



Morbidity and Mortality Weekly Report

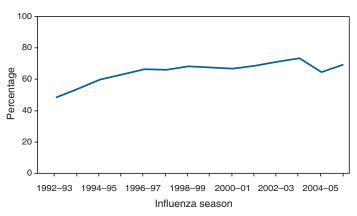
Weekly

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State-Specific Influenza Vaccination Coverage Among Adults Aged ≥18 Years — United States, 2003–04 and 2005–06 Influenza Seasons

Influenza epidemics occur seasonally and result in substantial morbidity and mortality among adults in the United States (1). Adult groups included in the 2007 Advisory Committee on Immunization Practices (ACIP) recommendation for annual influenza vaccination are persons aged 18-49 years with high-risk conditions (i.e., conditions associated with an increased risk for complications from influenza),* persons aged >50 years, health-care personnel, and others who are household contacts or caregivers of persons at high risk (e.g., persons with high-risk conditions or children aged ≤59 months). In addition, adults who want to reduce the risk for becoming ill with influenza or of transmitting influenza to others should be vaccinated.[†] Healthy People 2010 (HP2010) objectives include increasing vaccination levels to 90% for adults aged ≥65 years (objective 14-29a) and 60% for persons aged 18-64 years who have one or more high-risk conditions (objective 14-29c) (2). From the 1992-93 through 2003-04 influenza seasons, seasonal influenza vaccination coverage estimates (based on Behavioral Risk Factor Surveillance System [BRFSS] data) among adults aged ≥65 years trended upward, except for three seasons (1997-98, 1999-00, and 2000–01) when no increases occurred (Figure). To evaluate recent state-specific progress toward the HP2010 objectives, CDC compared data from the 2004 and 2006 BRFSS surveys, which reflected vaccinations received during the 2003-04 and 2005-06 influenza seasons; data from the 2004-05 influenza season, which have been published previ-

FIGURE. Estimated influenza vaccination coverage among persons aged ≥65 years — United States, Behavioral Risk Factor Surveillance System, 1992–93 to 2005–06 influenza seasons*



^{*} Coverage estimates are for persons interviewed during February-August.

ously (3), were not included in this comparison because that season was marked by a substantial shortage of influenza vaccine. This report describes the results of the analysis, which indicated that influenza vaccination coverage for the

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^{*} High-risk conditions include chronic pulmonary, cardiovascular, renal, hepatic, hematologic, or metabolic disorders; immunosuppression; cognitive dysfunction; spinal cord injuries; seizure disorders; and other neuromuscular disorders.

[†] Recommendations available at http://www.cdc.gov/mmwr/preview/mmwr html/rr5606a1.htm.

[§] Additional information for comparison available at http://www.cdc.gov/flu/professionals/vaccination/#coverage.

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2005–06 season did not return to levels observed before the vaccine shortage of 2004–05 and remained substantially below *HP2010* targets. Comprehensive measures are needed to improve influenza vaccination coverage among adult populations in the United States, including increasing adoption of recommended adult immunization practices by health-care providers (4), raising public awareness about influenza vaccination, vaccinating throughout the influenza season, and ensuring stable supplies of readily available vaccine.

BRFSS is a state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. Data are weighted by age, sex, and, in certain states, race/ethnicity, to reflect the estimated adult population in each area. The survey is conducted in all 50 states, the District of Columbia, and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). Respondents were asked, "During the past 12 months, have you had a flu shot?" and "During the past 12 months, have you had a flu vaccine that was sprayed in your nose?" Respondents with an affirmative answer to either question were considered to have been vaccinated during the preceding influenza season. (Fewer than 1% reported receiving the nasal spray vaccine only.) To assess coverage for each September-January period, when the majority of vaccinations are administered during any influenza season, CDC restricted analysis to respondents interviewed during February-August after each season (e.g., to assess coverage for the 2005–06 season, analysis was restricted to respondents interviewed during February-August 2006). The median state response rate (i.e., the ratio of completed interviews to the sum of completed interviews, refusals, and terminated interviews), based on Council of American Survey and Research Organizations guidelines, was 52.7% (range: 32.2%–66.6%) in 2004 and 51.4% (range: 35.1%-66.0%) in 2006. The median state cooperation rate was 74.5% (range: 56.9%-83.5%). A total of 303,822 persons aged >18 years completed interviews in 2004 and 355,710 in 2006; of these, 176,994 in 2004 and 210,335 in 2006 were interviewed during February-August. Respondents for whom information on influenza vaccination status was missing (0.30% in 2004 and 0.46% in 2006) were excluded from this analysis. Each year, BRFSS also solicits information regarding selected high-risk conditions for serious complications after influenza infection. In the 2006 survey, those conditions were diabetes, asthma, myocardial infarction, and coronary heart disease. In the 2004 survey, only two high-risk conditions (diabetes and asthma) were included.

[¶] Additional information available at http://www.cdc.gov/brfss/technical_info data/quality.htm.

Estimated influenza vaccination coverage for the 2005–06 season was 30.5% among persons aged 18–49 years with the identified high-risk conditions, compared with 18.3% among all other persons aged 18–49 years (Table 1). State-specific influenza vaccination coverage among persons aged 18–49 years with high-risk conditions ranged from 43.0% in Rhode Island to 19.3% in Nevada (median: 31.5%). The median percentage-point change in influenza vaccination coverage among persons aged 18–49 years with high-risk conditions from the 2003–04 season to the 2005–06 season was -5.7 (range: -23.1–6.1) (Table 2), and the decline in influenza vaccination coverage was statistically significant in five regions** and 22 states.

Among adults aged 50–64 years, influenza vaccination coverage for the 2005–06 season was 36.6% overall, ranging from 49.9% in South Dakota to 23.8% in Florida (median: 40.3%) (Table 1). Influenza vaccination coverage for the 2005–06 season was 48.4% (95% confidence interval [CI] = ± 1.7) among persons aged 50–64 years with the identified high-risk conditions, compared with 32.2% (CI = ± 0.9) among all other persons aged 50–64 years. The median percentage-point changes in influenza vaccination coverage from the 2003–04 to 2005–06 season were -7.1 (range: -16.2–6.1) among persons with identified high-risk conditions and -8.6 (range: -15.8–0.9) among all other persons aged 50–64 years (Table 2); these changes were statistically significant in four of the nine regions.

Among adults aged \geq 65 years, influenza vaccination coverage for the 2005–06 season was 69.3%, ranging from 78.8% in Rhode Island to 58.3% in the District of Columbia (median: 67.2%) (Table 1). Coverage was higher for non-Hispanic whites (71.9%) compared with other racial/ethnic groups (58.3%). Among these other racial/ethnic groups, coverage was 51.8% (CI = \pm 3.5) for non-Hispanic blacks, 64.0% (CI = \pm 14.7) for Asians, 62.9% (CI = \pm 10.2) for American Indians/ Alaska Natives, and 60.7% (CI = \pm 5.6) for Hispanics. The median percentage-point change in coverage from the

TABLE 1. Estimated self-reported influenza vaccination coverage during the 2005–06 influenza season* among adults aged ≥18 years, by region, state/area, and selected age, risk, and racial/ethnic subgroups — United States, Behavioral Risk Factor Surveillance System (BRFSS), 2006[†]

	Age, risk, and racial/ethnic subgroup													
	18-	ons aged -49 yrs gh risk [§]	Other persons aged 18–49 yrs			ersons 60–64 yrs		ersons ≥65 yrs	Non-Hispanic whites aged ⊵65 yrs		races/	of all other ethnicities		
Region and state/area	%	(95% CI [¶])	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)		
All states combined**	30.5	(±2.1)	18.3	(±0.6)	36.6	(±0.8)	69.3	(±0.8)	71.9	(±0.8)	58.3	$(\pm 2.7)^{\dagger\dagger}$		
New England	34.9	(±3.9)	20.5	(±1.3)	41.4	(±1.7)	74.8	(±1.5)	75.3	(±1.6)	67.1	(±5.7) ^{††}		
Connecticut	32.7	(±7.4)	21.3	(±2.6)	42.0	(±3.5)	72.8	(±3.1)	74.3	(±3.2)	55.9	$(\pm 11.4)^{\dagger\dagger}$		
Maine	32.4	(±8.8)	19.0	(±3.1)	40.3	(±3.8)	74.9	(±3.8)	75.1	(±3.9)	§§	§§		
Massachusetts	35.5	(± 7.0)	19.8	(±2.3)	40.9	(±3.1)	75.4	(±2.7)	75.9	(±2.8)	69.4	(±8.8)		
New Hampshire	34.4	(±6.9)	20.0	(±2.7)	40.8	(±3.2)	72.7	(±3.4)	72.4	(±3.4)	78.1	(±14.9)		
Rhode Island	43.0	(±9.7)	25.3	(±3.6)	47.0	(±4.1)	78.8	(±3.2)	79.2	(± 3.3)	74.0	(±14.9)		
Vermont	30.2	(±6.9)	18.6	(±2.5)	38.0	(±2.9)	74.1	(±2.8)	74.3	(±2.9)	70.2	(±11.5)		
Mid-Atlantic	32.3	(±4.7)	18.7	(±1.6)	35.9	(±2.1)	69.0	(±2.1)	72.4	(±2.0)	54.7	$(\pm 6.2)^{\dagger\dagger}$		
New Jersey	27.3	(±5.9)	16.4	(±1.9)	32.3	(±2.4)	67.9	(±2.4)	73.0	(±2.4)	49.0	$(\pm 6.6)^{\dagger \dagger}$		
New York	32.2	(±8.0)	19.8	(±2.8)	37.5	(±3.7)	69.4	(±3.6)	74.6	(±3.4)	53.4	$(\pm 9.7)^{\dagger \dagger}$		
Pennsylvania	35.8	(±7.9)	18.7	(±2.8)	35.9	(±3.4)	69.2	(±3.4)	69.7	(±3.5)	65.0	(±12.5)		
East North Central	29.9	(±5.1)	16.8	(±1.4)	36.1	(±2.0)	69.9	(±2.1)	71.9	(±2.1)	56.5	(±6.9) ^{††}		
Illinois	29.2	(±8.0)	14.1	(±2.3)	29.2	(±3.7)	68.8	(±4.1)	72.3	(± 3.7)	54.5	(±13.6) ^{††}		
Indiana	27.2	(±7.2)	17.9	(±2.5)	37.5	(±3.4)	67.3	(±3.5)	69.5	(±3.6)	49.9	(±11.3) ^{††}		
Michigan	31.5	(± 7.5)	15.7	(±2.4)	35.7	(±3.3)	71.3	(±3.3)	74.2	(± 3.3)	52.1	(±11.9) ^{††}		
Ohio	28.5	(±14.1)	17.5	(±3.7)	39.7	(±5.1)	69.1	(±5.2)	70.2	(± 5.5)	60.3	(± 14.5)		
Wisconsin	34.9	(±12.5)	22.4	(±3.1)	40.4	(±3.9)	74.0	(±3.9)	73.6	(± 4.0)	80.0	(±12.9)		
West North Central	33.0	(±4.6)	21.3	(±1.4)	42.6	(±2.0)	74.9	(±1.7)	75.8	(±1.7)	62.0	$(\pm 7.8)^{\dagger\dagger}$		
Iowa	30.6	(±9.2)	22.8	(±2.6)	44.8	(±3.5)	76.5	(±3.2)	77.3	(±3.2)	60.2	$(\pm 16.4)^{\dagger\dagger}$		
Kansas	28.7	(±5.9)	19.7	(±2.3)	40.9	(±2.9)	74.7	(±2.6)	74.9	(±2.7)	71.6	(±10.5)		
Minnesota	36.7	(±10.3)	23.5	(±3.3)	44.7	(±4.1)	76.9	(±3.8)	77.0	(±3.9)	§§	§§		
Missouri	31.5	(±10.3)	16.6	(±2.9)	39.4	(±5.1)	72.7	(±4.2)	74.7	(±4.3)	56.0	$(\pm 13.4)^{\dagger\dagger}$		
Nebraska	40.5	(±9.0)	24.0	(±3.0)	42.9	(±3.4)	75.3	(±2.9)	76.2	(±2.8)	58.0	(±18.8)		
North Dakota	30.2	(±10.3)	26.8	(±3.5)	40.3	(±4.1)	73.1	(±3.6)	72.7	(±3.8)	80.2	(±13.2)		
South Dakota	40.3	(±8.6)	30.3	(±4.1)	49.9	(±3.5)	75.2	(±2.7)	74.8	(±2.8)	85.1	(±9.2)††		

^{**} The nine regions (which are identical to the nine divisions of the U.S. census) are New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont); Mid-Atlantic (New Jersey, New York, and Pennsylvania); East North Central (Illinois, Indiana, Michigan, Ohio, and Wisconsin); West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota); South Atlantic (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia); East South Central (Alabama, Kentucky, Mississippi, and Tennessee); West South Central (Arkansas, Louisiana, Oklahoma, and Texas); Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming); and Pacific (Alaska, California, Hawaii, Oregon, and Washington).

TABLE 1. (*Continued*) Estimated self-reported influenza vaccination coverage during the 2005–06 influenza season* among adults aged ≥18 years, by region, state/area, and selected age, risk, and racial/ethnic subgroups — United States, Behavioral Risk Factor Surveillance System (BRFSS), 2006[†]

					Age, ris	k, and racial/	ethnic sul	ogroup				
	18-	ons aged -49 yrs igh risk [§]		persons 18–49 yrs		ersons 60–64 yrs		ersons ≥65 yrs	Non-Hispanic whites aged ⊵65 yrs		Persons of all other races/ethnicities aged ≥65 yrs	
Region and state/area	%	(95% CI [¶])	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
South Atlantic	27.1	(±3.1)	18.1	(±1.0)	34.1	(±1.4)	66.2	(±1.4)	69.5	(±1.5)	55.2	(±3.6) ^{††}
Delaware	37.7	(±10.6)	22.1	(±4.3)	43.0	(±5.1)	72.9	(±4.4)	74.8	(±4.5)	55.0	(±16.6) ^{††}
District of Columbia	32.8	(±9.0)	22.2	(±3.1)	39.7	(±4.3)	58.3	(±5.2)	73.4	(±6.5)	52.6	(±6.6) ^{††}
Florida	21.7	(±7.2)	11.8	(±2.0)	23.8	(±2.7)	63.2	(±2.8)	67.0	(±3.0)	49.9	$(\pm 6.7)^{\dagger \dagger}$
Georgia	26.7	(±7.0)	19.7	(±2.5)	35.2	(±3.0)	65.6	(±3.6)	70.8	(±3.4)	51.6	(±9.4) ^{††}
Maryland	27.9	(±6.9)	22.0	(±2.4)	40.6	(±3.3)	68.3	(±3.4)	71.6	(±3.2)	59.3	(±9.2) ^{††}
North Carolina	32.2	(±5.3)	22.4	(±2.0)	41.8	(±2.4)	70.5	(±2.3)	73.2	(±2.4)	60.3	(±6.1) ^{††}
South Carolina	23.1	(±6.7)	19.7	(±2.3)	33.4	(±2.8)	66.1	(±3.0)	70.8	(±3.1)	53.3	(±6.9)††
Virginia	32.8	(±9.1)	21.8	(±3.7)	41.8	(±5.2)	70.4	(±4.5)	70.4	(±5.1)	70.5	(±9.9)
West Virginia	31.2	(±9.3)	16.3	(±2.9)	42.4	(±4.1)	67.2	(±4.2)	64.7	(±4.4)	65.0	(±6.7)
East South Central	28.7	(±5.0)	20.9	(±2.1)	39.1	(±2.3)	67.4	(±2.4)	70.1	(±2.5)	54.7	(±6.4) ^{††}
Alabama	26.2	(±9.7)	18.0	(±4.1)	37.1	(±4.6)	61.8	(±5.1)	64.7	(±5.6)	53.3	(±10.9)
Kentucky	26.2	(±9.7)	19.7	(±4.0)	41.4	(±4.6)	67.2	(±4.3)	67.5	(±4.4)	63.8	(±17.2)
Mississippi	29.2	(±3.0) (±7.4)	22.0	(±3.1)	36.2	(±4.0) (±3.2)	69.1	(±4.6) (±3.4)	74.8	(±3.4)	54.7	(±7.5) ^{††}
Tennessee	31.8	(±10.3)	23.1	(±3.1) (±4.1)	40.5	(±3.2) (±4.6)	71.0	(±5.4)	73.4	(±4.9)	53.2	(±17.5) ^{††}
West South Central	38.2	` '	19.6	, ,	37.3	, ,	68.4	(±2.9)	72.3	, ,	55.8	(±6.9) ^{††}
		(±10.5)		(±2.3)		(±3.1)		/		(±3.0)		(±9.3) ^{††}
Arkansas	27.8	(±7.2)	21.2	(±2.6)	41.6	(±3.3)	69.9	(±3.1)	71.1	(±3.3)	61.0	(±9.3)†† (±7.5) ^{††}
Louisiana	41.9	(±8.1)	24.4	(±2.6)	37.5	(±3.2)	67.2	(±3.6)	72.7	(±3.8)	54.5	(— · /
Oklahoma Texas	38.1 38.8	(±7.1) (±14.3)	26.9 17.9	(±3.0) (±3.2)	45.4 35.5	(±3.5) (±4.5)	74.2 67.3	(±2.9) (±4.5)	74.6 72.1	(±3.0) (±4.7)	73.0 53.0	(±7.6) (±10.1) ^{††}
		,		, ,		, ,		, ,		, ,		
Mountain	26.4	(±4.2)	19.7	(±1.6)	39.3	(±2.0)	70.0	(±2.0)	70.6	(±2.2)	66.5	(±5.8)
Arizona	20.2	(±11.4)	14.6	(±4.7)	34.2	(±6.0)	67.6	(±5.5)	69.1	(±5.7)	57.2	(±17.7)
Colorado	35.7	(±7.3)	23.7	(±2.4)	46.9	(±3.3)	77.3	(±3.2)	76.3	(±3.5)	82.7	(±8.1)
Idaho	23.0	(±7.6)	16.1	(±2.6)	36.7	(±3.8)	65.2	(±4.2)	65.1	(± 4.3)	65.8	(±15.2)
Montana	30.2	(±8.1)	23.7	(±3.2)	42.3	(±3.3)	74.1	(±3.1)	74.6	(±3.2)	66.3	(±13.5)
Nevada	19.3	(±9.3)	18.1	(±4.5)	31.9	(±5.2)	58.8	(±6.2)	60.5	(±6.9)	52.9	(±14.3)
New Mexico	32.7	(±8.3)	20.2	(±2.6)	36.7	(±3.4)	70.5	(±3.4)	71.8	(±3.9)	67.8	(±6.5)
Utah	23.8	(±6.8)	23.1	(±3.0)	45.3	(±4.2)	73.4	(±4.2)	73.1	(± 4.3)	77.7	(±16.1)
Wyoming	27.4	(±7.6)	23.8	(±2.8)	41.3	(±3.3)	74.8	(±3.3)	74.4	(±3.5)	78.5	(±10.6)
Pacific	26.6	(±5.2)	15.1	(±1.8)	34.3	(±2.9)	69.7	(±3.2)	72.0	(±2.7)	64.6	(±8.7)
Alaska	31.7	(±12.4)	23.3	(±4.7)	44.7	(±7.5)	63.6	(±9.8)	63.8	(±10.7)	63.2	(±21.3)
California	24.5	`(±7.0)	13.9	(±2.3)	32.6	(±3.9)	68.8	(±4.4)	71.8	`(±3.9)	63.3	(±10.1)
Hawaii	39.5	(±9.2)	28.5	(±3.4)	43.1	(±3.8)	77.1	(±3.5)	72.5	(±6.2)	79.0	(±4.2)
Oregon	30.3	(±8.3)	17.3	(±2.8)	37.1	(±3.3)	71.4	(±3.5)	71.8	(±3.6)	64.8	(±14.4)
Washington	32.2	(±4.5)	18.2	(±1.5)	39.3	(±2.2)	72.4	(±1.8)	73.1	(±1.9)	63.3	(±8.0) ^{††}
U.S. territories ^{¶¶}	18.0	(±6.6)	14.2	(±2.8)	15.1	(±2.7)	34.8	(±3.9)	§§	§§	34.7	(±3.9)
Puerto Rico	18.0	(±6.7)	14.2	(±2.8)	15.0	(±2.8)	34.7	(±2.9)	§§	<u></u> §§	34.8	(±3.9)
U.S. Virgin Islands	20.0	(±11.7)	13.1	(±2.9)	19.3	(±3.8)	39.2	(±7.3)	<u>_</u> §§	§§	31.8	(±7.9)
Median**		1.5		20.0		10.3		7.2		73.0		60.3
Range**		1.5 1–43.0		20.0 8–30.3		10.3 8–49.9		7.2 -78.8	6	73.0 0.5–79.2		0–85.1
, idingo	10.0	70.0	11.	0 00.0	۷.0	J 70.0	50.5	, 0.0	- 01	0.0 10.2	+3	0 00.1

^{*} Coverage estimates are for persons interviewed during February-August.

2003–04 season to the 2005–06 season among persons aged ≥65 years was -3.8 overall (range: -10.5–1.4) (Table 2).

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Editorial Note: The findings in this report indicate that influenza vaccination coverage in all states during the 2005–06 influenza season was substantially below the *HP2010* targets. Vaccination coverage in each age and risk group declined sig-

nificantly for the 2005–06 influenza season compared with the 2003–04 season, indicating a possible lingering effect on coverage caused by the vaccine shortage during the 2004–05 season. In October 2004, one of the influenza vaccine manufacturers announced that it could not supply any vaccine to the United States, reducing to nearly one half the expected supply of trivalent inactivated influenza vaccine. This announcement prompted revised recommendations that the vaccine be administered first to persons in certain priority

[†] Percentages are weighted.

[§] Each year, BRFSS solicits information regarding selected high-risk conditions for serious complications after influenza infection. In the 2006 survey, those conditions were diabetes, asthma, myocardial infarction, and coronary heart disease.

[¶] Confidence interval.

^{**} Excludes U.S. territories.

^{††} p<0.05. Percentage-point difference between non-Hispanic white persons and persons of other races/ethnicities is statistically significant.

^{\$} Sample size is insufficient for analysis (sample size <30 or relative standard error >0.3).

III Guam did not collect BRFSS data in 2006.

TABLE 2. Percentage-point change in estimated self-reported influenza vaccination coverage from the 2003–04 influenza season to the 2005–06 season* among adults aged ≥18 years, by region, state/area, and selected age and risk groups — United States, Behavioral Risk Factor Surveillance System (BRFSS)

Region and state/area Persons aged Region and state/area All persons af high risk1 All persons aged 18–49 yrs at high risk So-64 yrs at high risk All persons aged 2.65 yrs All states combined				Age and risk group)		
All states combined -5.0 -4.8 -6.8 -9.5 -4.2	egion and state/area	18–49 yrs	•	50-64 yrs	•		All persons aged ≥18 yrs
		-5.0 [¶]	-4.8 [¶]	-6.8 [¶]	-9.5¶		-5.6 [¶]
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TABLE 2. (Continued) Percentage-point change in estimated self-reported influenza vaccination coverage from the 2003–04 influenza season to the 2005–06 season* among adults aged ≥18 years, by region, state/area, and selected age and risk groups — United States, Behavioral Risk Factor Surveillance System (BRFSS)

			Age and risk group)		
Region and state/area	Persons aged 18–49 yrs at high risk [†]	Other persons aged 18–49 yrs	Persons aged 50–64 yrs at high risk	Other persons aged 50–64 yrs	All persons aged <u>></u> 65 yrs	All persons aged ≥18 yrs
Pacific	-12.0 [¶]	-4.8¶	-8.5¶	-6.7 [¶]	-5.0 [¶]	-5.3 [¶]
Alaska	-6.8	-9.9¶	2.2	-3.2	0.4	-5.7 [¶]
California	-15.1 [¶]	-4.9¶	-9.1¶	-7.0¶	-6.4¶	-5.9¶
Hawaii	**	**	**	**	**	**
Oregon	-9.3¶	-2.4	-11.1 [¶]	-3.0	-4.1 [¶]	-3.2
Washington	-1.1	-7.9¶	-3.5	-9.4¶	0.0	-5.9¶
U.S. territories ^{††}	-3.7	1.7	-0.8	-3.9	-1.6	-0.3
Puerto Rico	-3.6	1.8	-0.6	-4.1	-1.6	-0.2
U.S. Virgin Islands	-14.4¶	-2.5¶	-11.5 [¶]	3.8 [¶]	-1.6	-1.8 [¶]
<i>Median</i> §	-5.7	-5.2	-7.1	-8.6	-3.8	-5.7
Range [§]	-23.1-6.1	-9.9-1.3	-16.2–6.1	-15.8–0.9	-10.5–1.4	-8.60.6

* Coverage estimates are for persons interviewed during February-August.

groups: persons aged ≥65 years, persons aged 2–64 years with high-risk conditions, health-care workers, household contacts of children aged <6 months, and children aged 6–23 months (5). Thus, healthy persons aged 50–64 years were not considered a priority group even though influenza vaccination is routinely recommended for this group. The findings in this report suggest that the rebound in vaccination coverage rates after the 2004–05 season among persons aged 50–64 years who were not at high risk was smaller than that observed among persons in this age group at high risk. Influenza vaccine supply was adequate for the 2005–06 influenza season, although the distribution of vaccine from one manufacturer was delayed, which could have contributed to decreases in coverage.

Among persons aged \geq 65 years, non-Hispanic whites had markedly higher vaccination coverage than other racial/ethnic groups. This result is consistent with findings of other studies that have documented racial/ethnic differences in influenza vaccination coverage among persons aged \geq 65 years in the United States (6,7). These differences are not accounted for by differences in health-care access or socioeconomic status variables and might result from a combination of factors, including differences in 1) attitudes toward vaccination and preventive care, 2) quality of care, 3) patient-provider interactions, and 4) propensity to seek and accept vaccination (6–8).

Previous reports have indicated that recommendations by health-care providers influence decisions by patients to be vaccinated (8,9). Health-care providers should routinely assess

the influenza vaccination status of their patients and ensure that influenza vaccine is offered (usually beginning in October) to all patients throughout the influenza season. Influenza vaccine should be administered to all persons who want to reduce their risk for becoming ill with influenza or transmitting the virus to others. For adult patients aged <50 years, health-care providers should determine whether influenza vaccination is indicated based on 1) the presence of a high-risk medical condition or 2) whether the patient is a household contact or caregiver of a person aged ≥50 years or <5 years or with a high-risk medical condition. Particular attention is needed to improve vaccination coverage among older adults in racial/ethnic minority groups. Health-care systems should adopt and implement effective strategies (10), including those developed by the Joint Commission on Accreditation of Health Care Organizations, that have been demonstrated to increase vaccination rates. ††

The findings in this report are subject to at least five limitations. First, BRFSS excludes persons without landline telephones. Second, BRFSS has median response rates below 60%; however, BRFSS data consistently have been demonstrated to provide valid and reliable estimates when compared with national household surveys in the United States. §§ Third, data

[†] Each year, BRFSS solicits information regarding selected high-risk conditions for serious complications after influenza infection. In the 2004 survey, only two high-risk conditions (diabetes and asthma) were included. Thus, for this comparison, high-risk conditions for both years were limited to these two conditions.

[§] Excludes U.S. territories.

 $[\]P$ p<0.05. Percentage-point difference between influenza seasons is statistically significant.

^{**} Hawaii did not report data in 2004.

^{††} Guam did not collect BRFSS data in 2004 or 2006.

^{††} Additional information available at http://www.jointcommission.org/news room/newsreleases/nr_08_npsgs_dsc.htm.

^{§§} Additional information available at http://elib.cdc.gov:2259/cgi/content/full/ 93/8/1335.

are self-reported and subject to recall bias and misclassification bias. Fourth, sample sizes for both Hispanics and non-Hispanic blacks were too small for meaningful assessment of vaccination by age and racial/ethnic groups at state levels. Finally, respondents were not asked about certain high-risk conditions (e.g., emphysema, cancer, kidney diseases, and neurologic conditions that impair lung function) or other recommended indications for influenza vaccination (e.g., being a health-care worker or a member of a household with a person at high risk).

To quantify the effect of limiting participants to persons with landline telephones, CDC compared the results for all states combined with estimates from the 2006 National Health Interview Survey (NHIS). NHIS, a national, in-person household survey conducted annually, includes households without landline telephones and has higher response rates (70.8% in 2006) than BRFSS. §§ Estimated influenza vaccination coverage from the 2006 NHIS was lower than that in BRFSS for all age groups examined (25.2% among persons aged 18–49 years with high-risk conditions, 32.5% among persons aged 50–64 years, and 65.3% among persons aged ≥65 years).

During the 2006–07 influenza season, approximately 218.1 million persons in the United States (73.1% of the 2006 U.S. census population) were included in the ACIP-recommended target groups for influenza vaccination; however, on the basis of current trends, fewer than 50% are receiving their annual influenza vaccination.*** To achieve the Healthy People 2010 objectives and further improve vaccination coverage among all population subgroups, comprehensive strategies are required and should include 1) promoting vaccine-seeking behavior by consumers, 2) increasing demand for vaccinations among groups targeted for influenza vaccination, 3) increasing access to vaccination at nontraditional sites (e.g., pharmacies, churches, and senior centers), 4) increasing use of reminderrecall systems, 5) increasing targeted media promotions and educational programs, 6) expanding the use of standing orders, and 7) implementing more comprehensive provider-based or system-based interventions (10). In addition, vaccine supply and distribution problems that remain should be addressed.

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Influenza Vaccination Coverage Among Children Aged 6–23 Months — United States, 2005–06 Influenza Season

Children aged <2 years are at increased risk for influenzarelated hospitalizations, and those aged <5 years have more influenza-related health-care visits than older children (1). In 2004, the Advisory Committee on Immunization Practices (ACIP) recommended annual influenza vaccination of children aged 6–23 months (2). Two doses, at least 4 weeks apart, were recommended to fully vaccinate children aged <9 years who were receiving influenza vaccination for the first time. To assess influenza vaccination coverage among children aged 6-23 months during the 2005-06 influenza season, data from the 2006 National Immunization Survey (NIS) were analyzed. This report describes the results of that analysis, which indicated that 31.9% of children in this age group received at least 1 dose of influenza vaccine and 20.6% were fully vaccinated according to ACIP recommendations; however, results varied substantially among states. The results underscore the need to continue to monitor influenza vaccination coverage among young children, develop systems to provide childhood influenza vaccination services more efficiently, and increase awareness among health-care providers and caregivers about the effectiveness of influenza vaccination among young children.

NIS, which provides estimates of vaccination coverage among noninstitutionalized children aged 19–35 months (3), is an ongoing, random-digit-dialed household telephone survey that is followed by a mail survey of vaccination providers

to obtain vaccination data. The annual NIS interviews are conducted from approximately January–December of each year; the 2006 NIS interviews were conducted from January 5, 2006, through February 6, 2007, and included children born during January 21, 2003–June 18, 2005. In 2006, the survey was conducted in all 50 states, the District of Columbia, and 29 local areas. Lifetime histories of influenza vaccination were obtained from children's vaccination providers.

Analyses included only children who were aged 6-23 months during the entire span of September-December 2005. The doses counted were restricted to those received during September-December 2005 because interviewing began in early January and could not account for children who received vaccination after the interview date. Two measures were used to assess vaccination coverage: 1) receipt of at least 1 dose of influenza vaccine during September-December 2005 and, within that group, 2) full vaccination according to ACIP recommendations. Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2005, but then received 2 doses from September 1, 2005, through the date of interview or January 31, 2006 (whichever was earlier), or 2) received at least 1 dose of influenza vaccine before September 1, 2005, and received at least 1 dose during September-December 2005. Data were weighted to adjust for households with multiple telephone landlines, noncoverage of households without landline telephones, household and provider nonresponse, and U.S. population estimates.

The household survey response rate was 64.5%, and provider-reported vaccination records were available for 70.4% of children with a completed household interview. Of the 21,044 children aged 19–35 months with provider-reported vaccination data, a total of 13,546 children (unweighted sample size) met the age criteria for this assessment (i.e., were aged 6–23 months during the entire span of September–December 2005). Of these, 31.9% received at least 1 dose of influenza vaccine during September–December 2005, and 20.6% were fully vaccinated (Table).

Substantial variability in influenza vaccination coverage was observed among states. Percentages of children receiving at least 1 dose of influenza vaccine ranged from 8.3% in Mississippi to 52.9% in Connecticut (Table). Compared with the 2004–05 influenza season, the percentage of children receiving at least 1 dose of influenza vaccine in 2005–06 increased in Nevada (by 11.9 percentage points) and Vermont (15.0 percentage points); decreased in Alabama (15.0 percentage points), Massachusetts (14.2 percentage points), Mississippi (14.4 percentage points), and Montana (13.1 percentage points); and did not change significantly in the remaining states. The percentage of fully vaccinated children increased

in nine states (Arizona, by 7.7 percentage points; Connecticut, 14.2; Florida, 6.1; Indiana, 10.0; Nevada, 8.4; New Hampshire, 13.9; Oklahoma, 9.0; Vermont, 19.3; and Washington 9.7), decreased in Mississippi (7.9 percentage points), and did not change significantly in the remaining states.

For the 2005–06 season, 76% of the children aged 6–23 months had received no influenza vaccine dose before the start of the season and therefore needed 2 doses according to ACIP recommendations. Among these children, 11% received at least 2 doses, and 15% received only 1 dose. Among children who received at least 1 dose before the 2005–06 season, 49% received at least 1 dose in the 2005–06 season.

Receipt of dose 1 (i.e., the first or only dose) most frequently occurred during October 10, 2005–November 19, 2005 (Figure). Among children recommended to receive 2 doses (i.e., those who had not received a previous dose), the second dose was received most frequently during November 28, 2005–December 17, 2005.

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Editorial Note: The findings in this report indicate that during the 2005-06 influenza season, the second season after ACIP recommended annual influenza vaccination for all children aged 6-23 months, coverage remained low and did not increase substantially from the 2004-05 season. The national estimate for fully vaccinated children increased by approximately 3 percentage points from the 2004-05 influenza season; however, no significant change was observed in the proportion of children who received at least 1 dose of influenza vaccine. During the 2004-05 season, coverage was estimated at 33.4% for children who received at least 1 dose of influenza vaccine, compared with 31.9% for 2005-06. Coverage for fully vaccinated was estimated at 17.8% for 2004–05, compared with 20.6% for 2005–06. For the 2005–06 season, only one in five children aged 6-23 months was fully vaccinated, and only one in 10 children needing 2 doses received both doses. Influenza vaccination coverage varied substantially among states; no state had more than 40% of children fully vaccinated.

Several factors can contribute to low vaccination coverage. First, the ACIP recommendation for annual vaccination in this age group is recent; additional education for providers and caregivers, vaccine promotion, and other measures will be needed to fully implement the recommendation. Second, influenza vaccinations are required annually and must occur during a specified period, which often necessitates provider visits solely for vaccination for certain children aged 6–23 months (4). This time constraint makes measures to reduce missed opportunities for vaccination especially important.

TABLE. Influenza vaccination coverage levels among children aged 6–23 months,* by state/area[†] — National Immunization Survey (NIS), United States, September–December 2005

	No. (unweighted		inated with ast 1 dose§	va	Fully accinated ¹		No. (unweighted		cinated with	va	Fully ccinated
State/Area	sample size)	%	(95% CI**)	%	(95% CI)	State/Area	sample size)	%	(95% CI)	%	(95% CI)
United States	13,546	31.9	(30.6-33.2)	20.6	(19.5–21.7)	Missouri	162	32.1	(24.5-40.7)	21.6	(15.4–29.5)
Alabama	171	16.3	(11.4-22.8)	9.0	(5.7-14.1)	Montana	176	18.0	(12.6–25.0)	13.7	(9.0-20.3)
Alaska	149	40.8	(32.6–49.6)	28.5	(21.3–37.0)	Nebraska	161	41.5	(33.3-50.2)	32.0	(24.5-40.5)
Arizona	334	30.5	(25.2–36.4)	20.1	(16.0–25.1)	Nevada	157	23.7	(17.0-31.9)	14.6	(9.4-22.0)
Maricopa County	184	29.2	(22.7–36.8)	18.5	(13.5–24.9)	New Hampshire	156	47.2	(38.1 - 56.4)	35.8	(27.4-45.3)
Rest of state	150	32.9	(24.6–42.5)	23.2	(16.5–31.6)	New Jersey	349	31.4	(24.3-39.6)	17.2	(11.9-24.2)
Arkansas	137	17.5	(10.8–27.1)	11.3	(6.1–20.0)	City of Newark	163	17.2	(11.6-24.7)	9.1	(5.3–15.4)
California	1,083	28.7	(24.4–33.6)	16.9	(13.8–20.6)	Rest of state	186	32.1	(24.6-40.6)	17.5	(12.0-24.9)
Fresno County	176	28.5	(21.6–36.6)	16.4	(11.1–23.6)	New Mexico	320	26.7	(21.1-33.2)	19.9	(15.0-25.9)
Los Angeles County	209	29.2	(22.7–36.6)	15.4	(11.0–21.2)	Southern New Mexico	o 180	20.3	(14.6-27.4)	14.5	(9.8-21.0)
Northern California counti		24.7	(18.2–32.5)	14.5	(9.9–20.8)	Rest of state	140	29.8	(22.1 - 38.9)	22.5	(15.8-31.1)
San Diego County	197	38.7	(30.9–47.0)	21.9	(15.3–30.4)	New York	330	39.5	(33.0-46.3)	25.4	(20.4 - 31.3)
Santa Clara County	147	45.6	(37.0–54.5)	28.8	(21.4–37.4)	City of New York	180	33.7	(26.4-41.9)	22.0	(16.0-29.5)
Rest of state	175	25.5	(18.7–33.8)	16.0	(11.2–22.5)	Rest of state	150	_	_	28.6	(20.8-37.9)
Colorado	136			19.5	(12.0–30.1)	North Carolina	145	35.3	(27.0-44.7)	17.9	(12.0-25.8)
Connecticut	170	52.9	(44.3–61.3)	37.7	(29.9–46.2)	North Dakota	209	38.5	(31.1–46.5)	32.3	(25.2-40.4)
Delaware	149	JZ.3	(44.5-01.5)	30.7	(22.0–41.0)	Ohio	337	32.7	(25.7–40.5)	20.2	(14.8–27.1)
District of Columbia	187	37.9	(30.3–46.1)	25.0	(18.8–32.4)	Cuyahoga County	171	39.8	(31.5–48.8)	23.7	(17.6–31.3)
Florida	605	20.6	(15.7–26.6)	13.2	(9.4–18.2)	Rest of state	166	31.8	(24.2–40.5)	19.8	(13.8–27.5)
Miami-Dade County	185	13.3	(8.5–20.1)	5.4	(2.7–10.4)	Oklahoma	202	33.9	(26.1–42.6)	22.5	(16.2–30.2)
Duval County	235	24.1	(18.3–30.9)	13.1	,	Oregon	149	29.3	(22.0–38.0)	18.6	(12.7–26.4)
Rest of state	185	21.8	(15.7–29.4)	14.7	(9.0–18.8) (10.0–21.2)	Pennsylvania	523	45.5	(38.2–53.1)	32.9	(26.3–40.3)
	372	31.5	. ,	21.0	,	Allegheny County	209	42.9	(33.8–52.4)	33.5	(25.4–42.8)
Georgia			(25.6–38.2)		(15.9–27.2)	Philadelphia County	140	_	—	30.6	(22.3–40.4)
Fulton and DeKalb countie	188	33.3	(25.4–42.3)	21.2	(15.5–28.4)	Rest of state	174	46.5	(37.2-56.1)	33.3	(25.0–42.7)
Rest of state		31.1	(24.1–39.2)	21.0	(15.0–28.6)	Rhode Island	202	49.9	(41.7–58.1)	40.6	(32.9–48.7)
Hawaii	144 142	10.0	(10.0, 00.0)	33.2	(24.4–43.4)	South Carolina	203	37.2	(29.4–45.8)	19.1	(13.7–26.1)
Idaho	364	18.0	(12.0–26.2)	10.1	(6.0–16.6)	South Dakota	189	34.3	(27.0–42.5)	20.1	(14.6–27.1)
Illinois		28.9	(22.7–36.0)	21.8	(16.2–28.7)	Tennessee	355	24.4	(18.8–30.9)	15.5	(11.2–21.0)
City of Chicago	219	22.0	(16.6–28.6)	11.2	(7.5–16.5)	Shelby County	195	29.1	(21.8–37.5)	21.7	(15.4–29.6)
Rest of state	145	31.5	(23.3–41.1)	25.9	(18.3–35.2)	Rest of state	160	23.4	(17.1–31.1)	14.3	(9.5–20.9)
Indiana	325	33.7	(26.1–42.3)	20.3	(14.3–28.0)	Texas	908	30.4	(25.8–35.3)	17.4	(14.0–21.5)
Marion County	169	23.5	(16.9–31.7)	16.2	(10.8–23.5)	Bexar County	157	31.5	(23.1–41.3)	15.2	(10.0–22.4)
Rest of state	156	35.9	(26.8–46.1)	21.2	(14.2–30.6)	City of Houston	170	23.4	(16.9–31.5)	13.1	(8.5–19.8)
lowa	133	35.9	(27.1–45.8)	23.0	(15.3–32.9)	Dallas County	142	25.8	(18.7–34.5)	16.9	(11.3–24.6)
Kansas	344	22.1	(17.1–28.1)	13.1	(9.8–17.2)	El Paso County	198	14.3	(10.2–19.8)	7.3	(4.5–11.7)
Eastern Kansas counties	170	32.0	(24.4–40.8)	23.4	(16.8–31.6)	Rest of state	241	33.5	(26.9–40.8)		(14.3–11.7)
Rest of state	174	19.1	(13.3–26.6)	9.9	(6.5–14.9)	Utah	142	36.9	(28.5–46.2)	24.2	(17.1–33.1)
Kentucky	166	29.6	(22.2–38.1)	22.2	(15.6–30.5)	Vermont	148	46.0	. ,	35.1	(26.9–44.2)
Louisiana	192	24.5	(17.9–32.7)	14.8	(9.6–22.2)	Virginia	163	40.6	(36.9–55.3)	29.3	(20.9–44.2)
Maine	128	31.5	(23.2-41.1)	20.9	(14.1–30.0)	•			(32.8–48.9)		,
Maryland	316	41.0	(33.5-49.0)	26.7	(20.5-34.0)	Washington	446	32.9	(26.8–39.7)	22.8	(17.6–28.9)
City of Baltimore	153	39.8	(31.0-49.4)	25.1	(17.8-34.0)	Eastern Washington counties	185	32.5	(24.7–41.4)	19.4	(10.0.07.0)
Rest of state	163	41.2	(32.7-50.4)	27.0	(19.9-35.4)	King County	124	32.5	(24.7-41.4)	28.2	(13.0–27.9) (19.9–38.2)
Massachusetts	325	45.1	(36.8 - 53.7)	34.4	(26.7-43.1)	Rest of state	137	29.5	(21.0–39.7)	21.0	. ,
City of Boston	167	42.0	(34.2-50.2)	29.6	(22.9-37.3)				,		(13.8–30.6)
Rest of state	158	45.4	(36.3-54.9)	34.9	(26.5-44.5)	West Virginia	153	26.1	(18.9–34.8)	16.4	(10.6–24.4)
Michigan	356	27.8	(21.8-34.7)	17.7	(12.8-23.8)	Wisconsin	315	41.5	(34.6–48.8)	34.7	(28.2–41.8)
City of Detroit	155	15.3	(10.2-22.3)	5.8	(2.9-11.0)	Milwaukee County	161	41.9	(33.7–50.6)	31.9	(24.7–40.2)
Rest of state	201	29.3	(22.6-37.0)	19.1	(13.7-26.0)	Rest of state	154	41.4	(33.1–50.2)	35.4	(27.6–43.9)
Minnesota	146	41.5	(32.8-50.7)	27.5	(20.6–35.7)	Wyoming	198	22.2	(16.5–29.3)	14.2	(10.0–19.9)
Mississippi	174	8.3	(4.1–16.2)	1.6	(0.6-4.0)						

^{*} N = 13,546. Coverage levels represent a subset of children included in the 2006 NIS. Only children who were aged 6–23 months during the entire period of September–December 2005 and who had provider-reported vaccination records are included.

[†] Six new areas were separately sampled by NIS in 2006: Fresno County, California; rural northern counties of California; Eastern counties of Kansas; rural southern counties of New Mexico; Allegheny County, Pennsylvania; and Eastern counties of Washington.

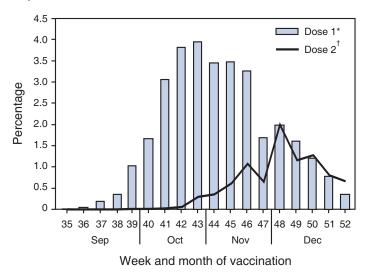
[§] Received at least 1 dose of influenza vaccine during September–December 2005; includes the subset of children who were considered fully vaccinated.

Children were considered fully vaccinated according to Advisory Committee on Immunization Practices recommendations if they had 1) received no dose of influenza vaccine before September 1, 2005, but then received 2 doses from September 1, 2005, through either the date of interview or through January 31, 2006, or 2) received at least 1 dose of influenza vaccine before September 1, 2005, and then received at least 1 dose during September–December 2005.

^{**} Confidence interval

^{††} Estimate not reported because the unweighted sample size for the numerator is <30, the CI half-width / Estimate is >0.5, or the CI half-width is >10.

FIGURE. Percentage of children aged 6–23 months receiving influenza vaccination, by week of vaccination and dose received — National Immunization Survey, United States, September–December 2005



Denominator is all age-eligible children (N = 13,546). Denominator is the subset of age-eligible children (n = 10,067) who had no influenza dose before September 2005 and thus were recommended by the Advisory Committee on Immunization Practices to receive 2 doses.

Strategies that have improved influenza vaccination coverage in children include standing orders, vaccination-only health-care visits for children, and reminder-recall systems (including those based on immunization information system data) (5,6). Third, vaccine supply might have contributed to the low rate. The manufacturer of one vaccine experienced delays during the 2005–06 season (7). Although this manufacturer produces an influenza vaccine product that is indicated only for use in children aged ≥ 4 years, the delay could have affected the use of other products that were licensed for broader age groups.

Children aged <9 years who have not been vaccinated previously are recommended to receive 2 doses during their first year of vaccination, a recommendation that is based on multiple studies demonstrating lower vaccine antibody levels or effectiveness for a single vaccination dose among these children (8–10). In July 2007, ACIP began recommending that children aged <9 years who received only 1 dose in their first year of vaccination receive 2 doses the following year, with single annual doses in subsequent years (1). This recommendation will further increase the number of children in the United States who are recommended to receive 2 doses of influenza vaccine in one season.

One important strategy for increasing the number of children who are fully vaccinated against influenza is to continue vaccinations through December and beyond for children who

require 2 doses of vaccine or those who remain unvaccinated after November. Peak influenza activity has occurred in January or later in approximately 80% of influenza seasons since 1976; in approximately 60% of seasons, the peak occurred in February or later (1). Thus, children vaccinated after December will benefit from influenza vaccination during most influenza seasons. Even for children in communities where influenza activity has already begun, vaccination later in the season can be beneficial because more than one strain of influenza often circulates in a given season.

The substantial variability in influenza vaccination coverage by state likely is attributable to several factors, including varying degrees of programmatic and provider implementation during the first few years of a recommendation and variation in parental knowledge and understanding of the recommendation. Continued monitoring of state-level vaccine coverage and trends over time is critical for vaccination program evaluation, particularly after a new vaccine recommendation has been issued.

The findings in this report are subject to at least five limitations. First, doses received after December 31, 2005 (for those who received at least 1 dose) and after January 31, 2006 (for those who received second doses) were excluded; therefore, these results represent early-season vaccination only and underestimate coverage for the entire season. Second, measurement of vaccination coverage was restricted to children aged 6-23 months during the entire influenza vaccination period of September-December; this ensured that children included in the analysis were recommended to receive vaccine during the entire assessment period and that caregivers and providers for all children had an equal amount of time to obtain and provide vaccination. Therefore, the sample of children included in this assessment likely had higher vaccination coverage than the children who were excluded, which might have resulted in an overestimation of vaccination coverage in this group. Third, NIS is a telephone survey; although statistical adjustments compensate for nonresponse and households without landline telephones, bias might remain. Fourth, NIS relies on provider-verified vaccination histories; incomplete records and reporting might affect estimates. Finally, because of sampling uncertainty and wide confidence intervals for many state and local area estimates, these estimates should be interpreted with caution.

This report underscores the need to continue monitoring influenza vaccination coverage among young children, including the extent to which first-time vaccinees aged <9 years receive 2 doses of influenza vaccine. Health-care providers and immunization programs should continue identifying missed opportunities for influenza vaccination during the fall and

winter and develop systems that provide influenza vaccination services efficiently. Improving vaccination coverage will require measures to increase awareness among health-care providers and caregivers about the burden of influenza among young children and the effectiveness of influenza vaccination for this age group.

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Influenza Vaccination Coverage Among Children Aged 6-59 Months — Six Immunization Information System Sentinel Sites, United States, 2006-07 Influenza Season

In June 2006, the Advisory Committee on Immunization Practices (ACIP) expanded its 2004 recommendation for routine influenza vaccination of children aged 6–23 months to include children aged 24–59 months. The 2006 ACIP recommendations also reemphasized that previously unvaccinated children aged <9 years should receive 2 doses of influenza vaccine administered at least 1 month apart to be fully vaccinated (1). In 2007, using data from six immunization

information system (IIS)* sentinel sites, CDC conducted the first assessment of influenza vaccination coverage among children aged 6–59 months during the 2006–07 influenza season. The findings demonstrated that, at all six sites, <30% of children aged 6–23 months and <20% of children aged 24–59 months were fully vaccinated. Vaccination coverage data from national and state surveys for an influenza season generally are not available until the next influenza season. Rapid assessment of influenza vaccination coverage can help direct activities of state and local public health agencies aimed at increasing the number of children fully vaccinated against influenza.

IIS data are confidential, computerized records of vaccine administration collected from health-care providers, vital records, and billing systems. The sentinel sites are subsets of IIS in five states (Arizona, Michigan, Minnesota, Montana, and Oregon) and the District of Columbia. The sites have high rates (approximately 90%) of participation by health-care provider sites and enrollment of children and represent contiguous geographic counties, postal code areas, or census tracts for which IIS data are collected on ≥10,000 children aged <6 years (Table). Databases at IIS sentinel sites incorporate certain procedures (e.g., routine comparisons of IIS records with provider data) to increase data completeness and accuracy (e.g., <5% multiple records for the same child).

Vaccination coverage was estimated for September 2006–March 2007 among children in two age groups: 6–23 months (for comparison with previous influenza seasons before the

TABLE. Characteristics of six immunization information system (IIS) sentinel sites — United States, 2006–07 influenza season

	No. of children aged <6 years in	% of all children aged <6 years enrolled in IIS	healt pro	ipating h-care vider tes*
Site	sentinel area	at sentinel site	No.	(%)
Arizona (northern)	56,738	96	184	(97)
District of Columbia (southeastern)	19,180	99	39	(100)
Michigan (excluding Detroit)	545,936	93	1,531	(90)
Minnesota (southwestern)	14,577	96	44	(92)
Montana (southwestern)	38,927	100	78	(89)
Oregon (greater Portland are	, ,	97	58	(96)

^{*} Sites can represent multiple health-care providers.

^{*}An IIS is an immunization registry with added capabilities (e.g., vaccine management, adverse event reporting, lifespan vaccination histories, and linkages with electronic data sources). These systems are operated by immunization program grantees in 46 states, the District of Columbia, and five cities.

expanded ACIP recommendation) and 24-59 months. To assess vaccination coverage in these age groups, children were divided into two groups: 1) those vaccinated with at least 1 dose of influenza vaccine during September 2006-March 2007 and, within that group, 2) those who were fully vaccinated. Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2006, but then received 2 doses during September 1, 2006-March 31, 2007, or 2) received at least 1 dose of influenza vaccine before September 1, 2006 (e.g., during a previous influenza season), and then received at least 1 dose during September 1, 2006-March 31, 2007. To ensure that all children in the analysis had the same likelihood of being vaccinated during the period under study, analyses included only those children who were aged 6–23 months or 24–59 months during the entire period of September 2006–March 2007.

Vaccination coverage among children aged 6–23 months varied among the six sentinel sites (ranges: 13.9%–46.6% for children who received at least 1 dose and 3.0%–26.9% for children who were fully vaccinated). Compared with the 2005–06 season, vaccination coverage increased during 2006–07 by more than five percentage points among children aged 6–23 months who received at least 1 dose at two sites (Michigan, from 33.4% to 38.8%; Montana, from 6.6% to 13.9%). However, coverage with at least 1 dose during 2006–07 was either similar to coverage during 2005–06 or decreased at the other four sites (Figure 1).

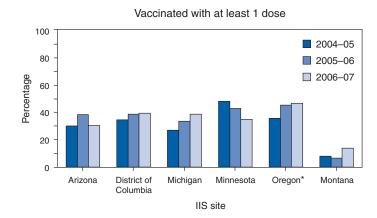
The percentage of children aged 6–23 months who were fully vaccinated increased by nearly four percentage points at one site (Michigan, from 17.9% to 21.8%). However, the percentage of children who were fully vaccinated either was similar or decreased at the other five sites (Figure 1).

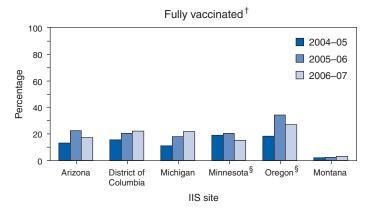
Vaccination coverage during 2006–07 among children aged 24–59 months also varied among sites (ranges: 6.2%–22.4% for children who received at least 1 dose and 1.9%–18.1% for children who were fully vaccinated) (Figure 2). At all six sites, the percentage of children aged 24–59 months who received at least 1 dose or who were fully vaccinated was lower than the percentage among children aged 6–23 months.

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Editorial Note: Analysis of IIS sentinel site data for 2006–07 enables timely, population-based assessment of influenza vaccination coverage for the third season after the ACIP recommendation regarding children aged 6–23 months and the first

FIGURE 1. Influenza vaccination coverage among children aged 6–23 months — six immunization information system (IIS) sentinel sites, United States, 2004–05, 2005–06, and 2006–07 influenza seasons





SOURCE: CDC. Influenza vaccination coverage among children aged 6–23 months—six immunization information system sentinel sites, United States, 2005–06 influenza season. MMWR 2006;55:1329–30.

*2005–06 estimate for Oregon site is 15 percentage points lower than previously reported.

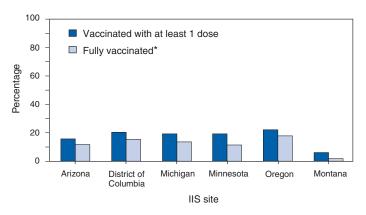
Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2006, but then received 2 doses during September 1, 2006–March 31, 2007, or 2) received at least 1 dose of influenza vaccine before September 1, 2006, and then received at least 1 dose during September 1, 2006–March 31, 2007.

§ 2005–06 estimate for Minnesota site is 15 percentage points higher than previously reported, and 2005–06 estimate for Oregon site is 9 percent-

age points lower than previously reported.

season after expansion of that recommendation to include children aged 24–59 months. Results indicate that, although influenza vaccination coverage among children has increased at some sentinel sites, fewer than one third of children aged 6–23 months and fewer than one fifth of children aged 24–59 months were fully vaccinated at all of the sites during the 2006–07 season. In addition, the sentinel data revealed wide ranges in vaccination coverage among the sites.

FIGURE 2. Influenza vaccination coverage among children aged 24–59 months — six immunization information system (IIS) sentinel sites, United States, 2006–07 influenza season



* Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2006, but then received 2 doses during September 1, 2006–March 31, 2007, or 2) received at least 1 dose of influenza vaccine before September 1, 2006, and then received at least 1 dose during September 1, 2006–March 31, 2007.

The differences in influenza vaccination coverage among IIS sentinel sites might have been caused by varying degrees of vaccination promotion in the state or local area and varying proportions of health-care providers reporting administration of vaccine doses to IIS sites. Influenza vaccination coverage also can be influenced by media coverage regarding the importance of vaccination, the timing and severity of the influenza season (2), and the timing of vaccine availability. The lower coverage estimates among children aged 24–59 months were expected because the ACIP recommendation was not expanded to include that group until 2006.

IIS estimates of influenza vaccination coverage both among children with at least 1 vaccine dose and among children who were fully vaccinated were similar to state estimates from the National Immunization Survey (NIS) corresponding to five of the six IIS sites during the 2004–05 season and three of the six sites during the 2005–06 season (3,4). Although NIS is the gold standard for assessment of childhood vaccination coverage, because of the survey design, NIS does not routinely provide estimates below the county level or estimates soon after the latest influenza season. IIS data enable state immunization programs to assess coverage at the local level during or shortly after the latest season. In this assessment, IIS data for the influenza season evaluated were analyzed within 1 month of submission.

The findings in this report are subject to at least three limitations. First, although the sentinel sites have high rates of participation by health-care providers and enrollment of children, not all providers at each site report administration of

influenza vaccine. Anecdotal evidence also suggests that even among providers who regularly report administration of other recommended childhood vaccines, some providers are not yet routinely reporting influenza vaccine doses. Incomplete reporting can result in underestimates of vaccination coverage. Second, although sentinel sites have the capability to collect racial/ethnic information, because these data are not yet routinely collected at all sentinel sites, vaccination coverage could not be analyzed by race/ethnicity. Finally, IIS sentinel-site coverage estimates are not generalizable to the entire state or country and should be viewed as representative of their specific geographic areas only.

IIS data can help public health officials monitor vaccination coverage among children by tracking local data throughout the influenza season. Such tracking can alert local and state public health agencies to gaps in coverage during the influenza season, in time to recommend vaccination for those children who have not been fully vaccinated against influenza.

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Laboratory Surveillance for Wild and Vaccine-Derived Polioviruses — Worldwide, January 2006–June 2007

The Global Polio Laboratory Network (GPLN) was established after announcement of the 1988 World Health Assembly resolution to eradicate poliomyelitis. Operating in all six World Health Organization (WHO) regions, the network currently has 146 laboratories that test stool specimens from acute flaccid paralysis (AFP) patients* for polioviruses. The virologic data provided by GPLN underpin the global polio eradication initiative, guiding decisions regarding where targeted immunization activities should be conducted, based on confirmed wild or vaccine-derived poliovirus circulation. The

^{*} Some laboratories also test specimens or isolates collected from non-AFP patient sources (e.g., non-AFP patients, healthy children, and sewage).

data also are used to monitor progress toward polio eradication by documenting the genetic diversity and transmission links of viral isolates. This report updates previous reports (*1*–6) and describes GPLN performance and initiatives during January 2006–June 2007.

Laboratory Network Performance

GPLN uses standardized methods, and the quality, timeliness, and accuracy of network results are evaluated against performance targets through an accreditation program administered by WHO that includes proficiency testing and periodic on-site performance reviews. By 2006, WHO had accredited 93% of the network laboratories. Nonaccredited laboratories continue to test specimens, but in parallel with accredited laboratories until any performance problems are resolved. During January 2006-June 2007, GPLN analyzed 208,897 stool specimens, a 55% increase from January 2005– June 2006 (1). The number of tests increased primarily as a result of a decision to increase AFP surveillance sensitivity in polio-endemic regions (Africa, Eastern Mediterranean, and South-East Asia), but also as a result of an upsurge in wild poliovirus transmission in Nigeria and India and virus importations into several other countries.

All six WHO regions met the program target of >80% of laboratories providing virus isolation results within 28 days (Table 1). A second target, >80% of laboratories obtaining intratypic differentiation (ITD) (i.e., identification of polioviruses as wild or Sabin vaccine—like) results within 60 days of paralysis onset, was not met in three regions (Africa, Europe, and Western Pacific). However, failure to meet the 60-day target usually resulted from shipping delays that were beyond the control of laboratories.

Detection and Characterization of Wild Polioviruses

During January 2006–June 2007, GPLN confirmed wild polioviruses in 18 countries (Table 2). Only wild poliovirus types 1 (PV1) and 3 (PV3) were detected. Wild poliovirus type 2 (PV2) was last detected in Uttar Pradesh, India, in 1999 and appears to have been eradicated (7).

To monitor pathways of virus transmission, GPLN sequences and analyzes the genomic region encoding the major virus surface protein (VP1) (approximately 900 nucleotides) of all wild polioviruses. Detected viruses belonged to four genotypes: South Asia (SOAS) PV1, West Africa B (WEAF-B) PV1, SOAS PV3, and WEAF-B PV3. During January 2006–June 2007, indigenous PV1 and PV3 were identified in four countries (Afghanistan, India, Nigeria, and Pakistan). Imported viruses of Nigerian origin were identified in eight countries (Cameroon, Chad, Ethiopia, Indonesia, Kenya, Niger, Somalia, and Yemen) where polio is not endemic; viruses of Indian origin were identified in six countries (Angola, Bangladesh, Democratic Republic of the Congo, Myanmar, Namibia, and Nepal) where polio is not endemic. Most of the imported virus was PV1 introduced in 2005 (five countries) or 2006 (eight additional countries). Single-case importations of PV3 of Nigerian origin were reported in 2006 in Niger (two episodes), Cameroon, and Chad. Myanmar was the only country with a newly reported PV1 importation in 2007.

Detection of Vaccine-Derived Polioviruses

Vaccine-derived polioviruses (VDPVs) are polioviruses with >1% VP1 nucleotide sequence difference from the parental Sabin vaccine strain of the same type. Concern has increased over the potential for VDPV epidemics since confirmation of

TABLE 1. Number of specimens and poliovirus (PV) isolates, percentage of specimens with nonpolio enterovirus (NPEV) isolated, and timing of results, by World Health Organization (WHO) region and year — Global Polio Laboratory Network, January 2006—June 2007

		Januai	ry-Decemi	per 2006				J	lanuary–Jui	ne 2007		
			of PV	% specimens	%	% ITD*			. of PV olates	% specimens	%	% ITD
WHO region	No. of specimens	Wild	Sabin vaccine– like	with NPEV isolated	results within 28 days	results within 60 days	No. of specimens	Wild	Sabin vaccine- like	with NPEV isolated	results within 28 days	results within 60 days
Africa	26,505	2,261	835	12.1	98.4	60.0	12,133	325	344	12.8	90.0	86.8
Americas	1,991	0	43	8.0	86.0	100.0	656	0	8	9.0	91.0	100.0
Eastern Mediterranean	22,948	212	963	19.0	96.0	93.0	11,356	42	501	17.0	99.0	99.0
Europe	2,814	0	152	4.8	85.8	72.9	1,229	0	55	2.0	92.2	73.3
South-East Asia	71,419	1,186	3,042	20.0	99.0	90.0	39,711	208	1,670	18.0	98.0	91.0
Western Pacific	13,662	1 [†]	368	10.0	96.0	40.0	4,473	1 [†]	81	7.0	93.0	68.0
Total	139,339	3,360	5,403	16.9	97.7	79.7	69,558	576	2,659	15.9	96.3	89.9

^{*} Intratypic differentiation results (i.e., identification of polioviruses as wild or Sabin vaccine–like).
† Paralysis onset was outside of the region: in Nigeria in 2006 and in Pakistan in 2007.

TABLE 2. Number of detected wild poliovirus (WPV) isolates from persons with acute flaccid paralysis, by World Health Organization (WHO) region, country, and year — Global Polio Laboratory Network, January 2006–June 2007

	January–E	ecember 20	06			January-	June 2007	
	No. of WPV		Type*		No. of WPV		Туре	
WHO region and country	isolates	PV1	PV2	PV3	isolates	PV1	PV2	PV3
Africa	2,013	1,593	0	420	294	124	0	170
Angola [†]	4	4	0	0	14	14	0	0
Cameroon [§]	4	2	0	2	0	0	0	0
Chad [§]	2	0	0	2	4	4	0	0
Democratic Republic of the Congo [†]	21	21	0	0	41	41	0	0
Ethiopia [§]	29	29	0	0	0	0	0	0
Namibia [†]	30	30	0	0	0	0	0	0
Nigeria	1,900	1,488	0	412	221	57	0	164
Niger§	23	19	0	4	14	8	0	6
Americas	0	0	0	0	0	0	0	0
Eastern Mediterranean	198	164	0	34	40	30	0	10
Afghanistan	62	60	0	2	6	6	0	0
Pakistan	64	32	0	32	18	8	0	10
Somalia [§]	70	70	0	0	16	16	0	0
Yemen [§]	2	2	0	0	0	0	0	0
Europe	0	0	0	0	0	0	0	0
South-East Asia	1,065	1,031	0	34	190	81	0	109
Bangladesh [†]	30	30	0	0	0	0	0	0
India	1,028	994	0	34	173	64	0	109
Indonesia [§]	4	4	0	0	0	0	0	0
Nepal [†]	3	3	0	0	0	0	0	0
Myanmar [†]	0	0	0	0	17	17	0	0
Western Pacific	0	0	0	0	0	0	0	0
Total	3,276	2,788	0	488	524	235	0	289

^{*}PV1 = poliovirus type 1; PV2 = poliovirus type 2; PV3 = poliovirus type 3.

a VDPV outbreak in Hispaniola in 2000 (8). VDPVs are subdivided into three categories: 1) circulating VDPVs (cVDPVs) with transmission resulting in more than one patient with paralysis; 2) VDPVs obtained from persons with primary immunodeficiencies (iVDPVs); and 3) ambiguous VDPVs (aVDPVs) isolated from nonimmunodeficient persons, non-AFP patient sources, or a single AFP patient whose case cannot be assigned to the other two VDPV categories (9).

GPLN has screened all Sabin vaccine–related isolates from AFP cases since 1999. During January 2006–June 2007, vaccine-related isolates were observed in 7,311 specimens from AFP cases (Table 3), including 7,190 (98.3%) categorized as Sabin vaccine–like viruses[†] and 121 (1.7%) categorized as VDPVs; 107 VDPVs were detected during cVDPV outbreaks, 12 were iVDPVs, and two were aVDPVs. The cVDPV outbreaks occurred in Myanmar (four cases of type 1; data as of September 7, 2007) and Nigeria (66 cases of type 2; data as of

September 7, 2007); in 2006, two single-case importations of VDPVs from Nigeria were reported in Niger. Four specimens from Nigeria yielded type 2 VDPV and wild poliovirus mixtures (two with wild PV1 and two with wild PV3). Two specimens from one AFP case in Cambodia in 2006 had type 3 VDPVs genetically linked to cVDPVs detected in 2005.

iVDPVs were isolated from seven persons with primary immunodeficiencies during the same period. Three persons had type 2 viruses (detected in Iran, in Syria, and in France in a child of Tunisian origin), one was coinfected with types 1 and 2 VDPVs (in Iran), and three had type 3 VDPVs (in Egypt, Iran, and Kuwait). Six of the immunodeficient persons were paralyzed, and their viruses were detected through AFP surveillance; the seventh was not paralyzed and had iVDPV isolated in France during clinical investigations for a bone marrow transplant.

Type 1 aVDPVs were isolated from single AFP cases in Guangxi (where seven healthy contacts also had VDPVs) and Shanxi, China. aVDPVs also were detected in non-AFP sources: a healthy child in Shanghai, China (type 3) and sewage water in Israel (type 2).

PV1 linked to WPVs that originated in northern India.

PV1 or PV3 linked to WPVs that originated in Nigeria.

[†] Sabin vaccine—like polioviruses are those with either concordant Sabin vaccine—like results in ITD tests or <1% sequence difference when compared with Sabin vaccine virus. The presence of a Sabin vaccine—like poliovirus usually is indicative only of coincidental receipt by a person with AFP of the Sabin oral poliovirus vaccine, which is rarely the cause of the AFP.

TABLE 3. Number of Sabin vaccine-related isolates from persons with acute flaccid paralysis, by World Health Organization (WHO) region — Global Polio Laboratory Network, January 2006–June 2007

	Sabin		VDPV*		
WHO region	vaccine- like [†]	cVDPV§ isolates	iVDPV ¹ isolates	aVDPV** isolates	Total
Africa	1,079	100	0	0	1,179
Americas	51	0	0	0	51
Eastern Mediterranean	701	0	12	0	713
Europe	207	0	0	0	207
South-East Asia	4,707	5	0	0	4,712
Western Pacific	445	2	0	2	449
Total	7,190	107	12	2	7,311

- * Vaccine-derived poliovirus: a poliovirus with ≥1% VP1 sequence difference compared with Sabin vaccine virus.
- [†] Either concordant Sabin vaccine–like results in ITD tests or <1% sequence difference compared with Sabin vaccine virus.
- § Circulating VDPV. In the Africa Region, 96 isolates were from 49 acute flaccid paralysis (AFP) cases in Nigeria and four isolates were from two AFP cases in Niger, according to case counts as of June 30, 2007.
- ¶ VDPV associated with a person with a primary immunodeficiency.
- ** Ambiguous VDPV isolates that cannot be categorized as either iVDPV or cVDPV.

GPLN Initiatives

Recognizing the role of laboratories in early detection of transmission, GPLN is implementing a plan to increase the speed of poliovirus confirmation. One element of the plan is use of a new test algorithm§ that was proven through field evaluations in India, Pakistan, and the United States to decrease the time for completing laboratory analyses from 42 to 21 days without compromising poliovirus detection sensitivity. The algorithm was adopted by GPLN in June 2006, with priority given initially to the 43 laboratories located in polio-endemic regions where its use is required. These laboratories will be evaluated against new reporting targets (14 days for virus isolation and 7 days for ITD from date of arrival in the laboratory) beginning January 2008. A second goal is to increase (from 58% to 75%) by December 2007 the percentage of stool specimens from polio-endemic regions that are tested in laboratories with on-site capacity for both virus isolation and ITD. In addition, GPLN plans to expand its use of real-time polymerase chain reaction (PCR) assays to reduce the use of virus cultivation in cell culture and minimize opportunities for breaches of poliovirus containment in the laboratory. The impact of GPLN measures to reduce reporting times already is evident. During January-June 2007, approximately 80% of wild virus importations or outbreaks were detected within 21 days of paralysis onset in the first patient, compared with 50% of importations and outbreaks during the same period in 2006.

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Editorial Note: GPLN continues to provide important data to monitor progress toward polio eradication and to direct immunization and other services to areas of greatest need. During 2006–2007, GPLN identified specific areas in Nigeria and India as the ultimate sources of wild poliovirus transmission occurring elsewhere, underscoring the need to interrupt transmission in these areas to avoid jeopardizing the polio-free status of other countries. High vaccination coverage must be achieved and maintained in all WHO regions to prevent circulation of endemic or imported wild poliovirus or VDPVs.

The recent outbreak of cVDPV in Nigeria has implications for the GPLN procedure for VDPV detection. All poliovirus isolates are screened using two complementary ITD tests (usually enzyme-linked immunosorbent assay [ELISA] using specific cross-absorbed antisera and diagnostic PCR using strain-specific reagents). Isolates with discordant results from the two tests are flagged for sequencing for definitive identification of VDPVs. Follow-up clinical and epidemiologic investigations are used to categorize the VDPVs (i.e., as cVDPVs, iVDPVs, or aVDPVs). This approach has successfully identified cVDPV outbreaks in five countries (Cambodia, China, Indonesia, Myanmar, and the Philippines) since 2000 but failed to flag multiple type 2 VDPVs from Nigeria and type 2 and type 3 VDPVs from Madagascar (in 2001 and 2005) because they reacted as Sabin vaccine-like in both ITD tests (ELISA and PCR). In Nigeria, sequencing was performed because the temporal and geographic clustering of type 2 Sabin vaccine-like isolates suggested virus circulation. In Madagascar, the viruses had profiles that were not Sabin vaccine-like in a PCR-restriction fragment length polymorphism assay used in a multilaboratory collaborative study of Sabin vaccinerelated polioviruses (10). Although the GPLN screening procedure appears successful in detecting type 1 VDPVs, recent evidence suggests that it lacks sufficient sensitivity for detection of type 2 and type 3 VDPVs. A real-time PCR assay developed at a Global Specialized Laboratory appears to increase VDPV detection sensitivity for all types and is being evaluated for use by GPLN.

GPLN contributes to the expanding understanding of factors related to the occurrence and spread of VDPVs. GPLN detected several VDPVs in middle- and low-income countries where follow-up investigations led to diagnoses of underlying primary immunodeficiency conditions. Investigators have observed no evidence of prolonged iVDPV excretion or virus spread to family contacts from those patients. The two cases in Niger demonstrate the potential for impor-

[§] Available at http://www.who.int/immunization_monitoring/Supplement_polio_lab_manual.pdf.

tation of VDPVs from areas where they circulate. In Nigeria, four persons excreted both wild poliovirus and VDPV, documenting that coinfection can occur where the viruses cocirculate. Additionally, several Nigerian PV2 viruses had five to nine VP1 nucleotide differences from Sabin vaccine virus type 2, with some mutations shared with isolates classified as VDPV, suggesting they are directly ancestral to the VDPVs. The definition of VDPV might need revision to accommodate such observations.

Greater testing volume, ongoing measures to reduce reporting times in polio-endemic regions, and the need to maintain laboratory support in polio-free regions are the major challenges facing GPLN. Because the newly introduced test algorithm initially places additional burdens (e.g., added complexity and increased costs) on laboratories, WHO is mobilizing the additional necessary resources for GPLN. However, faster confirmation of poliovirus enables more rapid targeted interventions to prevent virus spread, which should reduce the overall costs of immunization programs. More laboratories in polio-free areas are expected to adopt the new algorithm for early detection of VDPVs and wild poliovirus importations. Because of the continuing need for global poliovirus surveillance, WHO continues to advocate with national authorities and partner agencies for continued support for GPLN.

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Progress in Measles Control — Kenya 2002–2007

In 2000, countries represented by the World Health Organization (WHO) Regional Office for Africa established a goal to reduce, by the end of 2005, measles mortality to 50% of the 506,000 deaths from measles estimated in 1999 (1). Strategies adopted included strengthening routine vaccination, providing a second opportunity for measles vaccination through supplemental immunization activities (SIAs), monitoring disease trends, and improving measles case management. In Kenya, an east African country with a population estimated at 33.4 million in 2005, the Kenya Expanded Programme on Immunization (KEPI) in the Ministry of Health began implementing these strategies in 2002 with a wide age range catch-up SIA* and reduced the number of reported measles cases by >99%, from 11,304 in 2001 to 20 in 2004. A follow-up SIA, initially scheduled for July 2005, was postponed to 2006 to include concurrent distribution of long-lasting insecticide-treated bednets (LLINs). † This report documents progress made in reducing measles morbidity and mortality in Kenya and describes the consequences of a large measles outbreak, beginning in September 2005, on the integrated measles follow-up SIA.

Immunization Activities

KEPI was established within the Kenya Ministry of Health in 1980, with the goal of immunizing all children in the country against six vaccine-preventable diseases. National coverage with 1 dose of measles vaccine (provided at age 9 months) increased in the early 1990s to 84% of children aged 12 months but decreased to 72% in 2002 (Figure 1). To accelerate measles control, goals were established in 2002 to achieve and maintain national average measles vaccination coverage at 90%, with every district expected to attain a coverage of >85%. Since then, reported national measles vaccination coverage increased to 77% in 2006 (Figure 1), and the proportion of districts with coverage >85% increased from 10% in 2002 (eight of 77 districts) to 35% in 2006 (27 of 78 districts). To provide a second opportunity for measles vaccination, a nationwide measles catch-up SIA was conducted in June 2002, targeting

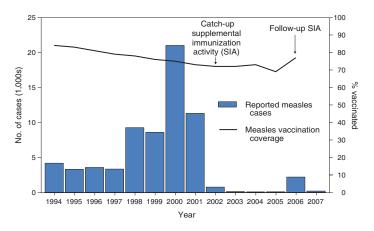
^{*}The WHO Regional Office for Africa recommends an initial, nationwide catchup SIA targeting all children aged 9 months–14 years and periodic nationwide follow-up SIAs targeting all children born since the last SIA.

[†]LLINs are impregnated with an insecticide that lasts the life of the net. Conventional insecticide-treated bednets require periodic retreatment with insecticide to maintain effectiveness.

[§] KEPI target diseases are tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, and measles.

[¶]In 2003, the number of districts in Kenya was increased from 77 to 78.

FIGURE 1. Number of measles cases reported to the World Health Organization (WHO) and WHO/UNICEF best estimate of routine measles vaccination coverage* — Kenya, 1994–2007



^{*}Vaccination coverage at age 12 months. Additional information available at http://www.who.int/vaccines/globalsummary/immunization/country profileselect.cfm.

children aged 9 months–14 years; approximately 13 million children were vaccinated, 98% of the estimated target population. A multistage cluster survey provided a similar estimate of national measles SIA coverage at 94%, with seven of nine provinces achieving coverage >90%. The two exceptions were North East Province at 84% and Coast Province at 90%.

Measles Surveillance

After the 2002 measles catch-up SIA, Kenya implemented a system of case-based surveillance for measles within the existing surveillance network for acute flaccid paralysis. In this system, for each suspected measles patient who visits a health facility, a measles case report form is completed, and a blood specimen is taken for measles immunoglobulin M testing at the national measles laboratory. In an outbreak, defined as five or more cases reported from the same health area in a month, specimens are collected from five cases. If three or more test positive, the outbreak is confirmed as measles, untested cases are confirmed by epidemiologic linkage, and specimen collection stops after throat swabs are collected for viral genotyping.

In 2003, a total of 1,791 suspected measles cases were reported through this case-based surveillance system, including 59 cases that were confirmed by laboratory or epidemiologic linkage. In 2004, a total of 1,968 suspected cases were reported, including 20 that were confirmed; in 2005, a total of 1,061 suspected cases were reported, including 151 that were confirmed. During 2003–2005, more than 99% of suspected cases were reported with a blood specimen, and the propor-

tion of districts reporting at least one suspected measles case increased from 69% in 2004 to 99% in 2005.**

Measles Outbreak and Follow-up SIA

A follow-up measles SIA had been planned for July 2005, approximately 36 months after the initial catch-up SIA in June 2002, an interval between SIAs recommended by the African Regional Measles Technical Advisory Group (2). However, to expedite meeting the 2005 World Health Assembly target of 80% of children aged <5 years sleeping under an insecticide-treated bednet, the Kenya Ministry of Health and the Inter-Agency Coordinating Committee decided to integrate distribution of LLINs with the measles follow-up SIA. Raising additional funds for procurement and distribution of the LLINs required postponement of the SIA, initially to July 2006.

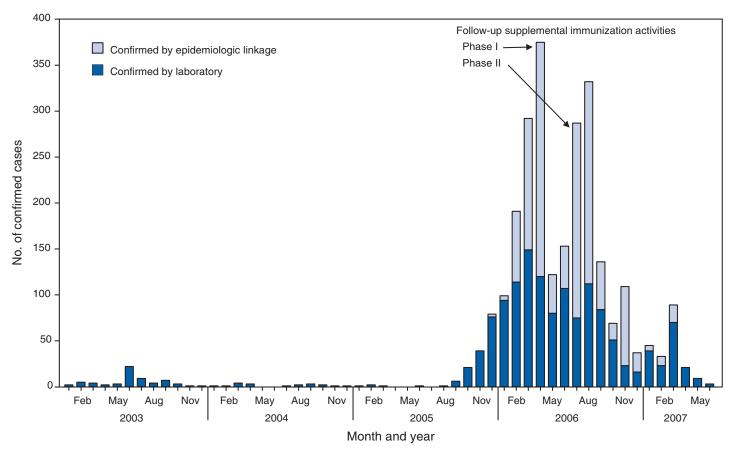
In September 2005, a cluster of laboratory-confirmed measles cases was reported from a predominantly Somali immigrant community in Nairobi. During September 2005–May 2007, this outbreak grew to a total of 2,544 confirmed measles cases reported from 71 (91%) of the 78 districts, with peak monthly totals of 375 and 332 confirmed cases reported in April and August 2006, respectively (Figure 2). Viruses were isolated from specimens collected from approximately 80 persons and identified as genotype B3, with one additional virus from Rift Valley Province identified as D4.

Of the 2,544 confirmed outbreak cases, 944 (37%) were in persons aged 9–59 months, 491 (19%) were in persons aged 5–14 years, and 658 (26%) were in persons aged >15 years. A history of measles vaccination was provided by 466 (18%) of the patients, including 220 (23%) of the 944 children aged 9–59 months and 95 (26%) of the 366 children aged 5–9 years. Vaccination status was unknown for 1,192 persons (47%) (Figure 3). During the outbreak, 24 measles deaths were documented; 17 of the decedents were children aged <5 years, and nine had a history of measles vaccination.

In response to this outbreak, the planned follow-up SIA was moved forward from July to April 2006. Because adequate funds were not available to support a nationwide measles campaign in April and the full shipment of LLINs purchased for the SIA had not arrived, the SIA was divided into two phases. Phase I, conducted during April 29–May 5, covered the 16 districts most affected by measles outbreaks and most at risk for poliovirus importation from neighboring Somalia and

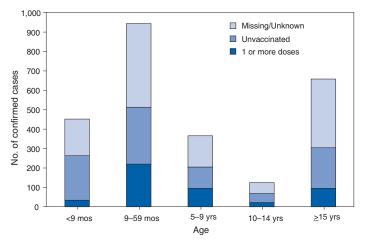
^{**} WHO Regional Office for Africa performance indicators for quality measles surveillance include collection of blood specimens from >80% of persons with suspected measles (to assess specificity) and reporting of at least one suspected measles case with a patient blood specimen from >80% of districts (to assess sensitivity).

FIGURE 2. Number of confirmed measles cases, by month — Kenya, January 2003-June 2007



SOURCE: Measles surveillance case-based database. World Health Organization Regional Office for Africa.

FIGURE 3. Number of confirmed measles cases, by patient age and vaccination status — Kenya, September 2005–May 2007



SOURCE: Measles surveillance case-based database. World Health Organization Regional Office for Africa.

Ethiopia (3). All the districts administered measles vaccination to children aged 9–59 months, vitamin A to children aged 6–59 months, and monovalent type 1 oral polio vaccine (mOPV1) to children aged 0–59 months. Each intervention reached more children than expected, based on population estimates; 670,016 received measles vaccine (120% of the 558,699 targeted), 785,180 received mOPV1 (119% of the 663,949 targeted), and 717,829 received vitamin A (120% of the 597,794 targeted).

Phase II was conducted during July 8–12 in the 62 remaining districts. Overall, 4,590,225 children received measles vaccine (110% of the 4,180,330 targeted), and 4,716,471 received vitamin A (105% of the 4,486,266 targeted). Four districts with an estimated combined population of 181,434 (4% of the total) did not achieve 90% reported coverage with measles vaccine. Six districts also provided mOPV1 to 490,974 children (99.6% of the 492,813 targeted).

LLINs were distributed to children aged <5 years in one district in April from preexisting stock and in 21 districts in July after the shipment of LLINs had arrived, reaching

1,741,005 children (104% of the estimated target population of 1,761,582). In September 2006, an additional 2 million LLINs were distributed in the remaining 23 malaria-endemic districts in Kenya. These SIAs were conducted with the support of the Measles Initiative and other partners.^{††}

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Editorial Note: Implementation of the WHO Regional Office for Africa strategies for measles mortality reduction achieved in 2004 the goal of reducing deaths caused by measles by half, both regionally and globally, from 1999 to 2005 (4). In Kenya, accelerated measles-control activities resulted in a >99% decrease in measles cases to an incidence of approximately six to 29 cases per 1 million population during the 36 months after the catch-up SIA of June 2002. Achieving high levels of vaccination coverage during that SIA, even though routine coverage was <80%, likely led to the rapid reduction in measles.

In multiple countries, integrating high-priority health interventions with vaccination campaigns has attracted political support, allowed for pooling of resources, and increased community participation (5–7). Achieving high coverage with insecticide-treated bednets is a key strategy for reducing the burden of malaria. In Kenya, delaying the measles follow-up SIA by 1 year enabled distribution of LLINs to >90% of children aged <5 years in the target districts. Kenya, therefore, joins the ranks of countries that have rapidly increased coverage with insecticide-treated bednets by integrating bednet distribution with measles SIAs (5–7).

However, Kenya's experience also highlights a disadvantage of delaying a follow-up SIA beyond the recommended interval. This delay likely resulted in a nationwide measles outbreak in 2005 that ultimately produced approximately 2,500 laboratory-confirmed cases and 24 deaths. Surveillance data indicate that the heaviest burden of disease was in children born after the 2002 catch-up SIA, who would have received a second opportunity for measles vaccination during the follow-up SIA. With <80% routine coverage since 1997 and the delay in the follow-up SIA, population immunity was low enough in Kenya to sustain a large outbreak after a measles importation.

Successful control of measles in Kenya will depend on continued improvement of routine vaccination services; conducting regular, periodic, and high-quality follow-up SIAs; improving measles case management; and monitoring success by using case-based surveillance with laboratory confirmation. The intervals between SIAs must be based not only on disease epidemiology and SIA coverage but also on estimated routine coverage (2). In addition, despite the documented advantages of integrating measles SIAs with other life-saving interventions, in some countries, consideration should be given to the risks of delaying measles SIAs to gain the benefits from the other interventions.

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^{††} Founded in 2001, the Measles Initiative is a partnership formed to reduce measles mortality and is led by the American Red Cross, the United Nations Foundation, CDC, WHO, UNICEF, and the Canadian International Development Agency. The initiative has supported implementation of high-quality measles SIAs since 2000 in approximately 42 African countries. Additional information is available at http://www.measlesinitiative.org. Additional partners supporting the LLIN distribution included the Kenyan Office of the President, Ministry of Education, and Ministry of Gender, Sports, Culture, and Social Services; the Kenyan Red Cross; Rotary International; the Church of Jesus Christ of Latter-Day Saints; the United Kingdom Department for International Development; and numerous Kenyan nongovernmental organizations.

Notice to Readers

Satellite Broadcast and Webcast: An Innovative Approach to Fighting Disease in Uganda

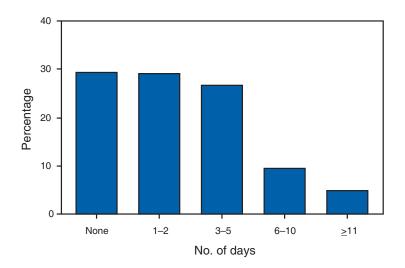
Public Health Grand Rounds, a project sponsored by CDC in collaboration with the University of North Carolina School of Public Health, will air a satellite broadcast and webcast, "Public Health is Global Health: An Innovative Approach to Fighting Disease in Uganda," on September 27, 2007, at 2:00 p.m. EDT. This broadcast will spotlight the accomplishments of the Ugandan Ministry of Health, The AIDS Support Organisation, Population Services International/Uganda, and CDC in improving health through an innovative intervention, The Basic Care Package.

Continuing education credit will be offered to registrants. Information regarding the program and registration is available at http://www.publichealthgrandrounds.unc.edu.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage of Students Who Missed School
During the Preceding 12 Months Because of Illness or Injury,*
by Number of Days Missed — National Health Interview Survey,†
United States, 2006



* Among students aged 5–17 years. Based on response to the question, "During the past 12 months, that is, since [reference date 12 months ago], about how many days did [name of sample child] miss school because of illness or injury?" † Estimates are based on household interviews of a sample of the civilian, non-institutionalized U.S. population.

In 2006, an estimated 29% of students aged 5–17 years never missed a day of school during the preceding 12 months because of illness or injury. The majority (56%) missed 1–5 days, 10% missed 6–10 days, and 5% missed \geq 11 days of school.

SOURCE: Bloom B, Cohen RA. Summary health statistics for U.S. children: National Health Interview Survey, 2006. Vital Health Stat 2007;10(234). Available at http://www.cdc.gov/nchs/nhis.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 15, 2007 (37th Week)*

	Current	Cum	5-year weekly	Total o	ases rep	orted for	rpreviou	s years	
Disease	week	2007	average [†]	2006	2005	2004	2003	2002	States reporting cases during current week (No.
Anthrax	_	_	_	1	_	_	_	2	
Botulism:									
foodborne	_	12	0	20	19	16	20	28	
infant	_	59	2	97	85	87	76	69	
other (wound & unspecified)	_	18	1	48	31	30	33	21	
Brucellosis	_	85	2	121	120	114	104	125	
Chancroid	1	20	1	33	17	30	54	67	FL (1)
Cholera	_	1	_	9	8	5	2	2	
Cyclosporiasis§	2	76	2	136	543	171	75	156	MD (1), TX (1)
Diphtheria	_	_	_	_	_	_	1	1	
Domestic arboviral diseases ^{§,¶} :									
California serogroup	_	16	7	67	80	112	108	164	
eastern equine	_	3	0	8	21	6	14	10	
Powassan	_	_	_	1	1	1	_	1	
St. Louis	_	3	1	10	13	12	41	28	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis§:									
human granulocytic	10	297	12	646	786	537	362	511	NY (10)
human monocytic	3	314	11	578	506	338	321	216	PA (1), MO (1), FL (1)
human (other & unspecified)	2	96	2	231	112	59	44	23	MO (1), MD (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	_	10	0	29	9	19	32	34	
nonserotype b	4	89	2	175	135	135	117	144	CT (1), NY (1), MN (1), FL (1)
unknown serotype	2	151	3	179	217	177	227	153	NYC (1), UT (1)
Hansen disease [§]	_	33	1	66	87	105	95	96	
Hantavirus pulmonary syndrome§	1	17	0	40	26	24	26	19	ID (1)
Hemolytic uremic syndrome, postdiarrheal§	5	147	7	288	221	200	178	216	CT (1), OH (2), NE (1), NC (1)
Hepatitis C viral, acute	2	453	21	802	652	713	1,102	1,835	TN (1), TX (1)
HIV infection, pediatric (age <13 yrs) ^{††}	_	_	3	52	380	436	504	420	
Influenza-associated pediatric mortality ^{§,§§}	_	73	0	43	45	_	N	N	
Listeriosis	7	432	21	875	896	753	696	665	PA (1), IN (1), NC (2), FL (1), CA (2)
Measles [¶]	_	25	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	189	3	318	297	_	_	_	NY (1), FL (1)
serogroup B	3	95	2	193	156	_	_	_	MN (1), FL (2)
other serogroup	_	15	0	32	27	_	_	_	(-)
unknown serogroup	2	435	10	651	765				CA (2)
Mumps	3	567	12	6,584	314	258	231	270	NC (1), FL (1), WA (1)
Novel influenza A virus infections	_	_	_	N	N	N	N	N	
Plague	_	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	_	_	0		1	_	_		
Poliovirus infection, nonparalytic§	_	_	_	N	N	N	N	N	
Psittacosis [§]	_	5	0	21	16	12	12	18	14/4 (4)
Q fever§	1	118	2	169	136	70	71	61	WA (1)
Rabies, human	_	_	0	3	2	7	2	3	
Rubella ^{†††}	_	11	0	11	11	10	7	18	
Rubella, congenital syndrome	_	_	_	1	1	_	1	1	
SARS-CoV ^{§,§§§}	_	_	_	_	_	_	8	N	
Smallpox§	_	70	_	105	100		404	440	
Streptococcal toxic-shock syndrome [§]	_	76	1	125	129	132	161	118	ADV (4)
Syphilis, congenital (age <1 yr)	1	271	8	380	329	353	413	412	NY (1)
Tetanus	_	12	1	41	27	34	20	25	NV (1) CO (1)
Toxic-shock syndrome (staphylococcal)§	2	53	2	101	90	95	133	109	NY (1), CO (1)
Trichinellosis	_	5	0	15	16	5	6	14	
Tularemia	_	81	3	95	154	134	129	90	NIV (4) DA (4) MII (4) NIQ (4) QA (6)
Typhoid fever	5	212	11	353	324	322	356	321	NY (1), PA (1), WI (1), NC (1), CA (1)
Vancomycin-intermediate Staphylococcus aure	eus® —	9	0	6	2	_	N	N	
Vancomycin-resistant Staphylococcus aureus§			_	1	3	1	N	N	NN/ (4) OH (4) MD (4) OA (0) EL (2) C1 (1)
Vibriosis (noncholera <i>Vibrio</i> species infections)	§ 9	216	3	N	N	N	N	N	NY (1), OH (1), MD (1), GA (2), FL (3), CA (1)
Yellow fever	_	_	_	_	_	_	_	1	

^{—:} No reported cases.

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

-: Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

-: Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

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

Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

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

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

**Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 70 cases were reported for the 2006–07 flu season.

No measles cases were reported for the current week.

No measles cases were reported for the current week.

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

No rubella cases were reported for the current week.

Updated weekly from reported for the current week.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

(37til Week)	Chlamydia [†] Previous						cosis		Cryptosporidiosis						
	Current		vious veeks	Cum	Cum	Current		vious veeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	Cum 2007	2006	week	Med	Max	Cum 2007	2006	week	Med	Max	2007	2006
United States	14,544	20,488	25,327	720,313	716,824	111	128	658	4,897	5,885	688	79	837	6,157	3,646
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	452 — 55 289 52 33 23	713 223 48 304 39 67 19	1,357 829 74 600 70 108 45	24,173 7,028 1,807 11,047 1,497 2,205 589	22,539 6,375 1,571 10,189 1,349 2,203 852		0 0 0 0 0	1 0 0 0 1 0	2 N — 2 — N		1 - - - - 1	4 0 1 1 1 0	30 30 6 15 4 5	183 30 33 50 37 6 27	289 38 32 147 34 6 32
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1,642 203 863 — 576	2,690 407 514 873 797	4,284 538 2,758 1,684 1,799	100,207 14,834 18,572 32,171 34,630	87,506 14,266 16,694 28,601 27,945	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	55 — 19 — 36	10 0 3 1 4	108 4 15 10 103	891 9 150 43 689	453 36 112 99 206
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	1,641 599 407 337 117 181	3,148 952 393 717 705 372	6,221 1,367 644 1,225 3,651 528	116,104 32,625 14,682 25,277 30,061 13,459	121,048 38,178 14,206 24,443 29,547 14,674		1 0 0 0 0	3 0 0 3 2	23 — 16 7 N	34 — 30 4 N	79 — 5 2 50 22	18 2 1 3 5 6	80 9 18 10 61 39	956 91 63 115 347 340	960 167 44 98 242 409
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	552 — 174 1 308 — 4 65	1,192 163 147 235 453 103 28 49	1,448 252 294 314 628 183 69 84	41,027 5,895 5,770 7,095 16,315 3,122 1,011 1,819	43,833 5,826 5,752 9,136 16,267 3,741 1,248 1,863	N N N N N N N N N N N N N N N N N N	0 0 0 0 0 0	54 0 0 54 1 0 0	3 N N 3 N N N	N N — N N N	37 4 14 — 5 12 1	11 2 1 2 1 1 0 2	114 55 15 25 14 18 11	824 335 90 110 62 97 10 120	609 142 61 123 145 66 7 65
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	5,141 54 — 1,352 4 403 1,905 901 499 23	4,026 66 99 1,075 663 400 562 488 485 58	6,760 140 167 1,768 3,822 697 1,234 3,030 685 87	143,312 2,444 3,943 40,721 17,539 14,264 21,521 23,425 17,372 2,083	136,356 2,525 2,056 34,616 25,233 14,824 23,506 14,785 16,710 2,101	 	0 0 0 0 0 0 0	1 0 0 0 0 1 0 0	2 	3 	44 1 	21 0 0 11 4 0 1 1 1	70 4 2 34 17 2 11 14 4 5	704 13 3 382 123 21 59 53 40	682 12 12 281 174 12 60 88 36 7
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	887 — 301 — 586	1,438 363 130 367 505	2,044 507 691 959 695	49,881 10,246 5,740 14,466 19,429	54,433 16,744 6,374 13,504 17,811	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	45 2 37 — 6	3 1 1 0	46 12 27 9 10	332 57 162 51 62	112 34 32 14 32
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	2,276 208 225 311 1,532	2,305 164 359 275 1,490	3,028 337 855 467 1,911	85,071 5,762 13,576 9,569 56,164	81,122 5,752 12,880 8,220 54,270	N N N	0 0 0 0	1 0 1 0 0	1 N 1 N N	1 N 1 N N	7 - 7 -	5 0 1 1 2	45 3 6 12 36	187 7 36 76 68	217 15 58 25 119
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	610 65 239 — 154 — 130 22	1,280 454 257 56 50 185 153 102 24	2,026 993 416 253 82 397 396 209 38	41,749 13,801 7,166 2,242 1,488 6,709 5,641 3,840 862	47,214 14,704 11,521 2,034 1,787 5,608 7,059 3,455 1,046	65 64 N N N 1	82 79 0 0 1 0	293 293 0 0 5 2 4	2,952 2,852 N N N 41 17 39	4,109 4,001 N N N 46 16 44 2	418 2 16 61 — 1 — 338	6 0 1 0 1 0 1 0	566 6 25 54 18 3 7 498 8	1,994 30 103 179 48 7 61 1,532 34	262 20 49 20 91 7 28 12 35
Pacific Alaska California Hawaii Oregon [§] Washington	1,343 75 1,008 — 127 133	3,376 88 2,685 101 157 324	4,362 157 3,627 132 394 621	118,789 3,102 95,313 3,633 6,099 10,642	122,773 3,095 96,299 4,121 6,730 12,528	46 N 46 N N	50 0 50 0 0	311 0 311 0 0	1,914 N 1,914 N N	1,738 N 1,738 N N	2 — — 2 —	1 0 0 0 1	14 2 0 0 14 0	86 3 — — 83 —	62 4 — 4 54 —
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U U 77 U	0 5 121 3	32 — 207 545 7	U U 340 5,300 U	U U 641 3,407 U	U N U	0 0 0 0	0 0 0 0	U 	U N U	U U N U	0 0 0 0	0 0 0 0	U - N U	U

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

* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

	Giardiasis Previous							onorrhe	а		Hae		s influen s, all ser	<i>zae</i> , invas otypes [†]	sive
	Current		rious eeks	Cum	Cum	Current		evious weeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	305	300	1,513	10,734	12,102	4,571	6,762	8,941	234,533	,	26	45	184	1,582	1,643
New England Connecticut	13 1	25 5	67 25	877 227	986 208	59 —	113 47	259 204	3,820 1,420	3,842 1,503	2 2	3 0	19 6	122 33	129 38
Maine§ Massachusetts	7	4 10	10 22	131 356	117 450	1 49	2 50	8 96	92 1,861	87 1,718	_	0 2	2 6	8 58	16 55
New Hampshire	_	0	3 14	16 32	20 72	2	3	8 18	111	142 342	_	0	2 10	14 7	9
Rhode Island [§] Vermont [§]	5	3	12	115	119	1	1	5	43	50	_	0	1	2	7
Mid. Atlantic New Jersev	37	56 6	127 13	1,891 142	2,417 359	459 85	723 120	1,537 159	26,288 4,296	23,282 3,773	7	10 1	27 5	341 46	333 57
New York (Upstate)	21	24	108	734	818	231	112	1,035	4,526	4,366	4	3	15	99	102
New York City Pennsylvania	2 14	15 14	32 34	539 476	688 552	143	192 248	360 613	6,872 10,594	7,145 7,998	1 2	2 3	6 10	71 125	62 112
E.N. Central	33	46 12	99 21	1,515 389	1,935 498	655 204	1,241 348	2,589 498	46,912 12,185	49,918	1	6 1	15 6	198 47	282
Indiana	N	0	0	N	N	183	161	307	6,247	14,365 6,330	_	1	10	43	85 62
Michigan Ohio	4 22	13 15	38 37	392 546	477 557	111 62	296 318	880 1,568	10,389 13,391	10,118 14,167	<u>_</u>	0 2	5 5	20 79	22 61
Wisconsin	7	7	20	188	403	95	129	181	4,700	4,938	_	0	4	9	52
W.N. Central lowa	23 —	20 4	553 16	690 175	1,370 205	180	373 39	512 62	13,165 1,272	13,747 1,301	6	2	24 1	92 1	103 1
Kansas Minnesota	11	3 0	8 514	119 12	147 475	48 3	43 61	86 87	1,665 1,883	1,602 2,275	<u> </u>	0 1	2 17	9 40	16 50
Missouri Nebraska [§]	6 4	6 2	22 8	234 82	373 87	121	199 26	266 57	7,214 885	7,234 972	1	1 0	5 2	27 13	25 7
North Dakota	1	0	16	12	14	_	2	7	63	92	_	0	2	2	4
South Dakota S. Atlantic	1 67	1 57	6 106	56 1,931	69 1,824	8 1,323	6 1,641	15 3,209	183 55,449	271 61,424	5	0 11	0 34	405	407
Delaware District of Columbia	_	1 0	3 7	26 34	30 50	23	28 46	43 72	951 1,607	1,041 1,235	1	0	3 2	6	1 3
Florida	47	24	44	887	731	526	472	717	16,833	17,154	1	3	8	118	127
Georgia Maryland [§]	11 5	11 4	33 11	413 162	444 157	1 160	303 125	2,068 227	7,196 4,467	12,487 5,091		2 2	7 6	78 62	86 56
North Carolina South Carolina [§]		0 2	0 8	— 66	— 75	104 333	288 202	675 1,361	9,635 9,907	12,308 6,856	_ 1	0 1	9 4	44 38	44 27
Virginia [§] West Virginia	1 2	10 0	28 21	313 30	320 17	156 20	122 18	236 44	4,215 638	4,628 624	_	1 0	7 6	37 19	47 16
E.S. Central	13	9	21	357	293	425	567	752	19,411	22,188	1	2	9	93	85
Alabama [§] Kentucky	1 N	4 0	16 0	165 N	135 N	2 161	156 51	242 268	4,679 2,264	7,779 2,283	_	0	3 1	19 2	18 5
Mississippi Tennessee [§]	N 12	0 5	0 16	N 192	N 158	 262	148 193	310 239	5,455 7,013	5,241 6,885	_ 1	0 2	1 6	7 65	11 51
W.S. Central	10	7	55	243	224	849	983	1,490	35,336	35,818	_	2	34	76	62
Arkansas§ Louisiana	7	2	13 6	84 62	79 58	65 122	79 222	142 384	2,636 7,887	3,006 7,698	_	0	2	7 5	8 14
Oklahoma Texas [§]	3 N	3 0	42 0	97 N	87 N	132 530	101 575	235 938	3,683 21,130	3,121 21,993	_	1	29 3	60 4	34
Mountain	41	30	67	1,034	1,133	133	248	454	8,288	10,577	4	4	11	169	161
Arizona Colorado	1 24	3	10 26	107 338	116 371	24 51	106 55	220 93	2,940 1,748	3,721 2,645	1 1	1 1	6 4	56 42	69 41
Idaho§	3	3	12	124	121	1	3	20	163	115	_	Ö	1	4	3
Montana [§] Nevada [§]	4	2	6 8	67 75	69 84	42	1 47	8 135	50 1,665	145 1,954	_	0	1 2	1 9	10
New Mexico [§] Utah	9	2 6	6 27	69 228	48 297	— 13	29 18	58 34	1,093 575	1,303 602		1 0	3 3	26 28	21 14
Wyoming [§]	_	1	4	26	27	2	1	5	54	92	_	0	1	3	3
Pacific Alaska	68 2	60 1	558 17	2,196 49	1,920 51	488 11	724 10	900 27	25,864 341	29,646 434	_	2	16 2	86 9	81 10
California Hawaii	46 1	43 1	93 4	1,501 49	1,540 43	437	613 11	768 22	22,363 426	24,461 710	_	0	10 2	20 8	25 13
Oregon [§] Washington	6 13	8 5	15 449	286 311	286	24 16	23 63	46 142	729 2,005	1,036 3,005	_	1	6 5	47 2	33
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I. Guam	U —	0	0	<u>U</u>	U 	<u>U</u>	1	38	U 63	U 85	<u>U</u>	0	0	<u>U</u>	U 1
Puerto Rico U.S. Virgin Islands	U	6 0	15 0	165 U	163 U	3 U	6 1	23 3	246 U	214 U		0 0	2 0	2 U	1 U

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

* Incidence data for reporting years 2006 and 2007 are provisional.

* Data for H. influenzae (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

			Hepatit A	is (viral, ac	ute), by ty	pe [†]		В				l e	gionellos	sis	
		Previ					Prev	ious					vious	313	
Reporting area	Current week	52 we	eeks Max	Cum 2007	Cum 2006	Current week	52 w	eeks Max	Cum 2007	Cum 2006	Current week	52 v	veeks Max	Cum 2007	Cum 2006
United States	41	52	201	1,879	2,498	33	77	405	2,698	3,082	38	44	109	1,464	1,722
New England Connecticut Maine§	1 1 —	2 0 0	6 3 1	75 13 2	144 31 8		2 0 0	5 5 2	49 23 5	86 34 17	1 1 —	2 0 0	13 9 1	82 27 3	110 19 7
Massachusetts New Hampshire Rhode Island [§] Vermont [§]		1 0 0 0	4 3 2 1	34 10 8 8	70 21 8 6		0 0 0 0	1 1 3 1	4 5 11 1	17 8 8 2	_ _ _	0 0 0	3 2 6 2	14 5 26 7	59 9 12 4
Mid. Atlantic New Jersey New York (Upstate)	3 — 3	8 2 1	20 5 11	281 65 52	267 80 60	<u>6</u> 4	9 2 1	21 8 13	312 60 63	377 122 46	18 <u>—</u> 15	13 1 4	55 10 30	456 46 140	579 80 194
New York (Opsiale) New York City Pennsylvania	<u>-</u> -	2 2	10 5	101 63	82 45	- 2	2	6	64 125	88 121	3	2 5	24 21	63 207	107 198
E.N. Central Illinois	6	6 2	13 6	201 70	249 74	10	9 2	23 6	306 84	363 103	7	10 2	25 8	331 56	400 87
Indiana	2	0	7	17	17	8	0	21	37	38	_	1	6	27	32
Michigan Ohio	2 2	2 1	8 4	54 53	80 44	2	2	8 7	77 96	105 91	1 6	3 3	10 17	95 145	91 158
Wisconsin	_	0	3	7	34	_	0	3	12	26	_	0	3	8	32
W.N. Central lowa	1	2	18 4	109 26	100 8	_	2	15 3	83 14	106 17	_	1 0	8 1	53 6	57 10
Kansas Minnesota	_	0 0	1 17	3 49	24 9	_	0	2 13	7 16	9 13	_	0	1 6	2 15	7 11
Missouri	_	0	2	16	37	_	0	5	33	51	_	0	2	20	17
Nebraska§ North Dakota	1	0 0	2	10	13	_	0	3 1	9	11	_	0	1 1	7	8
South Dakota	_	0	1	5	9	_	0	1	4	5	_	0	1	3	4
S. Atlantic Delaware	6	10 0	27 1	357 4	373 11	6	20 0	56 3	688 14	871 35	8	7 0	25 2	252 6	306 8
District of Columbia	_	0	5	14	5	_	0	2	1	5	_	0	4	1	16
Florida Georgia	4	3 1	11 4	110 51	145 43	3 2	7 3	14 7	246 77	294 154	5 1	2	9 2	104 15	120 22
Maryland [§]	2	1	6	58	44	1	2	7	80	120	1	2	8	49	57
North Carolina South Carolina§	_	0 0	11 4	37 14	61 19	_	0 1	16 5	95 43	115 63	_	1 0	4 2	31 12	28 3
Virginia [§] West Virginia	_	1 0	5 2	62 7	40 5	_	2	8 23	95 37	42 43	_ 1	1 0	4 4	28 6	44 8
E.S. Central	_	2	5	75	94	_	6	17	237	235	_	2	7	67	62
Alabama [§] Kentucky	_	0 0	3 2	13 15	11 29	_	2 1	10 7	84 46	68 52	_	0 1	1 6	7 35	8 19
Mississippi	_	0	4	7	5	_	0	8	17	9	_	Ô	1	_	3
Tennessee§	_	1	5	40	49	_	3	8	90	106	_	1	4	25	32
W.S. Central Arkansas§	8	5 0	43 2	134 8	257 43	6 1	18 1	169 7	554 47	588 49	_	2	16 3	69 5	53 4
Louisiana Oklahoma	 8	0	3	19 11	23 4		1 1	4 24	51 30	46 27	_	0	1 6	3 5	10 1
Texas [§]	_	3	39	96	187	2	14	135	426	466	_	1	13	56	38
Mountain	5	5	15	173	197	1	3	7	122	102	2	2	8	70	91
Arizona Colorado	<u>4</u>	0	11 3	122 20	109 33	_	0	3 2	40 21	 28		0	4 2	22 13	30 20
Idaho [§] Montana [§]	_ 1	0	1 2	3 9	9 9	_	0	1 3	10	10	_	0	3 1	5 3	10 5
Nevada [§]	_	0	2	8	11	1	1	3	28	27	_	0	2	7	5
New Mexico [§] Utah	_	0 0	2 1	6 3	12 12	_	0	2 4	9 13	17 20	_	0	2 2	8 9	4 17
Wyoming [§]	_	Ö	1	2	2	_	Ö	1	1	_	_	0	1	3	
Pacific Alaska	11	12 0	92 1	474 3	817 1	4	10 0	106 3	347 4	354 3	2	2	11 1	84	64
California	11	10	40	414	775	4	8	31	263	288	_	1	11	62	64
Hawaii Oregon [§]	_	0 1	2 2	4 21	10 31	_	0 1	1 5	2 44	6 57	_	0	1 1	1 6	_
Washington	_	0	52	32	_	_	0	74	34	_	2	0	2	15	_
American Samoa C.N.M.I.	U U	0	0	U	U U	U	0	0	U U	U U	U	0	0	U U	U U
Guam	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Puerto Rico U.S. Virgin Islands	_ U	1 0	10 0	45 U	47 U		1 0	9	44 U	45 U	 U	0	2	3 U	1 U

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

* Incidence data for reporting years 2006 and 2007 are provisional.

* Data for acute hepatitis C, viral are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

	Lyme disease Previous						ı	/lalaria			Men		cal disea I serogro	se, invasi ups	ve [†]
				0				ious	0				vious	0	
Reporting area	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	Med	eeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	355	244	1,060	12,720	14,536	11	22	105	722	1,020	7	19	87	734	843
New England	122	39	282	2,401	3,471	_	1	5	31	42	_	1	3	32	35
Connecticut Maine§	89 33	12 3	214 53	1,419 251	1,409 136	_	0 0	3 2	1 6	10 4	_	0	1 3	6 5	9
Massachusetts New Hampshire	_	1 6	25 70	21 588	1,293 552	_	0	3 4	16 6	19 8	_	0	2 1	17	18 3
Rhode Island§	_	0	93	30	1	_	0	1	_	_	_	Ō	1	1	_
Vermont§	_	1	13	92	80	_	0	2	2	1	_	0	1	3	2
Mid. Atlantic New Jersev	202 2	138 26	553 106	6,819 1,327	7,453 2,063	5	5 0	14 3	172 —	253 72	1	2	8 2	101 11	132 16
New York (Upstate)	178	50	426	2,314	2,575	2	1	7	43	25	1	0	3	26	31
New York City Pennsylvania	22	1 43	19 273	87 3,091	244 2,571	3	3 1	7 3	101 28	121 35	_	0 1	4 5	25 39	49 36
E.N. Central	4	7	34	361	1,558	1	2	10	75	123	_	3	9	95	124
Illinois Indiana	_	1 0	10 7	86 37	101 20	_	0	6 2	28 8	63 9	_	0	3 4	25 18	30 20
Michigan	_ 1	1	6	40	42 36	_	0	2	12	17	_	0	3	17	21
Ohio Wisconsin	3	4	4 27	16 182	1,359	<u>1</u>	0	2 3	18 9	22 12	_	1 0	3	26 9	36 17
W.N. Central	_	4	195	286	336	_	0	12	25	32	1	1	5	41	47
Iowa Kansas	_	1 0	10 2	75 9	89 4	_	0	1 1	3 2	1 6	_	0	3 1	10 1	12 3
Minnesota	_	1	188	180	230	_	0	12	11	14	1	0	3	13	10
Missouri Nebraska [§]	_	0 0	4 1	15 5	3 9	_	0 0	1 1	3 5	6 3	_	0 0	3 1	10 2	13 6
North Dakota South Dakota	_	0	7 0	2	_ 1	_	0 0	1 1	_ 1	1 1	_	0	3 1	2 3	1 2
S. Atlantic	21	50	164	2,632	1,592	4	5	13	179	258	3	3	11	124	148
Delaware	5	11	34	548	383	_	0	1	4	5	_	0	1	1	4
District of Columbia Florida	4	0 1	7 5	13 50	37 16	4	0 1	2 7	3 46	3 41	3	0 1	1 7	<u></u> 47	1 57
Georgia Maryland [§]	 8	0 25	1 108	1 1,375	7 909	_	0 1	5 5	26 42	77 59	_	0	3 2	16 19	12 11
North Carolina	_	0	6	31	23	_	0	4	17	20	_	0	6	14	24
South Carolina§ Virginia§	1 3	0 10	2 60	17 540	14 195	_	0 1	1 4	5 34	9 42	_	0	2 2	12 13	18 16
West Virginia	_	0	14	57	8	_	0	1	2	2	_	0	2	2	5
E.S. Central Alabama§	1	1 0	5 3	41 11	28 7	_	0	3 1	27 4	21 8	_	1 0	4 2	38 6	31 5
Kentucky	_	0	2	4	6	_	0	1	7	3	_	0	2	9	7
Mississippi Tennessee§	1	0 0	0 4	 26	3 12	_	0 0	1 2	2 14	5 5	_	0 0	4 2	9 14	4 15
W.S. Central	_	1	5	40	15	_	1	29	61	77	_	1	15	78	79
Arkansas§ Louisiana	_	0	0 1	_	_	_	0	2	 13	2 5	_	0	2 4	9 24	9 31
Oklahoma	_	0	0	_		_	0	3	5	7	_	0	4	14	8
Texas§ Mountain	_ 1	1 1	5 3	38 30	15 19	_	1	25 6	43 38	63 58	_	0 1	11 4	31 45	31 56
Arizona		0	1	2	7	_	0	3	7	19	_	0	2	9	14
Colorado Idaho§	_	0 0	1 2	1 7		_	0	2	12 2	13 1	_	0	2 1	16 3	18 3
Montana§	_	0	1	2	_	_	0	1	3	2	_	0	1	1	3
Nevada [§] New Mexico [§]	_	0 0	2 1	7 3	2 3	_	0 0	1 1	2 2	2 5	_	0 0	1 1	4 2	5 3
Utah Wyoming [§]	1	0	2 1	5 3	4 1	_	0	3	10	16	_	0	2 1	8 2	6 4
Pacific	4	2	16	110	64	1	3	45	114	156	2	4	48	180	191
Alaska	_	0	1	4	2	_	0	1	2	22	_	0	1	1	3
California Hawaii	4 N	2 0	10 0	102 N	56 N	1 —	2	7 1	79 2	117 8		3 0	10 2	128 7	148 7
Oregon [§] Washington	_	0	1 8	3 1	6	_	0	3 43	12 19	9	_	0	3 43	27 17	33
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	_	_
C.N.M.I.	Ü	_	_	Ü	Ü	Ü	-	_	Ü	ŭ	Ü	_	_	_	_
Guam Puerto Rico	N	0 0	0 0	N	N	_	0	0 1	3	_	_	0 0	0 1	6	6
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	_	_

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

* Incidence data for reporting years 2006 and 2007 are provisional.

* Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

ocptember 10, 20	2006 (3/th Week)* Pertussis Previous						Rab	ies, anim	nal		Ro	ocky Mo	untain sp	otted fev	er
	Command			Cum	C	Current		vious	C		Command		vious	C	C
Reporting area	Current week	Med	<u>eeks</u> Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006	Current week	Med	veeks Max	Cum 2007	Cum 2006
United States	78	179	1,479	5,790	9,887	35	95	171	3,492	3,966	8	32	211	1,171	1,550
New England Connecticut Maine†	=	26 2 2	77 5 15	779 42 54	1,174 78 81	6 2	12 4 2	21 10 8	414 170 55	311 139 75	=	0 0 0	10 0 0	=	10 —
Massachusetts	_	21	46	613	736	_	0	0	_	_	_	0	1	_	9
New Hampshire Rhode Island†	_	1 0	9 31	37 6	156 35	_	1 0	4 3	35 26	31 19	_	0 0	0 9	_	1
Vermont [†]	_	0	9	27	88	4	2	13	128	47	_	0	0	_	_
Mid. Atlantic New Jersey	10	23 2	155 16	812 81	1,264 214	1	13 0	44 0	605	377 —	_	1 0	6 2	43 6	72 33
New York (Upstate) New York City	7	13 2	146 6	431 80	546 70	<u> </u>	1	 5	33	 24	_	0	1 3	3 16	20
Pennsylvania	3	7	20	220	434		12	44	572	353	_	0	2	18	19
E.N. Central	19	33 3	80 23	1,069 98	1,472 380	11 4	3 1	47 15	314 96	133 41	1	1 0	4 3	32 17	54 24
Indiana	_	1	45	46	160	_	0	1	9	11	_	0	2	5	5
Michigan Ohio	2 17	8 15	39 54	192 534	357 410	3 4	1 0	26 11	150 59	39 42	_ 1	0 0	1 1	3 7	2 22
Wisconsin	_	4	24	199	165	_	0	0	_	_	_	0	0	_	1
W.N. Central lowa	8	14 4	151 16	454 108	930 224	3	5 0	13 3	197 26	251 52	_	2	12 2	127 8	164 5
Kansas Minnesota	2 6	3	14 119	106 109	207 136	1 2	2	7 5	93 22	61 33	_	0	1 2	1 1	_ 1
Missouri	_	2	8	46	240	_	0	4	29	55	_	2	12	105	136
Nebraska† North Dakota	_	1 0	4 18	33 4	78 25	_	0 0	0 6	13	16	_	0 0	2 0	9	22 —
South Dakota	_	1	6	48	20	_	0	2	14	34	_	0	1	3	_
S. Atlantic Delaware	28 —	18 0	163 2	661 9	784 3	10	40 0	63 0	1,481	1,708	4	13 0	67 2	616 9	841 18
District of Columbia Florida	9	0 4	2 18	2 173	3 152	_	0	0 28	— 96	 176	_	0	1 4	1 13	1 10
Georgia Maryland [†]	<u>-</u>	1 2	5	22 77	66 108	_	4 7	23 18	166 267	204 311	_ 2	0	5 7	19 49	45 58
North Carolina	14	2	112	227	141	10	9	19	361	377	_	4	61	390	601
South Carolina [†] Virginia [†]	1 3	2 2	9 17	56 82	130 155	_	1 13	11 31	46 499	118 444	2	1 2	7 10	48 82	31 74
West Virginia	_	0	19	13	26		1	8	46	78		0	3	5	3
E.S. Central Alabama [†]	_	5 1	28 18	267 59	259 56	<u>1</u>	3 0	11 8	114	186 58	1 —	5 1	19 9	196 58	275 64
Kentucky Mississippi	_	0 1	1 26	5 135	55 30	1	0	3 1	17 1	20 4	_	0	2	5 7	2
Tennessee [†]	_	2	7	68	118	_	2	7	96	104	1	3	16	126	206
W.S. Central Arkansas [†]	1	20 2	226 17	631 113	576 64	_	2	35 5	69 24	687 24	_	1 0	168 53	126 59	93 44
Louisiana Oklahoma	_ 1	0	1 36	14	22 18	_	0	1 22	45	4 51	_	0	1 108	2 45	2 28
Texas [†]		16	174	499	472	_	0	34	-	608	=	0	7	20	19
Mountain Arizona	8	24 5	61 13	773 159	1,983 404	_	3 2	28 10	143 97	144 107	2	0	4 2	26 4	39 8
Colorado	8	6	17	212	608	_	0	0	_	_	2	0	1	3	4
Idaho [†] Montana [†]	_	1 1	5 7	34 32	71 101	_	0 0	24 3	13	14	_	0 0	3 1	4 1	12 2
Nevada [†] New Mexico [†]	_	0 2	5 8	9 53	61 75	_	0	2	2 8	5 7	_	0	0 1	4	_ 7
Utah Wyoming [†]	_	7 0	47 5	255 19	600 63	_	0	2 4	10 13	7 4	_	0	0 2		- 6
Pacific	4	12	5 547	344	1,445	3	4	13	155	169	_	0	1	5	2
Alaska California		0	8 167	37 99	63 1,209		0	6 12	35 112	15 138	N	0	0	N 3	N
Hawaii	_	0	2	14	82	N	0	0	N	N	N	0	0	N	N
Oregon [†] Washington	4	1 1	11 377	70 124	91	1 —	0 0	3 0	8	16 —	N	0 0	1 0	2 N	2 N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I. Guam	<u>U</u>	0	2	<u>U</u>	U 55	<u>U</u>	0	0	<u>U</u>	<u>U</u>	U N	0	0	U N	U N
Puerto Rico U.S. Virgin Islands	 U	0	1 0	 U	1 U		1	5	37 U	65 U	N U	0	0	N U	N U
C.C. Them localide		- 0	- 0												

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* Incidence data for reporting years 2006 and 2007 are provisional.

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

September 16, 20	Salmonellosis Previous					Shiga t	oxin-pro	ducing E	E. coli (ST	EC)†		;	Shigellos	is	
	Current		rious reeks	Cum	Cum	Current		/ious /eeks	Cum	Cum	Current		vious weeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	681	841	2,338	27,624	29,615	66	73	336	2,698	2,782	219	335	1,287	10,508	8,802
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§]	1 - - -	34 0 2 21 3 2	322 307 14 60 15 20	1,403 307 88 775 118 58	1,717 503 90 865 147 67	_ _ _ _	3 0 0 1 0	54 49 4 10 3 2	168 49 24 74 8 5	228 75 31 81 21 6	_ _ _ _	3 0 0 2 0	33 30 5 8 2	147 30 13 91 5	224 67 3 138 4 9
Vermont§ Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	1 66 — 36 4 26	1 100 12 29 24 33	6 186 41 112 49 69	57 3,572 283 1,007 954 1,328	45 3,761 830 823 909 1,199	13 - 10 - 3	0 8 1 3 0 3	3 63 20 15 4 47	8 279 15 138 25 101	14 338 93 117 36 92	6 -6 	0 11 2 3 5 1	2 47 6 42 12 21	3 470 59 101 174 136	3 695 259 173 194 69
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	81 	102 30 15 18 26 16	182 121 54 30 65 50	3,789 1,090 518 617 982 582	4,064 1,168 616 748 868 664	18 3 10 5	9 1 1 1 3 3	41 8 9 5 13	363 29 56 53 113 112	501 85 58 70 120 168	50 2 45 3	32 10 2 1 7 4	120 32 17 6 104 13	1,486 316 79 45 874 172	976 465 97 124 114 176
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	31 	48 9 7 12 13 4 0 3	102 26 20 44 24 11 23 11	1,784 320 289 435 442 161 22 115	1,862 337 260 447 535 150 21 112	7 2 - 5 - -	12 2 0 4 2 1 0	45 38 4 26 9 11 12 5	459 110 39 152 74 57 1 26	469 109 19 127 127 53 3	23 — — 21 2 —	38 2 1 5 18 1 0 3	156 14 10 24 72 7 127 30	1,337 59 20 162 966 18 5	1,167 73 94 86 527 102 54 231
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	328 1 160 45 19 71 21 7 4	221 3 0 85 32 15 29 18 20 2	417 10 4 176 72 36 108 51 39 31	7,409 112 16 2,938 1,233 611 1,028 665 675 131	7,464 110 43 3,043 1,251 528 1,019 691 697 82	14 — 6 1 — 7 —	15 0 0 2 1 2 2 0 3	37 3 1 8 6 10 24 2 10 5	469 12 1 105 59 67 100 10 102 13	415 7 1 63 62 76 72 10 117	49 — 26 17 1 — 5	89 0 46 35 2 0 1 3	174 1 5 76 94 9 14 7 10 6	3,315 7 4 1,756 1,207 80 59 86 109 7	1,969 7 12 903 706 92 115 74 58 2
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	17 6 5 —	54 14 9 12 17	134 78 23 101 34	1,949 552 379 451 567	1,890 523 312 525 530	8 -2 -6	4 1 1 0 2	25 18 8 2 8	202 54 63 4 81	210 16 65 7 122	15 4 7 —	22 10 3 4 3	89 67 32 76 14	1,173 417 277 346 133	447 122 165 61 99
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	43 1 — 42 —	83 14 15 8 44	595 45 48 103 470	2,515 427 486 363 1,239	3,329 586 702 326 1,715	_ _ _ _	3 1 0 0 2	73 7 2 17 68	117 22 3 16 76	141 23 13 13 92	27 1 - 3 23	39 2 9 3 23	655 10 25 63 580	1,163 69 331 88 675	1,235 70 146 88 931
Mountain Arizona Colorado Idaho [§] Montana [§] Nevada [§] New Mexico [§] Utah Wyoming [§]	48 21 22 1 — 2 — 2	45 13 10 3 2 4 5 4	90 44 21 7 6 10 12 14 4	1,596 486 400 94 69 125 175 196 51	1,883 574 486 129 101 159 194 203 37	2 2 	8 2 1 2 0 0 1 1 0	32 9 9 16 0 5 3 9	340 78 61 92 — 16 29 64	389 74 88 68 — 22 35 87	23 11 4 — 7 — 1	18 9 3 0 1 0 2 1	84 37 15 2 13 20 15 4	588 331 76 8 18 32 75 19	873 446 150 14 7 88 116 44 8
Pacific Alaska California Hawaii Oregon [§] Washington	66 3 51 — 1 1	106 1 86 5 7 8	890 5 260 16 15 625	3,607 60 2,710 176 234 427	3,645 57 3,120 164 302 2	4 N 2 — 2	5 0 1 0 1 0	164 0 15 4 10 162	301 N 149 18 61 73	91 N N 12 79	26 — 24 — — 2	26 0 21 0 1	256 2 84 3 6 170	829 7 672 21 53 76	1,216 7 1,076 35 98
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U - 	0 0 14 0	0 0 66 0	U U 446 U	U U 377 U	U N U	0 0 0 0	0 0 0 0	U N U	U N U	U - 	0 0 0 0	0 0 4 0	U U — 18 U	U - 33 U

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* Incidence data for reporting years 2006 and 2007 are provisional.
Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

	Stre	<u> </u>		invasive, gr	oup A	Streptococ	cus pne		Age <5 ye		ondrug resistant [†]	
Reporting area	Current week		rious reeks Max	Cum 2007	Cum 2006	Curre			rious reeks Max	Cum 2007	Cum 2006	
United States	50	94	261	3,735	4,073	13	K 1	31	108	1,101	926	
New England	_	6	27	297	266	_		3	11	76	78	
Connecticut	_	0	23	91	70	_		0	6	_	23	
Maine§ Massachusetts	_	0 3	3 12	21 141	15 133	_		0 2	1 6	1 58	<u> </u>	
New Hampshire	_	0	4	29	31	_		0	2	7	6	
Rhode Island [§] /ermont [§]	_	0 0	12 2	— 15	5 12	_		0	2 1	8 2	<u>4</u>	
/lid. Atlantic	11	17	41	709	743	_		5	27	183	128	
New Jersey	_	2	9	93	124	_		1	4	25	47	
New York (Upstate) New York City	7	5 4	27 13	237 170	239 134	_		2 1	15 25	76 82	66 15	
Pennsylvania	4	5	11	209	246	N		Ö	0	N	Ň	
.N. Central	7	16	32	648	792	_		5	14	165	246	
llinois ndiana	<u> </u>	4 2	13 17	168 105	242 96	_		1 0	6 10	38 15	63 45	
/lichigan	1	4	10	160	163	=		1	4	56	54	
Ohio Visconsin	2	4 1	14 6	187 28	199 92	_		1 0	7 2	47 9	48 36	
W.N. Central owa	<u>1</u>	5 0	32 0	245 —	265 —	2		2	8 0	77 —	73 —	
Kansas	_	0	3	28	45	_		0	1	1	11	
∕linnesota ⁄lissouri	_	0 2	29 6	124 54	121 56	2		1 0	6 2	53 13	43 11	
Nebraska§	1	0	3	21	23	_		0	2	9	5	
Iorth Dakota South Dakota	_	0 0	2 2	11 7	10 10	_		0	2 0	1	3	
S. Atlantic	18	21	52	949	910	6		4	14	208	60	
Delaware	_	0	1	9	10	_		0	0	_	_	
District of Columbia Florida	3	0 6	3 16	8 230	10 216			0 0	1 5	<u> </u>	<u>1</u>	
Reorgia	8	5	13	185	187	_		0	5	44	_	
/laryland [§]	2	4 1	10	166	171	1		1 0	6 0	48	49	
North Carolina South Carolina§	<u>4</u>	1	22 7	135 78	135 54			0	3	33	_	
/irginia [§]	1	2	11	117	105	_		0	4	29	_	
West Virginia	_	0	3	21	22	_		0	4	7	10	
E.S. Central Alabama§	2 N	4 0	13 0	166 N	166 N	2 N		1 0	6 0	70 N	16 N	
Kentucky	_	1	3	32	38	_		0	0	_	_	
Mississippi Γennessee§	N 2	0 3	0 13	N 134	N 128			0 1	2 6	3 67	16 —	
V.S. Central	2	6	90	240	312	3		4	43	160	161	
Arkansas§	_	0	2	17	23	1		0	2	8	18	
∟ouisiana Oklahoma	_	0 1	4 23	16 56	15 78	_ 1		0 1	4 13	24 39	19 34	
Texas [§]	2	3	64	151	196	1		2	27	89	90	
Mountain	6	9	21	377	536	_		4	11	138	146	
Arizona Colorado	3 3	3 3	11 9	121 124	279 95	_		2 1	7 4	79 34	82 36	
daho§	_	0	2	12	8	_		0	1	2	1	
∕lontana§ Nevada§	N	0	0 1	N 2	N	N		0	0 1	N 1	N 2	
vevada∛ New Mexico§	_	1	1 5	41	100	_		0	4	18	25	
Jtah	_	2	7	72	51	_		0	2	4	_	
Vyoming [§]	_	0	1	5	3	_		0	0	_		
Pacific Alaska	3 3	3 0	9 3	104 30	83 N	_		1 0	4 2	24 22	18 —	
California	N	0	0	N	N	N		0	0	N	N	
Hawaii Dregon§	N	2 0	9 0	74 N	83 N	N		0	2 0	2 N	18 N	
Vashington	Ň	0	0	N	N	N		0	0	N	N	
American Samoa	U	0	0	U	U	U		0	0	U	U	
C.N.M.I.	U	_	_	U	U	U		_	_	U	U	
Guam Puerto Rico	_	0 0	0 0	_	_	N N		0	0 0	N N	N N	
J.S. Virgin Islands	U	Ö	Ö	U	U	Ü		Ö	Ö	Ü	Ü	

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

* Incidence data for reporting years 2006 and 2007 are provisional.
Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available

⁽NNDSS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

		Str			<i>oniae</i> , inva	sive diseas									
			All ages	i				<5 year	'S		Syp		imary an vious	d second	ary
	Current	Prev 52 w		Cum	Cum	Current		/ious /eeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	28	48	256	1,661	1,759	9	8	35	307	271	153	198	310	7,039	6,680
New England	_	1	12	35	98	_	0	3	6	3	4	4	13	171	152
Connecticut Maine§	_	0	5 2	9	73 6	_	0 0	0 2			_	0	10 2	24 5	33 8
Massachusetts	_	0	0	_	_	_	0	0	<u> </u>	<u>.</u>	4	2	8	105	91
New Hampshire Rhode Island§	_	0	0 4	 14	9	_	0	0 1	3	_	_	0	3 5	22 14	10 8
Vermont§	_	Ö	2	12	10	_	Ö	1	2	2	_	0	1	1	2
Mid. Atlantic	2	2	9	99	109	_	0	5	21	14	12	28	44	1,082	797
New Jersey New York (Upstate)	_	0 1	0 5	— 34	35	_	0	0 4	7	7	8 2	4 3	8 14	139 100	122 100
New York City	_	0	0	_	_	_	0	0	_	_	_	16	34	660	381
Pennsylvania	2	2	6	65	74	_	0	2 7	14	7	2	5	10	183	194
E.N. Central Illinois	7	9 0	40 4	397 13	380 19	2	1 0	1	55 2	58 5	14 3	15 7	27 13	545 244	635 307
Indiana	2	2	31	102	100	2	0	5	17	16	<u> </u>	1	6	37	61
Michigan Ohio	<u> </u>	0 5	1 38	2 280	15 246	_	0 1	1 5	1 35	2 35	7	2 3	8 9	81 139	84 134
Wisconsin	N	0	0	N	N	_	0	0	_	_	_	1	4	44	49
W.N. Central lowa	_	2	124 0	111	32	_	0	15 0	9	1	8	6 0	13 3	248 11	209 13
Kansas	_	0	11	63	_	=	0	2	5	_	_	0	3	15	17
Minnesota Missouri	_	0 1	123 5	<u> </u>	1 30	_	0	15 1	_	_ 1	8	1 3	5 11	50 163	37 127
Nebraska [§]	_	0	1	2	_	_	0	0	_		_	0	2	2	4
North Dakota South Dakota	_	0	0 3	<u> </u>		_	0	0 1	4	_	_	0	0 3		1 10
S. Atlantic	16	21	59	755	848	6	4	15	159	131	55	46	180	1,655	1,510
Delaware	1	0	1	7	_	_	0	1	2	_	_	0	3	9	16
District of Columbia Florida	<u> </u>	0 11	2 29	5 437	19 451		0 2	0 8	93	2 84	30	2 15	12 26	115 601	81 532
Georgia	9	7	17	258	284	4	1	10	56	45	_	7	153	241	273
Maryland [§] North Carolina	_	0	1 0	1	_	_	0	0	_	_	6 3	6 5	15 23	219 237	224 214
South Carolina§	_	0	0		_	_	0	0	_	_	_	2	11	70	49
Virginia§ West Virginia	N —	0 1	0 17	N 47	N 94	_	0 0	0 1	 8	_	16 —	4 0	17 1	158 5	114 7
E.S. Central	3	3	9	114	150	1	0	3	26	27	11	16	30	583	489
Alabama§	N	0	0	N	N	_	0	0	_	_	_ 2	6	16	227	225
Kentucky Mississippi	_	0	2 2	17	29 20	_	0 0	1 0	2	6	_	1 2	7 9	41 76	50 45
Tennessee§	3	2	8	97	101	1	0	3	24	21	9	6	14	239	169
W.S. Central Arkansas§	_	2	11 1	107 1	65 9	_	0	3 0	15	6 2	40 10	32 1	55 8	1,223 84	1,059 55
Louisiana	_	1	4	49	56	_	0	2	6	4	3	8	29	292	176
Oklahoma Texas [§]	_	0	9	57 —	_	_	0	2	9	_	 27	1 21	4 39	38 809	51 777
Mountain		1	5	43	77		0	3	14	31	2	7	19	232	357
Arizona	_	0	Ō	-	_	_	0	0	_	_	_	2	12	83	134
Colorado Idaho [§]	N	0	0	N	N	_	0	0	_	_	1	1 0	5 1	30 1	55 3
Montana [§]	_	0	Ō	_	_	_	0	Ō	_	_	_	0	1	1	1
Nevada [§] New Mexico [§]	_	0	3 0	16	16	_	0	2	5	1	1	2 1	6 7	76 34	100 52
Utah	_	0	5	15	31	_	0	3	8	21	_	0	2	6	12
Wyoming [§]	_	0	2	12	30	_	0	1	1	9	_	0	1	1	
Pacific Alaska	_	0	0	_	_	_	0	1 0	2	_	7	38 0	57 1	1,300 5	1,472 7
California	N	0	0	N	N	_	0	0	_	_	3	35	54	1,180	1,301
Hawaii Oregon [§]	N	0 0	0 0	N	N	_	0	1 0	2	_	_	0	1 6	5 13	15 14
Washington	N	Ö	Ö	N	N	_	Ö	Ö	_	_	4	2	12	97	135
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I. Guam	U N	0	0	U N	U N	<u>U</u>	0	0	U —	U —	<u>U</u>	0	1	U 3	<u>U</u>
Puerto Rico	N	0	0	N	N		0	0	_	 U	9	3	11	113	98
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

^{*} Incidence data for reporting years 2006 and 2007 are provisional.

† Incidence data for reporting years 2006 and 2007 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 15, 2007, and September 16, 2006 (37th Week)*

		Vario	ella (chick	(enpox)			Neu	oinvasiv		ot Mile All	us disease		neuroinva	asive§	
			ious	(elipox)				ious	-				/ious	23146-	
	Current		eeks	Cum	Cum	Current		eeks	Cum	Cum	Current		reeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	365	795	2,813	25,925	32,627	1	1	98	573	1,352	6	2	224	1,409	2,553
New England	8	18	124	504	3,217	_	0	2	4	9	_	0	2	3	3
Connecticut Maine ¹	_	0	76 7	2	1,149 176	_	0	2	3	7	_	0	1 0	1	2
Massachusetts	_	0	1	-	1,141	_	0	1	1	2	_	0	2	2	1
New Hampshire Rhode Island ¹	1	8 0	17 0	221	252	_	0	0	_	_	_	0	0	_	_
Vermont [¶]	7	9	66	281	499	_	Ö	Ö	_	_	_	0	0	_	_
Mid. Atlantic	97	111	195	3,346	3,461	_	0	2	5	24	_	0	0	_	12
New Jersey New York (Upstate)	N N	0	0	N N	N N	_	0	0 1	_	2 7	_	0	0	_	3
New York City		0	0			_	0	2	4	8	_	0	0	_	4
Pennsylvania	97	111	195	3,346	3,461	_	0	1	1	7	_	0	0	_	1
E.N. Central	66	229	568	7,258	10,531	_	0	26	27	221	_	0	11	15	156
Illinois Indiana	_	2 0	11 0	105	100	_	0	11 3	20 3	118 22	_	0	4 6	8 4	81 45
Michigan	14	97	258	2,921	3,145	_	0	9	1	40	_	0	2	_	12
Ohio Wisconsin	52 —	107 19	449 80	3,435 797	6,508 778	_	0	4 1	1 2	30 11	_	0	2 1	2 1	9
W.N. Central	4	32	136	1,234	1,320	1	0	35	159	214	1	0	94	511	459
Iowa	N	0	0	N	N		0	3	6	21		0	3	8	15
Kansas Minnesota	1	8 0	52 0	439	252	_ 1	0	3 11	9 32	15 31	_ 1	0	6	17 46	11 33
Missouri	3	16	78	649	985		0	7	32 25	47		0	11 1	46 5	9
Nebraska [¶]	N	0	0	N	N	_	0	3	8	43	_	0	13	62	202
North Dakota South Dakota	_	0 1	60 15	84 62	44 39	_	0	9 8	38 41	20 37	_	0	44 28	241 132	117 72
S. Atlantic	62	100	239	3.584	3,229	_	0	6	21	16	_	0	3	14	11
Delaware	_	1	6	33	51	_	0	0	_	_	_	0	0	_	_
District of Columbia Florida	— 35	0 18	8 77	14 897	27 N	_	0	0 1	3	3	_	0	1 0	_	1
Georgia	N	0	0	N	N	_	0	5	14	2	_	0	3	10	5
Maryland ¹ North Carolina	N	0	0	N	N	_	0	2 1	1	10	_	0	1 0	2	1
South Carolina ¹	1	18	72	715	841	_	0	i	1	_	_	0	1	_	_
Virginia [¶]	20 6	28 23	190	1,157	1,238	_	0	1 0	2	_ 1	_	0	1 0	_	4
West Virginia			50	768	1,072	_	0		_		_			_	- 07
E.S. Central Alabama ¹	11 11	4 4	571 571	367 364	27 26	_	0	8 2	37 12	109 8	_	0	8 1	40 1	87 —
Kentucky	N	0	0	N	N	_	0	1	2	4	_	0	0	_	1
Mississippi Tennessee ¹	N	0	2 0	3 N	1 N	_	0 0	7 1	21 2	82 15	_	0	8 1	38 1	80 6
W.S. Central	92	170	1,640	7,678	8,879	_	0	19	84	344	_	0	14	37	193
Arkansas ¹	1	13	105	542	630	_	0	2	7	24	_	Ö	1	1	5
Louisiana Oklahoma	_	2 0	11 0	94	181	_	0	6 9	1 30	82 22	_	0	8 7	1 24	69 14
Texas ¹	91	158	1,534	7,042	8,068	_	0	11	46	216	_	Ö	5	11	105
Mountain	25	56	131	1,926	1,963	_	0	28	145	338	2	1	107	638	1,383
Arizona Colorado	 24	0 22	0 62	 760	1,035	_	0	10 13	10 60	21 65	1	0	14 48	21 269	27 268
Idaho ¹	24 N	0	0	N	1,035 N	_	0	2	1	135	_	0	29	69	830
Montana ¹	1	5	40	301	N	_	0	11	32	12	1	0	22	103	22
Nevada [¶] New Mexico [¶]	_	0 5	1 37	1 300	9 313	_	0	1 6	2 19	34 2	_	0	3 4	7 12	88 3
Utah	_	15	73	546	572	_	0	5	10	55	_	0	6	16	98
Wyoming [¶]	_	0	11	18	34	_	0	4	11	14	_	0	29	141	47
Pacific Alaska	_	0	9 9	28 28	N	_	0	16 0	91	77	3	0	20 0	151	249
California	_	0	0	_	N	_	0	15	88	72	3	0	19	143	186
Hawaii Oregon ¹	N	0	0	N	N	_	0 0	0 1		<u> </u>	_	0	0 2	 8	<u> </u>
Washington	N	0	0	N	N	_	0	0	_	_	_	0	0	_	3
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	Ü	-		U	U	Ü	<u>_</u>	0	Ü	U	Ü	<u>_</u>	_	Ü	U
Guam Puerto Rico	_	11	30 30	144 467	169 425	_	0	0	_	_	_	0	0 0	_	_
U.S. Virgin Islands	U	0	0	Ū	Ü	U	0	0	U	U	U	0	0	U	U

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

Incidence data for reporting years 2006 and 2007 are provisional.
Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

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

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

TABLE III. Deaths in 122 U.S. cities.* week ending September 15, 2007 (37th Week)

TABLE III. Deaths	<u>in 122 U.</u>					ber 1	5, 2007	(37th Week)							
	l	All c	auses, b	y age (ye	ars)					iuses, by	/ age (ye	ars)		\rightarrow	
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	523	319	140	35	10	17	37	S. Atlantic	1,272	786	308	103	41	34	69
Boston, MA	140	76	46	10	3	4	13	Atlanta, GA	136	77	37	13	3	6	5
Bridgeport, CT Cambridge, MA	23 15	11 12	8 1	1 1	2	1	4 2	Baltimore, MD Charlotte, NC	143 121	68 85	41 20	22 7	9 7	3 2	7 11
Fall River, MA	26	16	7	3	_	_	1	Jacksonville, FL	229	145	56	20	6	2	17
Hartford, CT	47	24	13	6	_	4	4	Miami, FL	80	45	18	10	1	6	2
Lowell, MA	16	12	4	_	_	_	1	Norfolk, VA	44	25	6	6	3	4	_
Lynn, MA	15	13	2	_	_	_	_ 1	Richmond, VA	65	41	17	6	3	1	4
New Bedford, MA New Haven, CT	22 48	13 30	7 10	2	3	2	2	Savannah, GA St. Petersburg, FL	64 43	39 29	18 9	4	2	_	3 2
Providence, RI	52	33	14	4	_	1	2	Tampa, FL	204	140	52	8	3	1	11
Somerville, MA	3	2	_	_	1	_	_	Washington, D.C.	129	81	33	4	4	7	6
Springfield, MA	39	27	7	3	1	1	1	Wilmington, DE	14	11	1	2	_	_	1
Waterbury, CT Worcester, MA	24 53	17 33	7 14		_	4	4 2	E.S. Central	714	465	163	52	18	16	49
								Birmingham, AL	150	100	35	10	2	3	15
Mid. Atlantic Albany, NY	1,881 39	1,283 25	408 6	126 5	29 1	32 2	104 3	Chattanooga, TN Knoxville, TN	86 82	62 53	16 19	3 7	4 2	1 1	3 4
Allentown, PA	24	18	4	_	2	_	_	Lexington, KY	62 45	26	14	3	1	1	5
Buffalo, NY	84	51	23	6	1	3	4	Memphis, TN	95	60	24	5	1	5	7
Camden, NJ	11	3	3	2	_	3	1	Mobile, AL	53	28	13	10	2	_	2
Elizabeth, NJ	18	13	4	1	_	_	_	Montgomery, AL	51	29	15	2	4	1	5
Erie, PA Jersey City, NJ	49 18	41 14	6 4	1	_	1	2 1	Nashville, TN	152	107	27	12	2	4	8
New York City, NY	1,038	711	226	77	10	11	42	W.S. Central	1,393	882	335	105	36	35	74
Newark, NJ	18	7	5	4	2	_	3	Austin, TX Baton Rouge, LA	70 U	41 U	14 U	9 U	3 U	3 U	4 U
Paterson, NJ	27	9	12	2	3	1	4	Corpus Christi, TX	63	41	19	2	1	_	4
Philadelphia, PA	189 27	113 22	54 3	13 1	2	7 1	18 2	Dallas, TX	189	110	51	17	8	3	9
Pittsburgh, PA [§] Reading, PA	37	31	5 5	1	_		3	El Paso, TX	104	65	24	9	2	4	4
Rochester, NY	138	105	21	5	5	2	14	Fort Worth, TX	129	87	34	3	3	2	10
Schenectady, NY	13	7	5	1	_	_	1	Houston, TX Little Rock, AR	348 78	204 50	94 16	31 5	7 3	12 4	18 4
Scranton, PA	21	16	4	_	1	_	_	New Orleans, LA [¶]	Ü	Ü	Ü	Ŭ	Ü	Ū	Ū
Syracuse, NY Trenton, NJ	77 22	59 15	12 4	3 3	2	1	5 —	San Antonio, TX	191	131	42	13	3	2	9
Utica, NY	10	6	4	_	_	_	_	Shreveport, LA	84	51	23	8	1	1	5
Yonkers, NY	21	17	3	1	_	_	1	Tulsa, OK	137	102	18	8	5	4	7
E.N. Central	2,139	1,362	531	141	52	53	135	Mountain Albuquerque, NM	857 U	540 U	197 U	70 U	28 U	20 U	44 U
Akron, OH	61	44	12	4	1	_	4	Boise, ID	48	34	10	1	2	1	4
Canton, OH Chicago, IL	56 392	43 222	10 117	1 35	1 11	1 7	6 21	Colorado Springs, CO	60	37	13	7	2	1	1
Cincinnati, OH	83	40	27	9	1	6	6	Denver, CO	77	29	31	12	3	2	_
Cleveland, OH	240	163	57	10	8	2	10	Las Vegas, NV	220 26	142 21	52 4	18	3	5	15
Columbus, OH	194	117	43	15	7	12	20	Ogden, UT Phoenix, AZ	∠6 179	103	40	1 15	12	8	1 6
Dayton, OH	133	89	32 54	10 14	2 4	 5	7	Pueblo, CO	39	33	6	_		_	4
Detroit, MI Evansville, IN	168 57	91 39	11	4	1	2	16 2	Salt Lake City, UT	120	78	23	13	3	3	8
Fort Wayne, IN	75	48	20	4	2	1	4	Tucson, AZ	88	63	18	3	3	_	5
Gary, IN	6	2	3	1	_	_	_	Pacific	1,344	897	310	80	28	28	93
Grand Rapids, MI	56	36	14	1	1	4	7	Berkeley, CA	14	7	3	2	_	2	_
Indianapolis, IN Lansing, MI	183 28	119 18	39 8	12 1	3 1	10	13 1	Fresno, CA Glendale, CA	106 U	64 U	26 U	10 U	3 U	3 U	5 U
Milwaukee, WI	94	61	24	7	2	_	5	Honolulu, HI	73	53	13	4	_	3	7
Peoria, IL	40	27	8	1	2	2	6	Long Beach, CA	74	49	16	4	4	1	11
Rockford, IL	40	30	8	1	1	_	_	Los Angeles, CA	U	U	U	U	U	U	Ú
South Bend, IN Toledo, OH	73 114	52 83	15 24	3 5	2 2	1	 5	Pasadena, CA Portland, OR	15 123	9 86	3 27	2 5	1	1 3	1 14
Youngstown, OH	46	38	5	3	_	_	2	Sacramento, CA	185	113	52	12	2	6	5
W.N. Central	636	399	146	45	23	23	43	San Diego, CA	189	127	44	13	3	2	14
Des Moines, IA	64	399	20	2	23 1	23	43	San Francisco, CA	119	72	33	8	3	3	9
Duluth, MN	34	24	5	5		_	3	San Jose, CA	156	113	28	7	5	3	12
Kansas City, KS	32	18	11	2	1	_	3	Santa Cruz, CA Seattle, WA	24 102	11 71	9 24	3 5	1 2	_	6
Kansas City, MO	96	69	13	3	5	6	5	Spokane, WA	55	37	15	1	1	1	7
Lincoln, NE Minneapolis, MN	35 67	25 32	9 21	1 7	<u> </u>	_ 1	4 3	Tacoma, WA	109	85	17	4	3	_	2
Omaha. NE	89	60	21	5	1	2	5 5	Total	10,759**	6.933	2,538	757	265	258	648
St. Louis, MO	82	40	20	9	6	7	6		-, ==	-,	,				
St. Paul, MN	59	42	13	1	1	2	2								
Wichita, KS	78	50	13	10	2	3	8								

U: Unavailable. —:No reported cases.

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

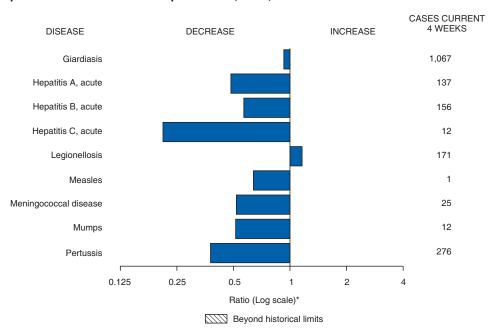
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 15, 2007, with historical data



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

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