



MMWRTM

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Weekly

October 12, 2007 / Vol. 56 / No. 40

World Arthritis Day — October 12, 2007

October 12, 2007, is World Arthritis Day, which is intended to highlight the everyday challenges at home and in the workplace for persons with arthritis or rheumatism and to encourage solutions to these challenges. For example, the pain, fatigue, and activity limitations that often accompany arthritis can prevent some persons from working, resulting in disability. Various accommodations, such as flexible work schedules and assistive devices, can counter the effects of arthritis and help keep persons with arthritis working.

Accommodating persons with disabilities, including those attributed to arthritis, is a goal of the U.S. Department of Labor's Office of Disability Employment Policy. Each October, it sponsors National Disability Employment Awareness Month, which is intended to increase public awareness of the contributions and skills of U.S. workers with disabilities and to eliminate employment barriers. The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities under certain circumstances, including some employment situations. However, the ADA is underused and often misunderstood by persons with arthritis (1). Anticipating employment disability caused by arthritis and addressing employment barriers through increased education, awareness, and other interventions can help reduce arthritis disability in the U.S. workforce. Additional information about World Arthritis Day is available at <http://www.worldarthritisday.org>.

Reference

1. Allaire SH, Evans SR, LaValley MP, Merrigan DM. Use of the Americans with Disabilities Act by persons with rheumatic diseases and factors associated with use. *Arthritis Rheum* 2001;45:174–82.

State-Specific Prevalence of Arthritis-Attributable Work Limitation — United States, 2003

One of the *Healthy People 2010* objectives calls for a reduction in the proportion of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay because of arthritis (objective 2-5b) (1). Persons who are limited in their work by arthritis are considered to have arthritis-attributable work limitation (AAWL). In the United States, AAWL affects one in 20 working-age adults (aged 18–64 years) and one in three working-age adults with self-reported, doctor-diagnosed arthritis (2). To estimate state-specific prevalence of AAWL and the percentage employed among working-age U.S. adults with AAWL, CDC analyzed data from the 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey. This report describes the results of that analysis, which indicated that the state-specific prevalence of AAWL among all working-age adults ranged from 3.4% (Hawaii) to 15.0% (Kentucky) (median among states: 6.7%) in 2003. Among those with self-reported, doctor-diagnosed arthritis, the prevalence of AAWL ranged from 25.1% (Nevada) to 51.3% (Kentucky) (median among states: 33.0%). In every state, persons with work limitations attributed to arthritis reported being employed less frequently than working-age adults in the state overall and persons with arthritis but not work

INSIDE

- 1050 Deaths from Intravenous Colchicine Resulting from a Compounding Pharmacy Error — Oregon and Washington, 2007
- 1052 HIV/AIDS Among Hispanics — United States, 2001–2005
- 1057 Notices to Readers
- 1058 QuickStats

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

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

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Tanja Popovic, MD, PhD
Chief Science Officer

James W. Stephens, PhD
Associate Director for Science

Steven L. Solomon, MD
Director, Coordinating Center for Health Information and Service

Jay M. Bernhardt, PhD, MPH
Director, National Center for Health Marketing

Katherine L. Daniel, PhD
Deputy Director, National Center for Health Marketing

Editorial and Production Staff

Frederic E. Shaw, MD, JD
Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

Douglas W. Weatherwax
Lead Technical Writer-Editor

Catherine H. Bricker, MS
Jude C. Rutledge
Writers-Editors

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

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

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman

Virginia A. Caine, MD, Indianapolis, IN

David W. Fleming, MD, Seattle, WA

William E. Halperin, MD, DrPH, MPH, Newark, NJ

Margaret A. Hamburg, MD, Washington, DC

King K. Holmes, MD, PhD, Seattle, WA

Deborah Holtzman, PhD, Atlanta, GA

John K. Iglehart, Bethesda, MD

Dennis G. Maki, MD, Madison, WI

Sue Mallonee, MPH, Oklahoma City, OK

Stanley A. Plotkin, MD, Doylestown, PA

Patricia Quinlisk, MD, MPH, Des Moines, IA

Patrick L. Remington, MD, MPH, Madison, WI

Barbara K. Rimer, DrPH, Chapel Hill, NC

John V. Rullan, MD, MPH, San Juan, PR

Anne Schuchat, MD, Atlanta, GA

Dixie E. Snider, MD, MPH, Atlanta, GA

John W. Ward, MD, Atlanta, GA

limitations. Greater use of interventions is needed to help persons with arthritis become and stay employed.

The BRFSS survey is a state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥ 18 years conducted annually in all 50 states, the District of Columbia (DC), Guam, Puerto Rico, and the U.S. Virgin Islands. The 2003 BRFSS survey was the only state-specific survey to assess AAWL among persons with doctor-diagnosed arthritis. Doctor-diagnosed arthritis was defined as a "yes" response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" AAWL was defined as a "yes" response to the following: "In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?" Participants were asked to choose one of the following to determine their employment status: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, homemaker, student, retired, or unable to work. Respondents were considered employed if they reported being employed for wages or self-employed. Respondents with missing values for doctor-diagnosed arthritis were excluded from the analysis.

State-specific prevalence of AAWL was estimated using the population of working-age adults in the state as the denominator. The state population of working-age adults with arthritis was used as the denominator to calculate the proportion of AAWL in this group. The percentage employed* was estimated for three groups in the working-age population: 1) overall, 2) among those reporting doctor-diagnosed arthritis, and 3) among those reporting arthritis and AAWL. Ranges and medians are reported for the 50 states and DC. Weighted point estimates and 95% confidence intervals were derived, accounting for the complex survey design. The Council of American Survey Organizations (CASRO) response rates among the 54 states and territories for the 2003 BRFSS survey ranged from 34.4% (New Jersey) to 80.5% (Puerto Rico) (median: 53.2%), and cooperation rates ranged from 60.1% (California) to 91.9% (Puerto Rico) (median: 74.8%).[†]

*The measure "percentage employed" is distinct from "employment rate" as defined by the Bureau of Labor Statistics (definition available at <http://www.bls.gov/bls/glossary.htm>), which calculates employment and unemployment among those who "have made specific efforts to find employment." No data on efforts to find employment are available through the BRFSS survey.

[†] Additional information available at http://www.cdc.gov/brfss/technical_infodata/pdf/2003summarydataqualityreport.pdf.

In 2003, the state-specific prevalence of AAWL among working-age adults ranged from 3.4% (Hawaii) to 15.0% (Kentucky) (median among states: 6.7%) (Table). In the territories, prevalence of AAWL was 4.5%, 4.7%, and 5.7% for Puerto Rico, the U.S. Virgin Islands, and Guam, respectively. AAWL was higher in all states and territories among adults aged 45–64 years compared with those aged 18–44 years, with the median for the older group (11.7%; range: 5.5% [Hawaii] to 23.5% [Kentucky]) nearly three times that of the younger group (3.9%; range: 2.1% [Hawaii] to 9.6% [Kentucky]). The prevalence of AAWL among adults with doctor-diagnosed arthritis ranged from 25.1% (Nevada) to 51.3% (Kentucky) (median among states: 33.0%). Age adjustment resulted in nearly identical estimates.

Among all 50 states and DC, the median percentage employed was 73.2% (range: 60.6% [West Virginia] to 82.0% [South Dakota]) for the overall working-age population (Figure) but was consistently lower for those with doctor-diagnosed arthritis (median among states: 64.3%; range: 47.6% [Kentucky] to 77.1% [South Dakota]) and lower still among those with AAWL (median among states: 48.7%; range: 32.9% [Kentucky] to 67.7% [South Dakota]). This pattern also was observed among all the territories except Puerto Rico. Age adjustment resulted in similar estimates.

Reported by: *KA Theis, MPH, JM Hootman, PhD, CG Helmick, MD, L Murphy, PhD, J Bolen, PhD, G Langmaid, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion; GC Jones, PhD, Div of Human Development and Disability, National Center on Birth Defects and Developmental Disability, CDC.*

Editorial Note: This report provides the first state-specific prevalence estimates of AAWL among working-age adults. The findings indicate that, in 2003, AAWL varied by state. A recent study demonstrated that, in 2003, the economic costs of low employment among those with arthritis were substantial, with estimated state-specific earnings losses attributed to arthritis and other rheumatic conditions ranging from approximately \$79 million (DC) to \$4,273 million (California) (3). Both the number of persons affected by arthritis and the prevalence of arthritis are projected to increase (4). Assuming that the 2003 proportion of AAWL among adults with arthritis remains stable, the number of persons experiencing AAWL and its associated consequences will increase.

The findings in this report are subject to at least five limitations. First, doctor-diagnosed arthritis was self-reported (i.e., not confirmed by a health-care provider); however, this measure has been validated for surveillance purposes (5). Second, the AAWL question encompassed

three work factors (i.e., whether persons are able to work, the type of work they do, and the amount of work they do); the analysis could not examine the independent associations of AAWL and each work factor. Third, work-limiting factors other than AAWL might have contributed to the lower percentage employed among working-age adults with AAWL; however, at least some of the consistently lower employment prevalence among those with AAWL likely is the result of arthritis. Fourth, BRFSS excludes certain populations, including those in the military, residing in institutions, and without landline telephones. Finally, BRFSS has a low median response rate; however, BRFSS weighting procedures partially correct for nonresponse. The effect of low response rates is uncertain.

Arthritis is common, affecting nearly 46 million adults nationally, and is associated with numerous functional and activity limitations (4). Physical impairments, such as pain and activity limitations, might underlie AAWL by interfering with the ability of a person to perform work-related tasks and therefore constitute substantial disability. These state-level data on disability attributed to AAWL are critical for program planning and policy development at the local level.

Several interventions have the potential to decrease the impact of arthritis on work. First, CDC funds 36 state health departments to expand the reach of evidence-based programs and interventions[§] for persons with arthritis. Although the content of these programs is not work-specific, they have been demonstrated to be effective in reducing physical and functional limitations, decreasing pain, and delaying disability attributed to arthritis (6), which might contribute to AAWL. Also, because these programs are designed for community-based implementation, they are feasible for worksite health-promotion programs. Second, federal/state partnership programs to increase employment among persons with disabilities exist in every state, including vocational rehabilitation.[¶] A recent randomized controlled trial demonstrated that vocational rehabilitation delivered to employed persons at risk for job loss because of arthritis can decrease or delay job loss (7). The U.S. Social Security Administration's Ticket to Work Program, a nationwide employment program aimed at providing services for persons with various impairments, is another option for eligible persons.^{**} Finally, reasonable worksite

[§] Including the Arthritis Foundation Exercise Program, Arthritis Foundation Aquatics Program, Arthritis Foundation Self-Help Course, the Chronic Disease Self-Management Program, and EnhanceFitness[®]. Additional information available at <http://www.cdc.gov/arthritis/intervention/index.htm>.

[¶] Additional information available at <http://www.jan.wvu.edu/sbses/vocrehab.htm>.

^{**} Additional information available at <http://www.yourtickettowork.com/index>.

TABLE. State- and territory-specific estimated prevalence of arthritis-attributable work limitation (AAWL)* among working-age adults (aged 18–64 years), overall and by age group, and proportion of working-age adults with self-reported, doctor-diagnosed arthritis† who reported AAWL — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2003

State/Territory	AAWL among adults aged 18–44 yrs			AAWL among adults aged 45–64 yrs			AAWL among working-age adults overall			AAWL among working-age adults with arthritis	
	Weighted no. (in 1,000s)	(%)	(95% CI)§	Weighted no. (in 1,000s)	(%)	(95% CI)	Weighted no. (in 1,000s)	(%)	(95% CI)	%	(95% CI)
Alabama	80	(4.8)	(3.5–6.0)	210	(19.8)	(17.3–22.3)	290	(10.6)	(9.3–11.9)	38.1	34.3–41.9
Alaska	8	(3.2)	(2.2–4.3)	19	(12.1)	(9.2–15.0)	27	(6.6)	(5.3–7.9)	30.7	25.4–36.1
Arizona	66	(3.2)¶	(1.9–4.4)	154	(13.0)	(10.3–15.6)	221	(6.7)	(5.4–8.0)	34.8	29.2–40.4
Arkansas	59	(5.9)	(4.6–7.2)	107	(17.0)	(15.0–19.1)	165	(10.2)	(9.1–11.3)	40.0	36.5–43.6
California	429	(3.1)	(2.3–4.0)	758	(10.0)	(8.2–11.8)	1,187	(5.6)	(4.7–6.4)	35.7	31.4–40.1
Colorado	58	(3.2)	(2.3–4.0)	102	(9.3)	(7.8–10.9)	160	(5.5)	(4.7–6.3)	28.0	24.5–31.6
Connecticut	35	(2.8)	(2.1–3.6)	64	(7.7)	(6.4–9.1)	99	(4.8)	(4.1–5.5)	25.7	22.4–29.1
Delaware	10	(3.3)	(2.3–4.3)	19	(10.1)	(8.2–12.0)	29	(5.9)	(4.9–6.8)	29.1	25.0–33.2
District of Columbia	—	—**	—	12	(9.9)	(7.0–12.9)	15	(4.2)	(3.0–5.4)	25.5	19.1–31.9
Florida	247	(4.1)	(2.8–5.5)	443	(11.3)	(9.2–13.4)	691	(7.0)	(5.8–8.1)	36.3	31.3–41.3
Georgia	163	(4.6)	(3.5–5.7)	289	(15.1)	(13.5–16.7)	452	(8.3)	(7.4–9.2)	39.0	35.7–42.3
Hawaii	10	(2.1)	(1.4–2.8)	17	(5.5)	(4.1–6.9)	27	(3.4)	(2.7–4.1)	26.5	21.7–31.4
Idaho	18	(3.5)	(2.7–4.4)	40	(13.1)	(11.2–15.0)	58	(7.1)	(6.2–8.1)	35.8	32.0–39.6
Illinois††	115	(2.3)	(1.5–3.5)	297	(10.2)	(8.0–12.9)	412	(5.3)	(4.3–6.5)	27.9	23.1–33.2
Indiana	108	(4.7)	(3.8–5.5)	212	(14.8)	(13.1–16.5)	320	(8.5)	(7.7–9.4)	34.7	31.8–37.7
Iowa	31	(2.9)	(2.1–3.7)	60	(8.9)	(7.4–10.3)	91	(5.2)	(4.5–6.0)	28.2	24.6–31.7
Kansas	27	(2.7)	(2.0–3.4)	59	(9.7)	(8.1–11.3)	86	(5.3)	(4.6–6.1)	27.5	24.1–31.0
Kentucky	147	(9.6)	(8.1–11.2)	226	(23.5)	(21.3–25.6)	374	(15.0)	(13.7–16.2)	51.3	48.0–54.6
Louisiana	90	(5.3)	(4.2–6.4)	137	(13.7)	(11.9–15.4)	227	(8.4)	(7.4–9.4)	38.8	35.2–42.3
Maine	19	(4.2)	(3.0–5.4)	41	(12.1)	(9.9–14.3)	60	(7.5)	(6.3–8.7)	33.1	28.5–37.6
Maryland	62	(3.0)	(2.1–3.9)	159	(11.4)	(9.4–13.4)	221	(6.4)	(5.4–7.4)	29.6	25.8–33.5
Massachusetts	92	(3.8)	(2.9–4.6)	145	(9.8)	(8.4–11.3)	238	(6.1)	(5.3–6.8)	31.8	28.5–35.1
Michigan	154	(4.1)	(2.9–5.3)	388	(15.8)	(13.6–18.1)	543	(8.7)	(7.6–9.9)	33.3	29.5–37.0
Minnesota	76	(3.9)	(2.9–5.0)	141	(11.9)	(10.0–13.8)	217	(7.0)	(6.0–8.0)	34.6	30.5–38.8
Mississippi	56	(5.0)	(3.9–6.2)	136	(21.6)	(19.3–23.8)	192	(11.1)	(9.9–12.2)	44.7	41.1–48.3
Missouri	122	(5.8)	(4.2–7.3)	219	(16.7)	(14.1–19.3)	341	(10.0)	(8.6–11.4)	41.8	37.2–46.3
Montana	10	(3.2)	(2.2–4.2)	24	(10.4)	(8.5–12.3)	35	(6.2)	(5.2–7.3)	31.9	27.4–36.3
Nebraska	21	(3.2)	(2.4–4.0)	42	(10.8)	(9.2–12.4)	63	(6.1)	(5.3–6.9)	30.8	27.4–34.3
Nevada	24	(2.8)¶	(1.7–3.9)	51	(9.7)	(7.1–12.2)	75	(5.4)	(4.2–6.6)	25.1	20.0–30.2
New Hampshire	15	(3.2)	(2.4–4.0)	31	(9.5)	(8.1–11.0)	46	(5.8)	(5.0–6.5)	27.7	24.5–30.9
New Jersey	82	(2.6)	(2.1–3.1)	180	(8.9)	(7.8–9.9)	262	(5.0)	(4.5–5.5)	26.9	24.5–29.3
New Mexico	22	(3.2)	(2.5–4.0)	51	(11.8)	(10.1–13.4)	73	(6.6)	(5.8–7.4)	33.0	29.5–36.4
New York	292	(4.0)	(3.1–5.0)	574	(12.9)	(11.1–14.7)	866	(7.4)	(6.5–8.3)	35.5	32.0–39.0
North Carolina	133	(4.0)	(3.3–4.8)	338	(17.3)	(15.2–19.3)	472	(9.0)	(8.0–9.9)	39.1	35.8–42.4
North Dakota	7	(3.0)	(2.0–3.9)	17	(11.8)	(9.8–13.8)	24	(6.3)	(5.3–7.3)	30.8	26.6–35.0
Ohio	170	(4.1)	(2.8–5.3)	359	(13.0)	(10.9–15.1)	529	(7.6)	(6.5–8.7)	31.7	27.8–35.7
Oklahoma	60	(4.6)	(3.8–5.4)	132	(16.1)	(14.6–17.7)	192	(9.0)	(8.2–9.8)	41.9	39.0–44.8
Oregon	43	(3.3)	(2.3–4.2)	103	(11.7)	(9.9–13.5)	146	(6.7)	(5.7–7.6)	32.3	28.4–36.1
Pennsylvania	198	(4.5)	(3.4–5.6)	323	(10.3)	(8.5–12.1)	521	(6.9)	(5.9–7.9)	28.6	25.0–32.2
Rhode Island	14	(3.5)	(2.5–4.6)	28	(11.4)	(9.5–13.4)	43	(6.5)	(5.5–7.5)	30.2	26.3–34.1
South Carolina	70	(4.4)	(3.5–5.4)	163	(16.7)	(14.9–18.5)	232	(9.1)	(8.2–10.1)	37.2	34.1–40.3
South Dakota	12	(4.3)	(3.3–5.3)	21	(12.5)	(10.8–14.2)	33	(7.4)	(6.5–8.3)	35.0	31.4–38.6
Tennessee	138	(6.3)	(4.5–8.0)	271	(18.0)	(15.4–20.6)	409	(11.0)	(9.5–12.5)	40.5	36.0–44.9
Texas	372	(4.3)	(3.4–5.1)	525	(11.2)	(9.7–12.8)	897	(6.7)	(5.9–7.5)	34.8	31.4–38.2
Utah	41	(4.2)	(2.9–5.5)	38	(9.1)	(7.1–11.1)	79	(5.7)	(4.6–6.8)	32.4	27.6–37.3
Vermont	9	(3.8)	(2.8–4.9)	18	(11.0)	(9.4–12.7)	27	(6.9)	(5.9–7.8)	32.6	28.9–36.3
Virginia	161	(5.7)	(4.4–6.9)	188	(10.6)	(9.1–12.1)	349	(7.6)	(6.6–8.5)	33.7	30.1–37.4
Washington	90	(3.9)	(3.4–4.4)	179	(11.9)	(11.0–12.9)	270	(7.0)	(6.5–7.5)	33.2	31.3–35.1
West Virginia	53	(8.2)	(6.5–9.9)	90	(19.1)	(16.8–21.5)	142	(12.8)	(11.4–14.2)	41.7	37.9–45.4
Wisconsin	76	(3.7)	(2.7–4.7)	123	(9.6)	(7.8–11.4)	199	(6.0)	(5.0–6.9)	28.7	24.8–32.6
Wyoming	8	(4.2)	(3.1–5.3)	13	(10.2)	(8.5–11.8)	21	(6.6)	(5.7–7.6)	29.1	25.6–32.6
State median	—	4.0	—	—	11.7	—	—	6.7	—	33.0	—
Guam	—	—**	—	4	(13.7)	(8.6–18.8)	5	(5.7)	(3.8–7.5)	40.2	29.6–50.8
Puerto Rico	33	(2.2)	(1.4–3.0)	72	(8.4)	(6.7–10.1)	105	(4.5)	(3.7–5.3)	25.5	21.3–29.6
U.S. Virgin Islands	1	(2.9)¶	(1.5–4.3)	2	(7.9)	(5.5–10.2)	3	(4.7)	(3.5–6.0)	34.2	27.0–41.4

* Defined as a "yes" response to the following: "In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?"

† Defined as a "yes" response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

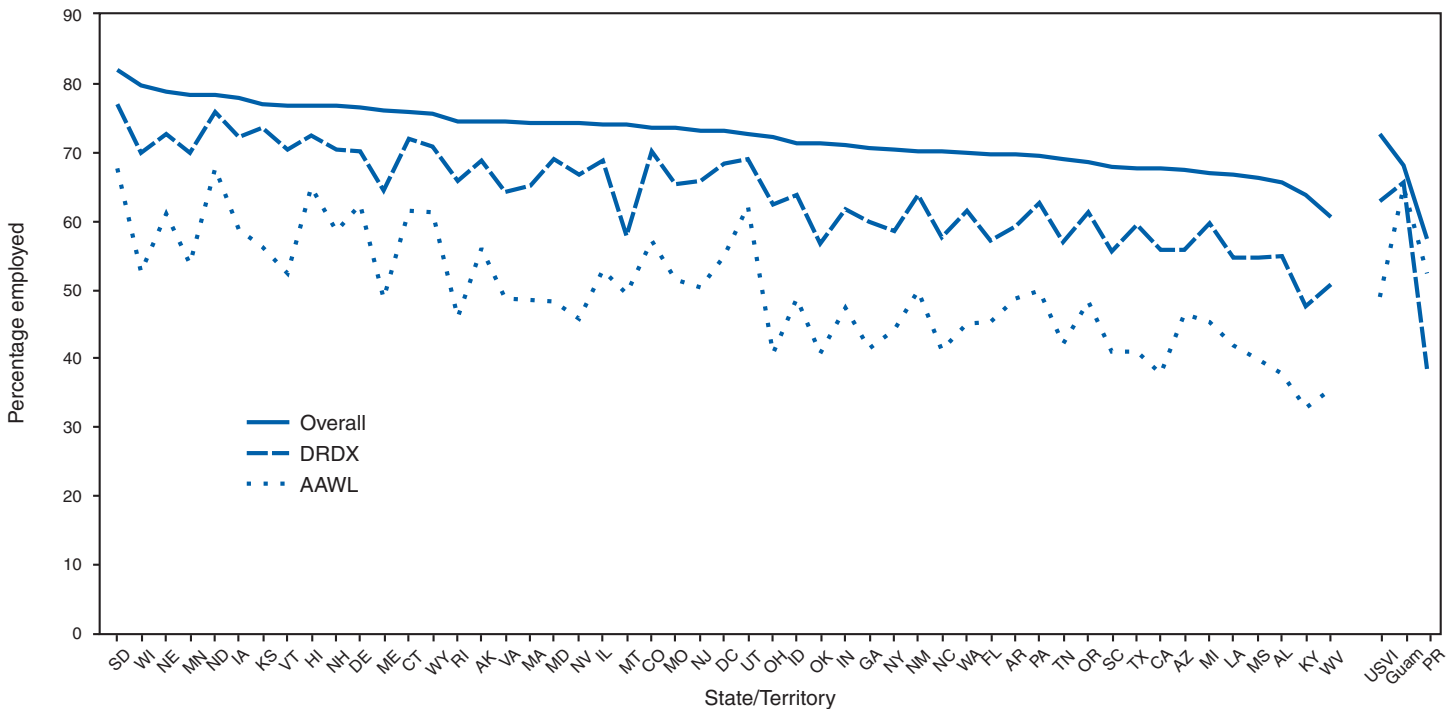
§ Confidence interval.

¶ Data might be unreliable; relative standard error (RSE) = 20–30.

** Not reported; RSE >30.

†† Illinois BRFSS uses a split-sample design; estimates are derived using a special weighting procedure.

FIGURE. State- and territory-specific estimated percentage employed* among working-age adults (aged 18–64 years) overall, among those with self-reported doctor-diagnosed arthritis (DRDX),† and among those with arthritis-attributable work limitation (AAWL)§ — Behavioral Risk Factor Surveillance System, United States, 2003



* Respondents were considered employed if they reported being employed for wages or self-employed.

† Defined as a “yes” response to the question, “Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?”

§ Defined as a “yes” response to the following: “In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?”

accommodations can help keep persons with arthritis and AAWL employed and independent. The Job Accommodation Network, a service of the U.S. Department of Labor’s Office of Disability Employment Policy, offers examples of such accommodations for workers with arthritis (e.g., ergonomic work stations and accessible parking) (8).

An increasing proportion of U.S. adults are remaining in the workforce after age 64 years (9). At the same time, the number of persons affected by arthritis and its consequences, including activity limitations, are projected to increase with the aging of the U.S. population (4), suggesting a corresponding increase in AAWL and effects on employment. State-based estimates of arthritis impact, such as AAWL, help define the consequences of arthritis, raise awareness, and provide state programs and policy-makers with data for planning. Anticipating and accommodating employment barriers caused by arthritis can prevent disability and maintain a healthy workforce.

Acknowledgment

The findings in this report for the state of Illinois were provided by B. Steiner, state BRFSS coordinator, Center for Health Statistics, Illinois Dept of Public Health.

References

1. 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>.
2. Theis KA, Murphy L, Hootman JM, Helmick CG, Yelin EH. Prevalence and correlates of arthritis-attributable work limitation in the U.S. population among persons ages 18–64, 2002 NHIS data. *Arthritis Care Res* 2007;57:355–63.
3. CDC. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. *MMWR* 2007;56:4–7.
4. Hootman JM, Helmick CG. Projections of U.S. prevalence of arthritis and associated activity limitations. *Arthritis Rheum* 2006;54:226–9.
5. Sacks JJ, Harrold LR, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. *J Rheumatol* 2005;32:340–7.
6. Brady TJ, Kruger J, Helmick CG, Callahan LF, Boutaugh ML. Intervention programs for arthritis and other rheumatic diseases. *Health Educ Behav* 2003;30:44–63.
7. Allaire SH, Li W, LaValley MP. Reduction in job loss in persons with rheumatic diseases receiving vocational rehabilitation: a randomized controlled trial. *Arthritis Rheum* 2003;48:3212–8.
8. Job Accommodation Network. Job accommodations for people with arthritis. Available at <http://www.jan.wvu.edu/media/employmentartfact.doc>.
9. Federal Interagency Forum on Aging-Related Statistics. Older Americans update 2006: key indicators of well-being. Washington, DC: US Government Printing Office; 2006:18–19,64.

Deaths from Intravenous Colchicine Resulting from a Compounding Pharmacy Error — Oregon and Washington, 2007

Colchicine for injection has been available in the United States since the 1950s. Although not approved by the Food and Drug Administration (FDA), intravenous (IV) colchicine has been an accepted treatment for acute gout symptoms. Several additional IV uses have been studied, including treatment of familial Mediterranean fever, pericarditis, primary biliary cirrhosis, amyloidosis, and Behçet's syndrome (1–3). More recently, outpatient use of IV administration for chronic back pain has been advocated by alternative medicine providers but is not an accepted practice. Colchicine has well-known toxicities that limit its safe therapeutic use. IV doses that exceed the standard single-use therapeutic dose of 2–4 mg per episode of gout have resulted in life-threatening toxicity (2). In March 2007, two persons from Washington and Oregon died after receiving IV colchicine for back pain from an alternative medicine clinic in Oregon. This report describes the investigation, which determined that a measuring error by a Texas compounding pharmacy resulted in a fatal colchicine concentration that was eight times greater than the recognized standard level. A subsequent review of medical records revealed that a third death from colchicine toxicity in a patient treated at the Oregon clinic also occurred in March and likely was associated with the same compounding error. These deaths highlight the potential risk from use of IV colchicine for back pain and the possibly fatal consequences of measuring errors in compounding pharmacy products.

Patient A, Washington

On March 19, 2007, a woman aged 77 years arrived at an emergency department (ED) with sudden onset of nausea, vomiting, numbness, and mild hypotension. She had been receiving treatment for back pain with what was intended to be 2-mg IV doses (4 mL of 0.5 mg/mL labeled concentration) of colchicine administered every other day in a 6-day period (i.e., 3 total doses). She had received part of her treatment at an alternative medicine clinic in Portland, Oregon, and then took IV colchicine to her home in Washington, where she received the third dose shortly before she became ill and sought treatment at the ED. She had obtained the colchicine from a relative who was an employee in the clinic where she received her initial treatment.

Initial laboratory test results revealed only slightly increased hepatic enzyme levels. The woman was admitted to the intensive care unit (ICU) for observation. The next day, her condition deteriorated, with onset of acute renal insufficiency, an elevated creatinine level (2.6 mg/dL), acidosis (pH = 7.07), leukocytosis (25,100/ μ L), abnormal liver function (aspartate aminotransferase [AST] = 1,933 units/L, alanine transaminase [ALT] = 2,295 units/L), rhabdomyolysis (creatinine kinase = 740 units/L), and myocardial toxicity (peak troponin I = 53.6 ng/mL).

The woman experienced severe abdominal pain and refractory hypotension; she died from cardiac arrest later the same day. Postmortem colchicine plasma level was 44 ng/mL; the therapeutic colchicine plasma level is <5 ng/mL (4).

Patient B, Oregon

On March 30, 2006, a woman aged 56 years with a history of fibromyalgia and neck pain arrived at an ED with nausea, vomiting, profuse diarrhea, and chest pain. She had been receiving weekly IV colchicine for back pain from naturopathic and allopathic physicians at the same Oregon clinic as patient A. During the 2 preceding months, she had received a series of six weekly colchicine infusions, in doses intended to be 2 mg each, for an intended cumulative dose of 12 mg. Before arrival at the ED, she had just received the last dose at the clinic and had begun experiencing symptoms within an hour of infusion; a clinic staff member instructed her to go to the ED. Initial laboratory test results for blood urea nitrogen (BUN), creatinine, electrolytes, complete blood count, and troponin were within normal ranges, although her white blood cell (WBC) count was elevated (14,100/ μ L). The woman was admitted to the hospital for rehydration and continued observation. The leukocytosis increased to a peak count of 18,400/ μ L, with 40% band forms and evidence of myelocytes, metamyelocytes, and echinocytes on a peripheral smear. During the next 72 hours, she experienced leukopenia and thrombocytopenia (nadir WBC count = 1,400/ μ L, platelet count = 74,000/ μ L), renal insufficiency (BUN = 38 mg/dL, creatinine = 2.4 mg/dL), rhabdomyolysis (creatinine kinase = 1,485 units/L), lactic acidosis (venous lactate = 6.9 mmol/L), abnormal liver function (AST = 626 units/L, ALT = 290 units/L), and myocardial toxicity (peak troponin I of >50 ng/mL). A cardiac echocardiogram performed on the second hospital day indicated mild wall motion abnormalities with a normal ejection fraction. Her serum colchicine level 3 days after the last infusion was 11 ng/mL.

On the third hospital day, the woman was intubated because of worsening hypoxia and evidence of developing acute respiratory distress syndrome (ARDS) on chest radiograph. Her hemodynamic status deteriorated, and she became hypotensive, requiring dopamine and norepinephrine infusions to maintain a systolic blood pressure of 100 mmHg. During the day, she became increasingly anuric and hypoxic with worsening ARDS and was unable to maintain normal oxygen saturation levels, with a fraction of inspired oxygen (FiO_2) of 100%. On the evening of the third hospital day, her oxygen saturation levels continued to decrease; she experienced bradycardia and cardiac arrest and died. Her postmortem colchicine blood level was 32 ng/mL.

Investigation and Control Measures

Investigation into the causes of death of the two patients and a suspected third patient indicated that they each received IV colchicine infusions obtained from the same alternative medicine clinic in Oregon. The clinic had purchased the drug from a Texas compounding pharmacy.

The Washington case occurred when an employee in the clinic gave colchicine from the implicated lot to her relative (patient A) to take home. The patient had received previous infusions from different lots and had not become ill, but the infusion from the new lot resulted in sudden onset of symptoms on March 19. The unusual circumstances of the woman's death were discussed on March 26 at a weekly Oregon-Washington poison center teleconference, alerting toxicologists and poison centers in three states.

On March 30, the Oregon patient (patient B) was treated at the same alternative medicine clinic as patient A. On April 2, when staff members at the Oregon Poison Center were consulted about patient B, they notified the county public health department of the two cases. The Oregon Board of Naturopathic Examiners was notified and voluntarily posted a warning on its website the same day.

Investigators from the Oregon office of the state medical examiner learned that the deaths both occurred after the patients had received colchicine supplied by the Oregon clinic. The medical examiner's office confiscated from the clinic approximately 70 remaining vials of the colchicine, which were from several lots. Toxicology tests of colchicine vials from the same lot used to treat the patients indicated a concentration of 4 mg/mL. However, the vial labels indicated a concentration of 0.5 mg/mL; therefore, each intended infusion of a 2-mg dose of colchicine was actually 16 mg. The clinic supplied its medical records, including records of a third patient who was treated the same day as

patient B and who also died. The clinic closed voluntarily in April 2007 and subsequently ceased operations.

The third suspected case occurred in a man aged 55 years who received a colchicine infusion on March 30 (the same day as patient B). He experienced severe vomiting, diarrhea, and chest pain within 1 hour of infusion and sought treatment at an ED. Because he had a history of coronary heart disease and recently had received a cardiac stent, his initial evaluation included a coronary catheterization, which was normal. He died within 24 hours of receipt of his last colchicine infusion; his death was attributed initially to cardiac causes. Media coverage of the deaths associated with the Oregon clinic prompted a nurse who had treated this man to call the poison center and report possible colchicine toxicity. After the investigation, the medical examiner reissued the man's death certificate, listing colchicine toxicity as cause of death. Although an autopsy was performed, no body fluids were available to confirm colchicine toxicity.

After the drug concentration in the colchicine vials used was determined to be eight times the labeled concentration, investigators attributed the deaths to an error at the Texas compounding pharmacy. On April 30, in coordination with FDA, the Texas State Board of Pharmacy issued a recall of all colchicine that had been sold or produced by the compounding pharmacy within the last year and shipped throughout the United States. No other cases have since been linked to this product.

Reported by: *NJ McKeown, DO, BZ Horowitz, MD, F Garlich, MD, Oregon Poison Center; CR Young, MD, Oregon Medical Examiner; WO Robertson, MD, Washington Poison Center.*

Editorial Note: FDA policy allows an ingredient from an FDA-approved drug to be compounded to fill a prescription from a licensed practitioner for use by a specifically named patient. Compounding pharmacies are either registered or licensed by state pharmacy boards. Compounded drugs are not evaluated for safety and efficacy and, unlike pharmaceutical manufacturers, traditional compounding pharmacies are not inspected by FDA to ensure that they have the capacity to consistently produce high-quality drugs. However, certain compounding pharmacies that engage in large-scale manufacturing are subject to regulations that FDA imposes on pharmaceutical manufacturers.

Although FDA has approved drugs that contain a combination of colchicine and probenecid for oral use, no FDA-approved colchicine products for IV use exist. The Texas State Board of Pharmacy and the Texas attorney general are investigating the deaths described in this report; the Oregon attorney general has issued an injunction against the Texas pharmacy from doing business in Oregon.

Colchicine, a naturally occurring alkaloid derivative of the autumn crocus *Colchicum autumnale* and the glory lily *Gloriosa superba*, has been used to treat gout for centuries. The drug has a narrow therapeutic range; in toxic levels, colchicine can disproportionately affect rapidly dividing cells and have substantial effects on multiple organ systems. In 2005, the American Association of Poison Control Centers Toxic Exposure Surveillance System reported 312 exposures and four deaths related to colchicine (5), annual totals that had remained stable during the preceding 15 years (6). A review of FDA Adverse Event Reporting System data from 1983 to 2000 indicated that IV administration of colchicine in amounts that exceeded the maximum recognized dose resulted in 20 deaths from colchicine toxicity, 17 of these during treatment for gout (2). In 2001, an incident involving an error of 10 times the standard therapeutic dose occurred in Pennsylvania and resulted in an FDA recall from an Arizona compounding pharmacy (7).

The recognized maximum cumulative IV dose is 4 mg for a single course of therapy, with a 7-day colchicine-free interval after each full IV course (8). However, deaths have been reported with cumulative doses as low as 5.5 mg (2). Older adults, patients with preexisting renal and hepatic failure, and patients with concomitant use of nonsteroidal antiinflammatory drugs or oral colchicine might have a higher risk for toxicity and death (2).

Use of colchicine for treatment of low back pain and intervertebral disc herniation was described initially in the 1970s. A single case series in 1979 suggested some effectiveness with low doses of oral and IV colchicine in reducing pain (9); subsequent prospective double-blind studies showed no improvement over placebo with oral use (10) and only short-lived improvement with IV therapy (3). Nevertheless, numerous Internet sources continue to recommend use of IV colchicine for back pain, referencing these early studies as evidence of the drug's effectiveness.

The cases described in this report highlight the risk for serious health consequences from use of IV colchicine for back pain. Although no FDA-approved indication for use of IV colchicine exists, multiple clinics continue to offer such therapy for various musculoskeletal disorders. These deaths underscore the potentially fatal ramifications of errors by compounding pharmacies, which generally are not subject to the same oversight and manufacturing practices as pharmaceutical manufacturers. The public health response to these drug-related deaths and the sharing of public health information among several states, which included poison control centers, medical examiners' offices, and county health departments, likely prevented additional deaths.

References

1. Simons RJ, Kingma DW. Fatal colchicine toxicity. *Am J Med* 1989;86:356-7.
2. Bonnel RA, Villalba ML, Karwoski CB, Beitz J. Deaths associated with inappropriate intravenous colchicine administration. *J Emerg Med* 2002;22:385-7.
3. Simmons JW, Harris WP, Koullisis CW, Kimmich SJ. Intravenous colchicine for low back pain: a double-blind study. *Spine* 1990;15:716-7.
4. ARUP Laboratories, National Reference Laboratory. Available at <http://www.aruplab.com/index.jsp>.
5. Lai MW, Klein-Schwartz W, Rodgers GC, et al. 2005 annual report of the American Association of Poison Control Centers' national poisoning and exposure database. *Clin Toxicol (Phila)* 2006;44:803-932.
6. Mullins ME, Carrico EA, Horowitz BZ. Fatal cardiovascular collapse following acute colchicine ingestion. *J Toxicol Clin Toxicol* 2000;38:51-4.
7. Sussman JS, Brozena SC, Skop N, Korecka M, Shaw LM. Accidental intravenous colchicine poisoning. *Ther Drug Monit* 2004;26:688-92.
8. Drugdex[®] System. Greenwood Village, Colorado: Thomson Micromedex.
9. Rask MR. Colchicine use in the damaged disk syndrome (DDS). Report of 50 patients. *Clin Orthop Relat Res* 1979;143:183-90.
10. Schnebel BE, Simmons JW. The use of oral colchicine for low-back pain. A double-blind study. *Spine* 1988;13:354-7.

HIV/AIDS Among Hispanics — United States, 2001–2005

In the United States, Hispanics are affected disproportionately by human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS). Although Hispanics accounted for 14.4% of the U.S. population in 2005 (1), they accounted for 18.9% of persons who received an AIDS diagnosis (2). The rate of HIV diagnosis among Hispanics also remains disproportionately high; in 2005, the annual rate of HIV diagnosis for Hispanics was three times that for non-Hispanic whites. To better characterize HIV infection and AIDS among Hispanics in the United States, CDC analyzed selected characteristics of Hispanics in whom HIV infection was diagnosed during 2001–2005 and those living with AIDS in 2005. The results indicated that the mode of HIV infection for Hispanics varied by place of birth, suggesting that all HIV-prevention measures might not be equally effective among Hispanics and that HIV educational activities should address cultural and behavioral differences among Hispanic subgroups.

This analysis includes cases of HIV/AIDS diagnosed among Hispanic adults and adolescents aged ≥ 13 years during 2001–2005 in 33 states and cases of Hispanics living with HIV or AIDS in 50 states and the District of Columbia in 2005. Included are HIV cases reported to

CDC from the 33 states* that have conducted name-based HIV reporting since at least 2001. Confidential name-based HIV and AIDS reporting has achieved high levels of accuracy and reliability (CDC, unpublished data, 2005). HIV/AIDS cases include those with 1) a diagnosis of HIV infection that have not progressed to AIDS, 2) a diagnosis of HIV infection followed by a diagnosis of AIDS, 3) and concurrent diagnoses of AIDS and HIV infection (i.e., in the same month).

Cases were classified according to the following transmission categories: 1) male-to-male sexual contact (i.e., among men who have sex with men [MSM]); 2) injection-drug use (IDU); 3) MSM with IDU; 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to be HIV infected or at high risk for HIV/AIDS [e.g., MSM or injection-drug user]); and 5) other modes of infection (e.g., receipt of transfusion of blood, blood components, or tissue transplant) and unknown risk factors. Cases reported with unknown risk factors were reclassified into transmission categories (e.g., MSM, IDU, MSM and IDU, high-risk heterosexual contact, and other) in accordance with methods described previously (3). Potential duplicate cases were identified based on unique identifiers and selected demographic characteristics and were eliminated on both state and national levels.

For 2005, annual HIV/AIDS diagnosis rates per 100,000 population were calculated for Hispanics, non-Hispanic whites, and non-Hispanic blacks. Data were adjusted for reporting delays† (3). The number of Hispanics living with HIV or AIDS at the end of 2005 was calculated based on reported cases adjusted for delays in reporting and deaths; this calculation does not account for undiagnosed cases.

During 2001–2005, a total of 184,167 adults and adolescents had HIV/AIDS diagnosed in the 33 states and reported to CDC. Of these, 33,398 (18%) were Hispanics; 93,017 (51%) were non-Hispanic blacks; 54,029 (29%) were non-Hispanic whites; 1% were Asian/Pacific Islanders; and <1% were American Indian/Alaska Natives.

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

†Reporting delays (i.e., time between diagnosis and report) can differ by geographic location, age, sex, transmission category, and race/ethnicity. Adjustments for reporting time were calculated for HIV and AIDS cases using a maximum likelihood statistical procedure that accounts for differences in reporting time for the preceding characteristics while assuming the reporting delay has remained constant over time. Adjustments also were made based on the redistribution of cases across transmission categories by sex, race/ethnicity, and geographic region for cases diagnosed 3–10 years earlier and initially classified as reported with unknown risk factors but later reclassified.

The mode of HIV infection for 61% of Hispanic males was male-to-male sexual contact, 17% of infections occurred through high-risk heterosexual contact, and 17% occurred through IDU. Among Hispanic females with HIV/AIDS diagnoses, 76% were exposed through high-risk heterosexual contact, and 23% were exposed through IDU (Table 1).

In 2005, the overall annual rate of HIV/AIDS diagnosis among Hispanic males was 56.2 per 100,000 population and among Hispanic females was 15.8 per 100,000 population. For Hispanic males, the highest rate of HIV diagnosis (86.3 per 100,000) occurred among those aged 30–39 years; for Hispanic females, the highest rate (25.0 per 100,000) occurred among those aged 40–49 years. The overall rates for non-Hispanic white and non-Hispanic black males in 2005 were 18.2 and 124.8, respectively, and the rates for non-Hispanic white and non-Hispanic black females were 3.0 and 60.2, respectively.

The mode of HIV infection among Hispanics varied by place of birth (Table 2). Infection through male-to-male sexual contact was more common among Hispanics born in South America (65%), Cuba (62%), and Mexico (54%) than among Hispanics born in the United States (46%). A greater proportion of Hispanics born in the Dominican Republic (47%) and Central America (45%) were infected through high-risk heterosexual contact, compared with Hispanics born in the United States (28%). Hispanics born in Puerto Rico had a greater proportion of HIV infections attributed to IDU (33%) than those born in the United States (22%).

In 2005, in the 33 states, the rate of living with HIV infection among Hispanics was estimated at 173.0 per 100,000 population (Table 3). Estimated HIV prevalence among Hispanics ranged from 34.3 per 100,000 population in Wyoming to 443.0 in New York. In the 50 states and DC, the rate of living with AIDS among Hispanics was estimated at 244.2 per 100,000 population. Estimated AIDS prevalence ranged from 28.7 per 100,000 population in Montana to 1,165.8 per 100,000 population in DC.

Reported by: *L Espinoza, DDS, KL Dominguez, MD, RA Romaguera, DMD, X Hu, LA Valleroy, PhD, HI Hall, PhD, Div of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, CDC.*

Editorial Note: These results confirm a previous report of disproportionate rates of HIV diagnosis among Hispanics, who have the second highest rate among all racial/ethnic groups in the United States (4). During 2001–2004, HIV-diagnosis rates among Hispanics declined by 4.7% and 13.0% among Hispanic males and females, respectively (4).

These decreases among Hispanics might have resulted from decreased incidence of HIV infection (e.g., in response to prevention measures) or a decrease in HIV testing among Hispanics. However, this report indicates that Hispanics are not a homogenous group, and risk factors differ for Hispanic subpopulations.

Nearly half of U.S. Hispanics in whom HIV infection was diagnosed were not born in the United States. Hispanics born in Mexico and elsewhere often migrate to the United States to work as laborers and in service occupations. Migration might contribute to an increase in HIV risk behaviors, perhaps because change in residence can be followed by homelessness, loneliness, isolation, separation from usual sex partners, and financial instability. These factors can be associated with new sex partners, illegal drug use, and inadequate access to health information and health-care services (5).

During 2001–2005, the primary mode of HIV infection among Hispanic males was male-to-male sexual contact. A recent study of HIV risk behaviors among MSM reported that Hispanic and non-Hispanic black MSM were more likely than non-Hispanic white MSM to report inconsistent condom use during anal sex (6). However, male-to-male sexual contact is not the most common transmission category for Hispanics for certain places of birth. High-risk heterosexual contact was more common among Hispanics born in Central America and the Dominican Republic than Hispanics born in South America, Cuba, Mexico, Puerto Rico, and the United States. In addition, HIV knowledge and perceptions of risk differ among U.S. Hispanic subgroups. Immigrants born in Cuba, Mexico, and Puerto Rico who were injection-drug users reported less AIDS knowledge than U.S.-born injection-drug users (7).

The finding that a greater proportion of Puerto Rico-born Hispanics residing in the 33 states are infected through IDU is consistent with previous reports (8) and might be the result of both greater prevalence of IDU and increased levels of high-risk behaviors related to IDU (e.g., frequency of injecting and sharing syringes) compared with other Hispanics (9). U.S. Hispanic subgroups of varied national origin or ancestry differ in IDU-related behaviors. Puerto Rico-born injection-drug users are more likely to share syringes, cotton, or rinse water and to inject more frequently than Puerto Ricans born in the United States (10).

The findings in this report are subject to at least four limitations. First, although AIDS is a reportable condition in all 50 states, name-based HIV data were available from only 33 states. These states represented an estimated 63% of all AIDS cases and 56% of AIDS cases among Hispanics

in the United States during 2001–2005. The exclusion (2) of data from some states with high AIDS prevalence and a large Hispanic population (e.g., California) results in an underrepresentation of cases among Hispanics. Second, the assumptions by which the approximately 32% of cases that had no known risk factors were redistributed among transmission categories might no longer be valid; these assumptions are being reevaluated. Third, misclassification of Hispanics as members of other races/ethnicities or inability to include undocumented migrant workers might have resulted in underestimations of the number of Hispanics overall and in Hispanic subgroups. Finally, birthplace information was missing for approximately 24% of Hispanics in this analysis. Depending on the distribution of birthplaces for persons with missing information, transmission-category prevalences for certain subgroups might have been larger or smaller.

The disproportionate rate of HIV infection among Hispanics might reflect the failure of HIV-prevention programs to reach Hispanics at high risk for acquiring or transmitting HIV infection. More specifically, the difference in HIV transmission categories among Hispanics by place of birth might represent differences in acculturation, linguistic ability, socioeconomic status, and stigma associated with homosexuality or male-to-male sex. CDC recently established an internal committee to develop a National Plan of Action to reduce the number of new HIV infections among Hispanics and to increase access to culturally appropriate prevention, care, and treatment services. The plan is aimed at enhancing research, policy, and community involvement to increase capacity to deliver appropriate HIV-prevention services to Hispanics. CDC will expand its partnerships with other federal agencies, state and local health departments, academic institutions, and community-based organizations to identify specific steps to implement the National Plan of Action. Because the Hispanic population in the United States is expected to nearly triple between 2000 and 2050,[§] additional attention to the impact of HIV on this population is warranted.

References

1. US Census Bureau. Annual estimates of the population by sex, race and Hispanic or Latino origin for the United States: April 1, 2000 to July 1, 2006. Available at <http://www.census.gov/popest/national/asrh/NC-EST2006-srh.html>.
2. CDC. Cases of HIV infection and AIDS in the United States and dependent areas, 2005. HIV/AIDS surveillance report, Vol. 17, revised edition. Atlanta, GA: US Department of Health and Human Services, CDC; 2007:12,47. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report>.

[§] Information available at <http://www.census.gov/ipc/www/usinterimproj/natprojtab01a.pdf>.

TABLE 1. Estimated* number and percentage of HIV/AIDS diagnoses among Hispanic adults and adolescents aged ≥13 years, by selected characteristics — 33 states,† 2001–2005

	Males		Females		Total§	
	No.	(%)	No.	(%)	No.	(%)
Total§	25,827		7,571		33,398	
Age group (yrs)						
13–19	520	(2)	269	(3)	790	(2)
20–29	6,084	(23)	1,745	(23)	7,829	(23)
30–39	9,797	(38)	2,438	(32)	12,234	(37)
40–49	6,332	(24)	1,983	(26)	8,314	(25)
50–59	2,215	(9)	841	(11)	3,056	(9)
≥60	879	(3)	295	(4)	1,175	(3)
Transmission category						
Male-to-male sexual contact	15,742	(61)	—	—	15,742	(47)
Injection-drug use	4,472	(17)	1,737	(23)	6,209	(18)
Male-to-male sexual contact and injection-drug use	1,184	(4)	—	—	1,184	(3)
High-risk heterosexual contact¶	4,301	(17)	5,728	(76)	10,028	(30)
Other**	129	(1)	106	(1)	235	(1)
Area of residence††						
Rural	1,173	(4)	304	(4)	1,477	(4)
Suburban	1,961	(8)	523	(7)	2,483	(7)
Urban	22,156	(86)	6,620	(87)	28,776	(86)
Unknown	538	(2)	124	(2)	662	(2)

* All estimates have been adjusted for reporting delays and the reclassification of cases with unknown risk factors for HIV infection.

† Data were reported by 33 U.S. states with confidential, name-based reporting: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

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

¶ Heterosexual contact with a sex partner known to have HIV infection or to be at high risk for HIV infection.

** Includes receipt of transfusion of blood, blood components, or tissue and unknown risk factor.

†† *Rural*: Nonmetropolitan area. *Suburban*: 50,000–500,000 population. *Urban*: >500,000 population.

TABLE 2. Estimated* number and percentage of HIV/AIDS diagnoses among Hispanic adults and adolescents aged ≥13 years, by transmission category and place of birth — 33 states,† 2001–2005

Place of birth	Male-to-male sexual contact		Injection-drug use			Male-to-male sexual contact and injection-drug use		High-risk heterosexual contact§				Other¶	Total**		
	No.	(%)	Male		Female	No.	(%)	Male		Female					
			No.	(%)	No.			(%)	No.	(%)	No.	(%)	No.	(%)	
United States	6,189	(46)	2,001	(15)	922	(7)	553	(4)	1,409	(10)	2,385	(18)	75	(1)	13,535
Central America	657	(41)	139	(8)	43	(3)	39	(2)	338	(21)	383	(24)	23	(1)	1,622
South America	1,330	(65)	107	(5)	40	(2)	45	(2)	225	(11)	286	(14)	10	(1)	2,043
Cuba	732	(62)	76	(6)	18	(2)	50	(4)	185	(16)	111	(9)	3	(<1)	1,174
Dominican Republic	181	(30)	80	(13)	40	(7)	15	(2)	106	(17)	185	(30)	6	(1)	613
Mexico	2,163	(54)	362	(9)	64	(2)	153	(4)	656	(16)	577	(14)	43	(1)	4,018
Puerto Rico	602	(29)	502	(25)	161	(8)	89	(4)	243	(12)	421	(21)	15	(1)	2,033
Other††	177	(40)	62	(14)	28	(6)	13	(3)	77	(17)	78	(18)	3	(1)	439
Unknown	3,710	(47)	1,142	(14)	421	(5)	227	(3)	1,060	(13)	1,302	(16)	57	(1)	7,920
Total**	15,742	(47)	4,472	(13)	1,737	(5)	1,184	(4)	4,300	(13)	5,728	(17)	235	(1)	33,398

* All estimates have been adjusted for reporting delays and the reclassification of cases with unknown risk factors for HIV infection.

† Data were reported by 33 U.S. states with confidential, name-based reporting: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

§ Heterosexual contact with a sex partner known to have HIV infection or to be at high risk for HIV infection.

¶ Includes receipt of transfusion of blood, blood components, or tissue and unknown risk factor.

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

†† Places of birth other than those specified.

TABLE 3. Estimated rates* of Hispanic adults and adolescents aged ≥ 13 years living with HIV infection (not AIDS) or AIDS, by area of residence — United States, 2005

Area of residence	Living with HIV infection (not AIDS) [†]			Living with AIDS [§]		
	No.	Rate	Rank [¶]	No.	Rate	Rank [¶]
Alabama	76	99.0	19	73	94.4	38
Alaska	16	67.1	26	31	129.6	26
Arizona	1,295	106.5	15	1,192	98.1	36
Arkansas	49	52.2	29	50	52.8	46
California	—	—	—	17,270	184.5	13
Colorado	834	125.2	12	766	115.0	33
Connecticut	—	—	—	2,147	740.6	3
Delaware	—	—	—	101	274.5	9
District of Columbia	—	—	—	438	1,165.8	1
Florida	6,184	222.0	3	7,992	286.9	8
Georgia	—	—	—	597	126.7	28
Hawaii	—	—	—	100	140.4	21
Idaho	39	41.9	31	33	35.9	49
Illinois	—	—	—	2,410	179.7	14
Indiana	207	100.4	18	238	115.2	32
Iowa	39	49.5	30	71	89.4	40
Kansas	132	79.6	21	146	88.0	41
Kentucky	—	—	—	103	166.7	16
Louisiana	202	193.9	4	204	195.9	12
Maine	—	—	—	24	236.4	11
Maryland	—	—	—	397	164.4	17
Massachusetts	—	—	—	2,040	536.2	5
Michigan	201	70.7	24	247	87.1	42
Minnesota	219	163.5	5	205	153.0	19
Mississippi	66	162.8	7	44	107.7	34
Missouri	178	152.9	8	176	151.0	20
Montana	—	—	—	5	28.7	51
Nebraska	66	75.0	22	104	118.7	31
Nevada	533	130.0	11	529	129.0	27
New Hampshire	—	—	—	56	259.1	10
New Jersey	3,095	301.2	2	3,649	355.1	6
New Mexico	361	55.1	27	526	80.2	43
New York	10,781	443.0	1	22,552	926.6	2
North Carolina	408	103.2	16	360	91.2	39
North Dakota	3	38.8	32	3	38.7	48
Ohio	319	163.2	6	342	174.7	15
Oklahoma	116	68.0	25	117	68.6	44
Oregon	—	—	—	258	100.4	35
Pennsylvania	—	—	—	2,134	570.2	4
Rhode Island	—	—	—	275	324.0	7
South Carolina	142	135.0	10	140	133.4	25
South Dakota	6	52.3	28	4	35.0	50
Tennessee	135	100.8	17	159	118.9	30
Texas	5,267	88.7	20	8,068	135.9	23
Utah	137	71.8	23	184	96.5	37
Vermont	—	—	—	9	155.5	18
Virginia	496	145.4	9	474	138.7	22
Washington	—	—	—	528	134.0	24
West Virginia	15	117.0	14	9	67.6	45
Wisconsin	224	124.3	13	226	125.4	29
Wyoming	9	34.3	33	12	46.2	47
Total**	31,851	173.0		77,817	244.2	

* Rates are per 100,000 population. All estimates have been adjusted for reporting delays.

† Includes only persons living with HIV (not AIDS) in 33 states with confidential name-based reporting: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

§ Includes only persons living with AIDS. Cases were from the 50 U.S. states and the District of Columbia.

¶ Areas ranked by highest rate.

** Because column totals were calculated independently of the values for the subpopulations, the values in each column might not sum to the column total. Data exclude Puerto Rico, where census information about race and age categories was lacking.

3. Green T. Using surveillance data to monitor trends in the AIDS epidemic. *Statist Med* 1998;17:143–54.
4. CDC. Racial/ethnic disparities in diagnoses of HIV/AIDS—33 states, 2001–2004. *MMWR* 2006;55:121–5.
5. Organista KC, Balls Organista P, Garcia de Alba JE, Castillo Moran MA, Ureta Carrillo LE. Survey of condom-related beliefs, behaviors, and perceived social norms in Mexican migrant laborers. *J Community Health* 1997;22:185–98.
6. Rhodes SD, Yee LJ, Hergenrather KC. A community-based rapid assessment of HIV behavioural risk disparities within a large sample of gay men in southeastern USA: a comparison of African American, Latino and white men. *AIDS Care* 2006;18:1018–24.
7. Freeman RC, Williams ML, Saunders LA. Drug use, AIDS knowledge, and HIV risk behaviors of Cuban-, Mexican-, and Puerto-Rican-born drug injectors who are recent entrants into the United States. *Subst Use Misuse* 1999;34:1765–93.
8. Diaz T, Buehler JW, Castro KG, Ward JW. AIDS trends among Hispanics in the United States. *Am J Public Health* 1993;83:504–9.
9. Deren S, Oliver-Velez D, Finlinson A, et al. Integrating qualitative and quantitative methods: comparing HIV-related risk behaviors among Puerto Rican drug users in Puerto Rico and New York. *Subst Use Misuse* 2003;38:1–24.
10. Finlinson HA, Oliver-Velez D, Deren S, et al. A longitudinal study of syringe acquisition by Puerto Rican injection drug users in New York and Puerto Rico: implications for syringe exchange and distribution programs. *Substance Use Misuse* 2006;41:1313–36.

Notice to Readers

FDA Approval of an Alternate Dosing Schedule for a Combined Hepatitis A and B Vaccine (Twinrix®)

In April 2007, GlaxoSmithKline Vaccine Division (GlaxoSmithKline Biologicals, King of Prussia, Pennsylvania) received approval from the Food and Drug Administration (FDA) for an alternate schedule for Twinrix®, a combined hepatitis A and hepatitis B vaccine. Twinrix was first licensed by FDA in 2001 on a 3-dose schedule (0, 1, and 6 months) for vaccination of persons aged ≥18 years (1). Using the newly licensed, alternate 4-dose schedule, Twinrix doses can be administered at 0, 7, and 21–30 days, followed by a dose at 12 months.

In immunogenicity studies among adults aged ≥18 years, the first 3 doses of the alternate schedule provided equivalent protection to the first 2 doses in the standard 3-dose Twinrix series (2). The first 3 doses of the alternate schedule also have proven effective in providing protection equivalent to a single dose of monovalent hepatitis A vaccine and to 2 doses of monovalent hepatitis B vaccine, administered using the licensed schedules for the monovalent vaccines (3). Thus, the alternate 4-dose schedule can be useful if vaccination with Twinrix has been initiated and travel or other

potential exposure is anticipated before the second dose of Twinrix (or monovalent hepatitis B vaccine) is due, according to the standard 3-dose schedule (i.e., 1 month after the first dose). Additional information is available from the manufacturer's package insert (4) and GlaxoSmithKline Vaccines, telephone 800-366-8900.

References

1. CDC. FDA approval for a combined hepatitis A and B vaccine. *MMWR* 2001;50:806–7.
2. Joines RW, Blatter M, Abraham B, et al. A prospective, randomized, comparative US trial of a combination hepatitis A and B vaccine (Twinrix®) with corresponding monovalent vaccines (Havrix® and Engerix-B®) in adults. *Vaccine* 2001;19:4710–9.
3. Nothdurft HD, Dietrich M, Zuckerman JN, et al. A new accelerated vaccination schedule for rapid protection against hepatitis A and B. *Vaccine* 2002;20:1157–62.
4. GlaxoSmithKline. Revised package insert. Twinrix® (hepatitis A inactivated & hepatitis B [recombinant] vaccine). Available at <http://www.fda.gov/cber/label/hahbgsk032807lb.pdf>.

Notice to Readers

National Latino AIDS Awareness Day — October 15, 2007

October 15 marks the fifth National Latino AIDS Awareness Day (NLAAD). Initiated in 2003 by the Latino Commission on AIDS and the Hispanic Federation in partnership with faith and community organizations, NLAAD raises awareness of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the Hispanic/Latino population living in the United States and abroad.

In 2005, Hispanics accounted for approximately 14.4% of the U.S. population but 18.9% of persons who received an AIDS diagnosis in the United States. Because the U.S. Hispanic population is expected to triple from 2000 to 2050, HIV/AIDS prevention needs will require greater attention. Modes of HIV infection among Hispanics have been determined to vary by place of birth (1). Taking into account these and other varying risk behaviors among subgroups of Hispanics is an important consideration in developing prevention programs.

Information regarding NLAAD is available at <http://nlaad.org>. Information regarding CDC activities and resources supporting NLAAD is available at <http://www.cdc.gov/hiv/nlaad.htm>.

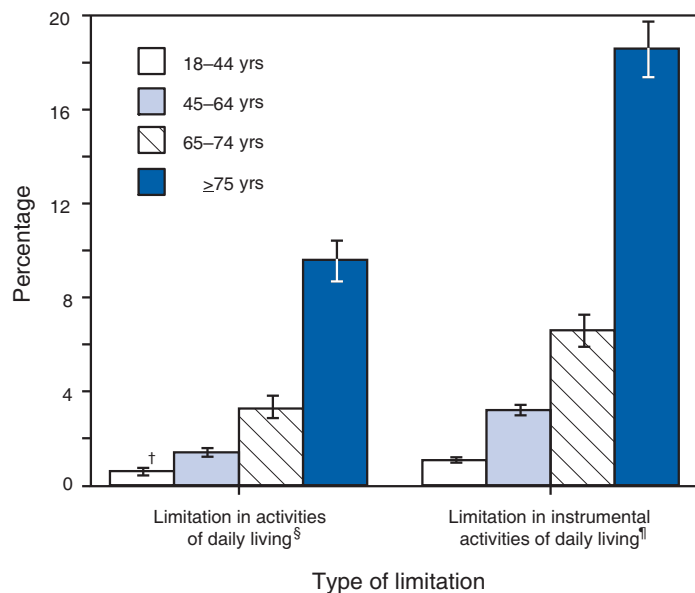
Reference

1. CDC. HIV/AIDS among Hispanics—United States, 2001–2005. *MMWR* 2007;56:1052–7.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage of Adults with Daily Activity Limitations, by Age Group and Type of Limitation — National Health Interview Survey, United States, 2006*



* Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population. Persons with unknown limitation status were excluded from the denominators.

† 95% confidence interval.

[§] Based on response to the question, "Because of a physical, mental, or emotional problem, does [person] need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?"

[¶] Based on response to the question, "Because of a physical, mental, or emotional problem, does [person] need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?"

In 2006, adults aged ≥ 75 years were nearly three times as likely as those aged 65–74 years to require the help of another person in performing activities of daily living (e.g., eating, dressing, or bathing) and instrumental activities of daily living (e.g., household chores or shopping).

SOURCE: Adams PF, Lucas JW, Barnes PM. Summary health statistics for the U.S. population: National Health Interview Survey, 2006. *Vital Health Stat* 2007;10(236). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_236.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 6, 2007 (40th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	1	15	0	20	19	16	20	28	AK (1)
infant	—	61	2	97	85	87	76	69	
other (wound & unspecified)	1	20	1	48	31	30	33	21	CA (1)
Brucellosis	—	93	2	121	120	114	104	125	
Chancroid	—	22	0	33	17	30	54	67	
Cholera	—	1	0	9	8	5	2	2	
Cyclosporiasis§	1	83	1	136	543	171	75	156	NC (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	22	5	67	80	112	108	164	
eastern equine	—	3	0	8	21	6	14	10	
Powassan	—	1	—	1	1	1	—	1	
St. Louis	—	2	1	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	24	371	9	646	786	537	362	511	MN (24)
human monocytic	16	474	11	578	506	338	321	216	MN (7), MO (1), NC (1), GA (1), FL (1), AR (5)
human (other & unspecified)	—	123	2	231	112	59	44	23	
<i>Haemophilus influenzae</i> §,¶¶:									
invasive disease (age <5 yrs):									
serotype b	—	11	0	29	9	19	32	34	
nonserotype b	—	91	2	175	135	135	117	144	
unknown serotype	—	161	3	179	217	177	227	153	
Hansen disease§	—	41	1	66	87	105	95	96	
Hantavirus pulmonary syndrome§	—	19	0	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	6	159	5	288	221	200	178	216	OH (3), MN (2), CA (1)
Hepatitis C viral, acute	14	503	20	802	652	713	1,102	1,835	RI (1), OH (1), MD (1), NC (1), OK (8), TX (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	3	478	20	875	896	753	696	665	RI (1), TX (1), CA (1)
Measles¶¶	—	30	0	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	206	3	318	297	—	—	—	FL (1)
serogroup B	1	102	2	193	156	—	—	—	IN (1)
other serogroup	1	19	0	32	27	—	—	—	NE (1)
unknown serogroup	4	454	10	651	765	—	—	—	MN (1), NE (1), SC (1), FL (1)
Mumps	3	595	14	6,584	314	258	231	270	OH (1), MI (1), AZ (1)
Novel influenza A virus infections	—	3	—	N	N	N	N	N	
Plague	—	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	0	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	6	0	21	16	12	12	18	
Q fever§	—	132	2	169	136	70	71	61	
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	11	0	11	11	10	7	18	
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)	—	313	8	380	329	353	413	412	
Tetanus	—	13	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	61	2	101	90	95	133	109	
Trichinellosis	—	5	0	15	16	5	6	14	
Tularemia	—	97	3	95	154	134	129	90	
Typhoid fever	3	241	9	353	324	322	356	321	OH (1), MN (1), FL (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	16	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	11	245	2	N	N	N	N	N	FL (4), WA (1), CA (6)
Yellow fever	—	—	—	—	—	—	—	1	

—: 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/5yearweeklyaverage.pdf>.

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

¶ Includes both neuroinvasive and 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.

¶¶ Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 71 cases were reported for the 2006–07 flu season.

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

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

†††† No rubella cases were reported for the current week.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	11,779	20,393	25,327	780,684	782,339	54	130	658	5,179	6,274	262	82	931	7,695	4,351
New England	566	720	1,357	26,378	24,932	—	0	1	2	—	1	4	36	208	325
Connecticut	28	229	829	7,762	7,136	N	0	0	N	N	—	0	36	36	38
Maine§	57	50	74	1,979	1,727	—	0	0	—	—	—	1	6	41	36
Massachusetts	424	305	600	12,030	11,229	—	0	0	—	—	—	1	4	50	162
New Hampshire	38	39	70	1,612	1,492	—	0	1	2	—	—	1	5	44	38
Rhode Island§	—	66	108	2,335	2,426	—	0	0	—	—	—	0	3	6	11
Vermont§	19	19	45	660	922	N	0	0	N	N	1	1	3	31	40
Mid. Atlantic	2,036	2,694	4,284	107,317	95,807	—	0	0	—	—	—	10	109	956	519
New Jersey	223	405	537	15,808	15,536	N	0	0	N	N	—	0	2	9	41
New York (Upstate)	—	514	2,758	19,859	18,499	N	0	0	N	N	—	3	21	181	126
New York City	1,622	925	1,682	37,414	31,332	N	0	0	N	N	—	1	10	47	120
Pennsylvania	191	764	1,760	34,236	30,440	N	0	0	N	N	—	4	103	719	232
E.N. Central	1,768	3,121	6,216	126,788	132,084	—	1	3	24	36	37	18	107	1,267	1,115
Illinois	831	943	1,367	36,424	41,444	—	0	0	—	—	—	2	10	110	176
Indiana	366	397	646	15,936	15,296	—	0	0	—	—	3	1	12	76	69
Michigan	361	715	1,080	27,155	27,310	—	0	3	16	32	1	3	10	135	116
Ohio	77	704	3,643	32,882	32,075	—	0	2	8	4	26	5	61	449	284
Wisconsin	133	371	443	14,391	15,959	N	0	0	N	N	7	6	48	497	470
W.N. Central	417	1,169	1,429	44,246	47,580	—	0	54	6	1	32	12	120	1,127	697
Iowa	—	166	252	6,488	6,380	N	0	0	N	N	5	2	60	489	156
Kansas	—	151	294	6,176	6,136	N	0	0	N	N	—	1	15	90	68
Minnesota	1	230	314	7,696	9,913	—	0	54	—	—	17	3	34	168	150
Missouri	370	447	565	17,745	17,651	—	0	1	6	1	5	2	13	115	162
Nebraska§	—	95	183	3,122	4,079	N	0	0	N	N	5	1	21	119	82
North Dakota	—	27	61	1,044	1,394	N	0	0	N	N	—	0	11	14	8
South Dakota	46	49	84	1,975	2,027	N	0	0	N	N	—	2	15	132	71
S. Atlantic	3,272	4,026	6,760	154,785	148,991	—	0	1	3	3	56	20	67	869	849
Delaware	46	66	140	2,620	2,714	—	0	0	—	—	—	0	4	16	12
District of Columbia	—	103	166	4,303	2,225	—	0	0	—	—	—	0	2	3	12
Florida	1,318	1,104	1,767	44,582	37,799	N	0	0	N	N	30	11	35	477	357
Georgia	4	624	3,822	19,038	27,271	N	0	0	N	N	21	4	17	165	215
Maryland§	446	399	696	15,474	16,302	—	0	1	3	3	1	0	2	24	15
North Carolina	72	593	1,905	22,648	25,925	—	0	0	—	—	4	1	9	72	79
South Carolina§	922	488	3,030	24,896	16,010	N	0	0	N	N	—	1	11	57	112
Virginia§	461	490	685	19,000	18,494	N	0	0	N	N	—	1	4	45	39
West Virginia	3	57	92	2,224	2,251	N	0	0	N	N	—	0	5	10	8
E.S. Central	712	1,442	2,044	54,549	58,592	—	0	0	—	—	6	3	60	447	142
Alabama§	78	358	558	12,235	18,136	N	0	0	N	N	—	1	12	71	52
Kentucky	150	143	691	6,235	6,427	N	0	0	N	N	6	1	39	213	34
Mississippi	100	355	959	14,945	14,481	N	0	0	N	N	—	0	10	74	22
Tennessee§	384	505	720	21,134	19,548	N	0	0	N	N	—	1	17	89	34
W.S. Central	1,450	2,305	2,971	92,661	88,745	—	0	1	1	1	12	5	41	243	317
Arkansas§	256	168	288	6,797	6,299	N	0	0	N	N	4	0	8	25	18
Louisiana	94	362	855	14,854	13,950	—	0	1	1	1	—	1	5	39	69
Oklahoma	184	266	467	10,196	9,183	N	0	0	N	N	8	1	11	89	32
Texas§	916	1,490	1,956	60,814	59,313	N	0	0	N	N	—	2	29	90	198
Mountain	294	1,290	2,026	45,957	52,367	45	82	293	3,125	4,330	117	6	571	2,465	317
Arizona	80	485	993	16,101	16,625	43	79	293	3,015	4,216	2	0	6	37	23
Colorado	—	245	369	7,509	12,598	N	0	0	N	N	10	1	25	136	61
Idaho§	—	53	253	2,399	2,234	N	0	0	N	N	37	0	71	314	29
Montana§	—	47	82	1,488	1,962	N	0	0	N	N	1	1	18	54	107
Nevada§	159	181	293	7,279	6,454	2	1	5	48	49	3	0	3	16	8
New Mexico§	—	150	394	6,124	7,556	—	0	2	17	17	—	1	7	72	36
Utah	44	104	209	4,140	3,803	—	1	5	42	46	64	0	498	1,795	15
Wyoming§	11	23	38	917	1,135	—	0	1	3	2	—	0	8	41	38
Pacific	1,264	3,370	4,362	128,003	133,241	9	47	311	2,018	1,903	1	1	18	113	70
Alaska	87	87	157	3,360	3,374	N	0	0	N	N	—	0	2	3	4
California	747	2,678	3,627	102,995	104,636	9	47	311	2,018	1,903	—	0	0	—	—
Hawaii	10	101	133	4,032	4,438	N	0	0	N	N	—	0	4	6	4
Oregon§	305	157	394	6,575	7,187	N	0	0	N	N	1	1	14	104	62
Washington	115	319	621	11,041	13,606	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	4	207	340	692	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	120	544	5,684	3,854	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting year 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Giardiasis				Gonorrhea					<i>Haemophilus influenzae</i> , invasive All ages, all serotypes†					
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	230	302	1,513	12,008	13,618	3,959	6,652	8,941	253,879	272,717	15	45	184	1,699	1,752
New England	8	24	50	961	1,134	74	113	259	4,209	4,204	—	3	19	131	139
Connecticut	2	5	18	271	237	3	47	204	1,579	1,684	—	0	7	40	39
Maine [§]	6	4	10	153	134	2	2	8	98	97	—	0	2	9	16
Massachusetts	—	9	20	356	505	68	51	96	2,057	1,835	—	2	6	58	62
New Hampshire	—	0	3	20	21	1	3	8	119	150	—	0	2	15	10
Rhode Island [§]	—	0	9	36	92	—	8	18	311	383	—	0	10	7	4
Vermont [§]	—	3	12	125	145	—	1	5	45	55	—	0	1	2	8
Mid. Atlantic	2	57	127	2,054	2,690	385	716	1,537	28,066	25,480	—	10	27	355	350
New Jersey	—	5	11	142	386	100	117	159	4,614	4,136	—	1	5	50	61
New York (Upstate)	—	24	108	827	917	—	112	1,035	5,125	4,787	—	3	15	103	108
New York City	2	15	24	599	755	249	204	360	7,926	7,866	—	2	6	76	65
Pennsylvania	—	13	29	486	632	36	240	586	10,401	8,691	—	3	10	126	116
E.N. Central	24	46	77	1,729	2,183	716	1,222	2,578	51,040	54,398	2	6	15	204	298
Illinois	—	12	22	444	551	285	350	498	13,532	15,572	—	1	6	47	89
Indiana	N	0	0	N	N	170	165	306	6,846	6,792	—	1	7	45	65
Michigan	4	12	20	434	553	149	290	747	11,055	11,294	—	0	5	21	22
Ohio	19	15	37	614	623	27	318	1,557	14,568	15,398	2	2	5	82	65
Wisconsin	1	7	19	237	456	85	127	181	5,039	5,342	—	0	2	9	57
W.N. Central	13	20	553	863	1,484	130	371	512	14,114	14,949	3	3	24	106	116
Iowa	1	5	20	220	236	—	39	60	1,413	1,430	—	0	1	1	1
Kansas	—	3	11	119	158	—	44	86	1,767	1,729	—	0	2	9	16
Minnesota	—	0	514	12	475	—	59	86	2,033	2,511	3	1	17	47	57
Missouri	7	7	22	336	431	127	198	266	7,751	7,828	—	1	5	34	31
Nebraska [§]	4	2	8	96	96	—	25	57	885	1,059	—	0	2	13	7
North Dakota	1	0	16	16	14	—	2	7	65	103	—	0	2	2	4
South Dakota	—	1	6	64	74	3	6	11	200	289	—	0	0	—	—
S. Atlantic	49	57	106	2,136	2,065	1,447	1,615	3,209	59,780	66,834	7	11	34	453	429
Delaware	—	1	3	30	34	22	27	43	1,009	1,132	—	0	3	6	1
District of Columbia	—	0	7	34	52	—	47	72	1,768	1,347	—	0	2	3	4
Florida	27	24	47	983	821	497	471	717	18,289	18,631	3	3	8	126	132
Georgia	16	10	33	454	500	2	294	2,068	7,742	13,580	2	2	7	92	88
Maryland [§]	3	4	17	187	183	104	119	227	4,735	5,528	1	1	6	65	62
North Carolina	—	0	0	—	—	331	282	675	10,411	13,330	1	0	9	46	46
South Carolina [§]	3	2	8	74	80	338	202	1,361	10,500	7,392	—	1	4	38	29
Virginia [§]	—	9	19	338	372	152	122	222	4,642	5,185	—	1	22	53	51
West Virginia	—	0	21	36	23	1	18	36	684	709	—	0	6	24	16
E.S. Central	—	10	23	387	342	231	559	752	21,145	23,936	—	2	9	96	89
Alabama [§]	—	4	16	175	163	25	154	242	5,483	8,424	—	0	3	20	18
Kentucky	N	0	0	N	N	45	54	268	2,468	2,301	—	0	1	2	5
Mississippi	N	0	0	N	N	43	140	310	5,637	5,695	—	0	1	7	12
Tennessee [§]	—	5	16	212	179	118	192	261	7,557	7,516	—	1	6	67	54
W.S. Central	8	7	55	274	256	605	982	1,177	38,536	39,067	—	2	34	81	73
Arkansas [§]	4	2	13	91	92	108	78	120	3,000	3,290	—	0	2	8	8
Louisiana	—	1	9	74	67	53	222	384	8,609	8,374	—	0	2	6	18
Oklahoma	4	3	42	109	97	64	101	235	3,923	3,455	—	1	29	61	40
Texas [§]	N	0	0	N	N	380	575	731	23,004	23,948	—	0	3	6	7
Mountain	56	29	63	1,155	1,317	69	251	454	9,209	11,803	3	4	11	182	171
Arizona	5	2	9	95	127	23	105	220	3,423	4,236	—	1	6	57	72
Colorado	12	8	24	368	439	—	54	93	1,842	2,871	2	1	4	45	43
Idaho [§]	3	3	12	131	146	—	3	20	178	132	1	0	1	5	4
Montana [§]	3	2	8	83	81	—	1	8	50	157	—	0	1	2	—
Nevada [§]	2	2	8	88	95	35	46	87	1,781	2,249	—	0	2	9	11
New Mexico [§]	—	2	6	77	64	—	30	58	1,255	1,402	—	1	4	32	24
Utah	31	6	27	283	335	11	17	34	618	654	—	0	3	29	14
Wyoming [§]	—	1	4	30	30	—	2	5	62	102	—	0	1	3	3
Pacific	70	60	558	2,449	2,147	302	719	875	27,780	32,046	—	2	16	91	87
Alaska	4	1	9	57	82	13	10	27	378	471	—	0	2	10	10
California	39	43	93	1,651	1,706	180	611	734	24,029	26,452	—	0	10	21	25
Hawaii	—	1	4	51	44	5	11	22	478	761	—	0	2	9	14
Oregon [§]	12	8	15	327	315	63	22	46	806	1,114	—	1	6	49	38
Washington	15	6	449	363	—	41	60	142	2,089	3,248	—	0	5	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	38	63	87	—	0	0	—	1
Puerto Rico	—	5	15	165	189	—	6	23	261	240	—	0	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.

* Incidence data for reporting year 2007 are provisional.

† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) 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 October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Med	Max				Med	Max				Med	Max			
United States	20	53	201	2,091	2,713	37	77	405	2,924	3,352	14	43	106	1,629	2,013
New England	3	2	6	84	152	—	2	5	54	93	1	2	12	91	145
Connecticut	2	0	3	16	34	—	0	5	23	38	1	0	9	30	38
Maine§	—	0	1	3	8	—	0	2	8	19	—	0	1	4	8
Massachusetts	—	1	4	34	73	—	0	1	4	18	—	0	3	14	61
New Hampshire	1	0	3	12	21	—	0	1	5	8	—	0	2	7	12
Rhode Island§	—	0	2	11	9	—	0	3	13	8	—	0	6	29	20
Vermont§	—	0	1	8	7	—	0	1	1	2	—	0	2	7	6
Mid. Atlantic	—	8	16	303	307	—	9	21	327	410	—	12	52	501	712
New Jersey	—	2	5	72	91	—	1	8	62	131	—	1	9	64	96
New York (Upstate)	—	1	11	54	67	—	2	13	68	48	—	4	30	155	230
New York City	—	2	6	113	98	—	2	6	69	96	—	2	8	71	144
Pennsylvania	—	1	5	64	51	—	3	8	128	135	—	4	21	211	242
E. N. Central	—	6	13	218	280	2	9	23	323	393	6	9	26	374	454
Illinois	—	2	6	78	87	—	2	6	86	113	—	1	6	56	98
Indiana	—	0	7	22	20	—	0	21	41	41	1	1	6	35	36
Michigan	—	1	8	58	93	—	2	8	82	112	1	2	10	111	114
Ohio	—	1	4	53	45	2	2	7	102	98	4	3	17	164	170
Wisconsin	—	0	3	7	35	—	0	3	12	29	—	0	3	8	36
W.N. Central	1	2	18	129	105	—	2	15	100	112	—	1	9	72	59
Iowa	—	1	4	34	8	—	0	3	16	19	—	0	1	8	10
Kansas	—	0	1	3	24	—	0	2	7	10	—	0	1	2	7
Minnesota	—	0	17	56	9	—	0	13	17	14	—	0	6	17	11
Missouri	1	0	2	20	39	—	1	5	47	52	—	1	3	33	18
Nebraska§	—	0	2	11	16	—	0	3	9	12	—	0	1	8	8
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	5	9	—	0	1	4	5	—	0	1	4	5
S. Atlantic	10	10	21	401	418	18	19	56	748	938	3	7	25	280	339
Delaware	—	0	1	7	11	—	0	3	15	37	—	0	2	6	8
District of Columbia	—	0	5	14	6	—	0	2	1	5	—	0	4	1	16
Florida	3	3	11	122	163	2	7	14	263	322	3	2	10	119	127
Georgia	2	1	4	59	44	1	2	6	87	164	—	0	2	18	26
Maryland§	—	1	5	59	54	2	2	6	88	125	—	1	6	50	74
North Carolina	4	0	11	48	66	11	0	16	107	123	—	1	4	35	29
South Carolina§	1	0	4	15	20	2	1	5	47	70	—	0	2	13	3
Virginia§	—	1	5	69	49	—	3	8	102	46	—	1	4	30	46
West Virginia	—	0	2	8	5	—	0	23	38	46	—	0	4	8	10
E. S. Central	—	2	5	82	102	2	6	17	260	251	—	2	7	70	77
Alabama§	—	0	3	15	11	—	2	10	92	72	—	0	1	7	9
Kentucky	—	0	2	17	30	2	1	7	55	58	—	1	6	35	27
Mississippi	—	0	4	8	7	—	0	8	17	9	—	0	1	—	3
Tennessee§	—	1	5	42	54	—	3	8	96	112	—	1	4	28	38
W.S. Central	2	5	43	178	279	7	18	169	605	663	—	2	16	75	56
Arkansas§	1	0	2	10	43	1	1	7	49	59	—	0	3	6	4
Louisiana	—	1	3	24	25	—	1	4	62	49	—	0	1	3	10
Oklahoma	—	0	8	11	6	5	1	24	41	44	—	0	6	5	1
Texas§	1	4	39	133	205	1	14	135	453	511	—	1	13	61	41
Mountain	1	5	15	183	216	—	3	7	126	110	2	2	5	75	101
Arizona	1	3	11	127	126	—	0	3	40	—	2	0	3	26	32
Colorado	—	0	3	20	34	—	0	2	21	30	—	0	2	14	23
Idaho§	—	0	1	4	9	—	0	1	11	10	—	0	1	5	11
Montana§	—	0	2	9	9	—	0	3	—	—	—	0	1	3	5
Nevada§	—	0	2	9	11	—	1	3	29	30	—	0	2	7	7
New Mexico§	—	0	2	7	12	—	0	2	10	20	—	0	2	8	5
Utah	—	0	1	5	13	—	0	4	14	20	—	0	2	9	18
Wyoming§	—	0	1	2	2	—	0	1	1	—	—	0	1	3	—
Pacific	3	12	92	513	854	8	10	106	381	382	2	2	11	91	70
Alaska	—	0	1	3	1	—	0	3	4	5	—	0	1	—	—
California	2	10	40	445	810	4	7	31	284	309	1	1	11	66	70
Hawaii	—	0	2	4	10	—	0	1	4	7	—	0	1	1	—
Oregon§	1	1	2	23	33	—	1	5	48	61	1	0	1	7	—
Washington	—	0	52	38	—	4	0	74	41	—	—	0	3	17	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	45	48	—	1	9	44	46	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting 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 October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	59	255	1,114	14,588	15,855	7	21	105	801	1,113	7	19	87	781	887
New England	36	39	286	2,750	3,714	—	1	5	32	45	—	1	3	32	37
Connecticut	25	11	214	1,496	1,524	—	0	3	1	10	—	0	1	6	9
Maine§	6	3	53	304	180	—	0	2	6	4	—	0	3	5	4
Massachusetts	—	0	20	21	1,350	—	0	3	16	22	—	0	2	17	19
New Hampshire	3	6	78	670	571	—	0	4	7	8	—	0	1	—	3
Rhode Island§	—	0	93	151	1	—	0	1	—	—	—	0	1	1	—
Vermont§	2	1	13	108	88	—	0	2	2	1	—	0	1	3	2
Mid. Atlantic	7	137	578	7,579	8,155	—	5	12	190	286	—	2	8	104	135
New Jersey	1	27	129	1,606	2,169	—	0	3	—	75	—	0	2	11	17
New York (Upstate)	—	50	426	2,566	2,944	—	1	5	50	35	—	1	3	27	31
New York City	—	1	19	116	263	—	3	7	111	137	—	0	4	25	51
Pennsylvania	6	41	280	3,291	2,779	—	1	3	29	39	—	1	5	41	36
E.N. Central	—	7	92	801	1,614	1	2	8	85	134	1	3	9	103	137
Illinois	—	1	10	86	105	—	1	6	36	66	—	0	3	26	36
Indiana	—	0	7	40	20	1	0	2	9	11	1	0	4	21	20
Michigan	—	1	6	50	47	—	0	2	13	17	—	0	3	19	24
Ohio	—	0	3	15	40	—	0	2	18	27	—	1	3	28	38
Wisconsin	—	5	82	610	1,402	—	0	2	9	13	—	0	3	9	19
W.N. Central	—	5	195	340	505	—	0	12	28	32	3	1	5	49	51
Iowa	—	1	11	91	91	—	0	1	3	1	—	0	3	11	13
Kansas	—	0	2	9	4	—	0	1	2	6	—	0	1	1	4
Minnesota	—	1	188	208	396	—	0	12	11	14	1	0	3	15	11
Missouri	—	0	6	25	4	—	0	1	5	6	—	0	3	13	13
Nebraska§	—	0	1	5	9	—	0	1	6	3	2	0	1	4	6
North Dakota	—	0	7	2	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	3
S. Atlantic	14	50	168	2,881	1,723	3	4	13	195	281	3	3	11	139	155
Delaware	—	11	34	582	413	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	41	—	0	2	3	3	—	0	1	—	1
Florida	6	1	11	73	19	—	1	7	47	48	2	1	7	53	60
Georgia	—	0	1	1	7	—	0	5	29	79	—	0	5	21	14
Maryland§	6	24	109	1,477	978	2	1	5	48	66	—	0	2	20	13
North Carolina	1	0	8	40	24	1	0	4	18	24	—	0	6	15	24
South Carolina§	—	0	2	21	17	—	0	1	5	9	1	0	2	14	18
Virginia§	1	11	60	617	215	—	1	4	39	45	—	0	2	13	16
West Virginia	—	0	14	57	9	—	0	1	2	2	—	0	2	2	5
E.S. Central	—	1	5	43	29	—	0	3	28	22	—	1	4	39	32
Alabama§	—	0	3	10	7	—	0	1	5	8	—	0	2	7	5
Kentucky	—	0	2	4	7	—	0	1	7	3	—	0	2	9	7
Mississippi	—	0	0	—	3	—	0	1	2	6	—	0	4	9	4
Tennessee§	—	0	4	29	12	—	0	2	14	5	—	0	2	14	16
W.S. Central	—	1	5	45	18	—	1	29	70	86	—	1	15	80	83
Arkansas§	—	0	1	1	—	—	0	0	—	4	—	0	2	9	10
Louisiana	—	0	1	2	—	—	0	2	14	6	—	0	4	25	33
Oklahoma	—	0	0	—	—	—	0	3	5	7	—	0	4	15	8
Texas§	—	1	5	42	18	—	1	25	51	69	—	0	11	31	32
Mountain	—	1	4	34	24	2	1	6	44	60	—	1	4	47	59
Arizona	—	0	1	2	8	—	0	3	7	19	—	0	2	8	14
Colorado	—	0	1	2	—	2	0	2	16	13	—	0	2	17	19
Idaho§	—	0	2	7	5	—	0	2	2	1	—	0	1	3	3
Montana§	—	0	2	4	—	—	0	1	3	2	—	0	1	1	4
Nevada§	—	0	2	7	3	—	0	1	2	3	—	0	1	4	5
New Mexico§	—	0	1	4	3	—	0	1	3	5	—	0	1	2	4
Utah	—	0	2	5	4	—	0	3	11	17	—	0	2	10	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	2	2	16	115	73	1	3	45	129	167	—	4	48	188	198
Alaska	—	0	1	4	3	—	0	1	2	23	—	0	1	1	3
California	2	2	9	107	64	1	2	7	90	127	—	3	10	135	152
Hawaii	N	0	0	N	N	—	0	1	2	8	—	0	2	7	8
Oregon§	—	0	1	3	6	—	0	3	13	9	—	0	3	27	35
Washington	—	0	8	1	—	—	0	43	22	—	—	0	43	18	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	3	1	—	0	1	6	6
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

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

* Incidence data for reporting 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 October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	95	171	1,479	6,321	10,831	50	94	148	3,804	4,420	35	28	211	1,596	1,718
New England	6	26	77	822	1,302	19	12	22	465	357	—	0	10	—	11
Connecticut	—	2	5	44	86	9	4	10	184	160	—	0	0	—	—
Maine†	1	2	14	63	94	2	2	7	67	89	—	0	0	—	—
Massachusetts	—	20	46	613	820	—	0	0	—	—	—	0	1	—	10
New Hampshire	—	1	9	48	166	1	1	4	41	34	—	0	0	—	1
Rhode Island†	5	0	31	27	45	4	0	3	33	25	—	0	9	—	—
Vermont†	—	0	9	27	91	3	2	13	140	49	—	0	0	—	—
Mid. Atlantic	—	25	155	884	1,431	—	13	44	605	428	—	1	6	48	76
New Jersey	—	3	16	113	243	—	0	0	—	—	—	0	2	6	36
New York (Upstate)	—	13	146	460	635	—	—	—	—	—	—	0	1	3	—
New York City	—	2	6	90	77	—	1	5	33	28	—	0	3	19	21
Pennsylvania	—	7	20	221	476	—	12	44	572	400	—	0	3	20	19
E.N. Central	20	32	80	1,161	1,682	6	3	48	347	140	1	1	4	40	55
Illinois	—	3	23	108	422	1	1	15	107	44	—	0	3	23	24
Indiana	1	0	45	47	181	—	0	1	10	11	—	0	2	5	6
Michigan	1	7	39	232	446	1	1	27	163	40	—	0	1	3	2
Ohio	18	15	54	575	459	4	0	11	67	45	1	0	2	9	22
Wisconsin	—	3	24	199	174	—	0	0	—	—	—	0	0	—	1
W.N. Central	12	13	151	495	1,012	7	5	13	223	268	5	4	31	332	182
Iowa	—	4	16	113	242	1	0	3	30	54	—	0	4	13	5
Kansas	—	3	13	106	227	—	2	7	93	66	—	0	1	1	1
Minnesota	—	0	119	111	160	5	0	5	27	35	—	0	1	1	3
Missouri	—	2	9	63	259	—	0	4	39	62	5	3	25	303	151
Nebraska†	12	1	4	48	79	—	0	0	—	—	—	0	2	10	22
North Dakota	—	0	18	4	25	1	0	6	16	16	—	0	0	—	—
South Dakota	—	1	6	50	20	—	0	2	18	35	—	0	1	4	—
S. Atlantic	33	18	163	741	858	13	40	71	1,616	1,853	22	13	110	781	925
Delaware	—	0	2	10	3	—	0	0	—	—	—	0	2	10	19
District of Columbia	—	0	2	2	6	—	0	0	—	—	—	0	1	1	1
Florida	5	4	18	186	172	—	0	29	100	176	—	0	4	17	10
Georgia	—	1	5	24	74	—	4	34	200	219	1	0	5	30	48
Maryland†	2	2	8	83	117	—	7	18	267	337	—	1	7	49	69
North Carolina	23	1	112	250	155	13	9	19	396	414	18	4	96	509	662
South Carolina†	2	2	9	62	141	—	1	11	46	142	1	1	7	56	32
Virginia†	1	2	17	97	155	—	13	31	556	479	2	2	10	104	81
West Virginia	—	0	19	27	35	—	0	8	51	86	—	0	3	5	3
E.S. Central	—	5	28	299	272	—	4	11	133	205	—	5	16	205	319
Alabama†	—	1	18	63	56	—	0	8	—	69	—	1	8	61	77
Kentucky	—	0	1	5	56	—	0	3	18	23	—	0	2	5	3
Mississippi	—	1	26	162	32	—	0	1	1	4	—	0	2	9	4
Tennessee†	—	2	7	69	128	—	3	9	114	109	—	2	10	130	235
W.S. Central	2	20	226	692	648	1	2	32	70	776	7	1	168	153	105
Arkansas†	—	2	17	119	71	1	0	5	25	26	7	0	53	80	46
Louisiana	—	0	1	14	23	—	0	1	—	5	—	0	1	2	4
Oklahoma	1	0	36	6	18	—	0	22	45	52	—	0	108	45	28
Texas†	1	16	174	553	536	—	0	27	—	693	—	0	7	26	27
Mountain	19	23	61	810	2,095	1	3	14	178	190	—	0	4	29	43
Arizona	1	4	13	162	433	—	2	12	125	125	—	0	1	7	11
Colorado	2	6	17	218	633	—	0	0	—	—	—	0	2	3	4
Idaho†	—	1	5	34	77	—	0	0	—	24	—	0	1	4	13
Montana†	—	0	7	32	102	—	0	3	14	14	—	0	1	1	2
Nevada†	—	0	5	11	61	—	0	1	2	5	—	0	0	—	—
New Mexico†	—	2	8	54	95	—	0	2	8	8	—	0	1	4	7
Utah	16	7	47	280	630	1	0	2	13	9	—	0	0	—	—
Wyoming†	—	0	5	19	64	—	0	4	16	5	—	0	2	10	6
Pacific	3	12	547	417	1,531	3	4	10	167	203	—	0	3	8	2
Alaska	1	0	8	41	78	1	0	6	36	15	N	0	0	N	N
California	—	2	167	109	1,278	2	3	8	122	166	—	0	3	6	—
Hawaii	—	0	2	16	84	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	80	91	—	0	3	9	22	—	0	1	2	2
Washington	2	2	377	171	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	2	—	57	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	1	—	1	5	37	66	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting year 2007 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	595	843	2,338	31,204	33,495	79	79	336	3,151	3,158	249	335	1,287	11,708	10,111
New England	16	29	357	1,484	1,895	1	3	82	212	247	—	3	34	149	239
Connecticut	—	0	342	342	503	—	0	77	77	75	—	0	31	31	67
Maine [§]	1	3	14	100	103	1	1	4	33	35	—	0	5	14	4
Massachusetts	—	19	49	775	982	—	1	10	74	87	—	2	8	91	147
New Hampshire	—	3	10	130	179	—	0	3	14	24	—	0	2	5	4
Rhode Island [§]	14	1	20	75	73	—	0	2	6	8	—	0	3	5	11
Vermont [§]	1	1	5	62	55	—	0	1	8	18	—	0	1	3	6
Mid. Atlantic	7	100	176	3,831	4,254	—	8	63	300	377	2	11	47	534	750
New Jersey	—	11	29	288	913	—	1	20	22	96	—	2	9	89	269
New York (Upstate)	—	29	112	1,106	985	—	3	15	149	133	—	3	42	109	190
New York City	7	24	50	1,067	1,018	—	0	4	27	40	2	5	10	200	219
Pennsylvania	—	32	69	1,370	1,338	—	3	47	102	108	—	1	21	136	72
E.N. Central	47	104	208	4,305	4,498	9	9	28	429	564	35	32	125	1,664	1,076
Illinois	—	30	142	1,281	1,262	—	1	6	37	94	1	10	32	356	499
Indiana	11	15	54	559	722	4	1	9	65	72	1	2	11	83	118
Michigan	6	17	34	695	808	—	1	6	66	73	—	1	7	52	129
Ohio	27	26	65	1,062	978	4	3	11	134	150	33	8	104	987	130
Wisconsin	3	16	50	708	728	1	3	8	127	175	—	4	13	186	200
W.N. Central	42	49	101	2,094	2,085	17	11	45	575	550	23	37	156	1,486	1,329
Iowa	2	8	19	357	371	—	2	38	136	110	—	2	14	69	90
Kansas	—	7	20	289	292	—	0	4	39	21	—	0	7	20	120
Minnesota	12	13	44	521	535	7	4	17	189	167	7	5	24	185	124
Missouri	17	15	26	570	589	8	2	12	109	140	15	18	72	1,081	567
Nebraska [§]	9	4	12	196	158	2	1	6	66	68	1	0	7	19	112
North Dakota	2	0	23	34	21	—	0	12	1	4	—	0	127	5	56
South Dakota	—	3	11	127	119	—	0	5	35	40	—	1	30	107	260
S. Atlantic	261	222	421	8,483	8,561	15	15	37	533	481	69	88	174	3,534	2,289
Delaware	—	2	10	117	129	—	0	3	13	7	—	0	2	9	8
District of Columbia	—	0	4	16	50	—	0	1	1	2	—	0	5	4	14
Florida	131	85	176	3,342	3,449	1	2	8	112	71	39	46	76	1,845	1,064
Georgia	58	33	70	1,478	1,432	6	1	7	74	68	23	34	94	1,284	836
Maryland [§]	22	15	36	673	604	4	2	5	73	97	—	2	9	85	96
North Carolina	36	29	110	1,174	1,231	1	2	24	115	90	4	0	14	71	125
South Carolina [§]	12	18	51	777	806	3	0	2	15	11	3	2	8	106	75
Virginia [§]	2	20	39	761	769	—	3	8	115	128	—	3	11	123	67
West Virginia	—	2	31	145	91	—	0	5	15	7	—	0	6	7	4
E.S. Central	17	54	134	2,242	2,179	8	4	26	239	241	39	26	91	1,439	536
Alabama [§]	—	14	78	624	580	—	0	19	55	24	—	11	67	453	163
Kentucky	16	9	22	435	363	8	1	8	86	78	33	3	32	356	174
Mississippi	1	12	101	580	634	—	0	2	4	8	6	5	76	486	77
Tennessee [§]	—	17	34	603	602	—	2	10	94	131	—	3	14	144	122
W.S. Central	59	85	595	3,020	3,862	—	4	73	139	159	40	39	655	1,318	1,439
Arkansas [§]	30	14	46	568	697	—	1	7	27	33	1	2	10	70	79
Louisiana	—	16	48	573	823	—	0	2	3	13	—	8	22	349	187
Oklahoma	29	8	103	465	383	—	0	17	16	18	1	3	63	97	99
Texas [§]	—	43	470	1,414	1,959	—	2	68	93	95	38	24	580	802	1,074
Mountain	50	44	90	1,760	2,076	14	8	31	368	434	20	19	66	661	1,024
Arizona	14	13	44	538	676	—	1	8	68	81	10	9	37	371	515
Colorado	13	10	22	429	507	1	1	9	64	92	5	2	9	88	175
Idaho [§]	3	3	7	102	141	8	1	16	110	77	—	0	2	8	14
Montana [§]	—	1	6	73	109	—	0	0	—	—	—	1	13	19	14
Nevada [§]	4	4	10	142	178	—	0	5	18	25	—	1	9	38	99
New Mexico [§]	—	5	13	200	205	—	1	3	32	39	—	2	7	81	144
Utah	16	4	14	219	223	5	1	9	76	103	5	1	4	27	53
Wyoming [§]	—	1	4	57	37	—	0	1	—	17	—	0	19	29	10
Pacific	96	103	890	3,985	4,085	15	6	164	356	105	21	26	256	923	1,429
Alaska	3	1	5	64	64	N	0	0	N	N	—	0	2	7	7
California	65	85	260	2,966	3,500	6	2	13	169	N	21	21	84	752	1,275
Hawaii	—	5	16	201	184	—	0	4	17	12	—	0	2	21	39
Oregon [§]	—	7	15	246	335	—	1	11	67	93	—	1	6	60	108
Washington	28	9	625	508	2	9	0	162	103	—	—	1	170	83	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	13	66	446	433	—	0	0	—	—	—	0	4	18	33
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	38	96	261	3,929	4,263	12	31	108	1,154	998
New England	2	6	28	310	281	—	2	11	77	88
Connecticut	—	0	23	96	76	—	0	6	—	26
Maine§	—	0	3	22	15	—	0	1	2	—
Massachusetts	—	3	12	141	140	—	2	6	58	51
New Hampshire	—	0	4	31	33	—	0	2	7	7
Rhode Island§	1	0	12	4	5	—	0	2	8	4
Vermont§	1	0	2	16	12	—	0	1	2	—
Mid. Atlantic	—	17	41	732	768	—	5	27	186	138
New Jersey	—	3	10	107	124	—	1	4	25	51
New York (Upstate)	—	5	27	242	247	—	2	15	78	69
New York City	—	4	13	172	138	—	1	25	83	18
Pennsylvania	—	5	11	211	259	N	0	0	N	N
E.N. Central	1	17	32	672	819	—	5	14	180	264
Illinois	—	4	13	179	250	—	1	6	47	66
Indiana	1	2	17	109	98	—	0	10	16	46
Michigan	—	4	10	164	171	—	1	4	59	62
Ohio	—	4	14	192	206	—	1	7	49	51
Wisconsin	—	0	6	28	94	—	0	2	9	39
W.N. Central	8	5	32	274	289	2	2	8	86	81
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	28	47	—	0	1	1	11
Minnesota	6	0	29	137	136	2	1	6	58	49
Missouri	—	2	6	67	61	—	0	2	16	11
Nebraska§	2	0	3	23	25	—	0	2	10	7
North Dakota	—	0	2	12	10	—	0	2	1	3
South Dakota	—	0	2	7	10	—	0	0	—	—
S. Atlantic	14	22	52	1,004	960	2	4	14	221	62
Delaware	—	0	1	9	10	—	0	0	—	—
District of Columbia	—	0	3	8	13	—	0	1	—	1
Florida	7	6	16	248	233	1	1	5	53	—
Georgia	3	5	13	195	199	—	0	5	44	—
Maryland§	3	4	10	174	179	—	1	6	49	51
North Carolina	1	1	22	141	138	—	0	0	—	—
South Carolina§	—	1	7	82	54	1	0	4	37	—
Virginia§	—	2	11	124	109	—	0	4	31	—
West Virginia	—	0	3	23	25	—	0	4	7	10
E.S. Central	1	4	13	170	170	—	1	6	73	16
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	1	1	3	33	39	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	16
Tennessee§	—	3	13	137	131	—	1	6	70	—
W.S. Central	2	6	90	252	323	3	4	43	170	170
Arkansas§	—	0	2	17	23	—	0	2	10	18
Louisiana	—	0	4	16	16	—	0	4	27	19
Oklahoma	—	1	23	60	81	2	1	13	40	38
Texas§	2	3	64	159	203	1	1	27	93	95
Mountain	8	9	21	402	562	3	3	9	135	159
Arizona	4	3	11	132	291	1	2	7	73	89
Colorado	1	3	9	127	98	2	1	4	36	41
Idaho§	—	0	2	15	8	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	2	1	5	48	108	—	0	4	19	26
Utah	1	2	7	73	54	—	0	2	4	—
Wyoming§	—	0	1	5	3	—	0	0	—	—
Pacific	2	3	9	113	91	2	0	4	26	20
Alaska	2	0	3	32	N	2	0	2	24	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	81	91	—	0	2	2	20
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	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.

* Incidence data for reporting year 2007 are provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years					Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006		Med	Max		
		Med	Max				Med	Max							
United States	23	49	256	1,753	1,883	5	9	35	324	303	136	201	310	7,843	7,263
New England	1	1	12	36	100	—	0	3	6	3	6	5	13	193	157
Connecticut	—	0	5	—	75	—	0	0	—	—	—	0	10	25	34
Maine§	—	0	2	9	6	—	0	2	1	1	—	0	2	8	8
Massachusetts	—	0	0	—	—	—	0	0	—	—	6	3	8	123	95
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	22	10
Rhode Island§	—	0	4	14	9	—	0	1	3	—	—	0	5	14	8
Vermont§	1	0	2	13	10	—	0	1	2	2	—	0	1	1	2
Mid. Atlantic	—	2	9	98	111	—	0	5	21	15	25	28	44	1,176	868
New Jersey	—	0	0	—	—	—	0	0	—	—	5	4	8	154	131
New York (Upstate)	—	1	5	34	36	—	0	4	7	7	—	3	14	105	117
New York City	—	0	0	—	—	—	0	0	—	—	20	16	34	729	411
Pennsylvania	—	2	6	64	75	—	0	2	14	8	—	5	10	188	209
E.N. Central	5	10	40	422	394	2	2	7	57	62	14	15	27	613	684
Illinois	—	0	4	15	21	—	0	1	2	6	4	7	13	278	333
Indiana	3	2	31	110	103	1	0	5	18	16	2	1	6	41	69
Michigan	—	0	1	2	15	—	0	1	1	2	3	2	9	93	86
Ohio	2	5	38	295	255	1	1	5	36	38	4	4	10	155	141
Wisconsin	N	0	0	N	N	—	0	0	—	—	1	1	4	46	55
W.N. Central	—	2	124	116	84	—	0	15	9	12	6	6	13	268	220
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	11	15
Kansas	—	0	11	63	—	—	0	2	5	—	—	0	3	16	18
Minnesota	—	0	123	—	51	—	0	15	—	10	—	1	5	50	38
Missouri	—	1	5	45	32	—	0	1	—	2	6	4	11	182	131
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	2	5
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	7	12
S. Atlantic	16	21	59	800	897	3	4	15	169	142	37	48	180	1,839	1,623
Delaware	—	0	1	7	—	—	0	1	2	—	—	0	3	12	16
District of Columbia	—	0	2	5	21	—	0	0	—	2	—	3	12	133	96
Florida	4	11	29	458	481	1	2	8	98	91	21	16	38	682	564
Georgia	12	7	17	280	300	2	1	10	61	49	—	7	153	267	287
Maryland§	—	0	1	1	—	—	0	0	—	—	4	6	15	241	237
North Carolina	—	0	0	—	—	—	0	0	—	—	5	5	23	247	228
South Carolina§	—	0	0	—	—	—	0	0	—	—	4	2	11	81	53
Virginia§	N	0	0	N	N	—	0	0	—	—	3	4	17	171	134
West Virginia	—	1	17	49	95	—	0	1	8	—	—	0	1	5	8
E.S. Central	—	3	9	122	153	—	0	3	27	28	14	17	30	661	548
Alabama§	N	0	0	N	N	—	0	0	—	—	3	6	16	267	252
Kentucky	—	0	2	19	29	—	0	1	2	6	2	1	7	46	56
Mississippi	—	0	2	—	20	—	0	0	—	—	5	2	9	83	48
Tennessee§	—	2	8	103	104	—	0	3	25	22	4	6	15	265	192
W.S. Central	—	2	11	114	66	—	0	3	17	6	27	35	55	1,391	1,163
Arkansas§	—	0	1	1	10	—	0	0	—	2	2	1	10	94	60
Louisiana	—	1	4	52	56	—	0	2	7	4	7	8	29	354	207
Oklahoma	—	0	9	61	—	—	0	2	10	—	—	1	4	42	55
Texas§	—	0	0	—	—	—	0	0	—	—	18	21	39	901	841
Mountain	1	1	5	45	78	—	0	3	16	35	4	7	19	268	396
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	12	104	149
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	30	58
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	1	0	3	18	16	—	0	2	5	2	4	2	6	87	112
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	36	59
Utah	—	0	5	15	32	—	0	3	9	23	—	0	2	6	14
Wyoming§	—	0	2	12	30	—	0	1	2	10	—	0	1	3	—
Pacific	—	0	0	—	—	—	0	1	2	—	3	38	57	1,434	1,604
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	5	9
California	N	0	0	N	N	—	0	0	—	—	—	36	54	1,307	1,424
Hawaii	—	0	0	—	—	—	0	1	2	—	—	0	2	7	15
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	13	14
Washington	N	0	0	N	N	—	0	0	—	—	3	2	12	102	142
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	1	3	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	3	10	117	109
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

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

* Incidence data for reporting year 2007 are provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2007, and October 7, 2006 (40th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive					Nonneuroinvasive [§]				
		Med	Max			Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	386	796	2,813	26,982	34,499	1	1	115	877	1,447	1	2	275	1,926	2,707
New England	12	17	124	541	3,378	—	0	2	5	9	—	0	2	4	3
Connecticut	—	0	76	2	1,237	—	0	2	3	7	—	0	1	1	2
Maine [¶]	—	0	7	—	185	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	1	2	2	—	0	2	2	1
New Hampshire	2	7	17	246	292	—	0	0	—	—	—	0	0	—	—
Rhode Island [¶]	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Vermont [¶]	10	9	66	293	523	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	111	195	3,275	3,755	—	0	3	11	26	—	0	1	4	12
New Jersey	N	0	0	N	N	—	0	0	—	2	—	0	0	—	3
New York (Upstate)	N	0	0	N	N	—	0	0	—	8	—	0	0	—	4
New York City	—	0	0	—	—	—	0	3	9	8	—	0	1	1	4
Pennsylvania	—	111	195	3,275	3,755	—	0	1	2	8	—	0	1	3	1
E.N. Central	101	229	568	7,582	11,071	—	0	13	64	242	—	0	7	33	172
Illinois	—	2	11	111	111	—	0	10	38	126	—	0	6	22	87
Indiana	—	0	0	—	—	—	0	2	6	27	—	0	3	4	53
Michigan	23	97	258	3,063	3,357	—	0	5	12	42	—	0	0	—	12
Ohio	78	106	449	3,611	6,796	—	0	3	6	36	—	0	1	4	10
Wisconsin	—	19	80	797	807	—	0	1	2	11	—	0	1	3	10
W.N. Central	12	32	136	1,287	1,363	1	0	37	205	221	—	0	103	612	478
Iowa	N	0	0	N	N	—	0	4	7	22	—	0	3	12	15
Kansas	—	8	52	439	259	—	0	3	10	17	—	0	6	19	13
Minnesota	—	0	0	—	—	1	0	11	39	31	—	0	11	54	34
Missouri	12	15	78	702	1,006	—	0	9	48	50	—	0	1	8	10
Nebraska [¶]	N	0	0	N	N	—	0	3	9	44	—	0	13	72	214
North Dakota	—	0	60	84	44	—	0	11	48	20	—	0	45	295	117
South Dakota	—	1	15	62	54	—	0	8	44	37	—	0	32	152	75
S. Atlantic	76	100	239	3,902	3,449	—	0	11	31	16	—	0	5	25	13
Delaware	—	1	6	36	60	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	8	14	30	—	0	0	—	—	—	0	1	—	1
Florida	29	20	76	962	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	20	2	—	0	4	18	6
Maryland [¶]	N	0	0	N	N	—	0	2	3	10	—	0	1	4	1
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina [¶]	29	21	72	801	888	—	0	2	2	—	—	0	1	2	—
Virginia [¶]	—	28	190	1,201	1,304	—	0	1	2	—	—	0	1	1	5
West Virginia	18	24	50	888	1,167	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	5	571	383	27	—	0	11	58	114	—	0	12	74	94
Alabama [¶]	—	5	571	380	26	—	0	2	12	8	—	0	1	3	—
Kentucky	N	0	0	N	N	—	0	1	3	5	—	0	0	—	1
Mississippi	—	0	2	3	1	—	0	7	39	85	—	0	11	69	87
Tennessee [¶]	N	0	0	N	N	—	0	1	4	16	—	0	1	2	6
W.S. Central	147	167	1,640	7,990	9,338	—	0	22	138	364	—	0	12	56	226
Arkansas [¶]	1	13	105	552	656	—	0	4	9	24	—	0	1	4	5
Louisiana	—	2	11	99	191	—	0	2	1	89	—	0	1	1	84
Oklahoma	—	0	0	—	—	—	0	11	45	26	—	0	7	32	20
Texas [¶]	146	150	1,534	7,339	8,491	—	0	15	83	225	—	0	5	19	117
Mountain	38	56	131	1,992	2,118	—	0	33	226	371	—	1	138	913	1,450
Arizona	—	0	0	—	—	—	0	10	28	47	—	0	14	34	56
Colorado	33	22	62	813	1,146	—	0	17	88	66	—	0	64	418	277
Idaho [¶]	N	0	0	N	N	—	0	2	7	138	—	0	16	97	850
Montana [¶]	—	5	40	304	N	—	0	10	33	12	—	0	30	152	22
Nevada [¶]	—	0	1	1	9	—	0	1	2	34	—	0	3	9	89
New Mexico [¶]	—	5	37	302	317	—	0	7	33	3	—	0	6	18	4
Utah	5	15	73	554	611	—	0	8	20	56	—	0	7	24	102
Wyoming [¶]	—	0	11	18	35	—	0	4	15	15	—	0	34	161	50
Pacific	—	0	9	30	—	—	0	16	139	84	1	0	21	205	259
Alaska	—	0	9	30	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	16	135	77	1	0	19	187	194
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon [¶]	N	0	0	N	N	—	0	1	4	7	—	0	4	18	62
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	3
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	6	30	146	183	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	30	467	456	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
 U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
[†] Incidence data for reporting 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 October 6, 2007 (40th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	>65	45-64	25-44	1-24	<1	P&I [†] Total		All Ages	>65	45-64	25-44	1-24	<1	P&I [†] Total
New England	494	344	101	28	9	12	37	S. Atlantic	1,058	642	240	109	39	28	61
Boston, MA	132	77	35	8	6	6	11	Atlanta, GA	129	69	29	18	6	7	5
Bridgeport, CT	27	21	5	1	—	—	1	Baltimore, MD	156	95	43	12	4	2	9
Cambridge, MA	16	14	2	—	—	—	1	Charlotte, NC	97	70	12	5	4	6	8
Fall River, MA	25	15	8	2	—	—	1	Jacksonville, FL	88	41	13	26	6	2	9
Hartford, CT	58	40	11	3	1	3	6	Miami, FL	109	64	26	13	5	1	3
Lowell, MA	26	16	6	3	1	—	4	Norfolk, VA	57	36	12	6	1	2	3
Lynn, MA	4	4	—	—	—	—	—	Richmond, VA	47	18	12	11	4	2	3
New Bedford, MA	14	9	4	1	—	—	—	Savannah, GA	64	44	15	4	1	—	3
New Haven, CT	19	15	3	1	—	—	2	St. Petersburg, FL	51	34	10	3	2	2	5
Providence, RI	52	44	4	3	—	1	—	Tampa, FL	150	99	42	6	2	1	8
Somerville, MA	5	5	—	—	—	—	—	Washington, D.C.	100	64	24	5	4	3	1
Springfield, MA	41	33	6	—	—	2	6	Wilmington, DE	10	8	2	—	—	—	4
Waterbury, CT	29	23	5	1	—	—	4	E.S. Central	748	474	187	50	20	17	41
Worcester, MA	46	28	12	5	1	—	1	Birmingham, AL	127	78	35	9	4	1	8
Mid. Atlantic	2,031	1,394	442	119	31	44	99	Chattanooga, TN	65	44	15	5	—	1	5
Albany, NY	U	U	U	U	U	U	U	Knoxville, TN	81	58	21	—	1	1	5
Allentown, PA	27	21	4	2	—	—	—	Lexington, KY	34	20	9	2	—	3	2
Buffalo, NY	72	48	15	6	1	2	6	Memphis, TN	113	64	31	9	5	4	8
Camden, NJ	20	6	11	1	—	2	—	Mobile, AL	117	78	26	6	5	2	5
Elizabeth, NJ	9	7	1	1	—	—	—	Montgomery, AL	48	32	13	1	1	1	2
Erie, PA	45	36	8	1	—	—	2	Nashville, TN	163	100	37	18	4	4	6
Jersey City, NJ	U	U	U	U	U	U	U	W.S. Central	1,357	840	361	102	25	29	79
New York City, NY	979	689	214	53	14	9	44	Austin, TX	112	65	38	7	1	1	6
Newark, NJ	21	10	7	4	—	—	1	Baton Rouge, LA	U	U	U	U	U	U	U
Paterson, NJ	10	8	1	1	—	—	1	Corpus Christi, TX	75	50	19	4	1	1	6
Philadelphia, PA	475	276	123	36	14	25	9	Dallas, TX	207	113	59	19	3	13	16
Pittsburgh, PA [‡]	30	24	5	—	—	1	3	El Paso, TX	37	26	4	5	1	1	2
Reading, PA	31	27	3	1	—	—	2	Fort Worth, TX	110	75	25	6	2	2	7
Rochester, NY	119	95	15	3	2	4	9	Houston, TX	355	209	94	30	13	9	13
Schenectady, NY	27	20	5	2	—	—	4	Little Rock, AR	53	31	17	4	—	1	1
Scranton, PA	27	22	5	—	—	—	5	New Orleans, LA [†]	U	U	U	U	U	U	U
Syracuse, NY	70	52	13	4	—	1	8	San Antonio, TX	229	145	63	18	2	1	14
Trenton, NJ	37	27	8	2	—	—	1	Shreveport, LA	45	30	11	3	1	—	5
Utica, NY	17	15	1	1	—	—	3	Tulsa, OK	134	96	31	6	1	—	9
Yonkers, NY	15	11	3	1	—	—	1	Mountain	1,066	660	261	81	36	25	73
E.N. Central	1,872	1,198	432	145	59	38	105	Albuquerque, NM	107	67	24	10	2	4	4
Akron, OH	72	49	17	2	3	1	3	Boise, ID	30	22	6	2	—	—	2
Canton, OH	31	22	8	—	—	—	2	Colorado Springs, CO	85	50	27	6	1	1	7
Chicago, IL	259	154	67	30	4	4	21	Denver, CO	79	41	22	7	5	4	7
Cincinnati, OH	77	37	21	8	4	7	4	Las Vegas, NV	278	176	68	22	8	4	22
Cleveland, OH	187	126	43	9	8	1	14	Ogden, UT	33	24	5	2	2	—	4
Columbus, OH	203	126	49	17	6	5	9	Phoenix, AZ	174	95	50	16	4	6	9
Dayton, OH	136	100	30	5	1	—	3	Pueblo, CO	31	25	6	—	—	—	3
Detroit, MI	163	81	37	29	11	5	7	Salt Lake City, UT	126	80	23	9	9	5	9
Evansville, IN	31	26	5	—	—	—	2	Tucson, AZ	123	80	30	7	5	1	6
Fort Wayne, IN	72	53	16	2	1	—	5	Pacific	1,273	885	255	86	26	20	85
Gary, IN	14	4	5	3	2	—	—	Berkeley, CA	17	11	4	1	1	—	1
Grand Rapids, MI	65	43	12	5	3	2	5	Fresno, CA	70	48	14	8	—	—	3
Indianapolis, IN	187	110	43	19	8	7	9	Glendale, CA	U	U	U	U	U	U	U
Lansing, MI	41	23	11	5	1	1	3	Honolulu, HI	76	59	12	4	—	1	10
Milwaukee, WI	76	51	16	6	1	2	2	Long Beach, CA	50	30	13	5	1	1	3
Peoria, IL	39	30	5	2	2	—	2	Los Angeles, CA	U	U	U	U	U	U	U
Rockford, IL	43	28	12	1	2	—	3	Pasadena, CA	23	13	7	3	—	—	1
South Bend, IN	36	28	7	1	—	—	1	Portland, OR	116	78	26	9	—	3	9
Toledo, OH	87	58	24	1	2	2	4	Sacramento, CA	188	117	51	13	5	2	10
Youngstown, OH	53	49	4	—	—	—	6	San Diego, CA	153	105	25	14	3	5	17
W.N. Central	539	341	131	33	13	20	35	San Francisco, CA	89	71	10	4	3	1	7
Des Moines, IA	52	36	14	1	1	—	2	San Jose, CA	156	118	27	2	6	3	9
Duluth, MN	22	18	4	—	—	—	—	Santa Cruz, CA	34	21	7	4	1	1	4
Kansas City, KS	23	13	8	2	—	—	1	Seattle, WA	126	83	29	9	2	3	5
Kansas City, MO	89	61	18	4	2	3	5	Spokane, WA	65	52	12	1	—	—	1
Lincoln, NE	32	23	3	1	2	3	2	Tacoma, WA	110	79	18	9	4	—	5
Minneapolis, MN	76	44	16	5	3	8	5	Total	10,438**	6,778	2,410	753	258	233	615
Omaha, NE	72	45	20	5	1	1	6								
St. Louis, MO	70	36	21	8	3	2	4								
St. Paul, MN	34	19	12	3	—	—	3								
Wichita, KS	69	46	15	4	1	3	7								

U: Unavailable. —:No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

**TABLE IV. Provisional cases of selected notifiable disease,*
United States, quarter ending September 29, 2007 (39th Week)**

Reporting area	Tuberculosis				
	Current quarter	Previous 4 quarters		Cum 2007	Cum 2006
		Min	Max		
United States	2,863	2,368	3,921	7,604	9,382
New England	38	16	49	103	212
Connecticut	26	11	28	65	66
Maine	6	3	6	13	11
Massachusetts	—	0	0	—	104
New Hampshire	1	0	8	4	9
Rhode Island	5	0	14	19	18
Vermont	—	0	5	2	4
Mid. Atlantic	547	392	598	1,428	1,516
New Jersey	124	80	136	317	372
New York (Upstate)	73	43	124	165	192
New York City	269	218	269	751	713
Pennsylvania	81	45	98	195	239
E.N. Central	292	233	380	774	844
Illinois	137	121	177	387	392
Indiana	—	0	33	7	92
Michigan	74	35	93	147	128
Ohio	65	52	65	179	181
Wisconsin	16	15	23	54	51
W.N. Central	125	101	149	354	353
Iowa	9	7	14	25	26
Kansas	20	12	20	52	75
Minnesota	53	46	67	166	157
Missouri	29	26	36	83	70
Nebraska	12	0	12	18	16
North Dakota	—	0	9	—	—
South Dakota	2	2	6	10	9
S. Atlantic	499	440	815	1,459	1,940
Delaware	6	0	6	10	28
District of Columbia	1	0	15	12	52
Florida	192	185	315	592	723
Georgia	64	35	117	216	415
Maryland	75	45	75	180	123
North Carolina	82	61	144	222	230
South Carolina	12	0	63	28	159
Virginia	61	37	138	184	194
West Virginia	6	4	6	15	16
E.S. Central	152	113	207	428	465
Alabama	35	35	51	126	145
Kentucky	37	17	37	79	59
Mississippi	26	22	36	81	77
Tennessee	54	32	95	142	184
W.S. Central	443	240	443	1,053	1,396
Arkansas	33	21	33	77	81
Louisiana	—	0	0	—	—
Oklahoma	40	33	43	122	111
Texas	370	176	381	854	1,204
Mountain	98	66	226	248	410
Arizona	74	23	138	158	176
Colorado	5	0	28	22	96
Idaho	—	0	0	—	—
Montana	—	0	12	—	—
Nevada	—	0	33	16	68
New Mexico	10	0	14	24	43
Utah	9	5	14	28	25
Wyoming	—	0	1	—	2
Pacific	669	506	1,062	1,757	2,246
Alaska	15	9	24	34	46
California	557	400	925	1,430	1,854
Hawaii	27	22	37	96	93
Oregon	—	0	26	—	55
Washington	70	62	70	197	198
American Samoa	U	0	3	U	U
C.N.M.I.	—	—	—	—	U
Guam	—	0	11	—	43
Puerto Rico	17	0	48	23	64
U.S. Virgin Islands	—	0	0	—	—

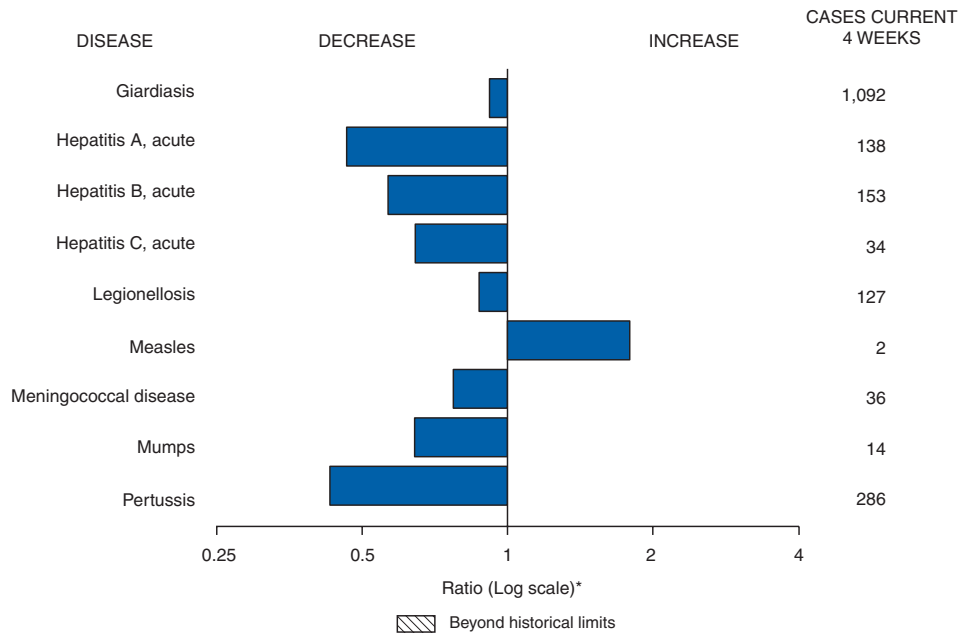
C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts. Min: Minimum. Max: Maximum.

* AIDS and HIV/AIDS data are not updated for this quarter because of upgrading of the national HIV/AIDS surveillance data management system.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 6, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team
 Patsy A. Hall
 Deborah A. Adams Rosaline Dhara
 Willie J. Anderson Carol Worsham
 Lenee Blanton Pearl C. Sharp

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

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to www.mmwrq@cdc.gov.

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

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

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