61 48	1,214 110 73 132 423 476	1,075 172 64 112 274 453
W.N. Central Iowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	761 183 223 300 - 300 300 52	1,178 166 151 231 450 97 27 49	1,429 252 294 314 565 183 69 84	43,479 6,488 6,176 7,505 17,215 3,122 1,044 1,929	46,369 6,199 5,990 9,640 17,224 4,004 1,347 1,965	N N N N N N N N N N N N N N N N N	0 0 0 0 0 0 0 0	54 0 54 1 0 0	6 N N 6 N N N N N N N N N N N N N N N	1 N 1 N N N	14 4 	12 2 1 3 2 1 0 2	120 57 15 34 13 20 11 15	1,054 448 90 150 110 110 14 132	673 150 67 141 158 80 8 69
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	2,860 85 107 1,189 	4,026 65 101 1,091 641 406 621 497 490 59	6,760 140 166 1,767 3,822 697 1,905 3,030 685 91	150,833 2,574 4,303 43,266 18,319 15,040 22,576 24,031 18,535 2,189	144,914 2,651 2,162 36,744 26,722 15,856 24,907 15,661 17,999 2,212	1 N N 1 N N N N	0 0 0 0 0 0 0 0 0 0	1 0 0 1 0 0 0 0 0	3 N 3 N N N N	3 N N 3 N N N N	58 1 35 10 1 9 - 2	20 0 11 4 0 1 1 1 0	67 4 2 34 17 2 11 11 4 5	802 16 3 447 135 23 68 55 45 10	782 12 327 198 15 71 101 39 7
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	739 148 591	1,451 358 136 371 504	2,044 548 691 959 720	52,543 11,248 6,085 14,466 20,744	57,447 17,651 6,423 14,383 18,990	N N N	0 0 0 0	0 0 0 0	N N N N	N N N	22 5 17	3 1 1 0 1	52 12 39 10 10	413 71 197 56 89	128 42 33 19 34
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	1,713 224 210 205 1,074	2,288 164 362 274 1,481	2,974 289 855 467 1,930	90,234 6,442 14,760 10,011 59,021	86,294 6,120 13,487 8,976 57,711	N N N	0 0 0 0	1 0 1 0	1 N 1 N	1 N 1 N	9 6 3	5 0 1 1	41 8 6 12 29	210 21 39 82 68	293 17 68 29 179
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	329 46 44 239 —	1,300 488 251 53 48 181 154 102 23	2,026 993 416 253 82 397 394 209 38	45,340 16,021 7,509 2,399 1,488 7,086 6,124 3,840 873	50,341 15,632 12,275 2,043 1,902 6,265 7,419 3,706 1,099	59 58 N N 1 	82 79 0 0 1 0 1 0	293 293 0 0 5 2 5 1	3,077 2,969 N N 46 17 42 3	4,247 4,134 N N 49 16 46 2	90 2 23 - 3 - 62	6 0 1 0 1 0 1 0	570 6 25 71 18 3 7 498 8	2,273 35 126 270 52 13 66 1,671 40	299 20 57 27 106 7 31 13 38
Pacific Alaska California Hawaii Oregon [§] Washington	1,446 67 1,059 4 171 145	3,375 87 2,678 102 157 321	4,362 157 3,627 133 394 621	125,506 3,270 101,132 3,908 6,270 10,926	129,873 3,287 101,834 4,342 7,131 13,279	19 N 19 N N N	50 0 50 0 0	311 0 311 0 0 0	2,008 N 2,008 N N N	1,846 N 1,846 N N N	 	1 0 0 1 0	18 2 0 4 14 0	99 3 6 90	67 4 4 59
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U 117 U	0 125 3	32 207 544 7	U U 340 5,684 U	U U 676 3,667 U		0 0 0	0 0 0	U U N U	U U N U	U U N U	0 0 0	0 0 0	U U N U	U U N U

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006

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 year 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006 (39th Week)*

	•				G	onorrhe	a		Hae	<i>mophilu</i> All age	s influen s, all ser	<i>zae</i> , invas otypes†	sive		
		Prev	/ious				Pre	evious				Pre	vious		
Reporting area	Current week	<u>52 w</u> Med	<u>veeks</u> Max	Cum 2007	Cum 2006	Current	52 Med	Max	2007	Cum 2006	Current	52 v Med	<u>/eeks</u> Max	Cum 2007	2006
United States	290	301	1,513	11,638	13,114	3,476	6,626	8,941	247,627	265,491	18	46	184	1,678	1,720
New England	8	25	53	930	1,084	75	109	259	4,059	4,044	_	3	19	131	134
Connecticut Maino [§]		5	16	251	224	_	45	204	1,503	1,605	_	0	7	40	38
Massachusetts	_	9	20	356	487	56	51	96	1,988	1,777	_	2	6	58	59
New Hampshire	—	0	3	19	20	6	3	8 19	118	148	—	0	2	15	9
Vermont§	1	3	12	122	133		1	5	45	52	_	0	1	2	8
Mid. Atlantic	62	56	127	2,043	2,615	382	718	1,537	27,604	24,640	_	10	27	355	344
New Jersey	 57	5	11	142	377	83 183	117	159	4,505	3,988 4 679	_	1	5 15	50 103	59 106
New York City	5	15	24	585	741	10	203	360	7,547	7,506	_	2	6	76	64
Pennsylvania	_	14	34	489	607	106	240	586	10,427	8,467	_	3	10	126	115
E.N. Central	39	46	99	1,657	2,117	495	1,225	2,585	49,667	52,899	2	6	15	202	294
Indiana	N	0	21	410 N	537 N	162	163	498 307	6,650	6,628	1	1	6 7	47 45	63
Michigan	3	12	38	421	538	107	290	747	10,818	10,957		0	5	21	22
Ohio Wisconsin	26 10	15 7	37 20	596 230	599 443	26 45	318 129	1,564 181	14,221	14,916 5,226	1	2	5 4	80 9	65 56
W.N. Central	21	20	553	840	1.450	203	372	512	13 849	14,556	_	3	24	103	113
Iowa	3	5	20	210	229	34	39	60	1,413	1,388	_	0	1	1	1
Kansas Minnesota	_	3	11 514	119 12	156 475	59	44 60	86 87	1,767	1,686 2,439	_	0	2 17	9 44	16 57
Missouri	10	7	22	329	409	103	198	266	7,546	7,616	_	1	5	34	28
Nebraska§	5	2	8	91 15	93 14	_	26	57	885	1,044	_	0	2	13	7
South Dakota	2	1	6	64	74	7	6	11	197	283	_	0	2		4
S. Atlantic	70	57	106	2,068	1,973	876	1,624	3,209	58,067	65,210	14	11	34	446	426
Delaware	2	1	3	29	33	18	27	43	987	1,105	—	0	3	6	1
Florida	42	24	47	956	5∠ 781	36 467	47	717	17.792	18.185	3	3	28	123	132
Georgia	8	10	33	431	482		296	2,068	7,454	13,264	6	2	7	90	88
Maryland [®] North Carolina	13	4	11	1//	1/2	64	122 306	675	4,644	5,382 12,999	1	2	6 9	64 45	61 46
South Carolina [§]		2	8	71	77	149	206	1,361	10,181	7,241	_	1	4	38	29
Virginia [®] West Virginia	4	10	28 21	334 36	359 17	134	122	222 44	4,491	5,037 693	3	1	22	53 24	49 16
E.S. Central	9	10	23	387	321	254	559	752	20 438	23 486	1	2	9	96	88
Alabama§	_	4	16	175	151		154	242	5,122	8,210	_	ō	3	20	18
Kentucky	N	0	0	N	N	63	52 146	268	2,423	2,294	_	0	1	2	5
Tennessee§	9	5	16	212	170	191	193	261	7,438	7,323	1	1	6	67	54
W.S. Central	5	7	55	263	241	712	983	1,175	37,559	37,978	_	2	34	81	69
Arkansas	1	2	13	87	86	99	78	120	2,856	3,192	_	0	2	8	8
Oklahoma	4	3	9 42	105	92	70	102	235	3.859	3.382	_	1	29	61	37
Texas§	Ν	0	0	N	Ν	434	573	733	22,287	23,282	_	0	3	6	7
Mountain	18	29	63	1,086	1,254	88	252	454	9,099	11,349	1	4	11	174	167
Arizona Colorado	_	2	9 26	87 356	122 418	16	105	220 93	3,400	4,016	1	1	6 4	56 43	72 41
Idaho [§]	1	3	12	128	138	5	3	20	178	117	_	Ó	1	4	3
Montana ^s	4	2	8	79 86	77	67	1	135	50 1 744	154 2 174	_	0	1	2	10
New Mexico [§]		2	6	74	59		30	58	1,255	1,367	_	1	3	29	24
Utah Wyoming§	8	6	27	246	318	_	17	34	575	637	_	0	3	28	14
Pacific	59	60	559	2 264	2 0 5 0	201	700	995	27 295	31 320	_	2	16	00	95
Alaska		1	17	2,304 53	2,039	391	10	27	365	458	_	2	2	10	o5 10
California	49	43	93	1,612	1,636	340	611	734	23,665	25,838	—	0	10	21	25
Oregon [§]	_	8	4 15	299	305	4 14	23	22 46	404 743	1,110	_	1	∠ 6	9 48	36
Washington	9	6	449	349	_	25	61	142	2,048	3,177	—	0	5	2	_
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
Guam	<u> </u>	0	0	<u> </u>	<u> </u>	U 	1	38	U 63	U 85	U	0	0	<u> </u>	U 1
Puerto Rico		5	15	165	181	3	6	23	261	231		Õ	1	2	3
U.S. Virgin Islands	U	0	0	U	U	U	1	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 year 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006 (39th Week)*

			Hepatiti	s (viral, ac	ute), by ty	pet									
		Prov	A				Dros	B				Le Droi	gionello	SIS	
	Current	52 w	eeks	Cum	Cum	Current	52 v	veeks	Cum	Cum	Current	52 w	/eeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	41	52	201	2,013	2,651	44	78	405	2,862	3,250	39	44	109	1,595	1,925
Connecticut	_	2	6 3	79 14	34	_	0	5 5	50 23	93 38	_	2	9	88 29	29
Maine [§]	_	0	1 4	2 34	8 73	_	0	2	6 4	19 18	_	0	1	3 14	7 61
New Hampshire	1	0	3	11	21	_	Ö	1	5	8	_	0	2	6	10
Rhode Island [§] Vermont [§]	_	0	2 1	10 8	9 7	_	0 0	3 1	11	8 2	_	0 0	6 2	29 7	20 6
Mid. Atlantic	2	8	16	301	299	3	9	21	327	395	6	12	55	494	676
New Jersey New York (Upstate)	2	2	5 11	71 54	89 63	3	1	8 13	62 68	127 48	6	1 4	8 30	57 155	96 218
New York City	—	2	6	112	96	_	2	6	69	90	_	2	24	70	139
E.N. Central	2	2 6	э 13	04 212	268	3	3 9	8 23	128 318	383	 14	э 9	21 26	362	439
Illinois		2	6	72	81	_	2	6	86	109	-	2	6	56	96
Michigan		2	8	23 57	19 89	1	2	21 8	41 79	41 110	3	1 3	6 11	34 104	34 105
Ohio	_	1	4	53	44	2	3	7	100	97 26	10	3	17	160	168
W.N. Central	8	2	18	, 126	104	1	2	15	98	110	4	1	9	71	58
lowa Kansas	_	1	4	32	8 24	_	0	3	14	18 10	_	0	1	7	10
Minnesota	7	0	17	56	9	1	Ö	13	17	14	2	0	6	17	11
Missouri Nebraska [§]	1	0	2	19 11	38 16	_	1	5 3	47 9	51 12	1	0	3 1	33 8	18 8
North Dakota	_	0	3		-	—	0	1			_	0	1		-
S Atlantic	12	10	21	387	9 410	12	20	56	723	917	12	7	25	4 274	328
Delaware	_	0	1	6	11	_	0	3	15	35	_	0	2	6	8
Florida	3	3	5 11	14	160	5	7	14	259	5 314	10	2	4 9	116	125
Georgia Manuland [§]	1	1	4	56	44	2	3	6	85	160	_	0	2	18	24
North Carolina	7	0	11	44	66	1	0	16	96	123	_	1	4	35	29
South Carolina [§]	_	0	4	14 67	20 46	_	1	5 8	44 101	67 44	1	0 1	2	12 29	3 46
West Virginia	_	Ö	2	8	5	—	Ő	23	37	46	1	0	4	8	8
E.S. Central	1	2	5	80 15	98 11	3	6	17 10	258 92	245 72	_	2	7 1	70 7	70 9
Kentucky	_	Ő	2	16	30	1	1	7	53	56	—	1	6	35	23
Mississippi Tennessee§	1	0	4 5	7 42	6 51	1	0 3	8 8	17 96	9 108	_	0 1	1 4	28	3 35
W.S. Central	_	5	43	136	269	15	18	169	593	625	_	2	16	75	54
Arkansas [®] Louisiana	_	0	2	9 20	43 25	_	1	7 4	48 58	54 48	_	0	3	6 3	4 10
Oklahoma Toxao [§]	—	0	8	11	4	6	1	24	36	30	—	0	6	5	1
Mountain	3	5	39 15	183	211	9	.14	7	125	493	1	2	5	72	97
Arizona	3	3	11	127	122	_	Ö	3	40		1	0	3	23	32
Colorado Idaho [§]	_	0	3	20 4	34 9	_	0	2	21 11	29 10	_	0	2	14 5	21 10
Montana [§]	—	0	2	9	9	—	0	3			_	0	1	3	5
New Mexico [§]	_	0	2	7	12	_	0	2	29	19	_	0	2	8	5
Utah Wyoming [§]	_	0	1 1	5 2	12 2	_	0 0	4 1	14 1	20	_	0 0	2 1	9 3	17
Pacific	12	13	92	509	840	7	10	106	370	375	2	2	11	89	70
Alaska California	12	0 10	1 40	3 443	1 797	7	0 7	3 31	4 280	5 304	2	0 1	1 11	65	
Hawaii Oregon [§]	—	0	2	4	10	—	0	1	4	7	—	0	1	1	_
Washington	_	0	52	38	32 —	_	0	74	37		_	0	3	17	_
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	_	0	0		_	_	0	0	_	_		0	0	_	
Puerto Rico U.S. Virgin Islands	U	1 0	10 0	45 U	48 U	U	1 0	9 0	44 U	46 U	U	0	2 0	3 U	1 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 year 2007 are provisional. * Data for acute hepatitis C, viral are available in Table I. * Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006 (39th Week)*

	Lyme disease							Malaria			Men	ningocoo Al	cal disea I serogrou	ise, invasi ups	vet
		Prev	/ious	0			Pre	vious				Pre	vious		
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	229	252	1,104	14,151	15,601	12	22	105	772	1,088	10	19	87	768	874
New England	30	39	286	2,672	3,661	_	1	5	31	44	_	1	3	32	36
Connecticut Maine [§]	8	12	214 53	1,471 296	1,513 162	_	0	3	1	10 4	_	0	1	6 5	9
Massachusetts	_	1	21	21	1,332	_	Ő	3	16	21	_	Ő	2	17	19
New Hampshire Bhode Island [§]	2 13	6 0	77 93	646 136	567 1	_	0	4	6	8	_	0	1	1	3
Vermont§	1	1	13	102	86	_	Ő	2	2	1	_	Ő	1	3	2
Mid. Atlantic	147	136	568	7,473	8,009	2	5	12	185	278	1	2	8	104	134
New Jersey New York (Upstate)	1 140	27 50	120 426	1,520	2,134 2.894	2	0	3	50	75 33	1	0	2	11 27	17 31
New York City		1	19	91	260	_	3	7	105	133	—	0	4	25	50
Pennsylvania	6	42	280	3,296	2,721	_	1	3	30	37	_	1	5	41	36
Illinois	_	1	92 10	670 86	1,596	_	2	8 6	33	66		0	9 3	26	33
Indiana	—	0	7	39	20	—	0	2	8	11	2	0	4	20	20
Ohio	_	0	6 4	49 19	45 40	_	0	2	18	25	_	1	3	28	24
Wisconsin	_	4	82	477	1,387	_	0	2	9	13	_	0	3	9	19
W.N. Central	1	5 1	195 11	337	505 91	1	0	12	28	32	_	1	5	45 10	49 13
Kansas	_	0	2	9	4	_	0	1	2	6	_	0	1	1	3
Minnesota	1	1	188	208	396	_	0	12	11	14	_	0	3	14	11
Nebraska§	_	0	1	5	9	1	0	1	6	3	_	0	1	2	6
North Dakota South Dakota	_	0	7	2	1	_	0	1	1	1	_	0	3	2	1
S. Atlantic	38	50	167	2,766	1.691	4	5	13	187	272	2	3	11	133	151
Delaware	3	11	34	575	408	_	0	1	4	5	_	0	1	1	4
Florida	11	0	6	13 67	39 17	2	0	2	3 47	3 45	1	0	1 7	51	1 58
Georgia		0	1	1	7	_	0	5	27	77	—	0	4	19	13
North Carolina	8	25	6	1,412	24	_	0	5 4	44 17	63 24	1	0	2 6	19	24
South Carolina [§]		0	2	17	15		0	1	5	9	—	0	2	13	18
West Virginia	4	0	60 14	585 57	211	—	0	4	2	44	_	0	2	2	5
E.S. Central	3	1	5	43	29	1	0	3	28	22	_	1	4	39	32
Alabama ^s Kentucky	_	0	3	10 4	7	1	0	1	5	8	_	0	2	7	5
Mississippi	_	Ö	Ō		3	_	Ö	1	2	6	_	Ö	4	9	4
l ennessees	3	0	4	29	12	_	0	2	14	5	_	0	2	14	16
Arkansas [§]	2	1	5 1	45 1	17	_	1	29 2	62	85 4	1	1	15 2	79 9	82 9
Louisiana	—	0	1	2	—	—	0	2	14	6		0	4	24	33
Texas [§]	2	1	5	42	17	_	1	25	5 43	68	_	0	4 11	31	32
Mountain	_	1	4	32	22	1	1	6	42	58	1	1	4	47	59
Arizona	—	0	1	2	7	—	0	3	7	19	—	0	2	8	14
Idaho§	_	0	2	7	5	_	0	2	2	1	_	0	1	3	3
Montana [§]	_	0	1	2	2	_	0	1	3	2	_	0	1	1	4
New Mexico [§]	_	Ö	1	4	3	_	0	1	3	5	_	Ő	1	2	4
Utah Wyoming [§]	_	0	2 1	5	4	1	0	3	11	16	1	0	2 1	10 2	6 4
Pacific	8	2	16	113	71	3	3	45	128	165	3	4	48	188	198
Alaska	_	0	1	4	3	_	0	1	2	23	_	0	1	1	3
Hawaii	8 N	2	9	105 N	62 N	- 3	2	1	89 2	125	3	0	2	135	152
Oregon [§]	—	0	1	3	6	—	0	3	13	9	—	0	3	27	35
American Samoa		0	o O	1			0	43 0	22			0	43	10	_
C.N.M.I.	U	_	_	U	Ŭ	U	_	_	Ŭ	Ŭ	U	_	_	_	_
Guam Puerto Bico	N	0	0	N	N	_	0	0	- 3	1	_	0	0	6	-
LLS Virgin Islands	11	ő	0				0	0		i.		õ		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 year 2007 are provisional. * Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I. § Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases	, United States	, weeks ending	September 29,	2007, and
September 30, 2006 (39th Week)*				

		,	Pertussi	s			Rab	ies, anim	nal		R	ocky Mo	untain sp	otted fev	er
	0	Pre	/ious	0	0	0	Pre	vious	0	0	0	Pre	vious	0	0
Reporting area	week	<u> </u>	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	38	171	1,479	6,154	10,475	69	94	158	3,688	4,295	22	31	211	1,544	1,694
New England Connecticut	_	26 2	77 5	804 44	1,257 82	9 3	12 4 2	22 10	443 175	344 156	_	0 0	10 0	_	11
Massachusetts	_	20	46	613	789	_	0	0			_	0	1	_	10
New Hampshire Bhode Island [†]	_	1	9 31	44 22	160 45	2	1	4	40 29	33 23	_	0	0	_	1
Vermont [†]	_	Ő	9	27	90	3	2	13	136	47	_	Ő	Ő	_	
Mid. Atlantic	12	25	155	881	1,359	_	13	44	605	415	—	1	6	48	75
New York (Upstate)	12	13	146	460	602	_			_	_	_	0	2	3	30
New York City	_	2	6 20	90 221	74 456	_	1 12	5 44	33 572	26 389	_	0	3	19 20	21
E.N. Central	8	32	80	1,127	1,602	5	3	48	339	139	_	1	4	36	55
Illinois	_	3	23	108	402	4	1	15	105	43	_	0	3	20	24
Michigan	_	7	39	217	407	_	1	27	161	40	_	0	1	3	2
Ohio Wisconsin	8	15 3	54 24	557 199	445 172	1	0	11 0	63	45	_	0	2 0	8	22 1
W.N. Central	2	14	151	483	971	7	4	13	211	261	4	3	31	326	178
lowa Kansas	_	4	16 13	113 106	234 216	2	0	3	28 93	53 64	_	0	4	12 1	5 1
Minnesota	_	0	119	111	145	_	Ō	5	22	35	_	Ő	1	1	3
Missouri Nebraska [†]	2	2	9 4	63 36	253 78	3	0	4 0	39	58	3	3	25	298 10	147
North Dakota South Dakota	_	0	18 6	4 50	25 20	2	0	6	15 14	16 35	_	0	0		_
S. Atlantic	7	19	163	704	835	44	40	63	1,574	1,818	12	12	109	749	921
Delaware District of Columbia	—	0	2	10	3	—	0	0			—	0	2	9	19
Florida	5	4	18	181	169	_	0	29	98	176	1	0	4	17	10
Georgia Maryland [†]	_	1	5 8	24 79	72 113	34	4	23 18	200 267	216 327	4	0 1	3 7	28 49	48 66
North Carolina	_	2	112	227	154	10	9	19	383	405	5	4	96	491	662
Virginia [†]	_	2	9 17	59 95	139	_	13	11 31	46 529	137 471	1	1	10	51 98	32 80
West Virginia	2	0	19	27	26	—	0	8	51	86	—	0	3	5	3
E.S. Central Alabama [†]	_	5 1	28 18	287 63	267 56	1	3 0	11 8	118	194 61	1	5 1	16 8	203 61	309 77
Kentucky	—	0	1	5	55	1	0	3	18	23	—	0	2	5	3
Tennessee [†]	_	2	20	69	126	_	2	7	99	106	1	3	10	130	225
W.S. Central	_	20	226	671	628	_	2	32	69	748	2	1	168	146	101
Louisiana	_	2	1	113	69 23	_	0	5	24	25 5		0	53	2	46
Oklahoma Texas [†]	_	0 16	36 174	5 539	18 518	_	0 0	22 27	45	52 666	1	0 0	108 7	45 26	28 24
Mountain	2	24	61	789	2,058	1	3	14	165	183	_	0	4	28	42
Arizona Colorado	1	5	13 17	161 216	422 629	_	2	12	115	120	_	0	1	6	10 4
Idaho†	—	1	5	34	75	—	Ő	Ő		24	_	Ő	1	4	13
Nevada [†]	_	0	7 5	32 11	101 61	_	0	3	13	14 5	_	0	1 0	1	2
New Mexico [†]	1	2	8	54 262	89 618	1	0	2	8 12	8	_	0	1	4	7
Wyoming [†]	_	0	5	19	63	_	0	4	15	4	_	0	2	10	6
Pacific Alaska	7	12	547	408	1,498	2	4	13	164	193	3 N	0	1	8 N	2
California	_	3	167	107	1,255	2	3	12	120	159	3	0	1	6	
Hawaii Oregon [†]	_	0	2 11	16 76	82 91	N	0	0	N 9	N 19	N	0	0 1	N 2	N 2
Washington	6	1	377	169	_	—	Ō	Ō	_	_	Ν	Ō	0	N	N
American Samoa C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	_	0	2	_	55	_	0	0			Ň	0	0	Ň	N
U.S. Virgin Islands	U	0	0	U	U	U	0	5 0	37 U	00 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 year 2007 are provisional. Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

	Salmonellosis					Shiga t	oxin-pro	ducing E	E. coli (ST	EC)†		:	Shigellos	is	
	Current	Prev 52 w	vious	Cum	Cum	Current	Prev 52 w	vious	Cum	Cum	Current	Pre	vious	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	702	842	2,338	30,077	32,300	68	77	336	3,015	3,053	219	334	1,287	11,242	9,667
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	 	31 0 3 20 3 1 2	348 333 14 49 13 20 6	1,452 333 96 775 127 61 60	1,858 503 960 175 73 51		3 0 1 1 0 0 0	60 55 4 10 3 2 3	186 55 29 74 14 6 8	245 75 35 86 23 8 18	- - - - -	3 0 2 0 0 0	33 30 5 8 2 3 2	148 30 14 91 5 5 3	234 67 4 143 4 11 5
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	42 — 37 5 —	100 11 29 24 33	186 29 112 50 69	3,788 288 1,106 1,019 1,375	4,109 884 945 989 1,291	2 2 	8 1 3 0 3	63 20 15 4 47	295 17 149 26 103	366 96 129 39 102	2 2 	11 2 3 5 1	47 7 42 10 21	515 80 109 189 137	737 266 187 213 71
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	53 — 7 6 30 10	104 30 15 17 26 17	208 142 54 34 65 50	4,231 1,270 553 678 1,035 695	4,365 1,236 687 788 944 710	11 — — 9 2	9 1 1 3 3	28 6 9 6 11 8	415 35 61 63 130 126	546 90 67 73 143 173	49 — 1 47 1	32 10 2 1 8 4	123 32 17 7 104 13	1,610 339 82 51 954 184	1,052 488 115 129 128 192
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	30 — — 20 9 1	49 9 7 13 15 4 0 3	101 19 20 44 26 12 23 11	2,044 350 289 507 553 186 32 127	2,018 357 281 508 576 157 21 118	3 2 1 	12 2 0 4 2 1 0 0	45 38 4 17 12 6 12 5	553 132 39 181 101 64 1 35	530 109 21 160 134 65 4 37	16 — — 16 —	39 2 1 5 18 0 1	156 14 10 24 72 7 127 30	1,462 68 20 178 1,066 18 5 107	1,280 86 113 105 561 111 56 248
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	344 — 149 44 21 110 12 2 6	221 2 0 85 33 15 29 18 20 2	420 10 4 176 72 36 108 51 39 31	8,128 115 16 3,212 1,391 647 1,138 729 735 145	8,184 119 48 3,310 1,380 578 1,146 763 749 91	21 3 1 14 2	14 0 2 1 2 2 0 3 0	37 3 1 8 6 10 24 2 8 5	507 13 111 63 68 114 11 111 15	465 7 2 70 66 94 83 10 126 7	63 — 29 17 5 8 2 2	88 0 46 35 2 0 1 3 0	174 1 5 76 94 9 14 7 10 6	3,446 7 4 1,806 1,252 86 67 97 120 7	2,155 8 13 991 783 96 125 74 63 2
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	38 9 14 — 15	54 15 9 12 17	134 78 23 101 34	2,120 624 411 482 603	2,105 579 350 602 574	7 3 4	4 0 1 0 2	26 19 8 2 10	229 55 76 4 94	231 20 74 8 129	18 5 11 2	26 11 3 4 3	89 67 32 76 14	1,277 453 319 361 144	500 146 171 73 110
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	56 14 42 	81 14 15 8 42	595 45 48 103 470	2,724 508 541 436 1,239	3,671 652 775 367 1,877	7 1 6	4 1 0 2	73 7 2 17 68	139 27 3 16 93	149 26 13 16 94	30 — 5 25	39 2 8 3 24	655 10 22 63 580	1,244 69 342 96 737	1,379 78 173 94 1,034
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	25 20 2 1 2 2 2 2 2 2 2 2 1 2	45 13 10 3 1 4 5 4 1	90 44 22 7 6 10 13 14 4	1,704 532 416 99 71 138 192 201 55	2,022 649 503 138 108 170 202 215 37	5 4 1 	8 1 2 0 1 1 0	31 8 9 16 0 5 3 9 1	349 68 63 102 18 31 67 	421 80 92 74 24 36 98 17	14 13 — — 1 —	19 9 3 0 1 2 1 0	66 37 9 2 13 9 8 4 19	639 364 83 18 38 79 20 29	979 491 166 14 13 98 139 49 9
Pacific Alaska California Hawaii Oregon [§] Washington	114 1 94 2 	103 1 85 5 7 8	890 5 260 16 15 625	3,886 61 2,906 194 244 481	3,968 61 3,399 180 326 2	12 N 7 5	5 0 2 0 1 0	164 0 13 4 11 162	342 N 163 19 65 95	100 N 12 88 —	27 26 1	26 0 21 0 1 1	256 2 84 3 6 170	901 7 731 21 59 83	1,351 7 1,200 38 106
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U 	0 13 0	0 — 0 66 0	U U 446 U	U U 418 U		0 0 0 0	0 0 0 0	U U N U		U U - U	0 	0 	U U 18 U	U U 33 U

 TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and

 September 30, 2006 (39th Week)*

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006 (39th Week)*

	Stre			Streptococcus pneumoniae, invasive disease, nondrug resista								
	Stre	Streptococcal disease, invasive, group A Age <5 years Provinue Pro										
	Current	52 w	eeks	Cum	Cum		Current	52 w	eeks	Cum	Cum	
Reporting area	week	Med	Max	2007	2006		week	Med	Max	2007	2006	
United States	34	96	261	3,863	4,191		10	31	108	1,136	967	
New England	—	6	28	307	278		1	2	11	77	83	
Connecticut Maine [§]	_	0	23	96 22	73 15		1	0	6	2	24	
Massachusetts	_	3	12	141	140			2	6	58	48	
New Hampshire	—	0	4	31	33		—	0	2	7	7	
Vermont [§]	_	0	2	15	5 12		_	0	2	8	4	
Mid. Atlantic	2	17	41	724	760		_	5	27	186	133	
New Jersey		2	9	99	124		—	1	4	25	50	
New York (Upstate)	2	5	27	242	244		_	2	15	78	66 17	
Pennsylvania	_	4 5	11	211	255		N	0	25	N	N	
E.N. Central	5	17	32	668	808		2	5	14	177	256	
Illinois	_	4	13	176	246		_	1	6	47	63	
Indiana Michigan	2	2	17	108	97 160		1	0	10	16	46	
Ohio	<u> </u>	4	14	192	203		1	1	7	49	51	
Wisconsin	—	0	6	28	93		_	0	2	9	38	
W.N. Central	_	5	32	266	276		_	2	8	84	77	
lowa	—	0	0				—	0	0	-	<u> </u>	
Minnesota	_	0	29	28 131	40 127		_	1	6	56	47	
Missouri	—	2	6	67	59		_	0	2	16	11	
Nebraska§	—	0	3	21	25		—	0	2	10	5	
South Dakota	_	0	2	7	10		_	0	2	_		
S. Atlantic	18	21	52	985	940		4	4	14	218	61	
Delaware	_	0	1	9	10		—	0	0	_		
District of Columbia		0	3 16	8 241	11		3	0	1	 52	1	
Georgia	3	5	13	190	193			0	5	44	_	
Marylands	4	4	10	170	177		1	1	6	49	50	
North Carolina South Carolina	5	1	22	140 81	138		_	0	0	35	_	
Virginia [§]	1	2	11	123	108		_	0	4	31	_	
West Virginia	2	0	3	23	25		—	0	4	7	10	
E.S. Central	1	4	13	169	169		2	1	6	73	16	
Alabama ^s Kentucky	N	0	0	N 32	N 39		N	0	0	N	N	
Mississippi	N	0	0	N	N		_	0	2	3	16	
Tennessee [§]	1	3	13	137	130		2	1	6	70	_	
W.S. Central	4	6	90	244	320		1	4	43	165	167	
Arkansas [§]	_	0	2	17	23 16		1	0	2	10 27	18 19	
Oklahoma	4	1	23	60	81		_	1	13	38	37	
Texas§	—	3	64	151	200		—	1	27	90	93	
Mountain	3	9	21	389	553		—	4	9	132	155	
Arizona Colorado	2	3	11 9	127 126	290 96		_	2	7 4	72 34	88 38	
Idaho§	1	0	2	14	8		_	0	1	2	1	
Montana [§]	Ν	0	0	N	Ν		Ν	0	0	N	N	
Nevada ³ New Mexico [§]	_	1	1 5	2 43	103		_	0	1 4	1 19	26	
Utah	—	2	7	72	53		—	Õ	2	4		
Wyoming [§]	_	0	1	5	3		—	0	0	—	—	
Pacific	1	3	9	111	87		_	0	4	24	19	
California	N	0	3 0	30 N	N		N	0	2	22 N	N	
Hawaii	1	2	9	81	87		_	Õ	2	2	19	
Oregon [§]	N	0	0	N	N		N	0	0	N	N	
vvasnington	IN 	0	U	IN 	IN		IN 	U	U	IN 	IN	
American Samoa	U	0	0	U	U		U	0	0	U	U	
Guam	_	0	0	_	_		N	0	0	N	N	
Puerto Rico		0	0		<u></u>		N	0	0	N	N	
U.S. Virgin Islands	U	0	0	U	U		U	0	0	U	U	

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

		St	reptococo All ages	us pneum	<i>oniae</i> , inva	sive disease	e, drug re Aa	esistant [†] e <5 vear	'S	Syphilis, primary and secondary						
		Prev	/ious	,		Previous					Previous					
Reporting area	Current week	52 w Med	eeks Max	Cum 2007	Cum 2006	Current week	<u>52 v</u> Med	veeks Max	Cum 2007	Cum 2006	Current week	<u>52 v</u> Med	<u>veeks</u> Max	Cum 2007	Cum 2006	
United States	25	49	256	1,727	1,812	3	9	35	317	285	136	200	310	7,616	7,085	
New England Connecticut	_	1 0	12 5	35	100 75		0	3 0	6	3	4	5 0	13 10	184 24	155 33	
Maine [§] Massachusetts New Hampshire		0 0 0	2 0 0	9	6 		0 0 0	2 0 0	1	1 	4	0 3 0	2 8 3	6 117 22	8 94 10	
Vermont [§]	_	0	2	12	10	_	0	1	2	2	_	0	1	14	2	
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania		2 0 1 0 2	9 0 5 0 6	98 — 34 — 64	109 — 35 — 74	 	0 0 0 0	5 0 4 0 2	21 	15 7 8	23 1 15 6	28 4 3 16 5	44 8 14 34 10	1,151 148 105 709 189	849 130 113 401 205	
E.N. Central Illinois Indiana Michigan	10 5 5	9 0 2 0	40 4 31 1	416 15 106 2	388 21 102 15	 	2 0 0 0	7 1 5 1	55 2 17 1	60 5 16 2	3	16 7 1 2	27 13 6 9	593 269 39 90	664 324 67 85	
Ohio Wisconsin	5 N	5 0	38 0	293 N	250 N	_	1 0	5 0	35	37	2 1	4 1	10 4	151 44	137 51	
W.N. Central Iowa Kansas Minnesota	_ _ _	2 0 0 0	124 0 11 123	116 	33 — 1	 	0 0 0	15 0 2 15	9 5 	2	2 1 1	6 0 1	13 3 5	260 11 16 50	217 15 18 37	
Nebraska [§] North Dakota South Dakota	 	0 0 0	5 1 0 3	45 2 - 6	- - 1		0 0 0	0 0 1	4		- - -	4 0 0 0	2 0 3	2 7	130 5 11	
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	10 	21 0 11 7 0 0 0 0 0	59 1 29 17 1 0 0 0 17	783 7 5 454 267 1 — N 49	885 	3 3 	4 0 2 1 0 0 0 0 0	15 1 0 8 10 0 0 0 0 1	166 2 97 59 8	139 2 89 48 — — —	50 1 3 23 10 5 2 6	47 0 2 15 6 5 2 4 0	180 3 12 38 153 15 23 11 17 1	1,782 12 133 661 249 234 242 78 168 5	1,593 16 90 554 283 235 223 52 133 7	
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	4 N 1 3	3 0 0 0 2	9 0 2 2 8	122 N 19 103	153 N 29 20 104	 	0 0 0 0 0	3 0 1 0 3	27 2 25	28 6 22	$\frac{10}{\frac{3}{7}}$	17 6 1 2 6	30 16 7 9 14	631 251 44 76 260	530 243 55 47 185	
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	 	2 0 1 0 0	11 1 4 9 0	113 1 51 61	66 10 56 —	 	0 0 0 0	3 0 2 2 0	17 	6 2 4 	34 1 12 21	35 1 8 1 21	55 10 29 4 39	1,351 92 347 42 870	1,131 59 200 54 818	
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyomino [§]	1 	1 0 0 0 0 0 0	5 0 0 0 3 0 5 2	44 — N — 17 — 15 12	78 — N — 16 — 32 30		0 0 0 0 0 0 0 0	3 0 0 0 2 0 3 1	14 — — 5 — 8	32 — — 1 22 9	6 6 	7 3 1 0 2 1 0	19 12 5 1 6 7 2	262 104 30 1 83 36 6	380 142 57 3 1 108 55 14	
Pacific Alaska California Hawaii Oregon [§] Washington	 	0 0 0 0 0	0 0 0 0 0	N N N	N N N		0 0 0 0 0	1 0 0 1 0	22		4 2 1 1	38 0 36 0 0 2	57 1 54 1 6 12	1,402 5 1,279 6 13 99	1,566 8 1,388 15 14 141	
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U N U U	0 0 0	0 0 0	U U N U U	U U N U	U U U U	0 0 0	1 0 0 0	U U U	U U U U	U U 2 U	0 3 0	0 1 11 0	U U 3 117 U	U U 109 U	

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2007, and September 30, 2006 (39th Week)*

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

¹ Incidence data for reporting year 2007 are provisional.
 ¹ Incidence data for reporting year 2007 are provisional.
 ¹ Incidence data for reporting year 2007 are provisional.
 ² Solution of the second se

						West Nile virus disease [†]										
		Neuroinvasive Nonneuroinvasive [§]														
	Current 5		Previous		Cum	Current	Prev 52 v	vious	us ke Cum	Cum	Current	Prev 52 v	vious	Cum	Cum	
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006	
United States	205	796	2,813	26,596	33,790	2	1	110	766	1,421	5	2	263	1,745	2,667	
New England	4	17	124	524	3,304	_	0	2	4	9	_	0	2	4	3	
Connecticut Maine ¹	_	0	76 7	2	1,191 181	_	0	2	3	7	_	0	1	1	2	
Massachusetts	_	Ŏ	1	_	1,141	_	Ö	1	1	2	_	Ö	2	2	1	
New Hampshire Rhode Island ¹	3	0	17 0	239	279	_	0	0	_	_	_	0	0	1	_	
Vermont [®]	1	9	66	283	512	—	0	0	—	—	—	0	0	—	—	
Mid. Atlantic		111	195	3,351	3,638	_	0	2	7	25	_	0	1	1	12	
New York (Upstate)	N	0	0	N	N	_	0	0	_	8	_	0	0	_	4	
New York City Pennsylvania	_	0 111	0 195	3 351	3 638	_	0	2	5	8	_	0	0	1	4	
E.N. Central	89	229	568	7,457	10,892	_	0	13	56	237	_	0	5	24	168	
Illinois	_	2	11	111	107	_	Ö	7	34	123	_	Ö	4	14	87	
Indiana Michigan	30	0 97	0 258	3.016	3.277	_	0	2	6 8	26 42	_	0	3	4	50 12	
Ohio	59	106	449	3,533	6,709	_	0	3	6	35	—	0	1	4	10	
WISCONSIN	10	19	126	1 075	1 244	_	0	ا 27	∠ 105	220	_	0	101	ے 504	9	
lowa	N	32 0	0	1,275 N	1,344 N	_	0	37	6	220	_	0	3	594 11	474	
Kansas Minnesota	_	8	52	439	257	_	0	3	9 36	16 31	_	0	6 11	18 53	13 34	
Missouri	12	15	78	690	999	_	0	7	37	50	_	0	1	8	10	
Nebraska ¹ North Dakota	N	0	0 60	N 84	N 44	_	0	3 10	9 44	44 20	_	0	13 43	72 280	211	
South Dakota	_	1	15	62	44	_	Ő	8	44	37	_	Ő	32	152	74	
S. Atlantic	56	100	239	3,798	3,368	_	0	11	29	16	_	0	4	21	13	
Delaware District of Columbia	_	1 0	6 8	36 14	54 28	_	0	1	1	_	_	0	0	_	1	
Florida	27	19	76	937	N	—	0	1	3	3	—	0	0		_	
Maryland ¹	N	0	0	N	N	_	0	2	3	10 10	_	0	1	4	o 1	
North Carolina	5	0	0 72	740	862	_	0	1		_	_	0	0		_	
Virginia [¶]	_	29	190	1,201	1,284	_	0	1	2	_	_	0	1	1	5	
West Virginia	24	24	50	870	1,140	_	0	0		1	_	0	0		—	
E.S. Central Alabama ¹	1	5 5	571 571	383 380	27 26	_	0	10 2	51 12	113 8	_	0	11	54 1	91	
Kentucky	Ν	0	0	N	N	_	0	1	3	5	_	0	0		1	
Tennessee ¹	N	0	2	N	N	_	0	1	2	84 16	_	0	10	2	84 6	
W.S. Central	41	167	1,640	7,826	9,163	_	0	22	126	359	_	0	14	47	218	
Arkansas [¶]	5	13	105	551	644 187	_	0	4	9 1	24 87	_	0	1	2	5	
Oklahoma	_	0	0			_	0	11	41	26	_	0	7	28	18	
Texas	36	150	1,534	7,179	8,332	_	0	14	75	222	_	0	5	16	112	
Mountain Arizona	1	56 0	131 0	1,952	2,054	_	0	30 10	187 10	360 37	_	1	132 14	814 21	1,430 42	
Colorado		22	62	780	1,109	_	0	16	79	66	_	0	61	378	274	
Idano" Montana [¶]	N	0 5	0 40	N 304	N N	_	0	10	1 32	138	_	0	15 28	69 139	847 22	
Nevada ¹	_	0	1	1	9	_	0	1	2	34	_	0	3	8	89	
Utah	1	15	73	547	588	_	0	8	17	56	_	0	5	20	102	
Wyoming ¹	_	0	11	18	34	_	0	4	13	14	_	0	35	161	50	
Pacific Alaska	1	0	9	30 30	N	2	0	16 0	121	82	5	0	21 0	186	258	
California		Ő	Ő	_	N	2	Ő	15	118	76	5	Ő	19	172	193	
Hawaii Oregon ¹	N	0	0	N	N	_	0	0	3	6	_	0	0	14	62	
Washington	N	Ō	Ō	N	N	_	Ō	0	_	_	—	Ō	Ō	_	3	
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U	
Guam		6	30	146	175	<u> </u>	0	0			<u> </u>	0	0		-	
Puerto Rico U.S. Virgin Islands		11 0	30 0	467 U	449 U		0	0	<u> </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 year 2007 are provisional. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I. Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm. "Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities.* week ending September 29, 2007 (39th Week)

	All causes, by age (years)							All causes, by age (years)							
Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l⁺ Total
New England	492	349	96	27	11	8	41	S. Atlantic	969	574	271	83	23	18	59
Boston, MA	124	77	29	11	3	4	11	Atlanta, GA	100	46	40	7	5	2	7
Bridgeport, CI	29	21	5	2	1	_	1	Baltimore, MD	146	74	47	20	3	2	9
Cambridge, MA	11	8	2	_	1	_	1	Charlotte, NC	103	72	25	5		1	11
Hartford CT	20 48	31	10	6	1	_	5	Miami Fl	96	60 60	40	15	2	2	0
Lowell, MA	22	17	4	1	_	_	3	Norfolk VA	49	25	15	4	2	3	2
Lynn, MA	11	9	1	1	_	_	_	Richmond, VA	57	29	11	10	6	1	2
New Bedford, MA	19	14	4	_	1	_	1	Savannah, GA	47	35	10	_	2	_	6
New Haven, CT	41	30	8	1	1	1	7	St. Petersburg, FL	50	30	11	9	_	_	2
Providence, RI	47	34	12	_	1	_	—	Tampa, FL	151	103	40	5	—	3	4
Somerville, MA	4	3	_	1		_	_	Washington, D.C.	U	U	U	U	U	U	U
Springfield, MA	34	25	5	1	1	2	2	Wilmington, DE	18	13	4	1	_	_	4
Waterbury, CT	25	20	4	1	_	1	5	E.S. Central	886	547	226	72	19	22	63
WOICester, MA	51	50	10	2	_	'	4	Birmingham, AL	160	109	36	8	3	4	14
Mid. Atlantic	1,913	1,322	422	99	36	33	94	Chattanooga, TN	73	47	21	4	1	_	4
Albany, NY	51	37	8	4	1	1	1	Knoxville, TN	87	60	16	7	3	1	4
Allentown, PA	20	17	3		—	_	2	Lexington, KY	81 177	48	21	12		4	12
Camden NJ	17	40	25	1	_	1	2	Mobile Al	Q/	51	43	13	3	2	13
Flizabeth N.I	11	9	2	_	_	_	1	Montgomery Al	72	39	17	11	2	3	4
Erie. PA	37	30	6	_	_	1	1	Nashville, TN	142	81	45	10	4	2	12
Jersey City, NJ	U	U	U	U	U	U	U	W.C. Control	1 0 4 0	055	200	00	20	4.4	50
New York City, NY	1,045	712	234	59	20	19	37		1,342	800 55	320	10	32	41	53
Newark, NJ	27	17	5	4	1	_	2	Baton Bourge LA	93	11	22	12	- ii	11	11
Paterson, NJ	18	12	2	2	1	1		Corpus Christi, TX	65	44	15	5	_	1	4
Philadelphia, PA	156	82	47	13	8	6	11	Dallas, TX	178	100	49	21	3	5	7
Pittsburgn, PA ³	33	24	6 7	2	I	_	3	El Paso, TX	69	53	10	3	1	2	2
Rochester NV	130	110	23		2	_	11	Fort Worth, TX	118	79	29	4	—	6	5
Schenectady, NY	22	19	- 20	_		_	1	Houston, TX	381	221	107	22	18	13	11
Scranton, PA	30	24	6	_	_	_	1	Little Rock, AR	71	47	18	2	2	2	1
Syracuse, NY	154	115	30	3	2	4	14	New Orleans, LA	010	151	U 41	10	U	U	10
Trenton, NJ	17	14	2	1	—	_	—	San Antonio, 1X	210	151	41	10	6	2	10
Utica, NY	15	11	4	—	—	_	3		118	78	24	8	1	7	3
Yonkers, NY	18	16	2	_	_	_	—				24			,	
E.N. Central	2,040	1,340	463	147	46	43	128	Mountain	810	525	186	64	22	13	39
Akron, OH	37	25	7	2	2	1	1	Albuquerque, NM Boiso ID	122	84 40	24	12	1	1	5
Canton, OH	29	20	8	—	—	1	2	Colorado Springs CO	60	49	13	3	2	1	2
Chicago, IL	359	208	93	37	10	10	28	Denver CO	82	53	15	6	2	6	4
Cincinnati, OH	80	48	16	10	2	4	4	Las Vegas, NV	228	139	57	24	7	1	10
Cleveland, OH	249	172	48	18	8	3	13	Ogden, UT	39	30	7	1	1	_	3
Davton OH	199	03	39 24	3	4	4	6	Phoenix, AZ	U	U	U	U	U	U	U
Detroit, MI	181	87	57	25	8	4	10	Pueblo, CO	29	21	7	_	1		1
Evansville, IN	50	41	7	2	_	_	5	Salt Lake City, UT	96	52	30	8	3	3	7
Fort Wayne, IN	55	38	13	2	2	_	4	Tucson, AZ	90	57	23	1	2	1	6
Gary, IN	20	10	7	1	2	_	—	Pacific	1,092	735	250	70	14	21	83
Grand Rapids, MI	53	38	12	1		2	3	Berkeley, CA	13	88	4	1	—		_
Indianapolis, IN	192	121	52	11	1	7	13	Fresno, CA	104	70	26	6		2	7
Lansing, MI	47	30	10	5	2	1	2	Glendale, CA	0	0	10	U	U	U	U
Peoria II	00 50	32	13	3	1	_	3		50 69	33	13	6	2	2	11
Bockford II	43	33	7	2	1	_	2	Los Angeles CA	11	40	10	1	1	<u> </u>	
South Bend, IN	52	39	. 9	2		2	2	Pasadena, CA	33	21	6	6	_	_	2
Toledo, OH	87	63	20	1	_	3	3	Portland, OR	121	78	33	8	_	2	9
Youngstown, OH	67	58	7	2	—	_	7	Sacramento, CA	U	U	U	U	U	U	U
W N Central	645	405	151	42	17	30	46	San Diego, CA	117	83	26	6	1	1	8
Des Moines, IA	66	47	13	3	2	1	7	San Francisco, CA	106	64	24	11	_	7	12
Duluth, MN	27	21	4	2	_		2	San Jose, CA	163	113	30	11	5	2	11
Kansas City, KS	20	13	6	_	_	1	1	Santa Cruz, CA	34	26	7	1	_	_	5
Kansas City, MO	92	47	30	6	2	7	8	Seattle, WA	136	90	32	9	3	2	5
Lincoln, NE	42	33	7	—	1	1	5	Tacoma W/A	38	31	30		1	I	4
Minneapolis, MN	60	33	18	6	—	3	4		100	12	30	5	I	_	2
Omaha, NE	92	68	12	3	2	7	5	Total	10,189**	6,652	2,391	692	220	229	606
St. Louis, MO	121	57	39	12	6	7	5								
Si. Paul, IVIN Wichita KS	49	35	1 =	4	2	1	4								
wiolilla, NO	10	51	15	0	2	2	5	1							

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

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 29, 2007, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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