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National, State, and Urban Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2004

The National Immunization Survey (NIS) provides vaccination coverage estimates for children aged 19–35 months for each of the 50 states and 28 selected urban areas.* This report summarizes results from the 2004 NIS,† which indicated nationwide increases in coverage with at least 1 dose of varicella vaccine (VAR), pneumococcal conjugate vaccine (PCV), and the 4:3:1,§ 4:3:1:3:3,¶ and 4:3:1:3:3:1** vaccine series. These levels represent an important accomplishment by exceeding for the first time the *Healthy People 2010* goal of $\geq 80\%$ coverage for the 4:3:1:3:3 vaccine series.

To collect vaccination data for age-eligible children, NIS uses a quarterly random-digit-dialing sample of telephone numbers for each of the 78 survey areas. NIS methodology, including the weighting of responses to represent the entire population of children aged 19–35 months, has been described previously (1). During 2004, health-care provider vaccination records were obtained for 21,998 children. The overall survey response rate for eligible households was 67.4%.

National coverage estimates increased from 2003 to 2004 for two of the more recently implemented vaccines, VAR and PCV (Table 1). Coverage estimates for all other vaccines were not substantially different from 2003 to 2004. For the combined vaccine series 4:3:1, 4:3:1:3:3, and 4:3:1:3:3:1, national coverage increased from 2003 to 2004 (Table 1).

However, as in previous years, estimated vaccination coverage levels still varied substantially among states (Table 2). Estimated coverage with the 4:3:1:3:3 series ranged from 89.1% in Massachusetts to 68.4% in Nevada. Coverage also ranged substantially among the 28 urban areas. The highest estimated coverage among the urban areas for the 4:3:1:3:3 series was 89.7% for Davidson County, Tennessee, and the lowest was 64.8% for El Paso County, Texas.

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Editorial Note: The findings in this report indicate that, for the first time, vaccination coverage (80.9%) for the 4:3:1:3:3 series exceeded the *Healthy People 2010* goal (objective 14-24a) (2) to increase to at least 80% the proportion of children aged 19–35 months who receive all vaccines recommended for universal administration for at least 5 years. Beginning with

* Jefferson County, Alabama; Maricopa County, Arizona; Los Angeles, San Diego, and Santa Clara counties, California; District of Columbia; Miami-Dade and Duval counties, Florida; Fulton/Dekalb counties, Georgia; Chicago, Illinois; Marion County, Indiana; Orleans Parish, Louisiana; Baltimore, Maryland; Boston, Massachusetts; Detroit, Michigan; Newark, New Jersey; New York, New York; Cuyahoga and Franklin counties, Ohio; Philadelphia County, Pennsylvania; Davidson and Shelby counties, Tennessee; Bexar, Dallas, and El Paso counties, and Houston, Texas; King County, Washington; and Milwaukee County, Wisconsin.

† During the 2004 reporting period, NIS included children born during February 2001–June 2003.

§ ≥ 4 doses of diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids and any acellular pertussis vaccine (DTP/DT/DTPaP); ≥ 3 doses of poliovirus vaccine; and ≥ 1 dose of any measles-containing vaccine.

¶ 4:3:1 plus ≥ 3 doses of *Haemophilus influenzae* type b (Hib) vaccine and ≥ 3 doses of hepatitis B vaccine.

** 4:3:1:3:3 plus ≥ 1 dose of VAR.

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next year's report on the 2005 NIS, the series measure 4:3:1:3:3:1 (76.0% in 2004) will be used to evaluate progress toward the *Healthy People 2010* goal because, beginning with the survey cohort, varicella vaccination will have been recommended for universal administration for 5 years.

The vaccination coverage levels described in this report are notable given shortages in the supplies of several vaccines during 2001–2004. For example, DTaP shortages persisted for more than 1 year, beginning in March 2001 and resolving by July 2002. Shortages for PCV also began in mid-year 2001 and ended in May 2003, only to become short again in early 2004; the PCV shortage ended in September 2004 (3–5). Because vaccine supply shortages are likely to reoccur (6,7), as evidenced by the shortages of influenza vaccine during both the 2003–04 and 2004–05 influenza seasons (8,9), strategies to manage vaccine supply and continued monitoring of the effects of shortages on coverage are needed.

The findings in this report are subject to at least three limitations. First, NIS is a telephone survey; although NIS results are weighted to make them representative of all children aged 19–35 months, these statistical adjustments might not fully represent all the complexities of the survey (e.g., accounting for nonresponse and households without telephones). Second, NIS uses provider-verified vaccination histories and assumes that coverage among children whose providers did not respond is similar to that among children whose providers did respond; thus, incomplete reporting might have resulted in underestimates of coverage. Third, although national estimates are precise (10), estimates for states and urban areas should be interpreted with caution because of wider confidence intervals.

NIS is routinely used to monitor vaccination status among preschool-aged children; however, NIS could be expanded for measuring vaccination coverage among other age groups and for newer vaccines as they become licensed and recommended. In a 2004 pilot study, NIS was used to estimate vaccination coverage among adolescents; analysis of these data is ongoing. In 2003 and 2004, another expansion of NIS, the National Adult Immunization Survey (NAIS), was used to assess influenza and pneumococcal polysaccharide vaccination coverage and reasons for nonvaccination among adults aged ≥ 50 years. In 2004, NIS began measuring influenza vaccination coverage among children aged 6–23 months. Several vaccines are newly recommended for various age groups (e.g., meningococcal conjugate [MCV4] and tetanus, diphtheria, and acellular pertussis [Tdap] vaccines) with several others likely to be licensed in the near future (e.g., measles-mumps-rubella-varicella [MMRV], rotavirus, human papillomavirus [HPV], and zoster vaccines). These developments underscore

TABLE 1. Estimated vaccination coverage among children aged 19–35 months, by selected vaccine and dosage — National Immunization Survey, United States, 2000–2004

Vaccine	2000*		2001†		2002‡		2003¶		2004**	
	%	(95% CI††)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP§§										
≥3 doses	94.1	(±0.5)	94.3	(±0.5)	94.9	(±0.6)	96.0	(±0.5)	95.9	(±0.5)
≥4 doses	81.7	(±0.8)	82.1	(±0.8)	81.6	(±0.9)	84.8	(±0.8)	85.5	(±0.8)
Poliovirus	89.5	(±0.6)	89.4	(±0.7)	90.2	(±0.7)	91.6	(±0.7)	91.6	(±0.7)
Hib¶¶ ≥3 dose	93.4	(±0.5)	93.0	(±0.6)	93.1	(±0.6)	93.9	(±0.6)	93.5	(±0.6)
MMR*** ≥1 dose	90.5	(±0.6)	91.4	(±0.6)	91.6	(±0.7)	93.0	(±0.6)	93.0	(±0.6)
Hepatitis B ≥3 doses	90.3	(±0.6)	88.9	(±0.7)	89.9	(±0.7)	92.4	(±0.6)	92.4	(±0.6)
Varicella ≥1 dose	67.8	(±0.9)	76.3	(±0.8)	80.6	(±0.9)	84.8	(±0.8)	87.5	(±0.7)
PCV†††										
≥3 doses	—	—	—	—	40.8	(±1.1)	68.1	(±1.0)	73.2	(±1.0)
≥4 doses	—	—	—	—	—	—	35.8	(±1.0)	43.4	(±1.1)
Combined series										
4:3:1§§§	77.6	(±0.9)	78.6	(±0.9)	78.5	(±1.0)	82.2	(±0.9)	83.5	(±0.9)
4:3:1:3¶¶¶	76.2	(±0.9)	77.2	(±0.9)	77.5	(±1.0)	81.3	(±0.9)	82.5	(±0.9)
4:3:1:3:3****	72.8	(±0.9)	73.7	(±0.9)	74.8	(±1.0)	79.4	(±0.9)	80.9	(±0.9)
4:3:1:3:3:1††††	54.1	(±1.0)	61.3	(±1.0)	65.5	(±1.1)	72.5	(±1.0)	76.0	(±1.0)

* Born during February 1997–May 1999.

† Born during February 1998–May 2000.

‡ Born during February 1999–May 2001.

¶ Born during February 2000–May 2002.

** Born during February 2001–May 2003.

†† Confidence interval.

§§ Diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids and any acellular pertussis vaccine.

¶¶ *Haemophilus influenzae* type b vaccine.

*** Measles-mumps-rubella vaccine.

††† Pneumococcal conjugate vaccine.

§§§ ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, and ≥1 dose of any measles-containing vaccine.

¶¶¶ 4:3:1 plus ≥3 doses of Hib vaccine.

**** 4:3:1:3 plus ≥3 doses of hepatitis B vaccine.

†††† 4:3:1:3:3 plus ≥1 dose of varicella vaccine.

the importance of survey systems such as NIS in monitoring new vaccine implementation, which in turn can provide valuable information for enhancing vaccine uptake.

References

- Smith PJ, Battaglia MR, Huggins VJ, et al. Overview of the sampling design and statistical methods used in the National Immunization Survey. *Am J Prev Med* 2001;20:17–24.
- US Department of Health and Human Services. Healthy people 2010, 2nd ed. Understanding and improving health and objectives for improving health (2 vols). Washington, DC: US Department of Health and Human Services; 2000.
- CDC. Updated recommendations on the use of pneumococcal conjugate vaccine: suspension of recommendation for third and fourth dose. *MMWR* 2004;53:177–8.
- CDC. Updated recommendations for use of pneumococcal conjugate vaccine: reinstatement of the third dose. *MMWR* 2004;53:589–90.
- CDC. Pneumococcal conjugate vaccine shortage resolved. *MMWR* 2004;53:851–2.
- General Accounting Office. Childhood vaccines: ensuring an adequate supply poses continuing challenges. Washington, DC: General Accounting Office; 2002. Available at <http://www.gao.gov/new.items/d02987.pdf>.
- National Vaccine Advisory Committee. Strengthening the supply of routinely recommended childhood vaccines in the United States: recommendations from the National Vaccine Advisory Committee. *JAMA* 2003;290:3122–8.
- CDC. Flu activity: reports and surveillance methods in the United States; weekly surveillance reports. Available at <http://www.cdc.gov/flu>.
- CDC. Updated interim influenza vaccination recommendations—2004–05 influenza season. *MMWR* 2004;53:1183–4.
- Smith PJ, Hoaglin DC, Battaglia MR, Barker LE, Khare M. Statistical methodology of the National Immunization Survey: 1994–2002. Hyattsville, MD: US Department of Health and Human Services, National Center for Health Statistics; 2005.

TABLE 2. Estimated vaccination coverage with 4:3:1,* 4:3:1:3,† 4:3:1:3:3,§ and 4:3:1:3:3:1¶ series among children aged 19–35 months, by state and selected urban area — National Immunization Survey, United States, 2004

State/Area	4:3:1		4:3:1:3		4:3:1:3:3		4:3:1:3:3:1	
	%	(95% CI**)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	83.5	(±0.9)	82.5	(±0.9)	80.9	(±0.9)	76.0	(±1.0)
Alabama	84.1	(±5.7)	83.0	(±6.2)	82.3	(±6.2)	80.1	(±6.3)
Jefferson County	83.9	(±6.5)	83.5	(±6.6)	82.1	(±6.7)	81.1	(±6.8)
Rest of state	84.1	(±6.6)	82.9	(±7.2)	82.4	(±7.2)	79.9	(±7.3)
Alaska	78.2	(±6.4)	76.1	(±6.5)	75.3	(±6.6)	66.4	(±6.9)
Arizona	81.8	(±4.0)	81.0	(±4.1)	78.6	(±4.2)	73.0	(±4.5)
Maricopa County	81.5	(±5.1)	80.7	(±5.2)	77.8	(±5.4)	72.3	(±5.8)
Rest of state	82.5	(±6.4)	81.7	(±6.4)	80.1	(±6.5)	74.3	(±6.9)
Arkansas	84.9	(±5.9)	84.9	(±5.9)	82.4	(±6.3)	80.6	(±6.3)
California	84.1	(±3.2)	83.1	(±3.3)	81.3	(±3.4)	78.6	(±3.5)
Los Angeles County	83.6	(±5.1)	81.7	(±5.3)	80.1	(±5.5)	76.6	(±5.8)
San Diego County	80.0	(±5.4)	79.9	(±5.4)	77.2	(±5.6)	74.3	(±5.8)
Santa Clara County	88.1	(±4.7)	87.7	(±4.7)	84.6	(±5.1)	79.9	(±5.6)
Rest of state	84.6	(±4.8)	83.9	(±4.9)	82.1	(±5.1)	80.1	(±5.3)
Colorado	80.1	(±5.8)	80.1	(±5.8)	77.1	(±6.2)	73.4	(±6.4)
Connecticut	88.9	(±5.7)	88.7	(±5.7)	87.8	(±5.8)	84.8	(±6.1)
Delaware	86.4	(±5.6)	86.4	(±5.6)	86.0	(±5.6)	79.9	(±6.5)
District of Columbia	86.3	(±5.2)	86.0	(±5.2)	82.5	(±5.7)	79.5	(±5.9)
Florida	90.1	(±2.8)	89.7	(±2.9)	88.5	(±3.0)	84.7	(±3.7)
Miami-Dade County	85.8	(±5.0)	85.3	(±5.1)	84.0	(±5.2)	73.0	(±6.5)
Duval County	76.4	(±7.3)	74.6	(±7.3)	72.7	(±7.6)	68.6	(±7.7)
Rest of state	92.0	(±3.4)	91.8	(±3.4)	90.6	(±3.7)	88.3	(±4.5)
Georgia	86.7	(±5.2)	85.5	(±5.2)	84.7	(±5.3)	82.0	(±5.5)
Fulton/DeKalb counties	86.9	(±4.8)	86.0	(±4.9)	85.6	(±4.9)	80.9	(±5.6)
Rest of state	86.6	(±6.2)	85.4	(±6.3)	84.5	(±6.4)	82.2	(±6.6)
Hawaii	83.4	(±4.7)	82.6	(±4.8)	81.2	(±4.9)	79.8	(±5.0)
Idaho	82.8	(±5.2)	82.6	(±5.2)	80.6	(±5.4)	70.4	(±6.2)
Illinois	86.4	(±3.8)	83.7	(±4.3)	82.7	(±4.4)	73.7	(±4.9)
City of Chicago	83.4	(±6.8)	80.7	(±7.1)	77.8	(±7.3)	70.7	(±7.6)
Rest of state	87.5	(±4.5)	84.8	(±5.3)	84.5	(±5.3)	74.7	(±6.1)
Indiana	81.3	(±5.1)	81.3	(±5.1)	79.0	(±5.3)	68.2	(±6.4)
Marion County	81.8	(±6.4)	81.8	(±6.4)	78.3	(±6.7)	73.8	(±6.9)
Rest of state	81.2	(±6.0)	81.2	(±6.0)	79.2	(±6.2)	67.0	(±7.6)
Iowa	88.0	(±5.9)	86.1	(±6.2)	86.1	(±6.2)	76.1	(±7.1)
Kansas	80.6	(±6.7)	79.5	(±6.7)	77.5	(±6.8)	65.8	(±7.6)
Kentucky	80.4	(±6.9)	80.4	(±6.9)	79.1	(±7.0)	77.1	(±7.1)
Louisiana	76.9	(±5.6)	76.3	(±5.6)	74.9	(±5.6)	70.1	(±6.2)
Orleans Parish	77.1	(±6.4)	75.9	(±6.5)	71.5	(±7.0)	68.0	(±7.3)
Rest of state	76.9	(±6.2)	76.4	(±6.2)	75.3	(±6.3)	70.4	(±6.9)
Maine	86.2	(±4.7)	85.0	(±4.9)	82.1	(±5.3)	73.8	(±6.1)
Maryland	81.3	(±5.5)	81.3	(±5.5)	80.0	(±5.5)	76.0	(±5.8)
City of Baltimore	85.3	(±5.4)	85.3	(±5.4)	82.8	(±5.7)	80.0	(±7.2)
Rest of state	80.8	(±6.2)	80.8	(±6.2)	79.6	(±6.3)	75.4	(±6.6)
Massachusetts	91.5	(±3.4)	90.9	(±3.4)	89.1	(±3.7)	84.0	(±4.5)
City of Boston	86.9	(±5.4)	85.8	(±5.5)	82.4	(±5.8)	78.8	(±6.0)
Rest of state	92.1	(±3.7)	91.5	(±3.8)	89.9	(±4.1)	84.6	(±5.0)
Michigan	83.1	(±4.9)	81.3	(±5.2)	81.2	(±5.2)	79.2	(±5.3)
City of Detroit	68.6	(±6.8)	68.1	(±6.8)	67.9	(±6.8)	65.6	(±6.8)
Rest of state	84.9	(±5.5)	83.0	(±5.8)	82.8	(±5.8)	80.8	(±5.9)
Minnesota	86.5	(±6.1)	85.7	(±6.1)	85.2	(±6.2)	77.7	(±6.7)
Mississippi	86.4	(±5.6)	85.8	(±5.6)	84.0	(±6.0)	80.4	(±6.3)
Missouri	86.0	(±5.7)	86.0	(±5.7)	81.6	(±6.1)	75.2	(±6.6)
Montana	82.6	(±5.3)	81.6	(±5.4)	78.2	(±6.0)	64.5	(±6.7)

TABLE 2. (Continued) Estimated vaccination coverage with 4:3:1,* 4:3:1:3,† 4:3:1:3:3,§ and 4:3:1:3:3:1¶ series among children aged 19–35 months, by state and selected urban areas — National Immunization Survey, United States, 2004

State/Area	4:3:1		4:3:1:3		4:3:1:3:3		4:3:1:3:3:1	
	%	(95% CI**)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Nebraska	83.0	(±5.3)	83.0	(±5.3)	82.3	(±5.4)	72.6	(±6.0)
Nevada	71.3	(±6.1)	70.6	(±6.2)	68.4	(±6.2)	65.1	(±6.3)
New Hampshire	89.5	(±4.7)	89.0	(±4.8)	86.3	(±5.1)	78.4	(±6.0)
New Jersey	84.1	(±5.3)	83.3	(±5.3)	82.7	(±5.4)	74.4	(±6.3)
City of Newark	77.4	(±6.1)	74.5	(±6.4)	72.2	(±6.6)	64.1	(±7.1)
Rest of state	84.4	(±5.5)	83.7	(±5.5)	83.2	(±5.6)	74.9	(±6.5)
New Mexico	84.8	(±5.2)	84.8	(±5.2)	83.5	(±5.3)	79.0	(±5.8)
New York	84.6	(±4.3)	82.8	(±4.6)	82.2	(±4.6)	78.0	(±4.9)
City of New York	81.2	(±6.0)	79.6	(±6.1)	79.4	(±6.1)	77.2	(±6.3)
Rest of state	87.7	(±6.3)	85.6	(±6.9)	84.7	(±6.9)	78.7	(±7.4)
North Carolina	82.5	(±6.0)	82.3	(±6.0)	81.6	(±6.0)	77.8	(±6.4)
North Dakota	84.7	(±4.7)	84.0	(±4.7)	82.0	(±5.0)	71.0	(±5.8)
Ohio	83.1	(±5.1)	82.2	(±5.1)	79.5	(±5.4)	70.6	(±5.7)
Cuyahoga County	86.5	(±5.0)	86.0	(±5.0)	83.2	(±5.6)	78.4	(±6.3)
Franklin County	87.4	(±4.8)	86.7	(±4.9)	86.4	(±4.9)	79.0	(±5.8)
Rest of state	81.9	(±6.5)	80.9	(±6.6)	78.0	(±6.9)	68.1	(±7.3)
Oklahoma	74.8	(±6.4)	72.6	(±6.6)	72.1	(±6.6)	71.4	(±6.6)
Oregon	81.8	(±5.1)	81.1	(±5.1)	78.9	(±5.3)	73.8	(±6.0)
Pennsylvania	87.3	(±3.8)	87.1	(±3.8)	85.7	(±4.0)	81.8	(±4.5)
Philadelphia County	80.5	(±5.8)	80.0	(±5.8)	78.0	(±5.9)	75.0	(±6.1)
Rest of state	88.5	(±4.3)	88.4	(±4.3)	87.1	(±4.5)	83.0	(±5.2)
Rhode Island	90.9	(±3.7)	88.2	(±4.2)	86.7	(±4.4)	81.5	(±5.1)
South Carolina	82.8	(±6.4)	82.2	(±6.4)	79.8	(±7.0)	77.2	(±7.3)
South Dakota	89.2	(±4.8)	88.0	(±5.0)	86.1	(±5.2)	73.3	(±6.5)
Tennessee	84.3	(±3.7)	83.2	(±3.7)	82.4	(±3.9)	79.1	(±4.2)
Davidson County	90.4	(±4.1)	90.0	(±4.1)	89.7	(±4.1)	88.3	(±4.4)
Shelby County	78.8	(±6.2)	73.8	(±6.7)	73.0	(±6.7)	71.4	(±6.8)
Rest of state	84.7	(±4.9)	84.5	(±5.0)	83.7	(±5.1)	79.6	(±5.7)
Texas	75.4	(±4.0)	74.4	(±4.0)	72.5	(±4.2)	69.3	(±4.3)
Bexar County	75.0	(±6.8)	75.0	(±6.8)	74.3	(±6.8)	73.3	(±6.8)
City of Houston	69.2	(±6.6)	68.4	(±6.6)	65.5	(±6.7)	61.7	(±6.9)
Dallas County	73.1	(±6.3)	71.9	(±6.3)	68.7	(±6.5)	67.1	(±6.5)
El Paso County	71.8	(±6.2)	70.6	(±6.3)	64.8	(±6.5)	63.5	(±6.5)
Rest of state	77.1	(±5.8)	76.0	(±5.8)	74.7	(±6.0)	71.0	(±6.2)
Utah	75.4	(±5.7)	75.2	(±5.7)	71.3	(±5.9)	67.8	(±6.1)
Vermont	89.6	(±4.1)	88.8	(±4.2)	85.0	(±4.7)	66.6	(±6.6)
Virginia	85.6	(±5.3)	83.4	(±5.6)	81.0	(±5.9)	73.9	(±6.8)
Washington	82.4	(±4.3)	81.2	(±4.3)	77.7	(±4.6)	66.5	(±5.0)
King County	85.7	(±5.0)	84.5	(±5.2)	81.0	(±5.5)	73.7	(±6.1)
Rest of state	81.1	(±5.6)	80.0	(±5.6)	76.4	(±5.9)	63.7	(±6.5)
West Virginia	87.7	(±5.4)	87.7	(±5.4)	86.6	(±5.5)	76.0	(±6.6)
Wisconsin	86.3	(±4.2)	85.1	(±4.3)	82.9	(±4.6)	78.0	(±4.9)
Milwaukee County	80.4	(±5.9)	80.2	(±6.0)	78.7	(±6.1)	73.1	(±6.5)
Rest of state	87.9	(±5.1)	86.5	(±5.2)	84.1	(±5.6)	79.4	(±6.0)
Wyoming	84.9	(±4.5)	84.1	(±4.6)	83.3	(±4.7)	64.1	(±6.6)

* ≥4 doses of diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids and any acellular pertussis vaccine (DTP/DT/DTaP); ≥3 doses of poliovirus vaccine; and ≥1 dose of any measles-containing vaccine.

† 4:3:1 plus ≥3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

§ 4:3:1:3 plus ≥3 doses of hepatitis B vaccine.

¶ 4:3:1:3:3 plus ≥1 dose of varicella vaccine.

** Confidence interval.

Immunization Information System Progress — United States, 2003

One of the national health objectives for 2010 is to increase to at least 95% the proportion of children aged <6 years who participate* in fully operational, population-based immunization registries (objective 14-26) (1). Immunization registries are confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers, generate reminder and recall notifications, and assess vaccination coverage (2,3). A registry with added capabilities, such as vaccine management, adverse event reporting, lifespan vaccination histories, and interoperability with electronic medical records (EMRs)[†], is called an immunization information system (IIS). This report summarizes data from CDC's 2003 Immunization Registry Annual Report (IRAR), a survey of IIS grantees in 50 states, five cities, and the District of Columbia (DC) that receive funding under section 317b of the Public Health Service Act. The findings of the 2003 IRAR indicate that approximately 44% of U.S. children aged <6 years participated in an IIS. In addition, 76% of public vaccination provider sites and 36% of private vaccination provider sites submitted immunization data to an IIS during the last 6 months of 2003. Increasing health-care provider participation by linking EMRs to IISs is vital to meeting the national health objective.

The 2003 IRAR, a self-administered, Internet-based questionnaire, was made available to immunization program managers as part of an annual reporting requirement. As in previous years, respondents were asked about the number of children aged <6 years participating in an IIS, health-care provider participation in the IIS, and other programmatic and technical functions (e.g., data linkages with other public health programs, data use, vaccine management, software/hardware capability, and reporting functions) (4). All 56 grantees were asked to complete the questionnaire; 52 reported on the number of children aged <6 years participating in an IIS. Estimates of the total number of children aged <6 years were based on 2003 U.S. Census data.

The findings indicated that, in 2003, approximately 44% of U.S. children aged <6 years participated in an IIS. Nine (16%) IIS grantees (Arkansas, Arizona, Delaware, DC, Michigan, New York City, North Dakota, Oregon, and San Antonio, Texas) had achieved the national health objective of $\geq 95\%$ of children aged <6 years participating in an IIS (Figure). An

additional eight (14%) grantees were approaching the national health objective, with participation of 81%–94%.

Nationally, 76% of public vaccination provider sites and 36% of private vaccination provider sites submitted immunization data to an IIS during the last 6 months of 2003.[§] Twenty-five (45%) grantees reported that $\geq 95\%$ of public provider sites submitted immunization data to an IIS; four (7%) reported submission of immunization data by 81%–94% of public provider sites. Five (9%) grantees (Arkansas, Connecticut, DC, Mississippi, and South Dakota) reported that $\geq 95\%$ of private provider sites submitted immunization data to an IIS; six (11%) (Arizona, Hawaii, North Dakota, Oregon, Philadelphia, and Wisconsin) reported data submission by 81%–94% of private provider sites.

A substantial number of grantees reported linkages between an IIS and other information systems or entities. Twenty-two (39%) reported sharing data electronically with a Medicaid Management Information System. Thirty-six (64%) reported data linkages with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Twenty-six (46%) reported IIS data access by health plans; 14 (25%) reported access by colleges and universities; 14 (25%) reported access by correctional facilities; 29 (52%) reported access by hospitals; and six (11%) reported access by long-term-care facilities. Nineteen (34%) reported that schools accessed an IIS to look up a student's vaccination status, and nine (16%) reported that schools had the ability to read, submit, and exchange data with an IIS.

Reported by: B Rasulnia, J Kelly, Immunization Svcs Div, National Immunization Program, CDC.

Editorial Note: In 2003, approximately 44% of U.S. children aged <6 years participated in an IIS; the national health objective for 2010 is to increase this proportion to at least 95%. The findings presented in this report indicate that grantees must overcome substantial challenges to increase child and provider participation rates in IISs. CDC is developing a plan of action to identify and address the barriers to increasing child and provider participation.

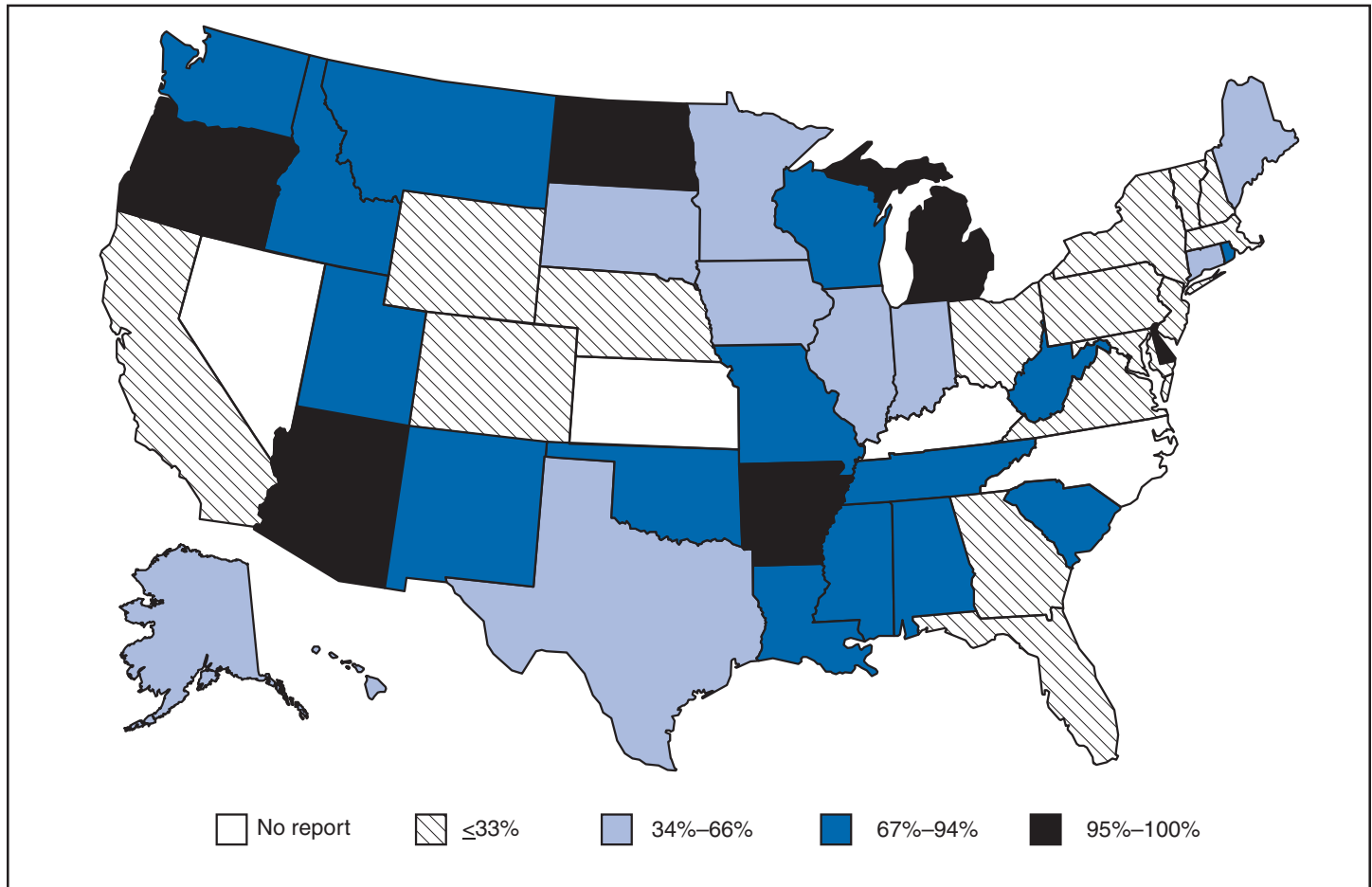
Increasing data linkages between IISs and other health-information systems will enable consolidation of large immunization data sets, likely resulting in more complete immunization histories, increased coverage levels, improved support of outbreak containment, and decreased costs associated with over-immunization. Linkages have been developed between certain IISs and their respective state Medicaid Management Information Systems, blood-lead programs, and WIC

* Participation is defined as having two or more vaccinations recorded in an immunization information system.

[†] Paperless, clinical, encounter-based systems used by health-care providers and hospitals to manage patient medical histories.

[§] Number of provider vaccination sites (public and private) is based on grantee self-reports.

FIGURE. Percentage of children aged <6 years participating* in a grantee† immunization information system — United States and six areas,§ 2003



* Participation is defined as having two or more vaccinations recorded in an immunization information system.

† Grantees include 50 states, five cities, and the District of Columbia, under section 317b of the Public Health Service Act.

§ Chicago, Illinois (34%–66%); District of Columbia (95%–100%); Houston, Texas (34%–66%); New York, New York (95%–100%); Philadelphia, Pennsylvania (67%–94%); and San Antonio, Texas (95%–100%).

programs. Such data linkages can improve program effectiveness and efficiency. For example, certain Medicaid programs use IIS data in Medicaid reports; some WIC programs use the IIS for patient look-up and subsequent referrals to immunization providers for children who are behind schedule; and many kindergartens and elementary schools access IIS data to obtain student immunization status. Protection of IIS data is managed through state privacy, confidentiality, and security laws and through compliance with federal privacy rules and regulations.

Current challenges to IIS linkages include a lack of data standards, which are essential for system interoperability (i.e., the ability to share data between software and hardware on disparate systems developed by different vendors). In 2001, to facilitate interoperability among health information sys-

tems, the CDC National Immunization Program (NIP) disseminated the *Implementation Guide for Immunization Data Transactions using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol* (5). The protocol is used by multiple IISs at local, state, and federal levels. In 2003, a total of 20 (36%) IISs reported the ability to process an HL7 immunization message and upload a patient record into an IIS consistent with the HL7 implementation guide. CDC, the Centers for Medicare and Medicaid Services, the Veterans Administration, and Indian Health Service have all adopted the IIS protocol standard, which allows for secure and confidential data sharing.

In 2003, the Consolidated Health Informatics (CHI) initiative adopted the IIS protocol standard for immunization data transactions. CHI is a federal initiative that adopts federal health-information–interoperability standards, thus

enabling all federal health agencies to “speak the same language” (6). As national standards-development groups develop interoperability standards, the IIS community should be diligent in ensuring that the IIS protocol standard is part of these future standards.

The findings in this report are subject to at least two limitations. First, data from the 2003 IRAR are self-reported and might result in reporting bias. Second, because some grantees did not report data, the total participation of children aged <6 years might be an underestimate.

Linking EMRs to IISs is vital to increasing health-care-provider participation and meeting the national health objective for child enrollment in IISs. Monitoring the direction of EMR standardization at the national level needs to continue to ensure that IISs link with EMRs as a source of immunization data.

References

1. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at <http://www.health.gov/healthypeople>.
2. National Vaccine Advisory Committee. Development of community and state-based immunization registries: report of the National Vaccine Advisory Committee (NVAC). Atlanta, GA: US Department of Health and Human Services, CDC; 1999. Available at <http://www.cdc.gov/nip/registry/nvac.htm>.
3. Linkins RW. Immunization registries: progress and challenges in reaching the 2010 national objective. *J Public Health Management Practice* 2001;7:67–74.
4. CDC. 2001 minimum functional standards for immunization registries. Atlanta, GA: US Department of Health and Human Services, CDC; 2001. Available at <http://www.cdc.gov/nip/registry/min-funct-stds2001.htm>.
5. CDC. Implementation guide for immunization data transactions using version 2.3.1 of the Health Level Seven (HL7) standard protocol. Atlanta, GA: US Department of Health and Human Services, CDC; 2002. Available at <http://www.cdc.gov/nip/registry/hl7/hl7guide.pdf>.
6. Consolidated Health Informatics. Standards adoption recommendation: immunizations; 2003. Available at http://www.whitehouse.gov/omb/egov/documents/immun_full_public.doc.

***Clostridium sordellii* Toxic Shock Syndrome After Medical Abortion with Mifepristone and Intravaginal Misoprostol — United States and Canada, 2001–2005**

On July 22, this notice was posted as an MMWR Dispatch on the MMWR website (<http://www.cdc.gov/mmwr>).

On July 19, 2005, the Food and Drug Administration (FDA) issued a public health advisory regarding the deaths of four women in the United States after medical abortions with

Mifeprex[®] (mifepristone, formerly RU-486; Danco Laboratories, New York, New York) and intravaginal misoprostol (1). Two of these deaths occurred in 2003, one in 2004, and one in 2005. Two of these U.S. cases had clinical illness consistent with toxic shock and had evidence of endometrial infection with *Clostridium sordellii*, a gram-positive, toxin-forming anaerobic bacteria. In addition, a fatal case of *C. sordellii* toxic shock syndrome after medical abortion with mifepristone and misoprostol was reported in 2001, in Canada (2). All three cases of *C. sordellii* infection were notable for lack of fever, and all had refractory hypotension, multiple effusions, hemoconcentration, and a profound leukocytosis. *C. sordellii* previously has been described as a cause of pregnancy-associated toxic shock syndrome (3).

Investigation by FDA, CDC, and state and local health departments into the two most recently identified U.S. deaths after medical abortion is ongoing. Empiric therapy for patients suspected of having postpartum or postabortion toxic shock syndrome should include antimicrobials with anaerobic activity against *Clostridium* species. Health-care providers are encouraged to report any cases of postpartum or postabortion toxic shock syndrome to their state or local health department and to CDC at telephone 800-893-0485. Cases potentially associated with use of mifepristone or misoprostol should also be reported through the FDA MedWatch system available at <http://www.fda.gov/medwatch/index.html> or telephone 800-FDA-1088.

References

1. Food and Drug Administration. FDA Public Health Advisory: sepsis and medical abortion. Rockville, Maryland: Food and Drug Administration, Center for Drug Evaluation and Research; 2005. Available at <http://www.fda.gov/cder/drug/advisory/mifeprex.htm>.
2. Sinave C, Le Templier G, Blouin D, Leveille F, Deland E. Toxic shock syndrome due to *Clostridium sordellii*: a dramatic postpartum and postabortion disease. *Clin Infect Dis* 2002;35:1441–3.
3. McGregor JA, Soper DE, Lovell G, Todd JK. Maternal deaths associated with *Clostridium sordellii* infection. *Am J Obstet Gynecol* 1989;161:987–95.

Notice to Readers

Blast Lung Injury: What Clinicians Need to Know

Worldwide terrorist activity increases the risk for injuries related to explosions; however, few health-care providers in the United States have experience treating these injuries. To address this concern, CDC has added the fact sheet, “Blast Lung Injury: What Clinicians Need to Know” to the Mass Trauma Preparedness and Response page on the CDC website (<http://www.bt.cdc.gov/masstrauma/index.asp>). Basic clinical information regarding the presentation, evaluation, manage-

ment, and outcomes of blast lung injury (BLI) is provided; a chest radiograph of BLI also is included.

BLI is a direct consequence of a blast wave from a high-explosive detonation striking the body and is a major cause of morbidity and mortality both at the scene and among initial survivors. The impact on lungs results in tearing, hemorrhage, contusion, and edema. BLI is a clinical diagnosis character-

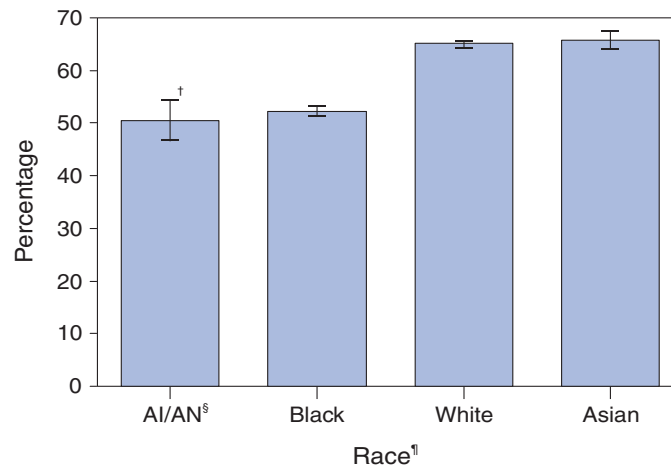
ized by respiratory difficulty and hypoxia, which can occur without obvious external injury to the chest.

BLI presents unique triage, diagnostic, and management challenges. A list of references and readings on BLI is provided with the fact sheet. Information regarding other injuries resulting from explosions is provided on the Mass Trauma Preparedness and Response page.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥ 18 Years Who Assessed Their Health as Excellent or Very Good, by Race — United States, 1999–2003*



* Estimates are age-adjusted to the 2000 projected U.S. standard population using four age groups: 18–24 years, 25–44 years, 45–64 years, and ≥ 65 years.

† 95% confidence interval.

§ American Indian/Alaska Native.

¶ Refers to persons who indicated a single racial group.

Health status data were obtained by asking respondents to assess their own health as excellent, very good, good, fair, or poor. AI/AN adults and black adults were substantially less likely than white adults and Asian adults to assess their health as excellent or very good.

SOURCES: Barnes PM, Adams PF, Powell-Griner E. Health characteristics of the American Indian and Alaska Native adult population: United States 1999–2003. Advance data from vital and health statistics; no. 356. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2005. Available at <http://www.cdc.gov/nchs/data/ad/ad356.pdf>.

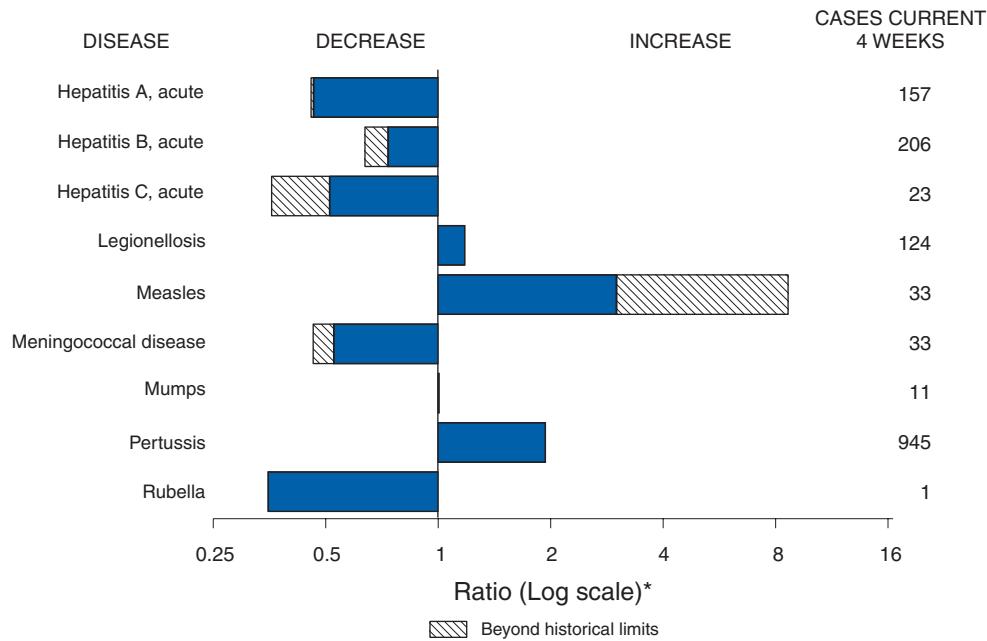
1999–2003 National Health Interview Survey. Available at <http://www.cdc.gov/nchs/nhis.htm>.

*Notice to Readers***Satellite Broadcast: Revised Recommendations for HIV Screening of Adults, Adolescents, and Pregnant Women in Health-Care Settings**

CDC and the Public Health Training Network will present a satellite broadcast and webcast, "Revised Recommendations for HIV Screening of Adults, Adolescents, and Pregnant Women in Health-Care Settings," on November 17, 2005, beginning at 1 p.m. EST. The 2-hour forum will cover the rationale for expanded HIV screening in health-care settings, alternative procedures for normalizing screening in various health-care settings, and practices that facilitate routine HIV screening. A panel will answer viewer questions, which can be sent via fax during the broadcast or by e-mail after the broadcast.

Additional information will be available after August 15 at <http://www.cdcnpin.org> and through the CDC Fax Information System, telephone 888-232-3299, by entering document number 130042 and a return fax number. Directions for establishing and registering a viewing location are available at <http://www.cdcnpin.org>. Organizations are responsible for setting up their own viewing locations and are encouraged to register their locations as soon as possible so that persons who wish to view the broadcast can access information online. The broadcast also can be viewed live or later on computers with Internet and RealPlayer[®] capability at <http://www.phppo.cdc.gov/phtn>. Videotapes and video CD-ROMs of the broadcast can be ordered by telephone, 800-458-5231.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 23, 2005, 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.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending July 23, 2005 (29th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal [†]	73	74
Botulism:			HIV infection, pediatric ^{†¶}	181	220
foodborne	7	6	Influenza-associated pediatric mortality ^{†**}	42	—
infant	30	44	Measles	55 ^{††}	22 ^{§§}
other (wound & unspecified)	15	6	Mumps	145	121
Brucellosis	50	53	Plague	2	—
Chancroid	13	15	Poliomyelitis, paralytic	—	—
Cholera	2	5	Psittacosis [†]	11	7
Cyclosporiosis [†]	597	156	Q fever [†]	57	39
Diphtheria	—	—	Rabies, human	1	2
Domestic arboviral diseases			Rubella	7	9
(neuroinvasive & non-neuroinvasive):			Rubella, congenital syndrome	1	—
California serogroup ^{†§}	1	42	SARS ^{†**}	—	—
eastern equine ^{†§}	1	—	Smallpox [†]	—	—
Powassan ^{†§}	—	1	<i>Staphylococcus aureus</i> :		
St. Louis ^{†§}	—	5	Vancomycin-intermediate (VISA) [†]	—	—
western equine ^{†§}	—	—	Vancomycin-resistant (VRSA) [†]	—	1
Ehrlichiosis:			Streptococcal toxic-shock syndrome [†]	83	95
human granulocytic (HGE) [†]	151	172	Tetanus	14	10
human monocytic (HME) [†]	111	114	Toxic-shock syndrome	55	50
human, other and unspecified [†]	27	31	Trichinellosis ^{¶¶}	10	1
Hansen disease [†]	42	55	Tularemia [†]	56	50
Hantavirus pulmonary syndrome [†]	15	14	Yellow fever	—	—

—: No reported cases.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Not notifiable in all states.

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

¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

†† Of 55 cases reported, 46 were indigenous and nine were imported from another country.

§§ Of 22 cases reported, seven were indigenous and 15 were imported from another country.

¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	AIDS		Chlamydia [†]		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005 [§]	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	20,405	21,648	497,876	502,041	2,345	3,043	1,125	1,456
NEW ENGLAND	778	756	17,200	12,678	—	—	46	85
Maine	11	14	1,188	1,080	N	N	9	14
N.H.	20	28	1,004	918	—	—	8	16
Vt. [¶]	4	13	539	627	—	—	14	10
Mass.	368	231	7,839	3,269	—	—	4	34
R.I.	68	70	1,747	1,864	—	—	2	2
Conn.	307	400	4,883	4,920	N	N	9	9
MID. ATLANTIC	4,352	4,818	62,593	62,274	—	—	152	231
Upstate N.Y.	800	648	12,380	12,190	N	N	45	47
N.Y. City	2,327	2,609	20,622	19,125	—	—	31	70
N.J.	574	865	9,329	10,000	N	N	10	19
Pa.	651	696	20,262	20,959	N	N	66	95
E.N. CENTRAL	1,938	1,693	76,161	88,260	5	5	245	401
Ohio	312	228	20,028	21,734	N	N	86	84
Ind.	236	209	10,970	10,009	N	N	17	40
Ill.	983	834	21,585	25,763	—	—	18	63
Mich.	322	323	13,207	20,410	5	5	36	70
Wis.	85	99	10,371	10,344	N	N	88	144
W.N. CENTRAL	463	450	29,405	30,855	4	5	181	188
Minn.	123	118	4,740	6,484	3	N	47	62
Iowa	50	26	3,345	3,703	N	N	40	36
Mo.	198	200	12,432	11,303	1	3	65	32
N. Dak.	5	14	603	1,052	N	N	—	8
S. Dak.	10	6	1,513	1,343	—	—	12	23
Nebr. [¶]	18	21	3,128	2,913	—	2	1	14
Kans.	59	65	3,644	4,057	N	N	16	13
S. ATLANTIC	6,473	6,678	95,611	95,090	—	—	240	238
Del.	100	80	1,792	1,558	N	N	—	—
Md.	812	799	10,218	10,332	—	—	14	10
D.C.	467	356	2,065	1,966	—	—	2	8
Va. [¶]	307	393	11,154	12,283	—	—	14	25
W. Va.	36	32	1,449	1,558	N	N	4	3
N.C.	531	335	18,599	15,666	N	N	29	41
S.C. [¶]	386	424	10,928	10,269	—	—	8	11
Ga.	1,103	886	15,448	17,869	—	—	53	73
Fla.	2,731	3,373	23,958	23,589	N	N	116	67
E. S. CENTRAL	1,093	1,000	36,420	32,807	—	3	36	59
Ky.	135	129	5,421	3,109	N	N	12	21
Tenn. [¶]	434	417	12,273	12,448	N	N	10	16
Ala. [¶]	295	228	7,235	7,584	—	—	13	12
Miss.	229	226	11,491	9,666	—	3	1	10
W. S. CENTRAL	2,206	2,927	61,822	64,838	1	2	29	53
Ark.	72	125	4,672	4,488	—	1	2	11
La.	436	589	10,801	13,857	1	1	3	—
Okla.	167	101	6,046	6,344	N	N	16	13
Tex. [¶]	1,531	2,112	40,303	40,149	N	N	8	29
MOUNTAIN	789	745	29,560	29,528	1,577	1,885	66	64
Mont.	4	4	1,121	1,437	N	N	12	12
Idaho [¶]	9	11	1,341	1,579	N	N	4	7
Wyo.	2	6	579	593	2	—	2	2
Colo.	163	160	7,788	7,361	N	N	22	26
N. Mex.	72	115	2,422	4,849	3	15	3	4
Ariz.	329	267	10,433	8,932	1,539	1,826	8	10
Utah	33	31	2,384	1,965	2	10	7	2
Nev. [¶]	177	151	3,492	2,812	31	34	8	1
PACIFIC	2,313	2,581	89,104	85,711	758	1,143	130	137
Wash.	229	213	10,596	9,779	N	N	10	—
Oreg. [¶]	136	155	4,783	4,490	—	—	23	19
Calif.	1,874	2,137	69,128	66,210	758	1,143	97	116
Alaska	14	21	2,171	2,088	—	—	—	—
Hawaii	60	55	2,426	3,144	—	—	—	2
Guam	1	1	—	684	—	—	—	—
P.R.	537	394	2,090	2,123	N	N	N	N
V.I.	10	6	32	222	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

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

[§] Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

[¶] Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	<i>Escherichia coli</i> , Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004				
UNITED STATES	807	1,010	110	139	89	78	7,928	9,205	166,979	174,562
NEW ENGLAND	50	68	22	30	6	7	493	814	3,260	2,940
Maine	9	5	5	—	—	—	93	76	75	134
N.H.	8	10	1	5	—	—	35	23	93	65
Vt.	8	7	1	—	—	—	83	71	32	48
Mass.	5	33	1	9	6	7	58	372	1,458	718
R.I.	2	5	—	1	—	—	55	54	267	496
Conn.	18	8	14	15	—	—	169	218	1,335	1,479
MID. ATLANTIC	102	125	9	22	11	17	1,533	1,982	17,672	19,968
Upstate N.Y.	48	54	8	8	5	7	551	619	3,498	4,044
N.Y. City	3	25	—	—	—	—	389	589	5,355	6,138
N.J.	17	20	—	5	1	5	184	257	2,935	3,798
Pa.	34	26	1	9	5	5	409	517	5,884	5,988
E.N. CENTRAL	151	204	9	25	4	11	1,260	1,427	30,225	36,388
Ohio	49	47	1	5	2	9	350	398	9,253	11,116
Ind.	27	20	—	—	—	—	N	N	4,346	3,462
Ill.	14	41	1	2	—	2	256	431	8,725	11,033
Mich.	34	43	—	5	2	—	357	330	5,033	8,169
Wis.	27	53	7	13	—	—	297	268	2,868	2,608
W.N. CENTRAL	133	199	20	20	15	15	969	1,000	9,360	9,173
Minn.	21	41	6	8	4	2	469	335	1,334	1,598
Iowa	33	55	—	—	—	—	113	135	709	667
Mo.	43	39	9	10	6	5	210	289	5,031	4,708
N. Dak.	1	7	—	—	—	5	4	17	34	71
S. Dak.	6	13	2	—	—	—	37	34	207	146
Nebr.	11	29	3	2	3	—	48	68	753	595
Kans.	18	15	—	—	2	3	88	122	1,292	1,388
S. ATLANTIC	94	84	21	14	39	14	1,213	1,465	40,334	42,436
Del.	—	2	N	N	N	N	19	26	435	501
Md.	18	18	5	2	2	2	82	54	3,793	4,452
D.C.	—	1	—	—	—	—	22	42	1,111	1,374
Va.	11	14	9	6	8	—	255	218	3,862	4,907
W. Va.	1	1	—	—	—	—	18	17	398	476
N.C.	—	—	—	—	21	9	N	N	8,730	8,305
S.C.	2	7	—	—	—	—	57	54	4,634	5,039
Ga.	13	15	3	4	—	—	274	465	6,799	7,667
Fla.	49	26	4	2	8	3	486	589	10,572	9,715
E.S. CENTRAL	52	56	—	3	7	10	196	198	13,904	14,151
Ky.	13	12	—	1	6	7	N	N	1,773	1,358
Tenn.	21	23	—	—	1	3	99	104	4,325	4,560
Ala.	16	12	—	—	—	—	97	94	4,245	4,483
Miss.	2	9	—	2	—	—	—	—	3,561	3,750
W.S. CENTRAL	25	49	4	3	3	4	122	145	24,768	24,435
Ark.	4	10	—	—	—	—	39	63	2,420	2,252
La.	3	2	3	1	2	—	22	26	5,857	6,323
Okla.	11	10	—	—	—	—	61	56	2,443	2,663
Tex.	7	27	1	2	1	4	N	N	14,048	13,197
MOUNTAIN	76	92	23	21	4	—	616	718	5,963	5,900
Mont.	8	10	—	—	—	—	21	24	58	51
Idaho	9	22	8	3	2	—	47	85	52	43
Wyo.	—	2	2	1	—	—	12	12	30	28
Colo.	16	23	1	1	1	—	235	256	1,456	1,670
N. Mex.	3	6	3	4	—	—	25	42	446	601
Ariz.	19	9	N	N	N	N	82	100	2,240	1,952
Utah	12	11	9	11	—	—	158	145	362	296
Nev.	9	9	—	1	1	—	36	54	1,319	1,259
PACIFIC	124	133	2	1	—	—	1,526	1,456	21,493	19,171
Wash.	28	43	—	—	—	—	142	157	1,993	1,467
Oreg.	34	18	2	1	—	—	144	218	852	601
Calif.	49	67	—	—	—	—	1,159	1,001	17,892	16,021
Alaska	9	1	—	—	—	—	42	34	306	340
Hawaii	4	4	—	—	—	—	39	46	450	742
Guam	N	N	—	—	—	—	—	2	—	115
P.R.	—	—	—	—	—	—	26	116	198	154
V.I.	—	—	—	—	—	—	—	—	2	68
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	<i>Haemophilus influenzae</i> , invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,257	1,212	3	8	65	66	123	112
NEW ENGLAND	62	113	—	1	5	7	3	1
Maine	5	7	—	—	—	—	1	—
N.H.	5	13	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	9	57	—	1	—	2	—	—
R.I.	7	3	—	—	2	—	—	—
Conn.	30	28	—	—	3	3	—	—
MID. ATLANTIC	253	254	—	1	—	3	31	28
Upstate N.Y.	73	88	—	1	—	3	5	4
N.Y. City	44	55	—	—	—	—	9	9
N.J.	47	45	—	—	—	—	8	2
Pa.	89	66	—	—	—	—	9	13
E.N. CENTRAL	185	227	1	—	2	8	10	33
Ohio	83	68	—	—	—	2	7	11
Ind.	47	34	—	—	2	4	—	1
Ill.	35	74	—	—	—	—	3	16
Mich.	13	15	1	—	—	2	—	3
Wis.	7	36	—	—	—	—	—	2
W.N. CENTRAL	73	61	—	2	3	3	9	5
Minn.	26	27	—	1	3	3	—	—
Iowa	—	1	—	1	—	—	—	—
Mo.	33	22	—	—	—	—	7	4
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	6	2	—	—	—	—	1	—
Kans.	7	6	—	—	—	—	—	1
S. ATLANTIC	314	280	1	—	20	18	17	20
Del.	—	—	—	—	—	—	—	—
Md.	45	46	—	—	5	5	—	—
D.C.	—	2	—	—	—	—	—	1
Va.	28	24	—	—	—	—	1	2
W. Va.	20	10	—	—	1	3	4	—
N.C.	58	40	1	—	7	5	—	1
S.C.	19	8	—	—	—	—	1	1
Ga.	60	79	—	—	—	—	7	15
Fla.	84	71	—	—	7	5	4	—
E.S. CENTRAL	74	45	—	—	1	—	12	7
Ky.	6	3	—	—	1	—	1	—
Tenn.	52	31	—	—	—	—	7	5
Ala.	16	11	—	—	—	—	4	2
Miss.	—	—	—	—	—	—	—	—
W.S. CENTRAL	74	48	1	1	5	6	6	1
Ark.	4	1	—	—	1	—	—	—
La.	28	9	1	—	2	—	6	1
Okla.	42	37	—	—	2	6	—	—
Tex.	—	1	—	1	—	—	—	—
MOUNTAIN	160	128	—	3	16	15	27	12
Mont.	—	—	—	—	—	—	—	—
Idaho	3	5	—	—	—	—	1	2
Wyo.	4	—	—	—	—	—	1	—
Colo.	31	30	—	—	—	—	6	3
N. Mex.	15	26	—	—	4	5	1	4
Ariz.	82	47	—	—	10	6	9	1
Utah	12	9	—	2	—	1	7	1
Nev.	13	11	—	1	2	3	2	1
PACIFIC	62	56	—	—	13	6	8	5
Wash.	1	1	—	—	—	—	1	1
Oreg.	24	27	—	—	—	—	5	2
Calif.	26	18	—	—	13	6	1	1
Alaska	4	5	—	—	—	—	1	1
Hawaii	7	5	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
P.R.	1	1	—	—	—	—	—	1
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,841	3,205	2,921	3,191	436	408
NEW ENGLAND	113	486	54	203	7	8
Maine	1	8	8	1	—	—
N.H.	52	12	12	23	—	—
Vt.	3	8	2	2	7	2
Mass.	23	413	9	101	—	6
R.I.	5	10	1	3	—	—
Conn.	29	35	22	73	U	—
MID. ATLANTIC	331	406	628	424	56	70
Upstate N.Y.	56	47	52	43	13	4
N.Y. City	162	164	58	84	—	—
N.J.	57	94	398	118	—	—
Pa.	56	101	120	179	43	66
E.N. CENTRAL	197	261	233	299	70	56
Ohio	31	32	81	70	2	3
Ind.	24	29	17	20	15	3
Ill.	45	82	37	39	—	12
Mich.	81	89	98	145	53	38
Wis.	16	29	—	25	—	—
W.N. CENTRAL	60	100	154	193	26	11
Minn.	3	28	14	26	3	8
Iowa	16	29	7	11	—	—
Mo.	28	20	98	122	21	3
N. Dak.	—	1	—	3	1	—
S. Dak.	—	2	1	—	—	—
Nebr.	3	10	17	18	1	—
Kans.	10	10	17	13	—	—
S. ATLANTIC	305	566	814	1,011	155	98
Del.	1	5	35	27	80	4
Md.	30	69	96	89	18	2
D.C.	2	4	6	13	—	2
Va.	48	47	90	114	8	10
W. Va.	3	1	22	11	9	16
N.C.	41	43	92	107	9	7
S.C.	16	33	78	81	2	12
Ga.	51	205	101	274	4	7
Fla.	113	159	294	295	25	38
E.S. CENTRAL	133	97	201	269	49	45
Ky.	12	13	36	31	4	17
Tenn.	94	69	76	132	11	13
Ala.	14	6	49	42	8	2
Miss.	13	9	40	64	26	13
W.S. CENTRAL	112	415	208	163	18	59
Ark.	4	52	21	67	—	1
La.	39	22	26	32	8	3
Okla.	4	17	19	40	—	2
Tex.	65	324	142	24	10	53
MOUNTAIN	187	248	295	246	23	23
Mont.	7	4	3	1	—	2
Idaho	15	12	7	6	—	1
Wyo.	—	3	1	7	—	—
Colo.	22	23	29	28	11	5
N. Mex.	9	15	7	10	—	U
Ariz.	114	158	198	126	—	4
Utah	13	26	29	22	6	2
Nev.	7	7	21	46	6	9
PACIFIC	403	626	334	383	32	38
Wash.	23	34	42	31	9	11
Oreg.	28	42	51	65	12	11
Calif.	337	531	231	274	11	15
Alaska	3	4	7	9	—	—
Hawaii	12	15	3	4	—	1
Guam	—	1	—	11	—	9
P.R.	14	24	10	45	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	716	893	300	343	5,551	8,629	554	748
NEW ENGLAND	19	25	9	14	253	1,378	14	61
Maine	3	—	—	3	25	29	3	6
N.H.	4	1	1	2	52	82	4	1
Vt.	1	1	1	—	9	17	1	3
Mass.	2	14	—	4	59	898	4	36
R.I.	3	2	2	1	3	84	2	2
Conn.	6	7	5	4	105	268	—	13
MID. ATLANTIC	216	210	71	80	3,878	5,593	149	188
Upstate N.Y.	59	41	25	21	919	1,568	26	23
N.Y. City	21	26	10	13	—	187	65	91
N.J.	44	31	13	22	1,454	1,651	38	44
Pa.	92	112	23	24	1,505	2,187	20	30
E.N. CENTRAL	130	220	32	64	334	721	45	70
Ohio	64	99	12	19	35	27	14	18
Ind.	10	23	1	14	6	5	—	7
Ill.	12	26	1	14	—	60	13	22
Mich.	33	58	12	15	12	7	14	14
Wis.	11	14	6	2	281	622	4	9
W.N. CENTRAL	37	23	11	6	187	118	28	44
Minn.	11	1	2	2	140	70	11	18
Iowa	3	3	4	1	28	17	4	2
Mo.	12	13	2	2	14	22	11	12
N. Dak.	1	1	2	—	—	—	—	3
S. Dak.	7	1	—	—	—	—	—	1
Nebr.	1	1	—	1	—	7	—	2
Kans.	2	3	1	—	5	2	2	6
S. ATLANTIC	175	190	70	50	789	727	129	168
Del.	10	3	N	N	290	106	1	4
Md.	43	37	11	6	373	475	51	35
D.C.	3	7	—	—	4	5	4	8
Va.	18	17	5	10	54	42	11	15
W. Va.	8	4	2	1	4	2	1	—
N.C.	16	18	13	12	27	57	16	9
S.C.	7	6	1	3	8	7	3	7
Ga.	12	29	13	9	—	11	17	35
Fla.	58	69	25	9	29	22	25	55
E.S. CENTRAL	34	52	14	18	20	25	13	21
Ky.	7	15	3	4	2	11	3	1
Tenn.	18	25	6	9	18	11	7	5
Ala.	8	11	4	3	—	3	3	11
Miss.	1	1	1	2	—	—	—	4
W.S. CENTRAL	16	92	13	24	35	19	36	84
Ark.	2	—	—	2	3	2	2	7
La.	4	5	6	2	3	2	2	4
Okla.	2	2	—	—	—	—	3	2
Tex.	8	85	7	20	29	15	29	71
MOUNTAIN	53	47	5	14	4	5	29	29
Mont.	4	1	—	—	—	—	—	—
Idaho	2	6	—	1	1	2	—	1
Wyo.	3	4	—	—	1	2	1	—
Colo.	15	9	2	5	—	—	16	9
N. Mex.	2	1	1	—	—	—	1	2
Ariz.	14	10	—	—	—	1	5	8
Utah	6	13	—	1	2	—	4	5
Nev.	7	3	2	7	—	—	2	4
PACIFIC	36	34	75	73	51	43	111	83
Wash.	—	5	6	6	1	2	8	5
Oreg.	N	N	4	5	9	18	3	12
Calif.	36	29	65	59	38	23	87	63
Alaska	—	—	—	—	3	—	3	—
Hawaii	—	—	—	3	N	N	10	3
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	1	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	722	780	54	62	38	31	—	1	630	686
NEW ENGLAND	29	45	1	5	—	5	—	1	28	34
Maine	2	9	—	—	—	1	—	—	2	8
N.H.	9	3	—	—	—	—	—	—	9	3
Vt.	5	2	—	—	—	—	—	—	5	2
Mass.	1	25	—	5	—	4	—	—	1	16
R.I.	2	1	—	—	—	—	—	—	2	1
Conn.	10	5	1	—	—	—	—	1	9	4
MID. ATLANTIC	95	113	27	33	4	5	—	—	64	75
Upstate N.Y.	24	32	3	5	3	3	—	—	18	24
N.Y. City	13	20	—	—	—	—	—	—	13	20
N.J.	27	22	—	—	—	—	—	—	27	22
Pa.	31	39	24	28	1	2	—	—	6	9
E.N. CENTRAL	71	83	15	17	7	5	—	—	49	61
Ohio	28	43	—	3	5	4	—	—	23	36
Ind.	13	14	—	1	2	1	—	—	11	12
Ill.	10	1	—	—	—	—	—	—	10	1
Mich.	15	13	15	13	—	—	—	—	—	—
Wis.	5	12	—	—	—	—	—	—	5	12
W.N. CENTRAL	50	51	2	—	1	4	—	—	47	47
Minn.	8	16	1	—	—	—	—	—	7	16
Iowa	12	11	—	—	1	2	—	—	11	9
Mo.	17	14	1	—	—	1	—	—	16	13
N. Dak.	—	1	—	—	—	—	—	—	—	1
S. Dak.	2	2	—	—	—	1	—	—	2	1
Nebr.	4	2	—	—	—	—	—	—	4	2
Kans.	7	5	—	—	—	—	—	—	7	5
S. ATLANTIC	141	152	4	2	7	2	—	—	130	148
Del.	2	2	—	—	—	—	—	—	2	2
Md.	15	8	2	—	2	—	—	—	11	8
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	17	10	—	—	—	—	—	—	17	10
W. Va.	5	5	1	—	—	—	—	—	4	5
N.C.	21	24	1	—	5	2	—	—	15	22
S.C.	13	13	—	—	—	—	—	—	13	13
Ga.	13	9	—	—	—	—	—	—	13	9
Fla.	55	76	—	—	—	—	—	—	55	76
E.S. CENTRAL	38	36	1	1	3	—	—	—	34	35
Ky.	13	5	—	1	3	—	—	—	10	4
Tenn.	16	11	—	—	—	—	—	—	16	11
Ala.	5	10	1	—	—	—	—	—	4	10
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	59	44	1	1	5	1	—	—	53	42
Ark.	10	10	—	—	—	—	—	—	10	10
La.	24	26	—	1	2	—	—	—	22	25
Okla.	12	5	1	—	3	1	—	—	8	4
Tex.	13	3	—	—	—	—	—	—	13	3
MOUNTAIN	62	48	2	1	5	5	—	—	55	42
Mont.	—	3	—	—	—	—	—	—	—	3
Idaho	2	6	—	—	—	—	—	—	2	6
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	13	12	2	—	—	—	—	—	11	12
N. Mex.	1	6	—	1	—	3	—	—	1	2
Ariz.	34	8	—	—	2	1	—	—	32	7
Utah	7	4	—	—	2	—	—	—	5	4
Nev.	5	6	—	—	1	1	—	—	4	5
PACIFIC	177	208	1	2	6	4	—	—	170	202
Wash.	31	18	1	2	4	4	—	—	26	12
Oreg.	25	42	—	—	—	—	—	—	25	42
Calif.	110	141	—	—	—	—	—	—	110	141
Alaska	1	2	—	—	—	—	—	—	1	2
Hawaii	10	5	—	—	2	—	—	—	8	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	4	10	—	—	—	—	—	—	4	10
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	—	1	—	—	—	—	—	—	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	9,345	7,535	2,565	3,426	603	572	16,791	19,533	5,955	6,858
NEW ENGLAND	157	895	177	303	2	10	582	983	59	140
Maine	13	4	31	33	N	N	81	51	5	5
N.H.	28	28	9	12	1	—	85	66	4	5
Vt.	62	43	37	10	—	—	60	29	6	2
Mass.	22	776	8	119	—	8	83	592	10	87
R.I.	12	16	8	19	1	1	45	48	9	9
Conn.	20	28	84	110	—	1	228	197	25	32
MID. ATLANTIC	756	1,361	319	472	34	43	2,100	2,983	591	709
Upstate N.Y.	283	979	260	241	2	1	576	555	158	306
N.Y. City	44	92	16	10	2	14	427	723	211	207
N.J.	133	101	N	N	12	8	337	542	167	136
Pa.	296	189	43	221	18	20	760	1,163	55	60
E.N. CENTRAL	2,022	2,249	65	50	17	20	2,226	2,674	382	546
Ohio	717	265	31	15	14	7	652	633	49	84
Ind.	172	50	5	5	—	4	257	236	39	93
Ill.	330	451	17	15	1	8	495	875	85	219
Mich.	120	71	12	13	2	1	443	428	134	59
Wis.	683	1,412	—	2	—	—	379	502	75	91
W.N. CENTRAL	1,411	605	229	352	103	61	1,208	1,230	701	206
Minn.	454	95	43	35	—	—	294	305	40	26
Iowa	341	48	36	40	1	1	179	248	45	40
Mo.	261	212	41	20	94	49	401	328	501	94
N. Dak.	77	202	13	40	—	—	17	20	2	2
S. Dak.	1	11	43	71	3	4	63	54	16	7
Nebr.	136	7	—	71	2	7	79	77	35	8
Kans.	141	30	53	75	3	—	175	198	62	29
S. ATLANTIC	694	350	951	1,308	280	263	4,695	4,599	994	1,694
Del.	14	—	—	9	2	3	45	43	5	4
Md.	104	65	171	163	35	25	383	419	39	67
D.C.	4	6	—	—	1	—	24	27	8	26
Va.	131	87	317	258	15	8	424	490	53	71
W. Va.	31	5	24	34	3	1	73	100	—	3
N.C.	64	49	292	360	176	130	659	490	99	153
S.C.	219	67	5	89	18	32	567	415	50	344
Ga.	25	15	135	190	19	52	643	857	244	388
Fla.	102	56	7	205	11	12	1,877	1,758	496	638
E.S. CENTRAL	280	120	80	75	105	73	1,083	1,201	774	418
Ky.	76	15	7	15	8	—	185	166	152	42
Tenn.	136	82	27	24	73	40	341	331	406	193
Ala.	47	13	46	28	23	18	312	325	168	150
Miss.	21	10	—	8	1	15	245	379	48	33
W.S. CENTRAL	376	344	549	682	32	87	1,349	1,921	1,302	1,903
Ark.	141	22	23	31	21	55	339	238	33	35
La.	24	11	—	—	5	4	355	424	60	198
Okla.	—	17	56	74	5	27	187	180	409	266
Tex.	211	294	470	577	1	1	468	1,079	800	1,404
MOUNTAIN	2,287	636	121	80	24	11	1,056	1,179	324	409
Mont.	433	17	3	13	1	3	48	76	5	4
Idaho	77	20	—	—	1	1	68	90	2	6
Wyo.	23	11	12	—	2	2	30	29	—	1
Colo.	784	314	11	13	3	2	269	290	53	68
N. Mex.	75	90	3	2	—	2	92	129	39	74
Ariz.	649	132	87	50	13	1	331	352	179	214
Utah	219	42	—	2	4	—	146	121	20	21
Nev.	27	10	5	—	—	—	72	92	26	21
PACIFIC	1,362	975	74	104	6	4	2,492	2,763	828	833
Wash.	365	353	—	—	—	—	246	231	45	56
Oreg.	422	260	3	2	—	2	182	246	37	38
Calif.	483	341	70	91	6	2	1,885	2,054	725	709
Alaska	22	11	1	11	—	—	28	32	6	5
Hawaii	70	10	—	—	—	—	151	200	15	25
Guam	—	—	—	—	—	—	—	44	—	35
P.R.	1	—	34	32	N	N	94	212	1	14
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
 * Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Streptococcal disease, invasive, group A		Streptococcus pneumoniae, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,604	2,972	1,433	1,434	479	487	4,206	4,213	135	230
NEW ENGLAND	32	203	22	86	12	69	112	62	—	1
Maine	6	7	N	N	—	2	1	2	—	—
N.H.	8	15	—	—	3	N	7	3	—	—
Vt.	9	8	9	6	3	1	—	—	—	—
Mass.	2	89	—	22	6	39	80	19	—	—
R.I.	7	17	13	7	—	5	2	15	—	1
Conn.	—	67	U	51	U	22	22	23	—	—
MID. ATLANTIC	602	513	142	104	98	74	545	569	11	24
Upstate N.Y.	191	166	55	46	45	49	43	44	3	1
N.Y. City	102	79	U	U	17	U	341	346	5	9
N.J.	120	112	N	N	16	7	77	98	3	13
Pa.	189	156	87	58	20	18	84	81	—	1
E.N. CENTRAL	537	690	391	331	140	118	404	497	19	29
Ohio	133	165	245	233	58	56	120	128	2	2
Ind.	58	73	138	98	37	23	38	33	1	1
Ill.	113	189	8	—	41	1	178	203	6	4
Mich.	210	208	—	N	—	N	48	113	9	22
Wis.	23	55	N	N	4	38	20	20	1	—
W.N. CENTRAL	179	208	33	13	56	56	135	101	1	3
Minn.	64	104	—	—	33	37	32	17	—	1
Iowa	N	N	N	N	—	N	1	5	—	—
Mo.	52	43	27	10	5	8	85	58	1	1
N. Dak.	6	9	1	—	2	2	—	—	—	—
S. Dak.	16	9	3	3	—	—	—	—	—	—
Nebr.	13	14	2	—	6	5	3	5	—	—
Kans.	28	29	N	N	10	4	14	16	—	1
S. ATLANTIC	560	592	587	739	61	36	1,041	1,045	25	39
Del.	1	3	1	4	—	N	6	3	—	1
Md.	134	93	—	—	39	24	191	194	8	5
D.C.	7	5	14	7	2	4	67	33	—	1
Va.	48	48	N	N	—	N	66	59	3	2
W. Va.	17	17	85	80	20	8	2	3	—	—
N.C.	81	85	N	N	U	U	139	98	7	5
S.C.	22	47	—	77	—	N	30	70	2	10
Ga.	100	148	110	176	—	N	149	178	—	2
Fla.	150	146	377	395	—	N	391	407	5	13
E.S. CENTRAL	118	155	121	99	5	10	241	226	13	19
Ky.	23	49	21	22	N	N	22	25	—	1
Tenn.	95	106	100	75	—	N	107	76	9	7
Ala.	—	—	—	—	—	N	88	100	3	9
Miss.	—	—	—	2	5	10	24	25	1	2
W.S. CENTRAL	107	230	89	44	66	95	702	671	37	42
Ark.	11	12	12	6	13	7	29	27	—	3
La.	6	2	77	38	20	21	149	156	5	3
Okla.	76	44	N	N	17	28	22	19	1	2
Tex.	14	172	N	N	16	39	502	469	31	34
MOUNTAIN	410	327	48	17	34	29	218	216	15	28
Mont.	—	—	—	—	—	—	5	1	—	—
Idaho	1	6	N	N	—	N	18	13	1	2
Wyo.	2	6	20	6	—	—	—	1	—	—
Colo.	157	64	N	N	33	29	26	39	—	—
N. Mex.	26	71	—	N	—	—	27	55	2	2
Ariz.	173	154	N	N	—	N	80	91	12	24
Utah	50	24	27	9	1	—	4	4	—	—
Nev.	1	2	1	2	—	—	58	12	—	—
PACIFIC	59	54	—	1	7	—	808	826	14	45
Wash.	N	N	N	N	N	N	78	56	—	—
Oreg.	N	N	N	N	5	N	17	20	—	—
Calif.	—	—	N	N	N	N	705	746	14	45
Alaska	—	—	—	—	—	N	5	—	—	—
Hawaii	59	54	—	1	2	—	3	4	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	102	76	6	3
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending July 23, 2005, and July 24, 2004 (29th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Neuroinvasive		Non-neuroinvasive‡
							Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	5,405	7,225	110	153	13,517	13,143	18	321	36
NEW ENGLAND	64	223	6	15	433	1,883	—	—	—
Maine	9	11	1	—	206	180	—	—	—
N.H.	4	9	—	—	193	—	—	—	—
Vt.	4	1	—	—	34	410	—	—	—
Mass.	7	124	—	13	—	70	—	—	—
R.I.	14	26	1	1	—	—	—	—	—
Conn.	26	52	4	1	U	1,223	—	—	—
MID. ATLANTIC	1,109	1,092	29	37	2,958	65	1	3	—
Upstate N.Y.	132	139	5	3	—	—	—	—	—
N.Y. City	565	555	8	14	—	—	—	2	—
N.J.	257	239	9	11	—	—	—	—	—
Pa.	155	159	7	9	2,958	65	1	1	—
E.N. CENTRAL	723	633	8	17	3,959	4,026	2	7	—
Ohio	142	110	—	3	916	1,019	1	1	—
Ind.	70	70	—	—	120	N	1	2	—
Ill.	349	280	2	9	31	1	—	3	—
Mich.	118	129	3	4	2,609	2,521	—	1	—
Wis.	44	44	3	1	283	485	—	—	—
W.N. CENTRAL	225	243	3	6	232	131	3	12	10
Minn.	98	87	2	3	—	—	1	2	2
Iowa	20	19	—	—	N	N	—	2	—
Mo.	53	69	1	2	156	2	1	4	—
N. Dak.	2	3	—	—	12	74	—	1	—
S. Dak.	7	5	—	—	64	55	1	2	5
Nebr.	16	18	—	1	—	—	—	—	—
Kans.	29	42	—	—	—	—	—	1	3
S. ATLANTIC	1,247	1,519	18	18	1,263	1,582	—	11	—
Del.	2	15	—	—	16	4	—	—	—
Md.	151	141	6	5	—	—	—	—	—
D.C.	28	46	—	—	20	19	—	—	—
Va.	147	116	4	3	227	376	—	—	—
W. Va.	13	12	—	—	672	890	—	—	N
N.C.	126	153	2	3	—	N	—	—	—
S.C.	118	112	—	—	328	293	—	—	—
Ga.	195	350	2	3	—	—	—	1	—
Fla.	467	574	4	4	—	—	—	10	—
E.S. CENTRAL	311	321	3	6	—	—	—	12	2
Ky.	56	55	1	2	N	N	—	—	—
Tenn.	150	129	—	4	—	—	—	—	—
Ala.	105	104	1	—	—	—	—	6	—
Miss.	—	33	1	—	—	—	—	6	2
W.S. CENTRAL	476	1,142	3	12	2,997	3,939	3	22	2
Ark.	53	63	—	—	—	—	—	4	2
La.	—	—	—	—	104	47	1	9	—
Okla.	76	90	—	—	—	—	—	—	—
Tex.	347	989	3	12	2,893	3,892	2	9	—
MOUNTAIN	186	289	3	6	1,675	1,517	3	190	13
Mont.	6	4	—	—	—	—	—	—	—
Idaho	—	—	—	—	—	—	—	—	—
Wyo.	—	2	—	—	43	23	—	—	—
Colo.	37	73	—	1	1,190	1,197	—	14	7
N. Mex.	8	19	—	—	110	U	1	4	1
Ariz.	121	114	1	2	—	—	2	161	5
Utah	14	23	1	1	332	297	—	2	—
Nev.	—	54	1	2	—	—	—	9	—
PACIFIC	1,064	1,763	37	36	—	—	6	64	9
Wash.	130	129	3	2	N	N	—	—	—
Oreg.	54	50	2	—	—	—	—	—	—
Calif.	802	1,502	26	28	—	—	6	64	9
Alaska	15	19	—	—	—	—	—	—	—
Hawaii	63	63	6	6	—	—	—	—	—
Guam	—	38	—	—	—	87	—	—	—
P.R.	—	49	—	—	109	264	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

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

‡ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending July 23, 2005 (29th Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
NEW ENGLAND	345	238	67	24	7	9	26	S. ATLANTIC	1,172	718	283	98	36	35	69		
Boston, Mass.	U	U	U	U	U	U	U	Atlanta, Ga.	140	83	37	14	4	2	1		
Bridgeport, Conn.	30	18	9	1	1	1	1	Baltimore, Md.	142	81	40	14	5	1	12		
Cambridge, Mass.	12	8	2	2	—	—	1	Charlotte, N.C.	134	85	26	4	6	13	9		
Fall River, Mass.	18	13	3	2	—	—	1	Jacksonville, Fla.	165	103	42	12	4	4	4		
Hartford, Conn.	54	36	8	5	2	3	4	Miami, Fla.	93	61	21	8	—	3	7		
Lowell, Mass.	22	20	1	1	—	—	1	Norfolk, Va.	54	28	13	10	1	2	2		
Lynn, Mass.	16	11	5	—	—	—	—	Richmond, Va.	53	27	12	9	4	1	2		
New Bedford, Mass.	20	15	2	3	—	—	1	Savannah, Ga.	44	20	16	4	3	1	4		
New Haven, Conn.	U	U	U	U	U	U	U	St. Petersburg, Fla.	37	28	5	3	1	—	5		
Providence, R.I.	50	34	9	1	2	4	5	Tampa, Fla.	187	130	35	12	5	5	19		
Somerville, Mass.	2	1	—	1	—	—	—	Washington, D.C.	100	55	30	8	3	3	2		
Springfield, Mass.	34	25	6	2	1	—	4	Wilmington, Del.	23	17	6	—	—	—	2		
Waterbury, Conn.	24	18	4	1	1	—	2	E.S. CENTRAL	986	645	206	82	36	17	60		
Worcester, Mass.	63	39	18	5	—	1	6	Birmingham, Ala.	189	118	41	15	11	4	10		
MID. ATLANTIC	2,055	1,360	471	131	53	40	91	Chattanooga, Tenn.	94	72	12	7	2	1	6		
Albany, N.Y.	47	34	9	2	—	2	3	Knoxville, Tenn.	90	50	27	4	6	3	3		
Allentown, Pa.	24	17	3	1	2	1	1	Lexington, Ky.	91	63	14	9	3	2	6		
Buffalo, N.Y.	72	46	19	1	4	2	—	Memphis, Tenn.	159	102	37	16	3	1	12		
Camden, N.J.	24	10	9	4	—	1	—	Mobile, Ala.	139	96	25	11	3	4	9		
Elizabeth, N.J.	13	10	3	—	—	—	2	Montgomery, Ala.	78	51	17	9	1	—	6		
Erie, Pa.	49	38	7	4	—	—	3	Nashville, Tenn.	146	93	33	11	7	2	8		
Jersey City, N.J.	37	25	9	3	—	—	—	W.S. CENTRAL	1,488	921	312	145	53	57	75		
New York City, N.Y.	1,065	723	226	75	22	19	42	Austin, Tex.	100	70	19	7	3	1	6		
Newark, N.J.	58	17	25	14	1	1	5	Baton Rouge, La.	25	14	3	7	1	—	—		
Paterson, N.J.	11	9	2	—	—	—	—	Corpus Christi, Tex.	25	14	3	7	1	—	—		
Philadelphia, Pa.	313	178	87	21	18	9	15	Dallas, Tex.	200	116	40	23	8	13	15		
Pittsburgh, Pa. [§]	22	15	7	—	—	—	—	El Paso, Tex.	32	24	5	2	1	—	1		
Reading, Pa.	24	22	1	1	—	—	—	Ft. Worth, Tex.	123	75	27	8	6	7	4		
Rochester, N.Y.	123	94	24	2	2	1	9	Houston, Tex.	403	229	97	39	13	25	30		
Schenectady, N.Y.	25	17	7	—	1	—	1	Little Rock, Ark.	78	52	15	3	7	1	—		
Scranton, Pa.	23	17	6	—	—	—	—	New Orleans, La.	87	52	17	10	5	3	1		
Syracuse, N.Y.	72	52	15	2	—	3	9	San Antonio, Tex.	221	153	34	24	7	3	9		
Trenton, N.J.	28	17	7	—	3	1	1	Shreveport, La.	44	30	13	1	—	—	4		
Utica, N.Y.	5	4	—	1	—	—	—	Tulsa, Okla.	150	92	39	14	1	4	5		
Yonkers, N.Y.	20	15	5	—	—	—	—	MOUNTAIN	976	615	243	62	32	21	69		
E.N. CENTRAL	1,964	1,268	450	131	53	62	139	Albuquerque, N.M.	165	109	36	13	6	1	9		
Akron, Ohio	54	38	6	5	3	2	2	Boise, Idaho	45	30	7	6	—	2	9		
Canton, Ohio	28	19	8	1	—	—	5	Colo. Springs, Colo.	90	58	25	5	2	—	1		
Chicago, Ill.	343	205	71	31	12	24	22	Denver, Colo.	113	63	30	9	4	7	5		
Cincinnati, Ohio	65	43	11	6	1	4	4	Las Vegas, Nev.	248	151	73	11	9	4	23		
Cleveland, Ohio	247	167	67	9	4	—	11	Ogden, Utah	20	12	5	—	—	3	—		
Columbus, Ohio	177	120	33	11	5	8	17	Phoenix, Ariz.	143	77	41	12	8	2	8		
Dayton, Ohio	102	72	21	6	1	2	11	Pueblo, Colo.	25	19	6	—	—	—	3		
Detroit, Mich.	170	89	57	14	6	4	13	Salt Lake City, Utah	127	96	20	6	3	2	11		
Evansville, Ind.	40	28	8	2	1	1	4	Tucson, Ariz.	U	U	U	U	U	U	U		
Fort Wayne, Ind.	57	41	11	2	2	1	5	PACIFIC	1,314	908	287	63	29	27	109		
Gary, Ind.	19	7	10	—	1	1	2	Berkeley, Calif.	U	U	U	U	U	U	U		
Grand Rapids, Mich.	43	25	14	2	1	1	2	Fresno, Calif.	83	61	15	6	1	—	3		
Indianapolis, Ind.	183	100	52	14	7	10	13	Glendale, Calif.	11	6	5	—	—	—	1		
Lansing, Mich.	35	27	7	1	—	—	—	Honolulu, Hawaii	70	53	13	1	3	—	5		
Milwaukee, Wis.	104	72	22	7	—	3	10	Long Beach, Calif.	58	40	16	—	1	1	6		
Peoria, Ill.	34	24	6	3	1	—	3	Los Angeles, Calif.	185	131	36	11	4	3	23		
Rockford, Ill.	51	37	10	4	—	—	3	Pasadena, Calif.	21	14	5	2	—	—	2		
South Bend, Ind.	67	48	13	5	—	1	10	Portland, Oreg.	128	86	32	8	—	2	5		
Toledo, Ohio	88	64	12	7	5	—	1	Sacramento, Calif.	U	U	U	U	U	U	U		
Youngstown, Ohio	57	42	11	1	3	—	1	San Diego, Calif.	161	116	28	7	2	8	16		
W.N. CENTRAL	650	413	152	44	23	18	27	San Francisco, Calif.	112	70	26	9	4	3	14		
Des Moines, Iowa	76	54	15	3	2	2	4	San Jose, Calif.	190	135	36	8	8	3	16		
Duluth, Minn.	24	18	5	1	—	—	1	Santa Cruz, Calif.	30	24	6	—	—	—	2		
Kansas City, Kans.	27	12	11	2	—	2	2	Seattle, Wash.	129	78	37	7	3	4	8		
Kansas City, Mo.	87	52	22	6	4	3	2	Spokane, Wash.	45	27	16	2	—	—	2		
Lincoln, Nebr.	35	31	3	1	—	—	3	Tacoma, Wash.	91	67	16	2	3	3	6		
Minneapolis, Minn.	58	34	15	3	3	3	5	TOTAL	10,950 [¶]	7,086	2,471	780	322	286	665		
Omaha, Nebr.	105	67	24	9	4	1	4										
St. Louis, Mo.	85	52	14	9	7	3	1										
St. Paul, Minn.	77	45	20	6	3	3	3										
Wichita, Kans.	76	48	23	4	—	1	2										

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

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