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Nonfatal Motor-Vehicle Animal Crash–Related Injuries — United States, 2001–2002

In 2000, an estimated 6.1 million light-vehicle (e.g., passenger cars, sport utility vehicles, vans, and pickup trucks) crashes on U.S. roadways were reported to police (1). Of these reported crashes, 247,000 (4.0%) involved incidents in which the motor vehicle (MV) directly hit an animal on the roadway (1). Each year, an estimated 200 human deaths result from crashes involving animals (i.e., deaths from a direct MV animal collision or from a crash in which a driver tried to avoid an animal and ran off the roadway) (2). To characterize nonfatal injuries from these incidents, CDC analyzed data from the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP). This report summarizes the results of that analysis, which indicated that, during 2001-2002, an estimated 26,647 MV occupants per year were involved in crashes from encounters with animals (predominantly deer) in a roadway and treated for nonfatal injuries in U.S. hospital emergency departments (EDs). Cost-effective measures targeting both drivers (e.g., speed reduction and early warnings) and animals (e.g., fencing and underpasses) are needed to reduce injuries associated with MV collisions involving animals.

NEISS-AIP is operated by the Consumer Product Safety Commission and collects data about initial visits for all types and causes of injuries treated in U.S. EDs (3). NEISS-AIP data are drawn from a nationally representative subsample of 66 of 100 NEISS-AIP hospitals selected as a stratified probability sample of hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED. NEISS-AIP provides data on approximately 500,000 injuryand consumer product—related ED cases each year. Data for each case include a comment variable that contains additional information about the circumstances of the injury.

Each case was assigned a sample weight on the basis of the inverse probability of selection; these weights were summed

to provide national estimates of MV animal crash–related injuries. Confidence intervals (CIs) were calculated by using a direct variance estimation procedure that accounted for the sample weights and complex sample design. Rates were calculated by using 2001 and 2002 U.S. Census bridged-race population estimates from the National Center for Health Statistics (4).

Data used in this study were obtained from medical records of 676 ED patients treated for nonfatal injuries incurred while driving or riding in a light vehicle and encountering an animal in the roadway. This report focuses on the majority of these patients, who encountered larger animals (e.g., deer, moose, elk, bear, horses, or cattle) entering the roadway. Smaller animals (e.g., dogs, cats, squirrels, raccoons, and possums) were included only in the overall national estimate. No information was obtained on type of vehicle. MV animal crashes were defined as those involving direct collision with an animal on a roadway or those occurring on or off the roadway as a result of trying to avoid hitting the animal. These cases were identified by using a brief narrative captured in the NEISS-AIP database that described the circumstances of the injury incident. An additional 79 patients injured as motorcyclists involved in MV-animal crashes were excluded from this study.

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Notifiable Disease Morbidity and 122 Cities Mortality Data

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During 2001–2002, an estimated 26,647 (9.3 per 100,000 population; 95% CI = 6.7–11.9) persons were treated annually in U.S. EDs for MV animal crash-related injuries, of which 22,498 (84.8%) were MV occupants in crashes involving larger animals (Table 1). The highest MV large animal crashrelated injury rate (21.1 per 100,000 population) occurred among persons aged 15–24 years (Table 1). The age distribution of those injured in MV large animal crashes was different from those injured during all other types of MV trafficrelated crashes (p<0.03); most of this difference was attributed to an overrepresentation of persons aged 15-24 years (p<0.0001) and an underrepresentation of children aged 0–14 years (p<0.0001) (Figure). Among injured persons aged 15–24 years, 48.9% were driving the vehicle. The MV large animal crash-related injury rate was similar for males and females (Table 1). Approximately 6% of those treated in U.S. EDs required hospitalization for their injuries.

MV large animal crash-related injuries were mostly strains/ sprains (36.5%) and contusions/abrasions (33.9%) and involved the head/face (28.1%), neck (22.7%), and upper trunk (15.3%) (Table 2). The majority (94.5%) of the neck injuries were strains and sprains, and 62.5% of head/face injuries were contusions, abrasions, or lacerations. Persons injured during MV large animal crashes were treated more often during October and November than other months. Deer were the most common large animals involved in these

TABLE 1. Estimated annual number, percentage, and rate* of persons treated in emergency departments for nonfatal motorvehicle large animal crash-related injuries, by age, sex, and disposition — United States, 2001-2002

	Estimated			
Characteristic	no.	(%) †	Rate	(95% CI [§])
Age group (yrs)				
0-14	925	(4.1)	1.5	(0.7-2.3)
15-24	8,508	(37.8)	21.1	(14.6-27.6)
25-34	4,793	(21.3)	12.0	(7.0-17.0)
35-44	3,736	(16.6)	8.3	(5.0-11.6)
45-54	2,368	(10.5)	6.0	(3.8-8.2)
≥55	2,113	(9.4)	3.4	(2.2-4.6)
Unknown	56¶	(0.2)¶	_	
Sex				
Male	11,289	(50.2)	8.0	(5.6-10.4)
Female	11,209	(49.8)	7.7	(5.6–9.8)
Disposition				
Treated/Released	20,902	(92.9)	7.3	(5.2-9.4)
Hospitalized/		` ,		,
Transferred	1,315	(5.8)	0.5	(0.2-0.8)
Observed	281 [¶]	(1.3)¶	_	
Total	22,498	(100.0)	7.8	(5.7–10.0)

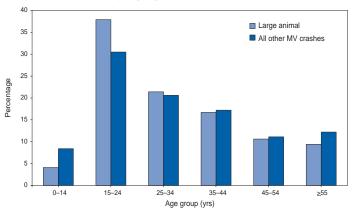
^{*} Per 100,000 population.

† Percentages might not total 100% because of rounding.

[§] Confidence interval.

Estimates might be unstable because they are based on <20 NEISS-AIP cases or coefficient of variation is ≥30%.

FIGURE. Percentage of persons injured in motor-vehicle (MV) large animal crashes, compared with persons injured in all other MV crashes, by age group — United States, 2001–2002



incidents (86.9%). Approximately half (54.4%) of these crashes involved a direct collision with the animal, and the remainder (44.8%) resulted from the driver trying to avoid hitting the animal. Of those incidents in which the animal was avoided, the crash most commonly involved an MV leaving the roadway (29.0%); an MV hitting a tree, pole, or guardrail (21.4%); or an MV rollover (17.3%) (Table 2).

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Editorial Note: Nationally, nonfatal MV animal crash-related injuries account for <1.0% of approximately three million MV occupants treated in U.S. EDs annually (5). Direct MV animal crashes represent nearly 4.0% of an estimated 6.1 million light-vehicle crashes reported to police in the United States (1). However, in rural areas with large deer populations, MV animal crashes and associated occupant deaths and injuries, wildlife loss, and property damage are important concerns. For instance, in Wisconsin, MV deer crashes accounted for nearly 16% of all statewide police-reported MV crashes in 2002 (6).

National estimates reported from this study are consistent with state MV animal crash data reported to police. In this study, the majority of MV occupant injuries resulted from encounters between the MV and deer; however, 12% of those injured resulted from MV crashes involving large domesticated animals (e.g., horses and cattle). MV occupant injuries can occur because of a direct MV collision with the large animal or from swerving or maneuvering to avoid a collision with the animal. In this study, 63.8% of younger drivers swerved to avoid the animal, resulting in an MV crash and subsequent injury. Similar to other MV occupant injuries from crashes that occur on U.S. highways, a majority of the injuries were neck sprains/strains, and contusions/abrasions to the head and

TABLE 2. Estimated annual number and percentage of persons treated in emergency departments for nonfatal motor-vehicle (MV) large animal crash-related injuries, by selected characteristics — United States. 2001–2002

Characteristic	Estimated no.	(%)* (95% CI†)
Diagnosis		
Strain/Sprain	8,202	(36.5) (25.4–47.6)
Contusion/Abrasion	7,616	(33.9) (21.9–45.9)
Laceration	2,610	(11.6) (6.8–16.4)
Internal injury	1,204	(5.3) (3.1–7.5)
Other diagnosis§	2,867	(12.7) (7.9–17.5)
Primary body part affected	I	
Neck	5,099	(22.7) (14.8–30.6)
Head/Face	6,333	(28.1) (18.1–38.1)
Upper trunk	3,442	(15.3) (9.2–21.4)
Lower trunk	2,718	(12.1) (7.9–16.3)
Upper extremity	2,307	(10.3) (6.0–14.6)
Lower extremity	1,226	(5.4) (2.8–8.0)
Multiple/All body parts	1,210	(5.4) (1.4–9.4)
Unknown	164 [¶]	(0.7) [¶] (—)
Month of treatment		
January	946¶	(4.2) [¶] (—)
February	1,367	(6.1) (3.8–8.4)
March	1,308	(5.8) (2.4–9.2)
April	936	(4.2) (2.0–6.4)
May	1,985	(8.8) (4.4–13.2)
June	1,935	(8.6) (4.8–12.4)
July	2,037	(9.1) (5.3–12.9)
August	1,590	(7.1) (4.5–9.7)
September	1,974	(8.8) (4.1–13.5)
October	2,780	(12.4) (7.8–17.0)
November	3,534	(15.7) (9.5–21.9)
December	2,107	(9.4) (4.6–14.2)
Type of animal involved		
Deer	19,561	(86.9) (61.6–112.2)
Moose/Elk/Bear	187 [¶]	(O.8)¶ (—)
Horse/Cow/Bull	2,750	(12.2) (6.1–18.3)
Circumstances		
Directly hit animal	12,245	(54.4) (40.8–68.0)
Unknown	174 [¶]	(-)
Swerved/slowed to avoid		, ,
collision with animal	10,080	(44.8) (29.5–60.1)
Hit tree/pole/guardrail	2,158	(21.4) (10.8–32.0)
Hit car/Hit by car	632 [¶]	(6.3) [¶] (—)
MV rollover	1,739	(17.3) (8.4–26.2)
Went off road	2,919	(29.0) (13.1–44.9)
Other type**	948	(9.4) (4.3–14.5)
Unknown	1,684	(16.7) (7.8–25.6)
Total	22,498	(100.0)

- * Percentages might not total 100% because of rounding.
- † Confidence interval.
- § Includes fracture, concussion, hematoma, dental, or other injury.
- ¶ Estimates might be unstable because they are based on <20 NEISS-AIP cases or coefficient of variation is ≥30%.</p>
- ** Includes fence, bridge, parked car, house, and other.

face. One fourth of MV animal crash–related injuries were treated in October and November at the height of the fall deer hunting, mating, and migration season (7). MV animal crashes are more likely to occur in the early morning hours and especially at dusk, when deer are actively moving about and likely to cross the road in rural areas (6–8).

The findings of this report are subject to at least three limitations. First, although the risk for MV animal crash–related injury can vary among states and local areas, NEISS-AIP is designed to provide only national estimates and does not provide regional, state, or local estimates or estimates by urban and rural categories. Second, because of the small number of cases reported, this study excluded motorcyclists, who are known to be at higher risk for injury in crashes (6). Finally, NEISS-AIP only provides data on injured persons treated in hospital EDs.

Prevention efforts have focused on warning signs to alert drivers to animal crossings, speed restrictions, roadway fencing and underpasses/overpasses aimed at directing animals toward safe passage, roadside clearing, roadside mirrors and reflectors (i.e., to deflect headlight beams toward the sides of the road to alert deer), and reduction of deer populations through recreational hunting (7,9). Evaluation studies have been conducted to assess the cost and effectiveness of these methods, but the results are inconsistent (10). Interventions with some supportive evidence (e.g., fences combined with underpasses or overpasses) also are among the most expensive to build and maintain.

Primary prevention of MV animal crashes can be accomplished by keeping large animals, especially deer, from entering the roadway or by providing drivers with more time to react to a potentially dangerous situation. The same behaviors that are recommended to help prevent crashes in general are relevant for MV animal crashes. Driving within speed limits, staying alert and reducing distracted and drowsy driving, and eliminating alcohol-impaired driving will give drivers, particularly teenagers and younger adults, more time to react and avoid collisions. Prevention of injury if a crash occurs can be accomplished by the universal use of proper restraints, including safety belts, child safety seats, and booster seats.

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Transmission of Hepatitis B Virus in Correctional Facilities — Georgia, January 1999–June 2002

Incarcerated persons have a disproportionate burden of infectious diseases (1), including hepatitis B virus (HBV) infection. Among U.S. adult prison inmates, the overall prevalence of current or previous HBV infection ranges from 13% to 47%. The prevalence of chronic HBV infection among inmates is approximately 1.0%-3.7%, two to six times the prevalence among adults in the general U.S. population (1). Incarcerated persons can acquire HBV infection in the community or in correctional settings (1). This report summarizes the results of 1) an analysis of hepatitis B cases among Georgia inmates reported to the Georgia Department of Human Resources, Division of Public Health (DPH) during January 1999–June 2002, including a retrospective investigation of cases reported during January 2001–June 2002; and 2) a prevalence survey conducted in prison intake centers during February-March 2003. These efforts identified cases of acute hepatitis B in multiple Georgia prisons and documented evidence of ongoing transmission of HBV in the state correctional system. The findings underscore the need for hepatitis B vaccination programs in correctional facilities.

The Georgia correctional system houses approximately 45,000 inmates in 68 correctional facilities; approximately 16,000 new inmates are admitted each year and processed through one of five intake centers. The correctional system does not routinely screen inmates for HBV infection, and diagnostic testing is left to the judgment of individual physicians. In August 2000, in response to two hepatitis B

outbreaks at one Georgia correctional facility (2,3), DPH began to monitor reports of acute hepatitis B cases among inmates at all Georgia correctional facilities, as determined by the inmates' addresses on laboratory reports.

A case of acute HBV infection was defined as a positive serologic test for IgM antibodies to hepatitis B core antigen (IgM anti-HBc) on at least one occasion and at least one additional supporting finding (e.g., compatible symptoms, liver enzyme elevation, or another positive hepatitis B serologic test), received by DPH during January 1999–June 2002. Cases reported during January 2001-June 2002 were confirmed by retrospective review of the inmate's medical and laboratory records. The date of diagnosis of acute HBV infection was defined as the date that alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels were elevated at least two times greater than the upper limit of normal in conjunction with a positive test for IgM anti-HBc. When ALT or AST levels were not available, the date of the blood draw with a positive IgM anti-HBc result was used as the approximate date of diagnosis.

Incarceration histories of inmates with acute HBV infections reported during January 2001–June 2002 were reviewed to identify inmate locations and number of transfers between correctional facilities before illness onset. Persons with asymp-

tomatic and symptomatic cases were considered to have been infected while incarcerated if they were in prison or jail during the 12 months or 6 months, respectively, before illness onset.

A prevalence survey to assess the HBV infection status of prisoners on entry was conducted at three Georgia prison intake centers for males and one intake center for females during February–March 2003. Consenting inmates underwent HBV serologic testing; all inmates at intake when the survey was conducted were offered hepatitis B vaccine.

During January 1999–June 2002, a total of 92 cases of acute HBV infection were identified, of which 57 (62%) were reported during January 2001–June 2002 and included in the retrospective investigation (Figure). Among the 57 inmates with HBV infection, the median age was 34 years (range: 18–59 years); 52 (91%) were male, and 35 (61%) were non-Hispanic blacks. Ten (18%) had symptoms that included jaundice, abdominal pain, fever, and vomiting. Seven (12%) subsequently were determined to have chronic infections. The chronic infection status of four inmates was not assessed.

Among the 57 inmates included in the retrospective investigation, the most frequently reported reason for HBV testing was the presence of symptoms or elevated liver enzymes (21 cases [37%]). Other reasons included reported characteristics and behaviors that might be associated with HBV

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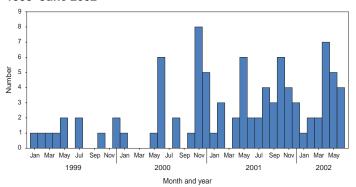
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FIGURE. Number* of cases of acute hepatitis B reported in correctional facilities, by month and year — Georgia, January 1999–June 2002



*N = 92.

transmission (e.g., tattoos or unprotected sex contacts) (14 [24%]), serologic testing performed as part of initial medical evaluation (13 [23%]), and being positive for human immunodeficiency virus (five [9%]). Prison staff reported counseling and providing medical follow-up for 52 (91%) of the 57 inmates.

The 57 cases were reported from 27 prisons and four probation detention centers in Georgia, with a mean of 1.8 cases per facility and a range of one to three cases for the 30 facilities that were not involved in the previously recognized outbreaks (2,3). The 57 inmates had been incarcerated for a median of 2.2 years (range: 0–23.7 years) before illness onset and had been transferred 1.4 times on average (median: one time; range: one to seven times) during the 12 months before diagnosis. The majority of HBV infections (41 [72%]) were acquired in prison. Of the remaining 16 cases, 13 (81%) occurred in persons who had been in prison or jail for 1–6 months before receiving a diagnosis. The remaining three (19%) inmates were asymptomatic and had been in prison or jail for 10–11 months before receiving a diagnosis.

As of August 2002, the seven inmates who had chronic infections had been transferred among prison facilities 13 times during the cumulative 89 months of incarceration that followed their diagnosis, resulting in a mean of 1.8 transfers per person-year of incarceration (median: two transfers; range: zero to five transfers). Three inmates with chronic infection were released from prison.

Of 546 inmates surveyed at intake during February–March 2003, a total of 489 (90%) consented to serologic testing, and 428 (78%) consented to hepatitis B vaccination. Of the 489 inmates tested, three (0.6%) had acute HBV infections, four (0.8%) had chronic infections, 64 (13%) had evidence of resolved infections, and 374 (76%) were susceptible to HBV infection. Two of three inmates with acute infection had spent 5.5–11.0 months in jail before intake.

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Editorial Note: HBV is a bloodborne pathogen, transmitted by percutaneous or permucosal exposure to infectious blood or body fluids. The prevalence of chronic infection is higher among prison inmates (1.0%–3.7%) than among the general U.S. population (0.5%) (1), reflecting an overrepresentation of persons entering prison who are at high risk for HBV infection (e.g., injection-drug users and those with reported histories of multiple sex partners). The prevalence of chronic infection among the intake population in this report (0.8%) suggests that high-risk behaviors practiced within the community before incarceration might not account entirely for the burden of HBV infection in correctional facilities. Although studies are limited, transmission of HBV infection within correctional settings has been documented, with incidence ranging from 0.8% to 3.8% per year (2,4–6).

The retrospective investigation described in this report identified an increase in HBV infections in Georgia correctional facilities, beginning in January 2001. This increase likely was related to multiple factors, including enhanced surveillance and increased diagnostic testing by correctional medical staff. Changes in diagnostic practices might have occurred because of increased awareness of hepatitis B among medical staff after outbreaks at a Georgia correctional facility in June 2000 and again in June 2001. Nonetheless, the number of reported cases probably underestimates the extent of HBV transmission in the correctional system because the majority of persons with acute HBV infection are asymptomatic and investigations of single cases are not conducted routinely. In the first previous outbreak, one symptomatic patient reported to DPH was associated with a cluster of 11 acute cases, and four chronic HBV infections were identified (2).

The majority of inmates with identified acute HBV infections were housed in multiple Georgia correctional facilities and were infected during their incarceration, suggesting widespread ongoing transmission in multiple facilities. Inmates infected with HBV were transferred frequently among facilities. Thus, potential sources of HBV transmission were distributed throughout the prison system.

In the Georgia correctional system, approximately one third of inmates are released each year (7). Inmates who become chronically infected and subsequently are released represent potential sources of infection for others in the community. In addition, susceptible inmates who are released continue to be at increased risk for HBV infection (1). The majority of inmates in the intake survey were susceptible to HBV infection

and consented to vaccination, suggesting that vaccination efforts in correctional facilities might effectively capture susceptible, high-risk populations.

Although data are lacking regarding the overall burden of HBV infection in correctional systems, the ongoing transmission demonstrated in Georgia prisons might be occurring in other states, where similar conditions are likely to exist. All inmates who receive a medical evaluation should be vaccinated to prevent HBV infection (1). However, the majority of state correctional systems in the United States, including the Georgia system, do not have hepatitis B vaccination programs (1). Implementation of such programs in correctional settings nationwide could result in a considerable reduction in the hepatitis B—associated disease burden, not only by eliminating transmission among the incarcerated population, but also by reducing transmission in the community (8).

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Hepatitis B Vaccination of Inmates in Correctional Facilities — Texas, 2000–2002

In December 2002, approximately 2.2 million persons were incarcerated in the United States (1); an estimated 8 million were released to the community that year (2). In 2001, approximately 22,000 acute hepatitis B cases and 78,000 new hepatitis B virus (HBV) infections occurred in the United States (3); an estimated 29% of these cases were in persons who had been incarcerated previously (4). The majority of HBV infections among incarcerated persons are acquired in

the community; however, infection also is transmitted within correctional settings (2). Hepatitis B vaccination of incarcerated persons is recommended to prevent transmission in correctional facilities and in previously incarcerated persons on their return to the community (2). In May 2000, the Texas Department of Criminal Justice (TDCJ), which oversees custody of state jail and prison inmates, implemented a hepatitis B vaccination program. To determine hepatitis B vaccination rates of inmates during 2000-2002, TDCJ reviewed charts of inmates released during a 3-day period for documentation of vaccination. This report summarizes the results of that study, which indicated that rates of vaccine acceptance and vaccine series completion among inmates were high. Establishing hepatitis B vaccination programs in prisons and jails can prevent a substantial proportion of HBV infections among adults in the outside community.

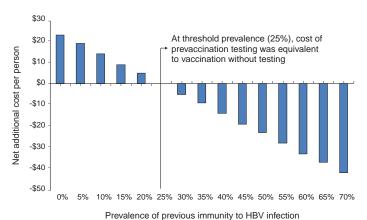
During 2000–2002, TDCJ housed approximately 151,000 inmates in 105 adult facilities, including prisons (median sentence of inmates: 9 years; range: 2–99 years) and jails (median sentence of inmates: 1.3 years; range: 3 months–2 years). Approximately 40,000 new offenders enter these facilities annually, and an estimated 1% of inmates are transferred between facilities daily (5,6). In 1999, state funds were appropriated for hepatitis B vaccination of all inmates in jails and prisons.

Before implementation of the vaccination program, a costeffectiveness model was developed that estimated the cost effectiveness of prevaccination testing for immunity to HBV infection among inmates. Stored serum specimens from 889 inmates incarcerated during 1998–1999 were tested for antibodies to hepatitis B core antigen (anti-HBc); HBV prevalence was 18%. The model estimated that at a threshold prevalence of 25%, the cost of a program with prevaccination testing was equivalent to that of vaccination without testing; at lower prevalence, prevaccination testing would not be cost effective (Figure). On the basis of these findings, all of the estimated 40,000 entering inmates were offered vaccine without prevaccination testing.

Entering inmates were offered the first hepatitis B vaccine dose at the time of admission. Persons who were already incarcerated were offered the first dose at the time of their annual health evaluation, which occurred on their anniversary month of incarceration. After vaccination of incarcerated persons, only newly admitted inmates were offered vaccine.

Vaccine was administered on a 0-, 2-, and 4-month schedule. An electronic pharmacy auto-renewal system was used to send second and third vaccine doses to the appropriate facility for each inmate. Health-care workers also recorded vaccine dose administration in each inmate's medical record, enabling inmates to complete the vaccination series despite frequent transfers within the system.

FIGURE. Cost effectiveness of prevaccination testing for immunity to hepatitis B virus (HBV) infection among jail and prison inmates — Texas, 2000–2002



Source: Texas Department of Criminal Justice.

In February 2002, TDCJ evaluated vaccine acceptance and series completion rates. Charts of 232 prison inmates and 211 jail inmates released during a 3-day period were audited for receipt of hepatitis B vaccine; 426 (96%) inmates with no record of previous vaccination or HBV infection were considered to be eligible for vaccination. Lack of documentation of a vaccination encounter was interpreted as a failure to offer vaccine, and only a signed informed refusal form was counted as a vaccination refusal.

Hepatitis B vaccine was offered to 319 (75%) of 426 inmates. Prison inmates were more likely to be offered vaccine (185/220 [84%]) than jail inmates (134/206 [65%]) (p<0.001), which might be related to higher inmate turnover and lack of staff contact time in jails (Table). However, acceptance of the first vaccine dose was higher among jail inmates

TABLE. Number and percentage of eligible inmates* in jails and prisons who were offered hepatitis B vaccine, by type of facility and vaccine outcome —Texas, 2000–2002[†]

	Jai (N = 2		Prisons (N = 220)					
Vaccine outcome	No.	(%)	No.	(%)				
Offered vaccine	134	(65)	185	(84)§				
Accepted at least 1 dose	114	(85)§	134	(72)				
Accepted at least 2 doses	87	(65)	127	(69)				
Accepted all 3 doses	53	(40)	120	(65)				
Completed series/total receiving first								
dose and incarcerated ≥4 months	53/99	(54)	120/125	(96)§				

Source: Texas Department of Criminal Justice.

p<0.05, Fisher's exact test.

(114/134 [85%]) than among prison inmates (134/185 [72%]) (p = 0.005).

Among 125 prison and 99 jail inmates who began vaccination and were incarcerated for ≥4 months, the 3-dose completion rate was 96% and 54%, respectively. In December 2002, the hepatitis B vaccination program was suspended because of a lack of funds.

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Editorial Note: Evaluation of the TDCJ hepatitis B vaccination program demonstrated that high vaccine coverage could be achieved for inmates in a state correctional system. Incarceration provides an opportunity to vaccinate persons at high risk typically not served by prevention services in the public or private sectors, and vaccination of incarcerated populations is cost effective (7).

The findings in this report illustrate the need to tailor a program to a particular facility. Completion of the vaccine series is a more feasible goal for long-term facilities; short-term facilities should initiate the vaccine series, supply an immunization record and, where feasible, provide information at discharge about facilities offering the remaining vaccine doses. Vaccination also can be completed if the person returns to a correctional institution.

Prevaccination testing to detect existing immunity can eliminate the cost of revaccinating persons who were vaccinated previously or infected. TDCJ's decision not to perform prevaccination testing was based on a model that included the costs of testing and vaccination and the series completion rate. The model assumed that all inmates who received the first vaccine dose would return for subsequent doses; if attrition caused by release was included in the model, prevaccination testing would only be cost effective if the prevalence of immunity was higher. Changes in prevalence of immunity to HBV infection or costs (e.g., vaccine, labor, and testing) also would change the cost effectiveness of prevaccination testing. In particular, immunity to HBV infection in young adults is changing rapidly within most communities because of an increase in vaccinated adolescents. If adequate immunization records are not available for inmates, periodic monitoring of the prevalence of immunity to HBV infection using a serologic marker to detect both infection (i.e., anti-HBc) and immunization (i.e., antibodies to hepatitis B surface antigen) will help corrections officials determine when prevaccination testing might reduce costs (2).

^{*} Eligible inmates were those who did not have a record of previous vaccination or hepatitis B virus infection.

Data for sample abstracted from medical records of all prison and jail inmates released during a 3-day period in February 2002.

The findings in this report are subject to at least two limitations. First, inmates with shorter sentences are more likely to be discharged and might be overrepresented by the sampling. Because inmates with short sentences might not have been incarcerated long enough to complete the vaccination series, more inmates might have completed the vaccination series than this study demonstrated. Second, lack of long-term follow-up precludes evaluation of the eventual series completion by jail inmates, who might have accessed additional doses outside the correctional system or during subsequent incarcerations.

Hepatitis B vaccination of inmates in state correctional facilities is feasible if resources are available to purchase and administer vaccine. In 2000, a survey of state correctional facility medical directors indicated that the majority of prison systems would vaccinate inmates if resources were available (8). Although hepatitis B vaccination of inmates has been recommended since the vaccine first became available in 1982 (9), only five states (Hawaii, Michigan, New Mexico, Vermont, and Wisconsin) vaccinate inmates routinely (D. Burnett, M.D., Wisconsin Department of Corrections and F. Pullara, M.D., New Mexico Department of Corrections, personal communications, 2004) (8). Collaborations between public health and corrections authorities at the state and local level are essential to overcome barriers to vaccination program implementation.

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Tuberculosis Associated with Blocking Agents Against Tumor Necrosis Factor-Alpha — California, 2002–2003

The Food and Drug Administration (FDA) has determined that tuberculosis (TB) disease is a potential adverse reaction from treatment with the tumor necrosis factor-alpha (TNF- α) antagonists infliximab (Remicade[®]), etanercept (Enbrel[®]), and adalimumab (Humira®)*; the three products are labeled accordingly (1,2). These products work by blocking TNF- α , an inflammatory cytokine, and are approved for treating rheumatoid arthritis and other selected autoimmune diseases. TNF-α is associated with the immunology and pathophysiology of certain infectious diseases, notably TB; blocking TNF- α can allow TB disease to emerge from latent *Mycobac*terium tuberculosis infection. In 2002, a California county health department reported three cases of TB disease occurring in association with infliximab therapy. This report summarizes those cases and nine subsequently reported cases and provides interim recommendations for TB prevention and management in recipients of these blocking agents. Healthcare providers should take steps to prevent TB in immunocompromised patients and remain vigilant for TB as a cause of unexplained febrile illness.

Case Reports

Case 1. In January 2002, a U.S.-born man aged 55 years with rheumatoid arthritis had pulmonary TB disease diagnosed 17 months after starting infliximab therapy. In 1995, he had a positive tuberculin skin test (TST) and reportedly took isoniazid for 12 months; however, his adherence to therapy was questionable. During September 2000-January 2002, he received 13 infusions of infliximab, and his arthritic symptoms decreased. However, in January he had fever and weight loss. Four weeks later, a supraclavicular lymph node became enlarged, and a chest radiograph revealed a rightupper-lobe lung cavity with a nodular infiltrate. M. tuberculosis was isolated from sputum and lymph node specimens, and his condition improved with anti-TB medications. In July 2002, he again lost weight. He had smoked cigarettes for many years and was found to have lung cancer; he died in November 2002.

Case 2. A woman aged 64 years with rheumatoid arthritis had pulmonary and pericardial TB disease diagnosed in June 2002. She had begun infliximab therapy in September 2001

^{*}Respectively, Centocor, Malvern, Pennsylvania; Immunex Corporation, Thousand Oaks, California; and Abbott Laboratories, Abbott Park, Illinois.

and received 7 doses before onset of fever and weight loss in April 2002. Her chest radiograph revealed a large pericardial effusion and a right-upper-lobe lung infiltrate. *M. tuberculosis* resistant to isoniazid, rifampin, pyrazinamide, and ethambutol was isolated from sputum and pericardial fluid. The patient was born in the Philippines, where TB often is drug resistant (3). In 1999, she was exposed to a person with drugsusceptible TB in the United States and subsequently had two TSTs with negative results in 2000; however, she was taking prednisone for her arthritis at the time of the TSTs. After 12 months of therapy with second-line anti-TB medications, her medical condition has improved.

Case 3. A U.S.-born woman aged 54 years was exposed to contagious TB in 1996; she had a positive TST result during the contact investigation but was not treated for latent TB infection (LTBI). The patient has Crohn's disease and received infliximab in February 2001 and June 2002. Two weeks after her second infusion, but 16 months after her first infusion, she sought care for cough, fever, and abdominal pain. Her chest radiograph revealed upper-lobe lung nodules with a pleural effusion, and sputum specimens yielded *M. tuberculosis*. She started standard, four-drug anti-TB therapy but experienced gastrointestinal intolerance. Isoniazid was discontinued, and she was free of TB disease after treatment with rifampin, pyrazinamide, and ethambutol.

Additional Reports

In 2003, the state of California Department of Health Services asked local jurisdictions to report TB cases associated with TNF- α antagonists since January 2002. As of September 2003, nine additional reports had been received, for a

total of 12 cases diagnosed during January 2002–August 2003 (Table). The median patient age was 54.5 years (range: 23 to 73 years), and eight (67%) of the patients were female. Eleven of the patients had TB disease after receiving infliximab. One patient had TB disease while receiving chronic etanercept therapy.

Eleven of the patients had at least one risk factor for LTBI (e.g., born in countries where TB is prevalent or contact with a person with TB disease). Eight were taking other immunosuppressive therapies at the time of their TB diagnoses. Three patients underwent a medical history for TB risk factors before beginning therapy with a TNF- α antagonist. In addition to the patient in case 1, a second patient died (from cardiomyopathy) while being treated for TB disease.

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Editorial Note: As of January 2004, FDA's adverse-event reporting system had received several hundred reports, mostly from outside the United States, of TB disease in patients who received TNF- α antagonists. Manufacturers of these products are required to report known cases, but reporting is voluntary for others. The majority of the cases probably represent progression of LTBI to TB disease, although the contribution of newly acquired *M. tuberculosis* infection to the

TABLE. Characteristics of 12 cases of reported tuberculosis (TB) disease in patients receiving tumor necrosis factor-alpha (TNF- α) antagonist therapy — California, January 2002–August 2003

Patient age (yrs)	Reason for TNF-α antagonist therapy	Site of TB disease	Foreign born*	Other TB risk factors†	TB testing before TNF-α antagonist therapy§	Other immunosuppressing medication [¶]
55	Rheumatoid arthritis	Lung, supraclavicular node	No	Yes	Yes	None
64	Rheumatoid arthritis	Lung, pericardium	Yes	Yes	Yes	Prednisone
54	Crohn's disease	Lung	No	Yes	Yes	Prednisone
64	Rheumatoid arthritis	Disseminated	Yes	No	No	None
72	Rheumatoid arthritis	Disseminated	Yes	Yes	Yes	Prednisone, methotrexate
41	Psoriatic arthritis	Kidneys	Yes	Yes	Unknown	None
70	Dermatomyositis	Lung	No	Yes	No	Prednisone, azathioprine
23	Crohn's disease	Intestines	Yes	No	No	None
52	Rheumatoid arthritis	Mediastinum, lung	Yes	Yes	No	Methotrexate
29	Juvenile rheumatoid arthritis	Lung	Yes	No	No	Prednisone
73	Rheumatoid arthritis	Lung	Yes	No	No	Prednisone, methotrexate
44	Crohn's disease	Pleura	No	No	Yes	Prednisone

^{*} Persons from countries where TB is prevalent are at increased risk for latent TB infection (LTBI).

 ¶ At time of TB disease diagnosis.

History of latent TB infection (LTBI) or known contact with person with TB disease.

Tuberculin skin test or chest radiography if history of LTBI.

total number of reports is unknown (1). Reports have included atypical presentations, extrapulmonary and disseminated disease, and deaths (1,4,5).

In California, after the initial three reports, nine additional cases of TB disease were reported during January 2002–August 2003 in patients taking TNF- α antagonists. Although reporting of TB cases is mandatory in California, reporting the association with TNF- α antagonists was voluntary, and an underestimate might have resulted.

Eight of the 12 patients in California were born in countries where TB is prevalent. In certain instances, physicians had not screened for risk factors for M. tuberculosis infection or tested their patients for infection before beginning therapy with TNF- α antagonists. In other instances, testing was performed, but LTBI was not diagnosed, possibly because of cutaneous anergy. Many patients who receive TNF- α antagonists already are receiving other immunosuppressive therapies, and certain conditions such as rheumatoid arthritis also can decrease sensitivity to tuberculin; therefore, TST results at the time of initiating TNF- α antagonist therapy might be falsely negative. Some experts advocate treating for presumed LTBI when a candidate for TNF- α antagonists has risk factors for M. tuberculosis infection but a negative TST result (4,5).

TNF- α , an inflammatory cytokine expressed by activated macrophages, T-cells, and other immune cells, plays a crucial role in the host response against M. tuberculosis and other intracellular pathogens. Infliximab and adalimumab are monoclonal antibodies; etanercept is a dimeric soluble form of the TNF- α receptor. All three products are approved for the treatment of patients with rheumatoid arthritis. Infliximab also is approved for Crohn's disease, and etanercept is approved for specific other arthritides and for psoriasis. Use of these agents has been associated with other life-threatening infectious diseases besides TB, including candidiasis, histoplasmosis, aspergillosis, and listeriosis (1). TNF- α antagonists often are used in conjunction with other immunosuppressive therapies, particularly glucocorticoids and methotrexate. Whether the increased rates of TB or other infectious diseases are caused by interactions among these therapies is unknown.

Diagnosing LTBI in candidates for TNF- α antagonist therapy is challenging (Box). For patients who undergo treatment for LTBI, the optimal time for starting TNF- α antagonist therapy is undetermined. Some experts advocate postponing therapy until LTBI treatment is complete. However, this delay might be impractical (4,6). The risk for TB relapse in patients previously cured of TB disease and subsequently treated with TNF- α antagonists is unknown.

BOX. Recommendations for screening, diagnosis, and treatment of latent TB infection (LTBI) and tuberculosis (TB) in patients administered or scheduled to receive tumor necrosis factor-alpha (TNF- α) antagonists

- Screen patients for risk factors for *Mycobacterium tuber-culosis* and test them for infection before initiating immunosuppressive therapies, including TNF-α antagonists. Risk factors include birth in a country where TB is prevalent or history of any of the following: residence in a congregate setting (e.g., jail or prison, homeless shelter, or chronic-care facility), a positive tuberculin skin test (TST) result, substance abuse (i.e., injection or noninjection), health-care employment in settings with TB patients, and chest radiographic findings consistent with previous TB (1).
- Diagnosis and treatment of LTBI and TB disease should be in accordance with published guidelines (1–3).
- In patients who are immunocompromised (e.g., because of therapy or other medical conditions), interpret a TST induration of ≥5 mm as a positive result and evidence of *M. tuberculosis* infection.
- Interpret a TST induration of <5 mm as a negative result but not an exclusion for *M. tuberculosis* infection. Results from control-antigen skin testing (e.g., *Candida*) do not alter the interpretation of a negative TST result.
- Test to exclude TB disease before starting treatment for LTBI (1,2).
- Start treatment for LTBI before commencing TNF- α blocking agents, preferably with 9 months of daily isoniazid (1,2).
- Consider treating for LTBI in patients who have negative TST results but whose epidemiologic and clinical circumstances suggest a probability of LTBI.
- Pursue TB disease as a potential cause of febrile or respiratory illness in immunocompromised patients, including those receiving TNF-α blocking agents.
- Consider postponing TNF-α antagonist therapy until the conclusion of treatment for LTBI or TB disease.

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If active TB disease develops during TNF-α antagonist therapy, the TNF-α antagonist should be discontinued, at least until the anti-TB regimen has been started and the patient's condition has improved. The optimal time for resuming TNF-α antagonist therapy is undetermined. Outcomes with other immunosuppressive agents during the treatment of TB disease have been variable. Use of glucocorticosteroids during the treatment of TB disease is considered safe (7), and studies of TB disease in organ transplant recipients suggest that survival is not decreased by the use of cyclosporine or azathioprine (8). Etanercept, administered in a phase-1 clinical trial along with a standard initial anti-TB regimen, did not delay the resolution of TB disease markers in a group of patients coinfected with human immunodeficiency virus in comparison with historical controls; adverse effects were not detected (9). However, use of anti-T-cell agents in transplant recipients with TB disease is associated with increased mortality; whether this increased mortality is because of the suppression of immune response or the dysfunction of the transplanted organ is unclear (8).

Practitioners who prescribe TNF- α antagonists should educate their patients about the symptoms of TB disease, with added emphasis on extrapulmonary symptoms, which can include fever, malaise, or development of a mass. A patient with symptoms should undergo diagnostic testing for TB. In addition to following local reporting requirements, health-care providers should report TB cases associated with TNF- α antagonists to FDA's Medwatch system (available at http://www.fda.gov/medwatch).

Ongoing clinical trials are using both approved and experimental TNF- α antagonists in the treatment of additional conditions (4). Novel therapies that inhibit other related inflammatory cytokines are under development. As the use of these blocking agents expands, associated cases of TB might increase. Vigilance for TB in association with these agents is critical to early recognition and successful treatment.

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West Nile Virus Activity — United States, July 28-August 3, 2004

During July 28–August 3, a total of 141 cases of human West Nile virus (WNV) illness were reported from 11 states (Alabama, Arizona, California, Colorado, Florida, Illinois, Nevada, New York, North Dakota, South Dakota, and Texas). During 2004, a total of 20 states have reported a total of 406 cases of human WNV illness to CDC through ArboNET (Table, Figure). Of these, 247 (61%) were reported from Arizona. A total of 226 (57%) of the 406 cases occurred in males; the median age of patients was 51 years (range:

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2004*

State	Neuroinvasive disease [†]	West Nile fever§	Other clinical/ unspecified ¹	Total reported to CDC**	Deaths
Alabama	2	0	0	2	0
Arizona	99	26	122	247	2
Arkansas		20	0		
	1	_	J	3	0
California	28	31	10	69	2
Colorado	9	35	0	44	0
Florida	4	3	0	7	0
Illinois	0	1	1	2	0
Iowa	1	2	0	3	1
Michigan	1	0	0	1	0
Missouri	1	0	0	1	0
Nebraska	0	1	0	1	0
Nevada	2	0	0	2	0
New Mexico	1	4	0	5	0
New York	2	1	0	3	0
North Dakota	a 0	1	0	1	0
Ohio	1	0	0	1	1
Pennsylvania	a 1	0	0	1	0
South Dakota	a 1	8	0	9	0
Texas	2	1	0	3	1
Wyoming	0	1	0	1	0
Total	156	117	133	406	7

^{*} As of August 3, 2004.

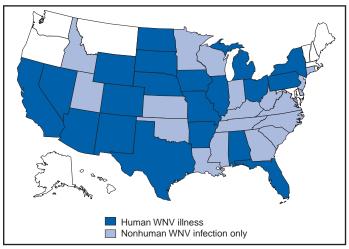
[†] Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).

[§] Cases with no evidence of neuroinvasion.

Illnesses for which sufficient clinical information was not provided.

^{**} Total number of human cases of WNV illness reported to ArboNet by state and local health departments.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2004*



* As of 3 a.m., Mountain Standard Time, August 3, 2004.

1 month–99 years). Illness onset ranged from April 20 to July 29; seven cases were fatal.

A total of 38 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET in 2004. Of these, 31 (82%) were reported from Arizona, two each from California and South Dakota, and one each from Colorado, Iowa, and New Mexico. Of the 38 PVDs, two persons aged 66 and 69 years subsequently had neuroinvasive illness, and seven persons (median age: 55 years [range: 22–72 years]) subsequently had West Nile fever.

In addition, during 2004, a total of 1,823 dead corvids and 223 other dead birds with WNV infection have been reported from 34 states. WNV infections in horses have been reported from 20 states (Alabama, Arizona, California, Colorado, Florida, Idaho, Iowa, Kentucky, Minnesota, Mississippi, Missouri, Nevada, North Carolina, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Virginia, and Wyoming) and in a dog from New Mexico. WNV seroconversions have been reported in 253 sentinel chicken flocks from seven states (Arizona, California, Delaware, Florida, Louisiana, Nebraska,

and Nevada) and in two wild hatchling birds from Ohio. Three seropositive sentinel horses were reported from Puerto Rico. A total of 1,486 WNV-positive mosquito pools have been reported from 24 states (Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Indiana, Kansas, Louisiana, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Utah, and Virginia).

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

Notice to Readers

Final 2003 Reports of Notifiable Diseases

The notifiable diseases tables on pages 688–696 summarize final National Notifiable Diseases Surveillance System data for 2003. Final as of June 30, 2004, these data will be published in more detail in the *Summary of Notifiable Diseases, United States, 2003 (1)*. Because no cases of anthrax, Powassan encephalitis, western equine encephalitis, paralytic poliomyelitis, or yellow fever were reported in the United States during 2003, these nationally notifiable diseases do not appear in these tables. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction depending on case status classification (i.e., confirmed, probable, or suspected). Population estimates for the states and for Puerto Rico are from the U.S. Census Bureau as of July 1, 2002 (2). Population numbers for territories are 2002 estimates from the U.S. Census Bureau IDB Data Access—Display Mode (3).

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TABLE 2. Reported cases of notifiable diseases,* by geographic division and area — United States, 2003

	Total resident population	, ,		Botulism		-,	
Area	(in thousands)	AIDS†	Foodborne	Infant	Other§	Brucellosis	Chancroid [¶]
UNITED STATES	287,974	44,232**	20	76	33	104	54
NEW ENGLAND	14,134	1,697	1	1	-	-	3
Maine N.H.	1,295 1,274	52 37	- 1	-	-	-	-
Vt.	616	16	-	-	-	-	-
Mass. R.I.	6,422 1,068	757 102	- -	- -	- -	-	3 -
Conn.	3,459	733	-	1	-	-	-
MID. ATLANTIC	40,038	10,142	1	23	1	9	11
Upstate N.Y. N.Y. City	11,385 7,749	1,589 5,133	- -	2 1	1	1 3	1 9
N.J.	8,575	1,514	-	3	-	1	-
Pa.	12,329	1,906	1	17	-	4	1
E.N. CENTRAL Ohio	45,635 11,409	3,875 775	- -	3 2	-	9 1	-
Ind.	6,157	506	-	1	-	· -	-
III. Mich.	12,586 10,043	1,734 676	-	-	-	- 5	-
Wis.	5,440	184	-	-	-	3	-
W.N. CENTRAL	19,464	844	-	-	1	4	-
Minn. Iowa	5,025 2,936	179 75	-	-	-	2	-
Mo.	5,670	404	-	-	-	-	-
N. Dak. S. Dak.	634 760	2 13	-	-	- 1	- 1	-
Nebr.	1,728	60	-	-	-	1	-
Kans.	2,712	111	-	-	-	-	-
S. ATLANTIC	53,564 806	12,191 216	-	5 3	-	13	29
Del. Md.	5,451	1,572	-	3 1	-	-	1
D.C.	569	961	-	-	-	-	-
Va. W. Va.	7,288 1,805	786 95	-	-	-	2	-
N.C.	8,306	1,102	-	-	-	1	2
S.C. Ga.	4,104 8,544	778 1,907	-	1	-	-	24
Fla.	16,692	4,774	-	-	-	10	2
E.S. CENTRAL	17,225	2,035	-	1	-	4	1
Ky. Tenn.	4,090 5,790	220 835	-	1	-	-	1 -
Ala.	4,479	471	-	-	-	1	-
Miss.	2,867	509	-	-	-	3	-
W.S. CENTRAL Ark.	32,409 2,706	4,864 189	-	1	3	34 1	3
La.	4,476	1,048	-	-	-	1	-
Okla. Tex.	3,490 21,737	214 3,413	- -	1	3	32	3
MOUNTAIN	19,033	1,501	2	9	1	8	5
Mont.	910	7	-	-	-	-	-
Idaho Wyo.	1,343 499	25 8	- -	- -	- -	- 1	1
Colo.	4,501	368	1	2	1	1	-
N. Mex. Ariz.	1,852 5,441	111 628	-	-	-	3 1	2
Utah	2,319	75	1	5	-	2	2
Nev.	2,167	279	-	2	-	-	-
PACIFIC Wash.	46,472 6,067	6,863 527	16 11	33	27	23 1	2
Oreg.	3,520	242	-	3	1	-	2
Calif. Alaska	35,002 641	5,967 17	2 3	29	26	19 1	-
Hawaii	1,241	110	-	1	-	2	-
Guam	161	7	-	-	-	-	7
P.R. V.I.	3,859 108	1,065 34	- -	- -	- -	- -	-
Amer. Samoa	57	1	-	-	-	-	-
C.N.M.I.	11: Unavailable -: No reports	2	1	-	-	-	-

N: Not Available. U: Unavailable. -: No reported cases.

* No cases of anthrax were reported in 2003.

† Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2003.

§ Includes cases reported as wound and unspecified botulism.

¶ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 1, 2004.

** Total includes 220 cases in persons with unknown state of residence.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003										
Area	Chlamydia*	Cholera	Coccidioidomycosis	Cryptosporidiosis	Cyclosporiasis	Diphtheria				
UNITED STATES	877,478	2	4,870	3,506	75	1				
NEW ENGLAND	28,400	-	1	193	10	-				
Maine	2,030	-	N	20	-	-				
N.H. Vt.	1,616 1,060	-	-	26 32	- N	-				
Mass.	11,301	-	-	78	6	-				
R.I.	3,000	-	1	17 20	- 4	-				
Conn.	9,393	-	N		4	-				
MID. ATLANTIC Upstate N.Y.	110,682 21,853	-	- N	452 140	27 3	1 -				
N.Y. City	35,369	-		126	9	-				
N.J. Pa.	16,169 37,291	-	- N	19 167	9 6	- 1				
E.N. CENTRAL			7	1,039		•				
Ohio	158,405 42,522	-	-	173	2	-				
Ind.	17,075	-	N	126	-	-				
III. Mich.	48,294 32,572	-	- 7	102 152	2	-				
Wis.	17,942	-	-	486	-	-				
W.N. CENTRAL	52,026	-	4	600	-	-				
Minn.	10,714 6,491	-	N N	155 122	-	-				
Iowa Mo.	18,570	-	1 1	52	-	-				
N. Dak.	1,655	-	N	15	N	-				
S. Dak. Nebr.	2,608 4,739	-	3	49 33	-	-				
Kans.	7,249	-	Ň	174	-	-				
S. ATLANTIC	163,936	-	5	430	35	-				
Del.	3,035	-	N 5	5	1	-				
Md. D.C.	16,831 3,168	-	5 -	29 14	8	-				
Va.	19,439	-	. -	54	2	-				
W. Va. N.C.	2,585 26,187	-	N N	4 57	2	-				
S.C.	14,623	-	-	16	-	-				
Ga. Fla.	35,686 42,382	-	- N	122 129	8 14	-				
E.S. CENTRAL		-	1	136	14	-				
Ky.	54,763 7,981	-	N	27	N	<u>.</u>				
Tenn.	20,380	-	N	43	-	-				
Ala. Miss.	14,209 12,193	-	1	56 10	- -	- -				
W.S. CENTRAL	109,039	_	10	131	1	_				
Ark.	7,856	-	-	22	-	-				
La. Okla.	20,970 11,013	-	- N	5 24	-	-				
Tex.	69,200	-	10	80	1	-				
MOUNTAIN	48,934	1	2,751	139	-	-				
Mont.	2,547	-	N	18	-	-				
Idaho Wyo.	2,366 960	-	N 1	27 5	-	-				
Colo.	13,039	-	N	38	-	-				
N. Mex.	7,480 12,819	- 1	10 2,695	17 6	- N	-				
Ariz. Utah	3,893	-	2,095	20	- -	-				
Nev.	5,830	-	36	8	-	-				
PACIFIC	151,293	1	2,091	386	-	-				
Wash. Oreg.	16,797 7,688	- -	-	62 36	- -	- -				
Calif.	117,428	-	2,091	287	-	-				
Alaska Hawaii	3,900 5.480	- 1	-	1	-	-				
	5,480	ı	-	-	-	-				
Guam P.R.	598 2,722	-	- N	- N	- N	-				
V.I.	410	-	-	-	-	-				
Amer. Samoa C.N.M.I.	- 218	-	-	-	-	-				
	210									

N: Not Available. U: Unavailable. -: No reported cases.
* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 1, 2004. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2003

mibble bi (commada)	Ehrlichio		by goograpino ai		eningitis, arboviral	
	Human	Human	California	Eastern		
Area	granulocytic	monocytic	serogroup	equine	St. Louis	West Nile
UNITED STATES	362	321	108	14	41	2,866
NEW ENGLAND Maine	151 4	37	-	- -	-	31
N.H.	1	1	-	-	-	2
Vt. Mass.	- 54	- 15	-	-	-	- 12
R.I.	63	21	-	-	-	5
Conn.	29	-	-	-	-	12
MID. ATLANTIC Upstate N.Y.	80 62	18 11	-	2	2	223
N.Y. City	8	4	-	-	1	57
N.J. Pa.	10 N	3 N	-	2	- 1	21 145
E.N. CENTRAL	16	19	37	_	4	150
Ohio	2	6	17	-	-	84
Ind. III.	1 2	6 6	- 11	-	-	15 30
Mich.	-	1	-	-	4	14
Wis.	11	-	9	-	-	7
W.N. CENTRAL	88	34	3	-	1	696
Minn. Iowa	77 1	2	3	-	-	48 81
Mo.	9	31	-	-	-	39
N. Dak. S. Dak.	N -	N -	-	-	1	94 151
Nebr.	- -	<u>-</u>	-	-	-	194
Kans.	1	1	-	-	-	89
S. ATLANTIC Del.	23 9	119 3	42	9	-	191 12
Md.	5	51	-	-	-	49
D.C. Va.	N	N 9	2	- 1	-	3 19
W. Va.	- -	-	23	-	-	1
N.C.	2 2	28	17	1	-	16
S.C. Ga.	-	20	-	2 2	-	3 27
Fla.	5	8	-	3	-	61
E.S. CENTRAL	1	39	23	2	2	91
Ky. Tenn.	-	4 33	3 19	-	-	11 21
Ala.	1	2	-	2	-	25
Miss.	-	-	1	-	2	34
W.S. CENTRAL Ark.	3	54 19	3	1	26	611 23
La.	N	N	3	1	9	101
Okla. Tex.	2 1	33 2	-	-	- 17	56 431
MOUNTAIN		1	_	_	6	871
Mont.	-	-	-	-	-	75
Idaho Wyo.	-	-	-	-	-	92
Colo.	N	N	-	-	-	621
N. Mex. Ariz.	-	-	-	-	1 5	74 7
Utah	-	-	-	-	-	-
Nev.	-	1	-	-	-	2
PACIFIC	-	-	-	-	-	2
Wash. Oreg.	-	-	-	-	-	-
Calif.	-	-	-	-	-	2
Alaska Hawaii	-	-	-	- -	-	-
Guam	-	-	-	-	-	-
P.R.	-	-	-	-	-	-
V.I. Amer. Samoa	-	-	-	-	-	-
C.N.M.I.	-	_	_	-	-	-

N: Not Available. U: Unavailable. -: No reported cases.

* No cases of Powassan or western equine encephalitis were reported in 2003.

† Totals reported to the Division of Vector-Borne Infectious Diseases, NCID (ArboNet Surveillance).

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003

			of notifiable di norrhagic (EHEC		jeograpnic di			a States, 2003 ae, invasive dise	250
	<u>LSCHEFICINA COI</u>		toxin positive	L		All ages	ilius Illilueliz	Age <5 years	<u>ase</u>
		Non-	Not			All	Serotype	Non-serotype	Unknown
Area	O157:H7	O157	serogrouped	Giardiasis	Gonorrhea*	serotypes	b	b	serotype
UNITED STATES	2,671	252	156	19,709	335,104	2,013	32	117	227
NEW ENGLAND Maine	163 11	47 4	13	1,700 186	7,443 233	176 6	2	7	6 1
N.H.	21	3	-	44	125	20	1	2	-
Vt. Mass.	18 72	10	13	122 854	97 2,901	11 80	- 1	- 5	1 3
R.I.	4	-	-	126	973	15	-	-	1
Conn.	37	30	-	368	3,114	44	-	-	-
MID. ATLANTIC Upstate N.Y.	256 105	25 13	36 20	4,030 1,284	41,976 8,484	409 155	3 3	4 4	50 10
N.Y. City	7	-	N	1,200	13,682	70	-	-	13
N.J. Pa.	31 113	2 10	- 16	520 1,026	7,944 11,866	70 114	-	-	11 16
E.N. CENTRAL	580	35	20	3,254	70,663	323	3	6	61
Ohio Ind.	132 91	16	20	903 N	22,537 6,681	78 59	-	1	14 11
III.	122	2	-	940	21,817	109	-	-	24
Mich. Wis.	94 141	2 15	-	781 630	13,965 5,663	26 51	3	5	1 11
W.N. CENTRAL	451	56	22	2,161	18,147	125	2	8	14
Minn.	132	22	1	851	3,202	57	2	8	2
Iowa Mo.	104 85	20	- 1	277 515	1,554 8,792	- 42	-	- -	11
N. Dak.	14	4	8	50	103	8	-	-	-
S. Dak. Nebr.	29 51	4 6	- -	89 145	226 1,623	1 2	-	-	-
Kans.	36	-	12	234	2,647	15	-	-	1
S. ATLANTIC Del.	168 11	51 N	48 N	2,883 57	81,875 1,128	453	2	20	33
Md.	18	3	1	118	8,032	109	1	9	1
D.C. Va.	1 50	- 15	-	61 423	2,508 9,066	2 68	-	-	9
W. Va.	7	1	-	64	847	17	-	-	-
N.C. S.C.	6	-	38	N 175	15,116 8,518	41 13	-	3 -	2 5
Ga.	27	8	-	853	17,686	81	- 1	-	9
Fla. E.S. CENTRAL	48	24 2	9	1,132 416	18,974	122	1	8 4	7 13
Ky.	86 29	2	6 6	416 N	27,728 3,578	100 12	-	3	2
Tenn. Ala.	36 17	-	-	200 216	8,519 9,303	61 25	- 1	1	8
Miss.	4	-	-	-	6,328	2	-	-	-
W.S. CENTRAL	102	4	4	314	45,248	85	3	13	5
Ark. La.	13 3	-	N	154 15	4,251 11,850	6 22	-	1 2	4
Okla.	30	-	-	145	4,552	52	-	10	-
Tex.	56	4	4	N	24,595	5	3	-	1
MOUNTAIN Mont.	327 17	27	7	1,641 115	10,472 122	191 -	9	27	21
Idaho	85 5	16 1	-	206 23	68 46	7 2	-	-	3
Wyo. Colo.	67	4	7	467	2,854	40	-	- -	7
N. Mex. Ariz.	13 41	5 N	- N	55 256	1,169 3,580	24 93	1 8	6 11	2 5
Utah	75	-	-	380	412	15	-	6	4
Nev.	24	1	-	139	2,221	10	-	4	-
PACIFIC Wash.	538 128	5 1	-	3,310 435	31,552 2,753	151 14	7 3	28 7	24 3
Oreg.	102	4	- N.I	411	1,000	42	-	-	4
Calif. Alaska	294 5	-	N -	2,281 89	25,963 573	60 21	4	21	10 7
Hawaii	9	-	-	94	1,263	14	-	-	-
Guam P.R.	3	-	-	2 364	68 277	2	-	-	2
V.I.	-	-	-	-	87	-	-	-	-
Amer. Samoa C.N.M.I.	-	-	-	-	2 31	- -	-	- -	-

N: Not Available. U: Unavailable. -: No reported cases.
* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 1, 2004.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003

17.022 2. (00)	Hansen	Hantavirus	Hemolytic uremic	oco, by goo	jrupillo urviolor	i unu urou	United States, 20	
	disease	pulmonary	syndrome,	H	lepatitis, acute vi	iral		
Area	(leprosy)	syndrome	postdiarrheal	Α	В	С	Legionellosis	Listeriosis
UNITED STATES	95	26	178	7,653	7,526	1,102	2,232	696
NEW ENGLAND	4	-	11	370	367	17	122	57
Maine N.H.	N -	-	-	21 19	7 24	3 N	2 9	7 4
Vt.	-	-	1	6	4	13	6	1
Mass. R.I.	4	-	8 -	217 17	213 21	1	57 20	19 4
Conn.	-	N	2	90	98	-	28	22
MID. ATLANTIC	12	-	23	1,821	780	143	632	139
Upstate N.Y. N.Y. City	1 8	-	18	146 450	110 193	26	176 71	44 24
N.J.	3	-	3	208	183	-	94	24
Pa.	-	-	2	1,017	294	117	291	47
E.N. CENTRAL	3	-	17	681	634	127	459	92
Ohio Ind.	2	-	5 1	171 73	160 70	9 12	226 34	27 10
III.	-	-	3	186	130	22	50	24
Mich. Wis.	1	-	4 4	206 45	223 51	79 5	131 18	21 10
W.N. CENTRAL	2	5	27	195	377	285	75	20
Minn.	1	-	9	52	55	23	5	6
Iowa Mo.	-	1	2 8	40 60	18 248	1 258	12 37	1 6
N. Dak.	N	-	1	2	2	-	1	-
S. Dak.	- 1	1 1	1	-	4	-	2 7	-
Nebr. Kans.	-	2	6	14 27	32 18	3	11	4 3
S. ATLANTIC	10	-	13	1,781	2,090	165	553	150
Del.	-	-	-	9	14	-	31	N
Md. D.C.	1	-	N -	178 43	132 13	9	134 19	27 2
Va.	. .	-	1	141	227	15	109	18
W. Va. N.C.	N -	-	1 3	38 126	43 163	20 13	26 42	7 18
S.C.	-	-	-	56	201	26	11	9
Ga. Fla.	N 9	-	2 6	791 399	666 631	13 69	34 147	31 38
E.S. CENTRAL	1	-	14	282	531	100	108	33
Ky.	-	-	N	36	94	26	46	9
Tenn.	1	-	14	206	229	25	37	9
Ala. Miss.	-	-	-	24 16	96 112	6 43	20 5	13 2
W.S. CENTRAL	24	5	8	729	1,249	161	84	50
Ark.	3	-	-	38	91	3	2	1
La. Okla.	2	N -	4	50 28	117 76	102 6	1 10	5 3
Tex.	19	5	4	613	965	50	71	41
MOUNTAIN	3	12	15	486	595	53	90	34
Mont. Idaho	-	2	- 1	8 18	16 8	4 1	4 7	2 2
Wyo.	-	1	-	2	31	· · ·	2	-
Colo. N. Mex.	-	4 1	8	63 25	82 36	14	12 5	9 3
Ariz.	1	-	N	280	283	7	21	12
Utah Nev.	1 1	3 1	5 1	39 51	52 87	- 27	27 12	2 4
PACIFIC	36	4	50	1,308	903	51	109	121
Wash.	N N	2	-	76	903	- -	14	13
Oreg.	N 21	-	7	62	121	16	17	5
Calif. Alaska	21	2	42	1,147 10	657 8	31	77 -	98
Hawaii	15	-	1	13	27	4	1	5
Guam	11	-	-	2	10	5	1	-
P.R. V.I.	1 -	N -	N -	102	144 -	-	-	-
Amer. Samoa	-	-	-	1	5	-	-	-
C.N.M.I.	-	-	-	-	1	-	-	-

N: Not Available.

U: Unavailable.

-: No reported cases.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003

	BLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003 Lyme Measles Meningococcal							
Area	disease	Malaria	Indigenous	Imported*	disease	Mumps	Pertussis	Plague
UNITED STATES	21,273	1,402	32	24	1,756	231	11,647	1
NEW ENGLAND	4,079	74	1	-	86	4	2,083	_
Maine	175	5	-	-	6	-	91	-
N.H.	190	7	1	-	12	2	119	-
Vt.	43	2	-	-	4	-	71	-
Mass. R.I.	1,532 736	32 7	-	-	45 4	1	1,670 55	-
Conn.	1,403	21	-	-	15	1	77	-
MID. ATLANTIC	14,016	368	14	4	210	30	1,757	_
Upstate N.Y.	5,179	63	2	-	55	3	1,067	-
N.Y. City	220	194	3	2	43	12	150	-
N.J.	2,887	61	1	1	31	6	188	-
Pa.	5,730	50	8	1	81	9	352	-
E.N. CENTRAL	914	109	3	3	262	28	1,590	-
Ohio Ind.	66 25	23 4	1	1	60 48	7 3	328 104	-
III.	71	46	-	1	73	8	321	-
Mich.	12	25	2	-	50	8	140	-
Wis.	740	11	-	1	31	2	697	-
W.N. CENTRAL	609	57	-	-	131	11	657	-
Minn.	474	28	-	-	29	1	207	-
Iowa Mo.	58 70	6 7	-	-	28 49	2 5	166 208	-
N. Dak.	70 -	1	-	-	1	- -	7	-
S. Dak.	1	3	-	-	1	-	7	-
Nebr.	2		-	-	. 8	Ē	16	-
Kans.	4	12	-	-	15	3	46	-
S. ATLANTIC	1,370	351	-	3	287	28	855	-
Del.	212	2	-	-	9	2	9	-
Md. D.C.	691 14	80 17	-	1	28 6	5	94 4	-
Va.	195	59	-	-	28	1	219	-
W. Va.	31	4	-	-	7	3	28	-
N.C.	156	25	-	1	37	2	144	-
S.C. Ga.	18 10	5 67	-	1	29 37	5 3	208 36	-
Fla.	43	92	-	-	106	7	113	-
E.S. CENTRAL	66	32	_	_	97	10	170	_
Ky.	17	11	-	-	23	-	53	-
Tenn.	20	7	-	-	30	5	83	-
Ala.	8	7 7	-	-	21	4	19	-
Miss.	21		-	-	23	1	15	-
W.S. CENTRAL	92	139	-	-	193	22	879	-
Ark. La.	7	4 5	-	-	21 43	1 1	92 11	-
Okla.	-	5	-	-	24	2	106	-
Tex.	85	125	-	-	105	18	670	-
MOUNTAIN	15	54	-	1	103	15	1,040	1
Mont.	-	-	-	-	6	-	5	-
Idaho	3	1	-	-	9	1	82	-
Wyo. Colo.	2	2 23	-	-	2 27	1	130 372	-
N. Mex.	1	3	-	-	12	1	78	1
Ariz.	4	17	-	1	34	1	211	-
Utah	2	6	-	-	5	5	127	-
Nev.	3	2	-	-	8	5	35	-
PACIFIC	112	218	14	13	387	83	2,616	-
Wash. Oreg.	7 16	34 11	-	3	61 63	11 N	844 438	=
Calif.	86	166	-	5 5	242	58	1,255	-
Alaska	3	1	-	-	7	1	67	-
Hawaii	N	6	14	5	14	13	12	-
Guam	-	1	5	-	-	3	1	-
P.R.	N	2	-	-	12	2	5	-
1/1	_	-	-	-	-	-	-	-
V.I. Amer. Samoa			4			1		

N: Not Available. U: Unavailable. -: No reported cases.

* Imported cases include only those directly related to importation from other countries.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2003

							ıbella	-	
				bies			Congenital		SARs§
Area	Psittacosis	Q Fever	Animal	Human	RMSF†	Rubella	syndrome	Salmonellosis	CoV
UNITED STATES	12	71	6,846	2	1,091	7	1	43,657	8
NEW ENGLAND	1	6	616	-	10	1	-	2,127	-
Maine N.H.	- 1	2	73 29	-	N -	-	-	141 152	-
Vt.	-	-	39	-	-	-	-	73	-
Mass. R.I.	-	4	216 71	-	9 1	1	-	1,223 137	-
Conn.	N	-	188	-	-	-	-	401	-
MID. ATLANTIC	2	2	929	-	41	3	1	4,995	2
Upstate N.Y.	-	-	432	-	-	-	-	1,282	-
N.Y. City N.J.	-	2	6 62	-	13 16	1 2	1 -	1,301 857	1
Pa.	2	N	429	-	12	-	-	1,555	1
E.N. CENTRAL	-	12	175	-	22	-	-	5,614	-
Ohio Ind.	-	8 2	53 32	-	10 1	-	-	1,326 587	-
III.	-	-	24	-	5	-	-	1,955	-
Mich.	-	1	52	-	6	-	-	798	-
Wis.	-	1	14	-	-	-	-	948	-
W.N. CENTRAL Minn.	-	7 1	646 48	-	65 2	-	-	2,525 574	-
lowa	-	-	105	-	2	-	-	415	-
Mo. N. Dak.	-	3 1	43 57	-	51	-	-	882 46	-
S. Dak.	-	-	132	-	5	-	-	131	-
Nebr.	-	1	98	-	4	-	-	183	-
Kans.	-	1	163	-	1	-	-	294	-
S. ATLANTIC Del.	6	12 N	2,657 64	1	610 1	-	-	11,382 105	2
Md.	-	-	351	-	106	-	-	856	-
D.C.	-	2	-	-	1	-	-	55	-
Va. W. Va.	1 -	- N	542 82	1 -	34 6	-	-	1,187 152	1 -
N.C.	-	2	773	-	331	-	-	1,435	1
S.C. Ga.	2	1 1	255 402	-	49 65	-	-	866 2,057	-
Fla.	3	6	188	-	17	-	-	4,669	-
E.S. CENTRAL	-	15	210	-	131	-	-	2,979	-
Ky.	-	9	39	-	3 74	-	-	404 781	-
Tenn. Ala.	-	6	103 64	-	74 21	-	-	781 792	-
Miss.	-	-	4	-	33	-	-	1,002	-
W.S. CENTRAL	-	4	1,200	-	201	-	-	6,079	-
Ark. La.	-	-	69 5	-	48 1	-	-	838 879	-
Okla.	-	N	204	-	138	-	-	494	-
Tex.	N	4	922	-	14	-	-	3,868	-
MOUNTAIN	1	3	181	-	10	1	-	2,379	2
Mont. Idaho	1	1	23 15	-	1 2	-	-	112 181	-
Wyo.	· -	-	6	-	2	-	-	77	-
Cólo. N. Mex.	-	-	38 5	-	3 1	1	-	503 304	- 1
Ariz.	-	-	75	-	-	-	-	789	-
Utah	-	-	14	-	1	-	-	234	1
Nev.	-	2	5	-	-	-	-	179	-
PACIFIC Wash.	2	10	232	1	1 N	2	-	5,577 699	2
Oreg.	1	1	7	-	-	1	-	425	-
Calif. Alaska	1	9	216 9	1	1	-	-	4,127 96	2
Hawaii	-	-	9 -	-	-	1	-	230	-
Guam	-	-	-	-	-	1	-	44	_
P.R.	N	-	71	1	N	-	-	798	-
V.I. Amer. Samoa	-	-	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-	-	21	-

N: Not Available.

U: Unavailable.

^{-:} No reported cases.

^{*} No cases of paralytic poliomyelitis were reported in 2003.

Rocky Mountain spotted fever.

Totals reported to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2003

		Streptococcal disease,	Streptococcal	Streptococcus pneumoniae,	Streptococcus pneumoniae,		Syphilis*	
Area	Shigellosis	invasive, group A	toxic-shock syndrome	invasive, drug-resistant	invasive, (<5 years)	All stages†	Congenital (age <1 yr)	Primary & secondary
UNITED STATES	23,581	5,872	161	2,356	845	34,270	413	7,177
NEW ENGLAND	353	488	7	123	17	1,000	1	224
Maine N.H.	7 10	29 34	- -	-	N	21 37	-	8 19
Vt.	8	19	3	9	5	1	-	1
Mass. R.I.	236 22	210 35	2 2	N 25	N 12	644 90	-	133 33
Conn.	70	161	U	89	U	207	1	30
MID. ATLANTIC Upstate N.Y.	2,399 645	953 362	8	152 88	92 88	6,155 535	65 12	913 53
N.Y. City	416	146	-	Ü	Ü	3,825	30	531
N.J. Pa.	360 978	174 271	1 7	- 64	4 N	1,089 706	21 2	170 159
E.N. CENTRAL	1,882	1,305	106	475	331	3,203	75	886
Ohio	301	287	24	285	98	481	3	197
Ind. III.	201 1,006	136 349	14 68	190	38 134	375 1,376	15 19	50 374
Mich.	235	357	N	N	N	860	38	249
Wis.	139	176	-	N	61	111	-	16
W.N. CENTRAL Minn.	796 103	363 181	11 9	188 167	91 74	559 195	6	159 47
Iowa	94	N	-	N	N	46	-	12
Mo. N. Dak.	356 10	81 18	2	16 4	3 9	207 2	4	61 2
S. Dak.	17	25	-	1	-	5	-	2
Nebr. Kans.	92 124	27 31	- -	N	5 N	27 77	1 1	10 25
S. ATLANTIC	6,973	987	11	1,149	85	8,744	76	1,940
Del.	164	8	-	N	N	47	-	7
Md. D.C.	579 76	233 11	N -	27 1	9	974 330	8 1	312 48
Va. W. Va.	453 4	111 39	3 4	N 113	N 12	552 11	1	82 2
N.C.	1,061	111	4	N N	U	848	18	152
S.C. Ga.	620 1,169	50 195	- N	153 249	N 64	548 2,152	11 11	94 585
Fla.	2,847	229	Ň	606	N	3,282	26	658
E.S. CENTRAL	1,058	222	7	168		2,037	8	322
Ky. Tenn.	136 405	52 170	6 1	31 137	N N	160 876	1 2	33 135
Ala.	342	-	-	-	N	566	3	114
Miss.	175	-	-	-	-	435	2	40
W.S. CENTRAL Ark.	6,047 113	315 7	-	85 24	155 8	6,221 296	81 2	952 51
La.	447	2	- N	61 N	30	1,576	1	183
Okla. Tex.	1,078 4,409	99 207	N -	N N	77 40	353 3,996	1 77	64 654
MOUNTAIN	1,354	598	11	12	74	1,725,	42	337
Mont. Idaho	2 36	1 19	2	- N	- N	- 45	- 4	- 15
Wyo.	8	2	1	10	-	4	-	-
Colo. N. Mex.	333 286	147 127	4	-	55 12	144 205	3 6	39 71
Ariz.	572	259	-	N	N	1,106	29	186
Utah Nev.	51 66	41 2	3 1	2	7	72 149	-	14 12
PACIFIC	2,719	641	-	4	-	4,626	59	1,444
Wash.	188	74	-	-	N	239	-	82
Oreg. Calif.	211 2,261	N 428	-	N N	N N	118 4,202	- 59	48 1,299
Alaska Hawaii	11	139	-	- 4	N	8	-	1 14
Guam	48 41	139	-	4	-	59 2	1	14
P.R.	33	N	N	N	N	1,391	15	204
						1,001		
V.I. Amer. Samoa	- 6	-	- -	-	-	1	-	1

N: Not Available. U: Unavailable.

^{-:} No reported cases.

^{*} Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 1, 2004.

† Includes the following categories: primary, secondary, early, late (including neurosyphilis, late latent, late with clinical manifestations, and unknown latent), and congenital syphilis.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2003

Area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis†	Tularemia	Typhoid fever	Varicella (chickenpox)	Varicella deaths§
UNITED STATES	20	133	6	14,883	129	356	20,948	2
NEW ENGLAND	1	8	1	467	6	29	5,522	_
Maine	-	1	-	25	-	-	1,012	-
N.H.	-	2	1	15	-	4	-	-
Vt.	1	1 3	-	9 261	6	- 15	930 1,993	-
Mass. R.I.	-	1	-	46	-	2	1,995	-
Conn.	-	Ň	-	111	-	8	1,582	-
MID. ATLANTIC	1	16	1	2,311	1	80	43	_
Upstate N.Y.	1	6	1	340	1	12	-	-
N.Y. City	-	1	-	1,140	-	37	-	-
N.J.	-	-	-	495	-	21	- 40	-
Pa.	-	9	-	336	-	10	43	-
E.N. CENTRAL	3	39	-	1,314	2	33	6,484	-
Ohio Ind.	2 1	12 2	-	229 143	-	2 4	1,302	-
III.	! -	9	-	633	1	17	-	-
Mich.	-	13	-	243	-	10	4,171	-
Wis.	-	3	-	66	1	-	1,011	-
W.N. CENTRAL	1	29	-	514	46	7	103	-
Minn.	-	10	-	214	1	3	N	-
lowa	-	5	-	40	N	2	N	-
Mo.	-	4	-	131	32	1	1	-
N. Dak. S. Dak.		1	-	6 20	- 5	-	102	
Nebr.	1	7	-	28	5	1	N	_
Kans.	-	1	-	75	3	-	-	-
S. ATLANTIC	5	10	-	2,933	9	59	2,433	1
Del.	-	-	-	33	3	-	29	-
Md.	1	N	-	268	1	11	1	1
D.C.	1	1	-	79	-	-	55	-
Va. W. Va.	-	3	-	332 21	4	16 -	682 1,330	
N.C.	-	2	-	374	1	9	N	-
S.C.	-	-	-	254	-	-	336	-
Ga.	-	4	N	526	-	8	N	-
Fla.	3	N	-	1,046	-	15	N	-
E.S. CENTRAL	3	2	2	809	7	8	-	-
Ky.	-	-	N	138	2	1	N	-
Tenn. Ala.	1 1	1 1	2	285 258	3 1	3 4	-	-
Miss.	1	-	-	128	1	-	-	-
	1					04	F 404	4
W.S. CENTRAL Ark.	1		-	2,144 127	43 32	31	5,481	1
La.	-	-	-	260	-	-	16	-
Okla.	-	-	-	163	9	1	N	-
Tex.	1	N	-	1,594	2	30	5,465	-
MOUNTAIN	-	19	-	625	10	8	882	-
Mont.	-	-	-	7	-	-	-	-
Idaho	-	-	-	13	-	1	-	-
Wyo. Colo.	-	- 5	-	4 111	3 3	- 4	113 N	-
N. Mex.	-	1	-	49	3 1	1	7	-
Ariz.	-	9	-	295	1	2	N	-
Utah	-	2	-	39	2	-	762	-
Nev.	-	2	-	107	-	-	-	-
PACIFIC	5	10	2	3,757	5	101	-	-
Nash.	-	-	-	250	3	4	N	-
Oreg.	- 5	- 10	- 2	106	- 2	4	N	-
Calif. Alaska	5	10	2	3,227 57	2	91	N -	-
Hawaii	-	-	-	117	- -	2	- -	-
				61		_	150	
Guam P.R.	-	N	-	115	-	-	153 626	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	1	21	-
C.N.M.I.	_	-	-	45	-	-	-	-

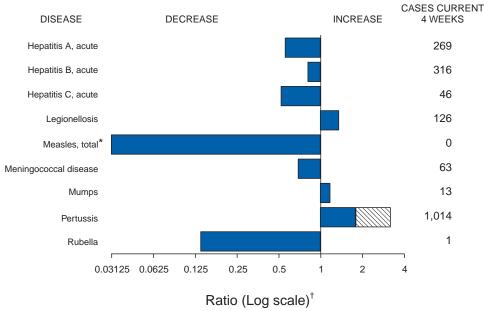
N: Not Available. U: Unavailable. -: No reported cases.

* No cases of yellow fever were reported in 2003.

† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 1, 2004.

§ Death counts provided by the Epidemiology and Surveillance Division, National Immunization Program.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 31, 2004, with historical data



Beyond historical limits

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending July 31, 2004 (30th Week)*

		Cum. 2004	Cum. 2003		Cum. 2004	Cum. 2003
Anthrax		- '	-	Hemolytic uremic syndrome, postdiarrheal†	60	79
Botulism:		-	-	HIV infection, pediatric ^{†¶}	88	130
	foodborne	8	8	Measles, total	18**	37 ^{††}
	infant	41	38	Mumps	121	128
	other (wound & unspecified)	8	16	Plague	-	1
Brucellosis†		63	52	Poliomyelitis, paralytic	-	-
Chancroid		18	36	Psittacosis†	5	6
Cholera		4	1	Q fever [†]	30	46
Cyclosporiasi	S [†]	108	45	Rabies, human	3	-
Diphtheria		-	-	Rubella	15	6
Ehrlichiosis:		-	-	Rubella, congenital syndrome	-	1
	human granulocytic (HGE)†	108	119	SARS-associated coronavirus disease†§§	-	7
	human monocytic (HME)†	85	104	Smallpox [†] ¶	-	NA
	human, other and unspecified	3	20	Staphylococcus aureus:	-	-
Encephalitis/I	Meningitis:	-	-	Vancomycin-intermediate (VISA)† ¶	4	NA
	California serogroup viral†§	11	30	Vancomycin-resistant (VRSA)† ¶	1	NA
	eastern equine†§	-	8	Streptococcal toxic-shock syndrome [†]	63	118
	Powassan [†] §	-	-	Tetanus	7	5
	St. Louis†§	-	7	Toxic-shock syndrome	58	75
	western equine†§	-	-	Trichinosis	5	-
Hansen disea	ise (leprosy)†	44	50	Tularemia [†]	38	39
Hantavirus pu	ılmonary syndrome†	10	14	Yellow fever	-	-

^{-:} No reported cases.

^{*} No measles cases were reported for the current 4-week period yielding a ratio for week 30 of zero (0).

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

Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

Not notifiable in all states.

Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update June 27, 2004.

Of 18 cases reported, 10 were indigenous, and eight were imported from another country.

Of 37 cases reported, 25 were indigenous, and 12 were imported from another country.

SS Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).

Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

,	AII	os	Chla	mydia†	Coccidio	domycosis	Cryptosp	oridiosis		s/Meningitis t Nile [§]
Reporting area	Cum. 2004 [¶]	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
JNITED STATES	20,281	24,155	486,420	489,036	3,142	1,913	1,370	1,259	155	286
NEW ENGLAND	727	843	16,670	15,621	-	-	81	87	-	1
faine I.H.	10 26	35 22	1,131 890	1,114 881	N -	N	14 16	6 11	-	- 1
ı.⊓. t.	13	11	567	577	-	-	12	18	-	-
Mass.	235	371	7,827	6,076	-	-	25	40	-	-
R.I. Conn.	70 373	68 336	1,881 4,374	1,667 5,306	N	N	2 12	9 3	-	-
IID. ATLANTIC	4,432	5,185	61,950	60,743	-	-	210	172	3	12
pstate N.Y.	591	623	12,796	11,014	N	N	55	43	-	-
I.Y. City I.J.	2,341 788	2,408 949	18,794 10,050	19,951 9,137	-	-	48 12	60 9	2	-
Pa.	712	1,205	20,310	20,641	N	N	95	60	1	12
.N. CENTRAL	1,724	2,383	81,393	88,162	7	4	328	331	2	11
Ohio	237	419	19,679	23,983	-	-	85	44	1	7
nd. I.	219 852	306 1,117	10,257 21,714	9,681 27,250	N -	N	39 13	33 43	-	3 1
/lich.	326	417	20,831	17,481	7	4	77	55	1	-
Vis.	90	124	8,912	9,767	-	-	114	156	-	-
V.N. CENTRAL	407	431	29,514	28,271	4 N	2 N	199	143 53	2	51
⁄linn. owa	95 28	96 45	5,413 3,136	6,162 3,278	N	N	68 37	28	-	2 6
Лo.	181	203	11,439	10,167	3	1	36	14	1	-
I. Dak. S. Dak.	12 6	3 6	900 1,421	888 1,416	N -	N	8 23	10 22	- 1	4 19
lebr.**	18	30	2,971	2,421	1	1	14	6	-	13
íans.	67	48	4,234	3,939	N	N	13	10	-	7
S. ATLANTIC	6,151	6,972	94,070	91,196	- N	3	247	167	4	10
0el. 1d.	83 690	133 867	1,616 10,759	1,754 9,288	N -	N 3	10	3 9	-	-
D.C.	354	656	1,716	1,861	-	-	6	3	-	-
/a. V. Va.	336 31	593 49	12,697 1,620	10,762 1,426	N	N	27 3	16 3	-	2
I.C.	344	634	15,979	14,386	Ň	N	43	19	-	1
S.C.** Ga.	376 894	466 953	9,215 16,218	7,965 19,904	-	-	9 79	2 63	-	1
la.	3,043	2,621	24,250	23,850	N	N	79 70	49	4	6
E.S. CENTRAL	958	1,102	31,347	31,639	2	1	56	63	2	13
⟨у.	107	98	3,265	4,633	N	N	22	13	-	1
ēnn.** Na.	391 233	477 271	12,693 6,203	11,325 8,449	N -	N	12 13	24 23	2	1 5
Miss.	227	256	9,186	7,232	2	1	9	3	-	6
V.S. CENTRAL	2,544	2,691	62,707	61,297	2	-	40	33	3	110
Ark. .a.	124 576	106 402	4,483 12,916	4,396 12,509	1 1	-	12	5 2	1	2 25
.a. Okla.	90	135	6,349	6,238	N	N	13	6	-	5
ex.	1,754	2,048	38,959	38,154	-	-	15	20	2	78
MOUNTAIN	729	920	25,246	28,614	1,983	1,272	71	63	111	78
font. daho	5 9	10 16	1,269 1,668	1,276 1,380	N N	N N	15 8	12 14	-	-
Vyo.	7	5	598	552	-	1	2	2	-	_3
Colo. I. Mex.	137 107	212 70	5,177 2,586	7,292 4,242	N 9	N 5	28 4	13 4	9 1	72 3
riz.	284	392	9,411	8,453	1,920	1,242	11	3	99	-
Jtah Lavi	34	40	2,065	2,119	18	4	2	9	-	-
lev.	146	175	2,472	3,300	36	20	1	6	2	-
ACIFIC Vash.	2,609 214	3,628 271	83,523 10,023	83,493 9,053	1,144 N	631 N	138 14	200 25	28	-
Oreg.	133	146	4,752	4,317	-	-	18	25	-	-
Calif. Alaska	2,201 15	3,136 13	65,068 2,040	64,882 2,198	1,144	631	105	150	28	-
lawaii	46	62	1,640	3,043	-	-	1	-	-	-
Guam	2	5	-	395	-	-	-	-	-	-
R.	209	620	1,474	1,369	Ν	N	N	N	-	-
'.I. .mer. Samoa	6 U	17 U	143 U	217 U	U	U	Ū	Ū	U	U
C.N.M.I.	2	Ŭ	32	Ü	-	Ü	-	Ü	-	Ŭ

N: Not notifiable.

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

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

§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update

^{**} Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*		Escher	ichia coli, Ente	rohemorrhagio						
			_	n positive,	Shiga toxii					
	Cum.	57:H7 Cum.	serogroup Cum.	Cum.	not sero	grouped Cum.	Giar Cum.	diasis Cum.	Gor Cum.	Orrhea Cum.
Reporting area	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
UNITED STATES	1,024	974	107	109	86	69	8,582	9,153	169,216	184,094
NEW ENGLAND	69	57	28	22	14	5	735	663	3,947	3,883
Maine N.H.	3 10	5 10	5	2	-	-	72 18	72 23	140 64	123 63
Vt.	6	5	-	7	1	-	74	49	47	48
Mass. R.I.	32 5	21 1	4 1	-	13 -	5 -	333 54	326 55	1,850 501	1,475 510
Conn.	13	15	18	13	-	-	184	138	1,345	1,664
MID. ATLANTIC Upstate N.Y.	120 54	121 41	16 8	10 4	16 6	16 7	1,947 647	1,903 468	19,943 4,235	23,243 4,278
N.Y. City	24	3	-	-	-	-	571	657	6,078	7,655
N.J. Pa.	16 26	19 58	3 5	1 5	4 6	9	201 528	277 501	3,894 5,736	4,887 6,423
E.N. CENTRAL	194	237	21	19	11	9	1,052	1,631	33,251	38,657
Ohio Ind.	49 15	44 41	7	10 -	11 -	9	424 -	460	9,783 3,568	12,460 3,645
III.	34 45	43 36	- 4	2	-	-	84	513	9,253	11,939
Mich. Wis.	51	73	10	7	-	-	358 186	365 293	8,360 2,287	7,306 3,307
W.N. CENTRAL	231	168	17	17	17	9	1,006	917	9,351	9,617
Minn. Iowa	45 65	52 35	7	8 -	2	-	346 144	340 124	1,816 556	1,604 769
Mo. N. Dak.	50 6	44	10	2	6	1	270	257	4,731	4,891
S. Dak.	18	6 10	-	3	7 -	2	17 34	23 24	66 154	37 115
Nebr. Kans.	31 16	8 13	-	1 -	2	6	71 124	67 82	582 1,446	763 1,438
S. ATLANTIC	82	72	15	26	19	17	1,422	1,384	41,942	45,066
Del. Md.	1 18	2 3	N 1	N	N 3	N	27 60	19 60	522	681
D.C.	1	1	-	1 -	-	1 -	35	20	4,691 1,249	4,399 1,413
Va. W. Va.	16 1	21 2	6	5	-	-	234 17	203 23	5,165 513	5,000 486
N.C.	-	-	-	-	10	15	N	N	8,466	8,328
S.C. Ga.	4 16	- 15	4	3	-	-	28 398	67 440	4,373 6,912	4,574 9,717
Fla.	25	28	4	17	6	1	623	552	10,051	10,468
E.S. CENTRAL Ky.	46 17	42 13	1 1	-	8 5	5 5	170 N	183 N	13,429 1,416	15,432 1,984
Tenn.	15 8	17	-	-	3	-	79 91	83	4,661	4,553
Ala. Miss.	6	9 3	-	-	-	-	91	100	3,875 3,477	5,234 3,661
W.S. CENTRAL	43	42	1	3	1	4	140	156	23,393	25,178
Ark. La.	8 2	5 1	-	-	-	-	63 19	84 8	2,153 5,807	2,366 7,045
Okla.	10	12	- 1	-	- 1	-	58	64	2,662	2,435
Tex. MOUNTAIN	23	24	7	3	ı	4	722	750	12,771	13,332 6,028
Mont.	94 10	112 4	-	10 -	-	4 -	732 24	758 43	5,415 38	65
Idaho Wyo.	22 1	26 2	3 1	6	-	-	91 13	84 11	47 28	40 26
Colo.	21	32	1	2	-	4	249	218	1,547	1,657
N. Mex. Ariz.	5 10	4 18	N	2 N	N	N	41 105	27 141	313 2,012	693 2,250
Utah Nev.	16 9	20 6	1 1	-	-	-	153 56	161 73	313 1,117	191 1,106
PACIFIC	145	123	1	2	-	-	1,378	1,558	18,545	16,990
Wash. Oreg.	51 18	33 20	- 1	1 1	-	-	177 229	152 203	1,499 634	1,583 583
Calif.	68	69	-	-	-	-	891	1,107	15,689	13,885
Alaska Hawaii	1 7	1 -	-	-	-	-	36 45	47 49	322 401	305 634
Guam	N	N	-	-	-	-	-	-	-	40
P.R. V.I.	-	1	-	-	-	-	17	132	119 49	152 53
Amer. Samoa	Ū	U	Ū	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	3	U

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*		Haemophilus influenzae, invasive											
	Alla	ages		пасториназ		5 years			→ .	atitis te), by type			
		otypes	Serot	ype b		rotype b	Unknown	serotype	_	4			
Poporting area	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003			
Reporting area UNITED STATES	1,131	1,132	10	16	54	74	110	130	3,068	3,618			
NEW ENGLAND	102	73	1	1	5	5	3	3	519	168			
Maine N.H.	7 13	2 8	-	-	2	-	-	1	10 11	7 9			
Vt.	5	6	-	-	-	-	1	-	8	4			
Mass. R.I.	46 3	41 4	1 -	1 -	-	5	2	1 1	445 10	87 11			
Conn.	28	12	-	-	3	-	-	-	35	50			
MID. ATLANTIC Upstate N.Y.	243 82	245 85	-	1 1	3	2 2	28 4	31 7	365 53	765 65			
N.Y. City	50	44	-	-	-	-	9	8	141	279			
N.J. Pa.	45 66	49 67	-	-	-	-	3 12	7 9	69 102	117 304			
E.N. CENTRAL	185	190	-	3	6	3	27	35	276	364			
Ohio Ind.	69 34	45 32	-	-	2 4	-	11 1	7 3	32 15	72 35			
III.	41	70	-	-	-	-	9	18	109	105			
Mich. Wis.	14 27	15 28	-	3	-	3	5 1	1 6	97 23	117 35			
W.N. CENTRAL	66	75	2	-	3	6	4	9	119	105			
Minn. Iowa	28 1	27	1 1	-	3	6	-	1	28 31	33 16			
Mo.	21	32	-	-	-	-	2	8	38	32			
N. Dak. S. Dak.	3	2 1	-	-	-	-	-	-	1 2	-			
Nebr. Kans.	6 7	1 12	-	-	-	-	2	-	8 11	7 17			
S. ATLANTIC	269	230	-	-	16	9	19	15	588	771			
Del.	6	-	-	-	-	-	-	-	5	5			
Md. D.C.	44	55 -	-	-	4	5 -	1 -	-	78 4	79 25			
Va. W. Va.	24 10	31 9	-	-	-	-	1 3	5	56 2	47 12			
N.C.	40	20	-	-	5	1	1	1	55	42			
S.C. Ga.	2 71	5 43	-	-	-	-	12	1 5	21 204	23 311			
Fla.	72	67	-	-	7	3	1	3	163	227			
E.S. CENTRAL Ky.	41 3	47 3	1	1	-	2 1	8	4	89 16	105 19			
Tenn.	26	27	-	-	-	1	6	3	49	61			
Ala. Miss.	12	16 1	1 -	1 -	-	-	2	1 -	6 18	12 13			
W.S. CENTRAL	46	54	1	1	5	8	1	4	222	357			
Ark. La.	1 8	5 17	-	-	-	1 2	- 1	4	38 15	20 33			
Okla.	36	30	-	-	5	5	-	-	17	8			
Tex. MOUNTAIN	1 131	110	1 3	1 6	- 15	- 19	- 14	12	152	296			
Mont.	-	118 -	-	-	-	-	-	13 -	269 4	273 3			
Idaho Wyo.	5	3 1	-	-	-	-	2	1 -	12 4	9 1			
Colo.	30	23	-	-	-	-	3	5	29	40			
N. Mex. Ariz.	25 50	15 61	-	6	5 7	4 8	3 2	1 4	10 169	11 155			
Utah Nev.	10 11	9 6	2	-	1 2	4 3	2 2	2	34 7	18 36			
PACIFIC PACIFIC	48	100	2	3	1	20	6	16	621	710			
Wash.	3	6	2	-	-	4	1	1	34	39			
Oreg. Calif.	29 6	25 44	-	3	1	16	2 2	2 8	42 525	40 618			
Alaska Hawaii	4 6	18 7	-	-	-	-	1 -	5	4 16	7 6			
Guam	-	-	-	-	-	-	-	-	-	2			
P.R. V.I.	-	-	-	-	-	-	-	-	15	53			
Amer. Samoa	Ū	Ü	Ū	Ü	U	U	U	Ü	U	U			
C.N.M.I. N: Not notifiable.	U: Unavailable.	U	orted cases.	U	-	U	-	U	-	U			

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*	Н	lepatitis (viral	, acute), by ty	ре			1			
	<u> </u>	B T Cum	Cum		Legior Cum.	nellosis	Lister Cum.	,	+	disease
Reporting area	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	2004	Cum. 2003	2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	3,521	3,964	639	622	795	944	300	331	7,048	9,803
NEW ENGLAND Maine	189 1	183 1	4	3	15	43 1	12 3	22 3	656 53	1,729 51
N.H.	23	11	-	-	1	5	1	2	52	38
Vt. Mass.	3 102	2 129	1 3	3	1 4	1 22	3	12	18 189	12 962
R.I. Conn.	3 57	4 36	U	- U	2 7	2 12	1	- 5	80 264	121 545
MID. ATLANTIC	670	36 457	71	76	209	225	66	60	5,279	6,585
Upstate N.Y.	53	49	7	10	41	53	23	14	1,715	1,860
N.Y. City N.J.	58 387	139 115	-	-	17 44	22 27	9 11	13 11	- 1,457	140 1,936
Pa.	172	154	64	66	107	123	23	22	2,107	2,649
E.N. CENTRAL Ohio	308 77	293 84	53 5	91 7	197 101	190 96	48 19	43 11	228 49	579 28
Ind.	8	17	2	3	14	12	12	2	3	9
III. Mich.	50 150	38 125	9 37	14 63	10 65	25 43	- 15	12 12	- 11	42
Wis.	23	29	-	4	7	14	2	6	165	500
W.N. CENTRAL Minn.	228 28	181 21	199 8	133 5	18 1	42 3	7 3	8 2	166 96	135 87
Iowa	10	5	-	1	3	7	1	-	13	18
Mo. N. Dak.	154 3	127	191 -	126	12 1	20 1	2	3 -	48	25 -
S. Dak. Nebr.	18	2 15	-	- 1	1	1 2	- 1	3	- 6	2
Kans.	15	11	-	-	-	8	- -	- -	3	3
S. ATLANTIC	1,068	1,102	105	99	194	262	50	62	617	624
Del. Md.	22 90	6 70	13	6	4 36	8 66	N 6	N 9	66 382	106 399
D.C. Va.	13 123	3 97	1 14	4	5 23	3 50	10	7	2 56	4 39
W. Va.	18	12	17	1	4	8	1	3	2	6
N.C. S.C.	107 54	99 93	7 7	7 23	20 1	16 5	13	10 2	63 5	43 1
Ga.	338	359	7	7	28	20	8	18	8	9
Fla. E.S. CENTRAL	303 231	363 258	39 56	51 48	73 43	86 61	12 17	13 13	33 26	17 31
Ky.	31	43	18	8	18	23	4	2	11	7
Tenn. Ala.	101 36	104 53	21 1	11 5	15 9	20 14	8 3	3 6	9 1	8 2
Miss.	63	58	16	24	1	4	2	2	5	14
W.S. CENTRAL Ark.	136 31	647 52	80 1	112 3	35	42 2	21 1	36 1	15 2	70
La.	34	85	44	70	3	1	2	2	2	6
Okla. Tex.	23 48	38 472	3 32	2 37	2 30	4 35	- 18	1 32	11	64
MOUNTAIN	288	346	29	23	45	41	14	18	12	7
Mont. Idaho	2 6	8 4	2	1 1	1 6	2 3	- 1	1 1	2	- 2
Wyo.	7	22	-	-	5	2	-	-	2	-
Colo. N. Mex.	28 9	51 25	5 7	5 -	6	7 2	5 -	6 2	1 -	1
Ariz. Utah	161 29	163 26	4 2	4	10 14	9 12	- 1	5 2	1 6	- 1
Nev.	46	47	9	12	3	4	7	1	-	3
PACIFIC	403	497	42	37	39	38	65	69	49	43
Wash. Oreg.	32 65	40 74	13 10	11 7	6 N	5 N	6 5	4 2	4 19	9
Calif. Alaska	290 13	365 3	16	18	33	33	52	59 -	26	32 2
Hawaii	3	15	3	1	-	-	2	4	N	N
Guam P.R.	- 36	4 78	-	3	- 1	-	-	-	- N	- N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa C.N.M.I.	U -	U U	U -	U U	U -	U U	U -	U U	U -	U U

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*	84-1	orio		gococcal	D	uoolo	Dak!s	o onime!	Rocky N	
	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	s, animal Cum.	Cum.	Cum.
Reporting area UNITED STATES	2004	2003	2004 877	2003	6 114	2003	2004	2003	2004	2003 325
NEW ENGLAND	651 48	627 26	44	1,089 50	6,114 761	4,155 455	2,993 313	4,032 295	554 11	325 4
Maine	5	1	8	5	2	9	31	27	-	-
N.H. Vt.	1 3	3	3 2	3	26 43	26 44	11 11	14 18	-	-
Mass.	24	13	25	31	662	349	128	101	9	4
R.I. Conn.	2 13	9	1 5	2 9	16 12	7 20	17 115	37 98	1 1	-
MID. ATLANTIC	157	155	110	136	1,429	414	274	499	36	21
Upstate N.Y.	24	32	27	32	1,026	174	241	204	1	-
N.Y. City N.J.	67 33	78 26	20 24	31 18	76 120	59 76	4	5 62	5 10	7 10
Pa.	33	19	39	55	207	105	29	228	20	4
E.N. CENTRAL	55	61	120	178	1,299	368	44	56	18	9
Ohio Ind.	18 3	11 1	46 16	45 31	281 55	132 33	17 5	21 6	10 5	4 1
III.	10	29	12	49	226	32	14	7	-	2
Mich. Wis.	15 9	16 4	36 10	30 23	71 666	44 127	8 -	18 4	3	2
W.N. CENTRAL	45	28	59	80	632	185	281	398	63	27
Minn.	18	14	16	19	109	59	42	17	-	1
Iowa Mo.	2 13	3 3	11 18	16 30	36 191	46 43	41 20	52 8	- 54	2 20
N. Dak.	3	1	1	1	250	3	40	38	-	-
S. Dak. Nebr.	1 2	2	2 2	1 6	9 4	3 5	10 53	88 69	3 6	2 2
Kans.	6	5	9	7	33	26	75	126	-	-
S. ATLANTIC	172	152	168	192	323	294	1,137	1,635	254	197
Del. Md.	3 37	35	19 8	8 20	5 64	5 41	9 50	23 237	26	51
D.C.	8	7	4	4	2	-	-	-	-	- 11
Va. W. Va.	15 -	17 4	10 5	19 3	99 5	60 6	274 37	323 52	11 3	11 4
N.C.	11	12 3	24 12	24 15	49 28	79 40	372	469	174 9	78 10
S.C. Ga.	7 34	36	10	21	28 10	20	92 159	129 214	17	38
Fla.	57	38	76	78	61	43	144	188	14	5
E.S. CENTRAL Ky.	19 1	13 1	36 5	51 10	75 20	89 20	70 15	126 22	61	54
Tenn.	3	4	11	13	37	46	24	85	25	30
Ala. Miss.	11 4	5 3	10 10	14 14	12 6	15 8	28 3	18 1	17 19	6 18
W.S. CENTRAL	56	80	84	122	300	314	694	805	95	8
Ark.	6	4	14	10	15	23	31	25	65	-
La. Okla.	2 2	3 3	23 5	31 12	7 17	7 37	73	1 141	3 27	2
Tex.	46	70	42	69	261	247	590	638	-	6
MOUNTAIN	28	17	43	55	595	573	85	88	11	5
Mont. Idaho	- 1	1	3 6	3 6	18 20	1 40	14 1	12 3	3 1	1 1
Wyo.	-	1	2	2	11	119	-	1	1	2
Colo. N. Mex.	9 1	11 -	10 6	13 7	302 68	202 36	15 2	14 5	2	-
Ariz.	8	2	9	20	122	98	49	43	1	-
Utah Nev.	5 4	1 1	4 3	4	44 10	57 20	4	6 4	3	-
PACIFIC	71	95	213	225	700	1,463	95	130	5	-
Wash. Oreg.	6 12	14 7	21 45	19 35	379 258	352 293	2	- 5	3	-
Calif.	52	71	142	157	44	810	85	120	2	-
Alaska Hawaii	- 1	3	1 4	4 10	8 11	1 7	8	5	-	-
Guam		-	-	-	-	1	-	_	_	_
P.R.	-	-	4	8	2	1	33	44	N	N
V.I. Amer. Samoa	- U	- U	- U	U	- U	- U	- U	- U	Ū	- U
C.N.M.I.	S	Ŭ	-	Ŭ	-	Ŭ	-	Ŭ	-	Ü

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*			<u> </u>		1		Stro	ptococcus pne	umoniae inv	vasive
					Streptococo		Drug re	sistant,		
	Salmo Cum.	onellosis	Shige	llosis Cum.	invasive,		all a	ges Cum.	Age <	5 years
Reporting area	2004	Cum. 2003	Cum. 2004	2003	Cum. 2004	Cum. 2003	2004	2003	2004	Cum. 2003
UNITED STATES	18,587	20,431	5,884	13,157	3,038	3,979	1,374	1,346	377	467
NEW ENGLAND	984 41	1,070 71	138	171	137 6	359 22	18	71	7 1	6
Maine N.H.	51	83	2 5	6 5	15	23	2	-	Ň	N
Vt. Mass.	32 583	38 635	2 85	5 116	8 91	16 160	7 N	6 N	1 N	3 N
R.I.	48	40	9	4	17	5	9	10	5	3
Conn.	229	203	35	35	-	133	-	55	U	U
MID. ATLANTIC Upstate N.Y.	2,891 610	2,449 514	679 310	1,400 191	519 171	697 266	99 46	90 48	75 51	68 49
N.Y. City	645	665	192	221	72	94	Ü	Ŭ	U	U
N.J. Pa.	432 1,204	422 848	119 58	241 747	118 158	138 199	53	42	4 20	2 17
E.N. CENTRAL	2,105	3,016	393	1,122	617	976	322	310	107	204
Ohio	695	758	90	211	165	234	232	202	56	74
Ind. III.	212 321	291 1,113	87 87	79 598	70 133	93 243	90	108	22	19 77
Mich.	453	416	64	158	213	281	N	N	N	N
Wis. W.N. CENTRAL	424	438 1,169	65 223	76 407	36 208	125 238	N 11	N 11	29 55	34 53
Minn.	1,316 309	284	223 27	407 54	106	113	-	-	38	37
Iowa Mo.	260 377	198 378	43 103	28 207	N 43	N 52	N 8	N 7	N 8	N 2
N. Dak.	19	23	2	6	9	12	-	3	2	4
S. Dak. Nebr.	55 86	51 81	7 11	9 63	9 10	19 22	3	1	- 5	5
Kans.	210	154	30	40	31	20	N	N	2	5
S. ATLANTIC	4,640	4,606	1,578	4,140	595	664	712	705	27	12
Del. Md.	37 468	49 420	4 76	144 341	3 124	6 165	4	1 6	N 16	N
D.C.	25	15	24	32	4	5	4	-	3	4
Va. W. Va.	560 105	492 63	82 3	234	51 17	81 30	N 82	N 50	N 8	N 8
N.C.	571 303	543 226	172 204	573	85 25	78 33	N 65	N 102	U N	U N
S.C. Ga.	699	861	350	259 828	35 122	32 129	160	102 156	N	N
Fla.	1,872	1,937	663	1,729	154	138	397	390	N	N
E.S. CENTRAL Ky.	1,085 187	1,336 219	348 43	575 63	142 49	137 36	81 21	99 12	- N	- N
Tenn.	223	388	130	201	93	101	60	87	N	N
Ala. Miss.	326 349	315 414	143 32	189 122	-	-	-	-	N -	N -
W.S. CENTRAL	1,557	2,949	1,338	3,528	170	181	36	52	73	72
Ark. La.	264 274	325 414	37 170	59 276	12 2	6 1	6 30	17 35	7 12	4 14
Okla.	191	213	281	507	43	58	N	N	30	35
Tex.	828	1,997	850	2,686	113	116	N	N	24	19
MOUNTAIN Mont.	1,258 79	1,128 54	422 4	548 2	344	337 1	23	4	33	52
Idaho	98	101	7	13	6	14	N	N	N	N
Wyo. Colo.	29 304	51 279	1 73	3 98	6 92	2 92	6	3	30	40
N. Mex.	119	113	60	109	59	84	5	- N	-	8
Ariz. Utah	406 127	336 106	230 24	267 27	151 28	121 22	N 10	N 1	N 3	N 4
Nev.	96	88	23	29	2	1	2	-	-	-
PACIFIC Wash.	2,751 260	2,708 318	765 58	1,266 104	306 34	390 41	72	4	- N	- N
Oreg.	225	240	39	87	N	N	N	N	N	N
Calif. Alaska	2,026 38	1,990 50	639 4	1,052 4	216	281	N -	N -	N N	N N
Hawaii	202	110	25	19	56	68	72	4	-	-
Guam	-	28	-	23	- N	- N	- NI	- N1	- N	- N
P.R. V.I.	105 -	364	1 -	9 -	N -	N -	N -	N -	N -	N -
Amer. Samoa	U	U U	U	U U	U	U U	U	U U	U	U U
C.N.M.I.	3	U	-	U	-	U	-	U	-	U

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 31, 2004, and July 26, 2003 (30th Week)*

(30th Week)*		Syph							Varicella	
		secondary	Cong		1	culosis	Typhoi		(Chicke	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Reporting area	Cum. 2004	Cum. 2003								
JNITED STATES	4,104	4,046	195	259	5,477	7,115	140	184	9,505	10,426
NEW ENGLAND	113	126	1	-	207	231 11	15	17	587 179	2,159
Maine N.H.	2 3	6 15	-	-	9	10	-	1	-	639
√t. Mass.	- 75	- 81	-	-	- 128	5 111	- 12	9	408	489 108
R.I.	14	12	-	-	19	31	1	2	-	3
Conn.	19	12	1	-	51	63	2	5	-	920
MID. ATLANTIC Jpstate N.Y.	548 48	475 20	31 2	41 6	1,161 136	1,239 139	34 3	32 4	60	15
N.Y. City	332	269	10	23	596	662	11	18	-	-
N.J. Pa.	95 73	96 90	19	12	235 194	236 202	9 11	9 1	60	- 15
E.N. CENTRAL	448	557	34	44	667	633	6	22	3,893	3,764
Ohio	128	118	1	2	114	111	2	-	1,019	924
nd. II.	35 157	31 224	8 3	9 16	72 305	74 292	-	4 11	-	-
Лich.	112	170	22	17	130	119	3	7	2,527	2,260
Vis.	16	14	-	-	46	37	1	-	347	580
W.N. CENTRAL Minn.	93 14	97 32	2	4	242 95	265 98	6 3	4 2	122	39
owa	5	7	-	-	19	16	-	1	N	N
Ио. N. Dak.	54	33 1	1	4	68 3	71	2	1	5 74	39
S. Dak.	-	1	-	-	5	16	-	-	43	-
lebr. Kans.	4 16	3 20	- 1	-	15 37	11 53	1	-	-	-
S. ATLANTIC	1,103	1,065	25	48	1,061	1,355	28	33	1,527	1,519
Del.	4	4	1	-	· -	· -	-	-	4	16
Лd. D.C.	220 46	169 32	3 1	8 -	141 43	131	9	8	- 17	22
/a.	63	55	2	1	119	130	2	11	378	424
V. Va. N.C.	2 104	1 93	6	10	13 139	11 167	3	- 5	903 N	889 N
S.C.	65	65	1	4	112	86	-	-	225	168
Ga. Fla.	160 439	287 359	1 10	12 13	11 483	291 539	9 5	4 5		-
E.S. CENTRAL	230	186	16	10	330	387	5	4	_	_
<y.< td=""><td>26</td><td>24</td><td>1</td><td>1</td><td>55</td><td>68</td><td>2</td><td>-</td><td>-</td><td>-</td></y.<>	26	24	1	1	55	68	2	-	-	-
「enn. ∖la.	79 102	77 67	7 6	2 5	127 115	125 133	3	1 3	-	-
Miss.	23	18	2	2	33	61	-	-	-	-
N.S. CENTRAL	663	478	29	45	456	1,084	7	13	1,741	2,573
\rk. ₋a.	26 136	30 66	-	1 1	69 -	57 -	-	-	42	9
Okla.	19	30	2	1	83	82	-	- 10	-	-
Гех. MOUNTAIN	482 195	352 188	27 35	42 24	304 261	945 220	7 5	13	1,699	2,564 357
Mont.	-	-	-	-	4	5	-	4 -	1,575 -	-
daho Vyo.	13 1	4	2	1	4 2	5	-	-	-	37
vyo. Colo.	19	23	-	3	58	2 53	1	3	22 1,184	- -
N. Mex. Ariz.	26 116	36 115	1 32	4 16	14 117	29 87	2	- 1	68	-
Jtah	4	2	- -	-	26	18	1	-	301	320
Nev.	16	8	-	-	36	21	1	-	-	-
PACIFIC Vash.	711 62	874 42	22	43	1,092 136	1,701 141	34 3	55 2	-	-
Oreg.	18	29	-	-	46	63	1	2	-	-
Calif. Alaska	628	796 1	22	43	828 18	1,404 34	24	51	-	-
Hawaii	3	6	-	-	64	59	6	-	-	-
Guam	-	1	-	-	-	38	-	-	-	90
P.R. /.I.	71 4	117 1	3	8	14	58	-	-	171	377
Amer. Samoa	U	U	Ū	U	U	U	Ū	Ü	Ū	Ü
C.N.M.I.	2	U	-	U	10	U	-	U	-	U

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III, Deaths in 122 U.S. cities,* week ending July 31, 2004 (30th Week)

TABLE III. Deaths in 122 U.S. cities,* week ending July 31, 2004 (30th Week)															
		All c	auses, b	y age (ye	ars)				 	All	causes, k	y age (y	ears)		<u> </u>
Reporting Area	All Ages	<u>></u> 65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&I [†] Total
NEW ENGLAND	501	353	94	29	16	9	43	S. ATLANTIC	1,337	839	320	114	34	28	52
Boston, Mass. Bridgeport, Conn.	117 37	77 24	23 5	6 7	6	5 1	10 3	Atlanta, Ga. Baltimore, Md.	163 201	94 115	46 49	15 23	7 10	1 3	3 11
Cambridge, Mass.	21	17	2	1	1	-	2	Charlotte, N.C.	113	65	32	11	10	4	7
Fall River, Mass.	14	10	4	-	-	-	2	Jacksonville, Fla.	121	73	32	11	1	4	3
Hartford, Conn.	48	32	9	5	2	-	2	Miami, Fla.	104	66	29	5	3	1	5
Lowell, Mass.	26	20	5	1	-	-	1	Norfolk, Va.	64	39	8	9	5	3	3
Lynn, Mass. New Bedford, Mass.	10 36	9 27	1 8	- 1	-	-	5	Richmond, Va. Savannah, Ga.	60 58	33 38	21 15	4 4	2	1	4 1
New Haven, Conn.	42	27	8	4	2	1	4	St. Petersburg, Fla.	50	38	10	1	-	1	3
Providence, R.I.	50	35	12	1	1	1	2	Tampa, Fla.	185	127	39	14	2	3	9
Somerville, Mass.	3	2	1	-	-	-	-	Washington, D.C.	200	136	38	16	3	6	2
Springfield, Mass.	28	23	3	-	1	1	8	Wilmington, Del.	18	15	1	1	-	1	1
Waterbury, Conn. Worcester, Mass.	19 50	15 35	2 11	1 2	1 2	-	4	E.S. CENTRAL	818	528	173	68	32	16	58
								Birmingham, Ala.	156	104	33	10	5	3	10
MID. ATLANTIC	2,046	1,366	462 10	144	34	38	113	Chattanooga, Tenn.	71 94	51	12	3	5	-	6
Albany, N.Y. Allentown, Pa.	59 23	40 21	2	4	2	3	2	Knoxville, Tenn. Lexington, Ky.	94	62 68	19 19	8 4	3 7	2 1	5 9
Buffalo, N.Y.	79	62	9	5	1	2	7	Memphis, Tenn.	184	115	42	19	4	4	15
Camden, N.J.	28	10	12	3	2	1	3	Mobile, Ala.	58	36	11	5	4	2	2
Elizabeth, N.J.	17	14	1	2	-	-	3	Montgomery, Ala.	25	16	6	3	-	-	2
Erie, Pa.	46	34	9	2	1	-	1	Nashville, Tenn.	131	76	31	16	4	4	9
Jersey City, N.J. New York City, N.Y.	26 988	19 638	4 235	2 74	- 18	1 21	- 41	W.S. CENTRAL	1,466	912	341	122	57	34	73
Newark, N.J.	39	19	12	6	1	1	2	Austin, Tex.	87	58	17	9	1	2	1
Paterson, N.J.	11	5	4	2	-	-	-	Baton Rouge, La. Corpus Christi, Tex.	52 47	32 32	13 10	5 1	1 2	1 2	6
Philadelphia, Pa.	391	258	91	32	7	3	21	Dallas, Tex.	171	97	39	16	9	10	10
Pittsburgh, Pa.§	27	19	6	1	1	-	3	El Paso, Tex.	68	38	21	3	4	2	1
Reading, Pa. Rochester, N.Y.	21 127	13 90	5 30	2 4	- 1	1 2	2 11	Ft. Worth, Tex.	162	104	33	12	9	4	5
Schenectady, N.Y.	22	20	1	1		-	4	Houston, Tex.	395	253	92	33	13	4	25
Scranton, Pa.	30	24	6	-	-	-	-	Little Rock, Ark. New Orleans, La.	65 53	39 25	16 19	7 9	-	3	7
Syracuse, N.Y.	71	54	11	3	-	3	12	San Antonio, Tex.	216	138	44	19	13	2	13
Trenton, N.J.	9	5	4	-	-	-	-	Shreveport, La.	35	20	10	2	2	1	2
Utica, N.Y. Yonkers, N.Y.	14 18	9 12	4 6	1	-		1	Tulsa, Okla.	115	76	27	6	3	3	3
E.N. CENTRAL	2,047	1,316	455	172	55	49	117	MOUNTAIN	931	577	215	85	29	23	43
Akron, Ohio	44	31	7	5	1	-	4	Albuquerque, N.M.	102 U	63 U	21 U	14 U	3 U	1 U	4 U
Canton, Ohio	35	26	4	5	-	-	4	Boise, Idaho Colo. Springs, Colo.	85	53	15	11	5	1	4
Chicago, III.	367	204	107	37	12	7	23	Denver, Colo.	102	54	30	10	2	6	4
Cincinnati, Ohio Cleveland, Ohio	93 228	53 164	22 42	10 10	6 8	2 4	6 5	Las Vegas, Nev.	228	137	62	21	4	3	9
Columbus, Ohio	218	148	47	16	4	3	19	Ogden, Utah	34	24	8	1	-	1	1
Dayton, Ohio	123	80	30	11	1	1	11	Phoenix, Ariz. Pueblo, Colo.	68 36	40 26	15 6	10 1	3	2	5 2
Detroit, Mich.	177	95	54	23	-	5	7	Salt Lake City, Utah	146	92	32	10	6	6	10
Evansville, Ind. Fort Wayne, Ind.	45 65	34 42	9 17	1 5	1 1	-	4 4	Tucson, Ariz.	130	88	26	7	6	3	4
Gary, Ind.	16	9	4	2	1		-	PACIFIC	1,645	1,167	303	97	45	33	136
Grand Rapids, Mich.	47	32	7	2	2	4	5	Berkeley, Calif.	12	7	3	1	-	1	1
Indianapolis, Ind.	193	111	39	21	8	14	6	Fresno, Calif.	103	74	18	9	1	1	1
Lansing, Mich.	39	28	8	1	2	-	-	Glendale, Calif.	22	17	3	2	-	-	5
Milwaukee, Wis. Peoria, III.	84 32	59 24	14 4	7 3	1 1	3	7 1	Honolulu, Hawaii Long Beach, Calif.	89 56	67 39	16 9	1 4	2	3 2	6 3
Rockford, III.	51	35	13	1	2	_	4	Los Angeles, Calif.	348	249	69	17	8	5	43
South Bend, Ind.	41	32	2	4	2	1	2	Pasadena, Calif.	23	19	1	2	-	1	5
Toledo, Ohio	93	69	13	5	2	4	4	Portland, Oreg.	128	92	24	7	3	2	4
Youngstown, Ohio	56	40	12	3	-	1	1	Sacramento, Calif.	161	114	27	12	6	2	10
W.N. CENTRAL	710	446	170	55	23	14	53	San Diego, Calif. San Francisco, Calif.	154 131	110 85	36 22	4 12	2 7	2 5	17 9
Des Moines, Iowa	72	57	11	2	-	2	5	San Jose, Calif.	191	130	33	14	9	5	19
Duluth, Minn.	30	26 10	4 8	2	3	-	1 2	Santa Cruz, Calif.	Ü	Ü	Ü	Ü	Ŭ	Ŭ	Ü
Kansas City, Kans. Kansas City, Mo.	23 94	10 58	8 28	2 5	2	1	3	Seattle, Wash.	83	57	15	8	1	2	5
Lincoln, Nebr.	32	26	4	2	-	-	4	Spokane, Wash.	51	38	8	1	3	1	5
Minneapolis, Minn.	59	37	12	3	4	3	7	Tacoma, Wash.	93	69	19	3	1	1	3
Omaha, Nebr.	67	42	16	5	2	2	6	TOTAL	11,501 [¶]	7,504	2,533	886	325	244	688
St. Louis, Mo.	180	86	55	23	11	3	12								
St. Paul, Minn. Wichita, Kans.	41 112	32 72	6 26	2 11	1 -	3	3 10								
rriorina, Nano.	114	12	20	1.1			10	<u> </u>							

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.

† Total includes unknown ages.

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