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Implementation of Newborn Hepatitis B Vaccination — Worldwide, 2006

Globally, hepatitis B virus (HBV) infections are a major cause of cirrhosis and liver cancer and result in an estimated 620,000 deaths annually (1). In 1992, the World Health Organization (WHO) set a goal for all countries to introduce hepatitis B (HepB) vaccine into national routine infant immunization programs by 1997 (2). In countries where a high percentage of HBV infections are acquired perinatally (where general population prevalence of chronic HBV infection is $\geq 8\%$), WHO recommends administering the first HepB vaccine dose <24 hours after birth to prevent perinatal HBV transmission (3). To assess implementation of newborn HepB vaccination, the most recently available data were examined from the Joint Reporting Form used by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to track worldwide vaccine coverage for WHO-recommended infant immunizations (4). In 2006, a total of 162 (84%) of 193 countries had introduced HepB vaccine into their national infant immunization schedules. Among the 193 countries, 81 (42%) reported using a schedule with a HepB vaccine birth dose (defined as a dose administered within 24 hours of birth). Worldwide, 27% of newborns received a HepB vaccine birth dose in 2006. In the 87 countries with ≥8% chronic HBV infection prevalence (5), HepB vaccine birth dose coverage was 36%. These findings highlight the global need to implement this key hepatitis B prevention strategy more widely.

Since 1998, WHO and UNICEF have used the Joint Reporting Form to collect information annually from WHO member states on coverage and indicators of immunization system performance for all WHO-recommended infant vaccines (4). For HepB vaccine, information is collected about the schedule used, the number of infants receiving the recommended 3 doses of vaccine, and (for those countries where the national immunization schedule includes a HepB vaccine birth dose) the administrative coverage of HepB vaccine birth dose.

As of 2006, 81 (42%) of 193 WHO member states indicated that a HepB vaccine birth dose was included in the national

infant immunization schedule. Of the 87 countries where chronic HBV infection prevalence has been high historically (≥8%), 38 (44%) reported including a HepB vaccine birth dose in their immunization schedules (Table 1). Of the 135.0 million infants born worldwide in 2006, 62.7 million infants were born in countries where chronic HBV infection prevalence has been high historically.

Global and regional HepB vaccine birth dose coverage were calculated using reported coverage figures from the Joint Reporting Form and estimates of the number of live births (6). In this analysis, countries that did not report birth dose coverage on the Joint Reporting Form were assumed to have 0% birth dose coverage. Among the 81 countries reporting a HepB vaccine birth dose in their immunization schedules, 22 (27%) did not report birth dose coverage data. As a result, 11%–20% of the birth cohort might have received a HepB vaccine birth dose but was assumed to have 0% coverage because of lack of reporting. Birth dose coverage worldwide was 27% and varied widely by region, from 3% to 71% (Table 2). Birth dose coverage for countries with ≥8% chronic HBV infection prevalence was 36% (range by region: 1%-92%), and for countries with <8% prevalence was 20% (range by region: 0%-97%) (Table 2). However, in response to an open-ended Joint Reporting Form question regarding which vaccination schedule was used, several member states indicated that a first dose administered beyond 24 hours of birth still could be considered a birth dose.

INSIDE

- 1252 Continued Shortage of *Haemophilus influenzae* Type b (Hib) Conjugate Vaccines and Potential Implications for Hib Surveillance United States, 2008
- 1255 Rotavirus Surveillance Worldwide, 2001–2008
- 1258 QuickStats

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Editorial Note: This report presents the first analysis of WHO-UNICEF Joint Reporting Form data that estimates worldwide HepB vaccine birth dose coverage. HepB vaccine birth dose coverage during 2006 was 27% globally and 36% for children born in countries where chronic HBV infection has been highly endemic (≥8%). The relatively low coverage is consistent with survey data from several countries (7) and suggests that program performance for newborn HepB vaccination needs improvement.

Two major modes of HBV transmission occur during infancy: 1) from an infected mother to her newborn during delivery, and 2) from an infected household contact to the infant. Perinatal HBV transmission accounts for an estimated 21% of HBV-related deaths globally and 13%-26% regionally (1). HepB vaccine is 70%–95% effective as postexposure prophylaxis in preventing mother-to-infant HBV transmission when the first dose is administered within 24 hours after birth (8). HepB vaccination of newborns also provides early preexposure protection to infants born to uninfected women during a period when, if HBV exposure were to occur, the risk for developing chronic HBV infection is greatest (i.e., during the first year of life). Infants who become HBV infected have an approximately 90% risk for developing chronic HBV infection, and when chronically infected, have a 25% risk for dying prematurely from cirrhosis or liver cancer. Thus, newborn HepB immunization is a key intervention to prevent perinatal HBV transmission and a critical strategy to reduce the global morbidity and mortality associated with hepatitis B.

When introducing HepB vaccine into infant immunization programs, national policy makers must decide when to begin the HepB vaccine series: 1) at birth for all infants, 2) at birth, but targeted only to newborns of HBV-infected women, or 3) at the same time in the immunization schedule as other vaccines are administered to all infants (e.g., at 6 weeks, when national immunization programs in most developing countries initiate administration of other vaccines to infants) but at a time that is too late to prevent perinatal HBV infection. Administering a HepB vaccine birth dose only to newborns of HBV-infected women usually is not feasible in developing countries where hepatitis B is highly endemic (3), is a practice that is prone to error and results in missed postexposure prophylaxis of infants (even in countries where testing and identifying infected women during pregnancy is well established) (8), and fails to provide early preexposure protection to newborns of uninfected women who might have household contacts who are infected.

TABLE 1. Number and percentage of World Health Organization (WHO) member states with hepatitis B (HepB) vaccination of newborns, by prevalence of historic chronic hepatitis B virus (HBV) infection — WHO and United Nations Children's Fund, worldwide, 2006

	No. of	No. of		with HepB n schedule	Countries vaccine birth do	
Chronic HBV prevalence	births	countries	No.	(%)	No.	(%)
High (≥8%)	62,658,651	87	73	(84)	38	(44)
Intermediate (2%-8%)	58,353,308	62	56	(90)	33	(53)
Low (<2%)	14,004,025	44	34	(77)	10	(23)
Total	135,015,984	193	163	(84)	81	(42)

TABLE 2. Implementation and coverage of newborn hepatitis B (HepB) vaccination globally and in World Health Organization (WHO) member states with historically high (≥8%) and historically intermediate or low (<8%) prevalence of chronic hepatitis B virus (HBV) infection, by WHO region — WHO and United Nations Children's Fund, worldwide, 2006

					WHO me	ember states				
			All		With	≥8% chronic I	HBV prevalence	With	<8% chronic h	IBV prevalence
WHO region	No.	HepB vaccine in schedule	HepB vaccine birth dose in schedule	Estimated birth dose coverage (%)	No.	HepB vaccine birth dose in schedule	Estimated birth dose coverage (%)	No.	HepB vaccine birth dose in schedule	Estimated birth dose coverage (%)
African	46	34	5	3	45	4	1	1	1	97
Americas	35	34	12	39	0	0	NA*	35	12	39
Eastern Mediterranean	21	19	11	40	4	1	25	17	10	43
European	53	41	27	30	10	9	92	43	18	20
South-East Asian	11	9	3	8	5	2	46	6	1	0
Western Pacific	27	26	23	71	23	22	75	4	1	26
Total	193	163	81	27	87	38	36	106	43	20

^{*} Not applicable.

In the WHO Western Pacific region (where hepatitis B is highly endemic in many countries), 23 of 26 countries have introduced HepB vaccine starting at birth. However, countries with ≥8% endemic chronic HBV infection in other regions might not have introduced a HepB vaccine birth dose because disease burden from perinatal HBV transmission was not believed to be significant or because of challenges in implementing the birth dose (1,9).

Challenges to administering HepB vaccine to newborns within 24 hours after birth can be logistical and financial. First, many infants, especially in remote or poor areas, are born at home and do not have access at birth to skilled attendants who can administer vaccinations. Increasing the number of infants born in facilities or attended by trained health staff would improve birth dose coverage. Second, infant vaccinations usually are administered by vaccination providers in well-baby clinics or other outpatient health settings or during outreach immunization sessions in the community, whereas care of the mothers during delivery and of infants immediately after birth often is provided by maternal health workers, so coordination of these two types of workers is needed. Third, in many parts of the world, vaccines are transported and delivered in cold storage boxes at monthly or even longer intervals from a central source to locations where they will be administered and can only be stored for several days. As a result, HepB vaccine might not

be available when infants are born at more remote facilities. Improving the range of the cold storage delivery chain and exploring options for making vaccine available outside that range are needed. Fourth, many developing countries have modified their immunization schedules to include new multivalent vaccines (e.g., combined *Haemophilus influenzae* type b and HepB vaccine) that cannot be administered to newborns. These vaccines provide antigens against two or more diseases and are supported by international donors, but the countries must rely on their own limited resources to purchase separately the monovalent HepB vaccine necessary for the HepB vaccine birth dose. Finally, awareness among providers and parents about the importance of administering HepB vaccine within 24 hours of birth often is lacking, so health promotion and training are needed (*9,10*).

The findings in this report are subject to at least two limitations. First, coverage data were missing from 27% of countries that reported having HepB vaccine birth dose in their immunization schedules, and for which an assumption was made of 0% birth dose coverage. Second, HepB vaccine birth dose coverage reported by countries sometimes might have included doses administered after 24 hours of birth, as indicated by the response on the Joint Reporting Form from several countries that a first dose administered beyond 24 hours of birth would be considered a birth dose. This lack of understanding as to

what constitutes an appropriate birth dose of HepB vaccine might reflect the fact that the term "birth dose" also is used widely for bacille Calmette-Guérin vaccine administration a few weeks after birth, and for oral poliovirus vaccine administration several days after birth. Data on HepB vaccine birth dose coverage from the Joint Reporting Form could be validated by using national coverage surveys that compare date of birth with date of administration of the first HepB vaccine dose for infants.

More complete implementation of routine newborn HepB vaccination globally would reduce the substantial morbidity and mortality caused by perinatally acquired HBV infection. Newborn HepB vaccination is of highest priority in highly endemic areas where the contribution of perinatal transmission to the overall disease burden is greatest. However, even in countries with <8% chronic HBV infection prevalence, newborn HepB vaccination can be an important hepatitis B control strategy. Disease modeling suggests that implementing HepB vaccine birth dose in regions with relatively low prevalence of chronic HBV infection, such as the Americas or Europe, might reduce HBV mortality by an additional 10%–20% compared with following a HepB vaccination schedule without a birth dose (1). For this reason, a substantial number of countries in areas with intermediate or low hepatitis B endemicity have implemented newborn HepB vaccination.

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Continued Shortage of Haemophilus influenzae Type b (Hib) Conjugate Vaccines and Potential Implications for Hib Surveillance — United States, 2008

In December 2007, Merck & Co., Inc. (West Point, Pennsylvania) announced a voluntary recall of certain lots of two Haemophilus influenzae type b (Hib) conjugate vaccines, PedvaxHIB® (monovalent Hib vaccine) and Comvax® (Hib-HepB vaccine) and suspended production of both vaccines, disrupting the U.S. supply of Hib vaccine (1). When the recall was announced, Merck projected restoration of these vaccines to the U.S. market in late 2008. To ensure that enough vaccine would be available for all U.S. children to complete the primary Hib vaccination series, on December 18, 2007, CDC recommended that providers defer the booster dose of Hib vaccine (scheduled for administration at age 12-15 months) for all children except those at increased risk for invasive Hib disease (1). On October 17, 2008, Merck announced that restoration of the two vaccines to the market would be delayed until mid-2009. Because the continued delay might result in an increase in Hib disease, national surveillance for invasive Hib disease has become particularly important. To assess the current status of surveillance for Hib nationally, CDC reviewed 4,657 cases of invasive H. influenzae infection reported during January 2007-October 2008, including 748 cases among children aged <5 years. Of those 748 cases, 45 (6.0%) were Hib (serotype b), and 278 (37.2%) were missing serotype information. The continued vaccine shortage heightens the need for timely reporting and investigation of H. influenzae cases and accurate serotyping of all invasive H. influenzae isolates in children aged <5 years.

H. influenzae disease can be caused by any of six H. influenzae serotypes (a, b, c, d, e, and f) or by nontypeables. Until 1988, when Hib vaccine was introduced, serotype b caused approximately 95% of cases of H. influenzae invasive disease among children aged <5 years (2); after introduction of the vaccine, during 1989–1995, the incidence of Hib disease decreased 95% among children in that age group (3). Cases of invasive H. influenzae are reported to CDC weekly from all 50 states, the District of Columbia (DC), and New York City, through the National Notifiable Diseases Surveillance System (NNDSS). All 50 states require reporting of Hib cases (defined in NNDSS as isolation of Hib from a normally sterile site) in children aged <5 years; however, reporting requirements vary for other serotypes of H. influenzae and for Hib in other age groups.

CDC also coordinates the Active Bacterial Core surveillance (ABCs) system, which provides active, population-based, laboratory-based surveillance for invasive bacterial diseases, including *H. influenzae* (4). ABCs conducts surveillance in all or parts of 10 states,* accounting for 12% of the United States population. For ABCs, a case of *H. influenzae* disease is defined as isolation of *H. influenzae* from a normally sterile site in a resident of the surveillance area.

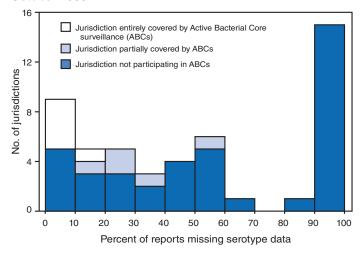
For this analysis, cases of *H. influenzae* disease reported to NNDSS during January 2007–October 2008 were combined with cases reported through ABCs; cases were matched by date of birth and county of residence, and duplicates were excluded. Completeness of serotype reporting was assessed for all of the *H. influenzae* reports. Isolates were classified as b, non-b (other serotypes and nontypeables), or as having missing serotype information. Serotype reporting was assessed for patients of all ages and for those patients aged <5 years.

During January 2007–October 2008, a total of 4,657 cases of invasive *H. influenzae* disease were reported to CDC; 127 cases (2.7%) were type b, 2,267 (48.7%) were non-b, and 2,263 (48.6%) were missing serotype information. Among children aged <5 years, 748 *H. influenzae* cases were reported; 45 (6.0%) were type b, 425 (56.8%) were non-b, and 278 (37.2%) were missing serotype information. Based on the merged NNDSS/ABCs data, the average annual rate of invasive Hib disease reported in children aged <5 years, during January 2007–October 2008, was 0.12 cases per 100,000 children per year. During 2007, the annual rate was 0.11 cases per 100,000 children aged <5 years, and during January–October 2008, the annual rate was 0.13 cases per 100,000.

Overall, 49 of 52 jurisdictions (50 states, DC, and New York City) reported at least one case of *H. influenzae* to NNDSS or ABCs in a child aged <5 years. Of the 49 jurisdictions, a total of 19 (38.8%) were missing serotype data for >50% of reported cases, 16 (32.7%) were missing serotype data for >75% of reported cases, and 14 (28.6%) were missing serotype data for all reported cases (Figure). Among the five jurisdictions entirely covered by ABCs, four had no reported cases with missing serotype data. Among the five jurisdictions partially covered by ABCs, the median percentage of cases with missing data was 21.7%; among the 39 remaining jurisdictions not participating in ABCs, the median was 50.0% (Figure).

Reported by: F Coronado, MD, K Brown, MPH, A Cohn, MD, N Messonnier, MD, TA Clark, MD, National Center for Immunization and Respiratory Diseases; M Jackson, PhD, EIS Officer, CDC.

FIGURE. Number of jurisdictions (N = 49*) reporting cases of invasive *Haemophilus influenzae* disease in children aged <5 years, by status of jurisdiction[†] and percentage of reports with missing serotype data — United States, January 2007–October 2008



* Out of 52 (50 states, District of Columbia, and New York City).

Editorial Note: The primary Hib vaccine series protects infants against invasive Hib disease. However, serum antibody levels decrease by age 12–15 months in children who have completed the primary series (5), and the Advisory Committee on Immunization Practices recommends that children receive a booster dose at that age (6). Higher concentrations of serum antibodies might be required to interrupt Hib transmission and colonization of the upper respiratory tract than to protect against invasive Hib disease (7). Thus, the booster dose can be of particular importance for indirect protection and promotion of herd immunity against Hib disease.

In December 2007, Merck recalled certain lots of PedvaxHIB and Comvax and suspended production of these vaccines because the company was unable to assure the sterility of equipment used during manufacture of those lots (1). Interim Hib vaccine recommendations by CDC, in consultation with other organizations, stipulated that vaccination providers defer administering the booster vaccine dose to children not at increased risk for Hib disease until vaccine supply is restored (1). Those at increased risk include American Indian/Alaska Native (AI/AN) children and children with certain immunosuppressive conditions (1). The recommendations stated that providers should register and track children for whom the booster was deferred to facilitate recalling them for vaccination once supply problems are resolved.

^{*} Five states are entirely covered by ABCs for *H. influenzae* disease: Connecticut, Maryland, Minnesota, New Mexico, and Oregon. Five other states are partially covered by ABCs: California (three-county San Francisco Bay area), Colorado (five-county Denver area), Georgia (20-county Atlanta area), New York (15 counties), and Tennessee (11 counties).

[†] Five states are entirely covered by Active Bacterial Core surveillance (ABCs) for *H. influenzae* disease: Connecticut, Maryland, Minnesota, New Mexico, and Oregon. Five other states are partially covered by ABCs: California (three-county San Francisco Bay area), Colorado (five-county Denver area), Georgia (20-county Atlanta area), New York (15 counties), and Tennessee (11 counties).

In October 2008, Merck announced that the company had identified the need for an additional manufacturing change and associated regulatory approval and did not expect to restore availability of these vaccines until mid-2009. Sufficient vaccine exists in the United States to provide the primary series and booster dose for AI/AN children and others at increased risk through at least mid-2009. However, the continued delay in restoring these vaccines to the market means continuing the interim recommendations for deferral of Hib booster vaccines for children not at increased risk.

What effect continued deferral of the Hib booster might have on the incidence of invasive Hib disease in young children in the United States is unknown. In this analysis, the annual rate of invasive Hib disease in children aged <5 years was 0.13 per 100,000 during January—October 2008, compared with 0.11 per 100,000 children in 2007 and an average of 0.3 cases per 100,000 per year during 1998–2000, the period of the last published analysis of Hib using NNDSS/ABCs data (8). This analysis has not shown an increase in invasive Hib disease in children aged <5 years since the December 2007 vaccine recall. However, the history of Hib disease in the United Kingdom suggests that prolonged deferral of the Hib booster dose might yet lead to changes in the epidemiology of Hib disease in the United States.

In the United Kingdom, Hib conjugate vaccines were introduced in 1992 as a 3-dose primary series without a booster dose, along with a 1-dose catch-up campaign for children aged >4 years. The rate of invasive Hib disease decreased from 22.9 cases per 100,000 children aged <5 years in 1990 to 0.65 cases per 100,000 in 1997. But beginning in 1999, the rate of Hib disease increased again, to 4.6 cases per 100,000 children aged <5 years in 2002 (9). One factor likely contributing to this increase was insufficient direct protection and herd immunity because of waning immunity in the absence of a routine Hib booster dose, prompting the United Kingdom to recommend a booster dose in 2003. Based on the United Kingdom experience, prolonged deferral of the Hib booster in the United States might lead to an increase in Hib colonization and disease.

Continued surveillance for invasive *H. influenzae* disease enables monitoring of vaccine failures and potential changes in the epidemiology of non-b *H. influenzae* serotypes. CDC currently uses surveillance data to 1) monitor rates of Hib disease, 2) evaluate the impact of deferring the age 12–15 month Hib vaccine booster dose, and 3) inform other vaccination recommendations. With continuation of the vaccine shortage, *H. influenzae* surveillance takes on increased importance because the shortage might lead to increased Hib colonization, transmission, and eventually Hib disease. However, as the analysis in this report indicates, national surveillance is hampered by incomplete serotype reporting. For children aged <5 years,

serotype data are missing for nearly 40% of cases reported to CDC. Although serotype data are more complete from jurisdictions participating in ABCs, the data from that system represent only 12% of the U.S. population. Because changes in the epidemiology of Hib disease resulting from the vaccine shortage might by unevenly distributed on a national level, more complete reporting of *H. influenzae* serotypes is needed for effective surveillance.

National reporting of *H. influenzae* serotypes requires obtaining appropriate clinical specimens for confirmation of suspected *H. influenzae*, sending isolates to a laboratory capable of serotyping using standard procedures (*10*), reporting cases to local health departments, and successfully transmitting data through NNDSS. In 2006, after CDC follow-up with state health departments, the percentage of case reports transmitted through NNDSS with missing serotype data was reduced from 48.6% to 38.0% (K. Brown, CDC, personal communication, 2008). Coupled with the observation that jurisdictions participating in ABCs had fewer case reports with missing serotype data than jurisdictions not participating in ABCs, the follow-up results suggest that enhanced surveillance efforts can improve serotype reporting.

To improve Hib surveillance, CDC will contact state health departments reporting *H. influenzae* disease cases in children aged <5 years during the next several months to solicit serotype information and vaccination history. Health-care providers should contact the local health department when invasive *H. influenzae* is suspected. Health departments and state and hospital laboratories should increase efforts for timely serotyping and reporting of all cases of invasive *H. influenzae* disease in children aged <5 years.

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Rotavirus Surveillance — Worldwide, 2001–2008

Rotavirus infection is the leading cause of severe acute diarrhea among young children worldwide (1,2). An estimated 527,000 children aged <5 years die from rotavirus diarrhea each year, with >85% of these deaths occurring in low-income countries of Africa and Asia (3). Two licensed rotavirus vaccines have shown efficacy of 85%-98% against severe rotavirus diarrhea in trials conducted in the Americas and Europe (4,5), and they have been introduced into routine immunization programs in 11 countries in these regions and in Australia. Additional trials of these vaccines are ongoing to assess efficacy in low-income countries of Asia and Africa, where vaccine performance might be affected by factors such as concurrent enteric infections, greater prevalence of malnutrition, and a greater prevalence of unusual rotavirus strains. Results of these additional trials are expected within the next 1-2 years. To collect epidemiologic and burden-of-disease data that could form the basis of vaccination policy worldwide, beginning in 2001, the World Health Organization (WHO), in collaboration with partners, established networks of hospital-based sentinel surveillance sites for detection of rotavirus diarrhea and characterization of rotavirus strains. This report presents an analysis of results from the WHO surveillance networks for 2001-2008, which indicated that approximately 40% of diarrhea hospitalizations among children aged <5 years worldwide were attributed to rotavirus infection. The most common rotavirus strains found were G1, G2, G3, G4, and G9, and the distribution of strains varied markedly across regions. These data demonstrate the substantial burden of rotavirus diarrhea worldwide and highlight the potential health impact of vaccination.

Since 2001, regional networks of sentinel hospital-based sites have been established in 35 countries located in each of

the six WHO regions worldwide.* These sites have conducted rotavirus surveillance using standard guidelines described in a WHO generic protocol (6). The period of surveillance differed among the sites depending on when regional networks were established. All data presented in this report were obtained during August 2001–July 2008.

At each site, all children aged <5 years hospitalized with diarrhea (i.e., three or more loose stools in a 24-hour period) were enrolled. Approximately 5 cc of bulk stool were collected from each patient with diarrhea and placed in a screw-top container, preferably within 48 hours of hospital admission. Specimens were stored in a freezer at -4°F (-20°C) until rotavirus testing was performed, generally in a hospital laboratory within the country. A confirmed case of rotavirus diarrhea was defined as diarrhea in a patient who had rotavirus antigen detected by a commercial enzyme immunoassay (EIA) (most frequently used assay was IDEIA™ Rotavirus [Oxoid Ltd (Ely), Cambridge, United Kingdom]) in a fecal specimen. G and P genotypes of strains were characterized in a sample of rotavirus-positive specimens by reverse transcription—polymerase chain reaction (RT-PCR) (7), generally in a regional reference laboratory.

To avoid bias from seasonal patterns of rotavirus disease, only data for complete years at each site were analyzed. The percentages of children hospitalized with diarrhea who tested positive for rotavirus and the distribution of strains among rotavirus-positive specimens in each WHO region were examined. Median detection rates and the range of detection rates for all countries within each region and for all countries overall were calculated. Data for the South-East Asian and Western Pacific regions were combined for this report because countries in these two regions were part of a single surveillance network.

A total of 62,584 (range: 3,374–26,065 per WHO region) hospitalized patients aged <5 years with acute diarrhea were tested for rotavirus during the study period at all sites combined (Table 1). The overall median detection rate of rotavirus among all countries was 40%. The median rotavirus detection rate was lowest in the Region of the Americas (34%) and highest in the South-East Asian and the Western Pacific regions (45%).

Of the 4,936 rotavirus-positive specimens from all regions for which strains were characterized, 325 were from the African Region, 388 specimens were from the Region of the Americas, 323 were from the European Region, 1,290 were from the Eastern Mediterranean Region, and 2,610 were

^{*}The following countries were included in the regional surveillance networks: Ghana, Kenya, Uganda, and Zambia in the African Region; Guyana, Nicaragua, Suriname, St. Vincent and Grenadine, Chile, Venezuela, Paraguay, Bolivia, El Salvador, Honduras, and Guatemala in the Region of the Americas; Georgia, Tajikistan, and Ukraine in the European Region; Egypt, Iran, Jordan, Libya, Morocco, Oman, Pakistan, Sudan, and Yemen in the Eastern Mediterranean Region; and China, Hong Kong, Malaysia, Myanmar, South Korea, Taiwan, Thailand, and Vietnam in the South-East Asian and Western Pacific regions.

TABLE 1.Total number of patients aged <5 years who were tested for acute gastroenteritis and median detection rate of rotavirus, by World Health Organization (WHO) region — worldwide, 2001–2008

	No. of		patients tested by country)		ate for all countries / country)
WHO region*	countries	No.	Range	Rate (%)	Range
African	4	4,356	(642-1,702)	41	(39–52)
Americas	11	26,065	(192-6,062)	34	(10-51)
European	3	3,374	(702-1,969)	40	(38-45)
Eastern Mediterranean	9	17,291	(316-6,553)	40	(29–55)
South-East Asian and Western Pacific†	8	11,498	(388-2,986)	45	(28-59)
Total	35	62,584	(192-6,553)	40	(10-59)

^{*} The following countries were included in the regional surveillance networks: Ghana, Kenya, Uganda, and Zambia in the African Region; Guyana, Nicaragua, Suriname, St. Vincent and Grenadine, Chile, Venezuela, Paraguay, Bolivia, El Salvador, Honduras, and Guatemala in the Region of the Americas; Georgia, Tajikistan, and Ukraine in the European Region; Egypt, Iran, Jordan, Libya, Morocco, Oman, Pakistan, Sudan, and Yemen in the Eastern Mediterranean Region; and China, Hong Kong, Malaysia, Myanmar, South Korea, Taiwan, Thailand, and Vietnam in the South-East Asian and Western Pacific regions.
† Data adapted from Nelson EA, Bresee JS, Parashar UD, Widdowson MA, Glass RI; Asian Rotavirus Surveillance Network. Rotavirus epidemiology: the

Asian Rotavirus Surveillance Network. Vaccine 2008;26:3192-6.

from the South-East Asian and the Western Pacific regions (Table 2). The most common strains in all regions except the Eastern Mediterranean and African regions were G1P[8], G9P[8], and G2P[4], accounting for approximately two thirds of strains in these regions. In the Eastern Mediterranean and African regions, specimens characterized in the category "other" accounted for 50% and 46% of strains, respectively; this category included specimens in which either the G or P type (or both) of the infecting strain could not be characterized.

Reported by: Dept of Immunization, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland. World Health Organization Regional Offices in Brazzaville, Republic of the Congo (African Region), District of Columbia, United States (Region of the Americas), Cairo, Egypt (Eastern Mediterranean Region), Copenhagen, Denmark (European Region), New Delhi, India (South-East Asian Region), and Manila, Philippines (Western Pacific Region). Rotavirus Vaccine Program, PATH, Seattle, Washington. Global Immunization Div; Div of Viral Diseases, National Center for Immunization and Respiratory Diseases, CDC.

Editorial Note: The hospital-based surveillance findings in this report indicate that, during 2001-2008, rotavirus accounted for approximately 40% of hospitalizations for diarrhea among children aged <5 years worldwide. This percentage is greater than those percentages reported in two literature reviews (one reviewing studies published during 1986-1999 and one reviewing studies conducted during 1990–2004), which indicated a median rotavirus detection rate of 22% and 29%, respectively, for diarrhea hospitalizations among children aged <5 years (2,3). The higher rotavirus detection rates in the surveillance networks described in this report might reflect more standardized approaches for selection of patients (e.g., enrolling inpatients only and excluding those with milder disease) and/or improved collection and testing of specimens (e.g., obtaining whole stool specimens and avoiding rectal swabs, which might yield a falsely low rotavirus detection rate) than were used in the studies included in these reviews. Alternatively, the higher detection rates described in this report might reflect changing trends in the etiology of severe childhood diarrhea over the past 2–3 decades, reflecting either an absolute increase in the incidence of rotavirus diarrhea or a relatively greater decrease in the incidence of diarrhea from other causes. One review of more recent studies published during 2000–2004 reported a median detection rate of 39% (*I*), which is comparable to the overall rate observed in the surveillance data presented in this report. Similarly, surveillance data collected using a consistent approach (i.e., systematic sampling of patients seeking care for diarrhea) at Dhaka Hospital in Bangladesh during 1993–2004 also indicate that the percentage of childhood diarrhea hospitalizations attributed to rotavirus increased from 22% during 1993–1995 to 42% during 2002–2004 (8).

The substantial health burden of rotavirus diarrhea in the world underscores the need for effective interventions (e.g., vaccines) for the control of this disease as part of a comprehensive approach for prevention and control of diarrhea. For optimum results, rotavirus vaccines need to provide good protection against the range of rotavirus strains in circulation. Although the two licensed rotavirus vaccines differ in strain composition (i.e., one is monovalent, and one is pentavalent), both appear to provide protection against a variety of strains, including some strains not included in either of the licensed vaccines (4,5). The findings in this report support other observations that strains with G types 1-4 and 9 generally are the most prevalent (9), although the Eastern Mediterranean and African regions showed a high prevalence of other strains. As rotavirus vaccines are implemented in immunization programs worldwide, the sentinel hospital-based rotavirus surveillance networks described in this report will provide valuable baseline information to assess the future impact of vaccination. These sites also will provide platforms for conducting specialized epidemiologic studies of vaccine performance (e.g., vaccine effectiveness evaluations) and for detecting possible changes in the epidemiology of rotavirus disease (including possible changes in strains) in the postvaccination era. In countries of

TABLE 2. Number and percentage of rotavirus-positive specimens (N = 4,936) from hospitalized patients aged <5 years with rotavirus diarrhea, by strain and World Health Organization (WHO) region — worldwide, 2001–2008

					WHO r	egion*				
	Afr	ican	Amer	icas	Europ	ean	Easte Mediterr		South-Ea and Wester	
Strain	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
G1P[8]	117	(36)	124	(32)	102	(32)	223	(17)	554	(21)
G2P[4]	29	(9)	71	(18)	59	(18)	310	(24)	332	(13)
G3P[8]	0	(0)	10	(3)	14	(4)	17	(1)	365	(14)
G4P[8]	0	(0)	21	(5)	59	(18)	33	(3)	103	(4)
G9P[8]	31	(10)	81	(21)	63	(20)	59	(5)	758	(29)
Other§	148	(46)	82	(23)	26	(8)	648	(50)	498	(19)
Total	325	(100)	388	(100)	323	(100)	1,290	(100)	2,610	(100)

^{*} The following countries were included in the regional surveillance networks: Ghana, Kenya, Uganda, and Zambia in the African Region; Guyana, Nicaragua, Suriname, St. Vincent and Grenadine, Chile, Venezuela, Paraguay, Bolivia, El Salvador, Honduras, and Guatemala in the Region of the Americas; Georgia, Tajikistan, and Ukraine in the European region; Egypt, Iran, Jordan, Libya, Morocco, Oman, Pakistan, Sudan, and Yemen in the Eastern Mediterranean Region; and China, Hong Kong, Malaysia, Myanmar, South Korea, Taiwan, Thailand, and Vietnam in the South-East Asian and Western Pacific regions.

† Data adapted from Nelson EA, Bresee JS, Parashar UD, Widdowson MA, Glass RI; Asian Rotavirus Surveillance Network. Rotavirus epidemiology: the Asian Rotavirus Surveillance Network. Vaccine 2008;26:3192–6.

Latin America where vaccines have been licensed and recommended by WHO, existing surveillance networks currently are being used to conduct such evaluations of vaccine impact and effectiveness.

The findings in this report are subject to at least two limitations. First, although the countries participating in the various regional networks conducted surveillance using a standard generic WHO protocol, methods were adapted according to local needs (e.g., obtaining information on use of oral rehydration therapy or antibiotics before hospitalization) and availability of resources. These variations might have affected the comparability of data across sites, but key factors such as criteria for enrollment of cases, procedures for obtaining fecal specimens, and methods of rotavirus detection and strain characterization were well standardized. Formal assurance and standardization systems are being implemented to ensure further improvement in the quality and comparability of data across various countries and networks. Second, although surveillance generally was conducted in large pediatric hospitals that cared for a substantial number of patients with acute gastroenteritis, these sites might not be representative of the total population of the country.

Data generated from global rotavirus surveillance networks highlight the burden of rotavirus hospitalizations, including those in low-income countries that are eligible for financial support for vaccine purchase through the GAVI Alliance (formerly known as the Global Alliance for Vaccines and Immunizations). Fourteen low-income countries in regions where vaccine efficacy is proven (i.e., Latin America and Europe) are currently eligible for GAVI Alliance support for rotavirus vaccine purchase. If ongoing trials in Africa and Asia show good vaccine efficacy, this support likely will be

extended to the remaining 58 countries eligible for GAVI Alliance funding in other regions. The availability and use of rotavirus vaccines globally should have a substantial impact on hospitalizations and mortality associated with childhood diarrhea and thereby will contribute to achievement of the United Nations' Millennium Development Goals for reduction of childhood mortality.†

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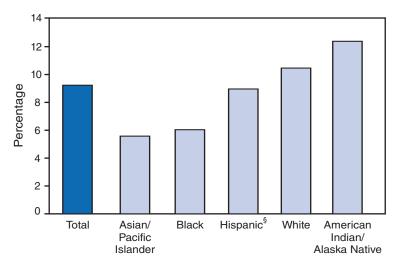
[§] Includes untypeable strains.

[†] Available at http://www.unicef.org/mdg/mortalitymultimedia/index.html.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Large-for-Gestational-Age* Births,† by Race or Hispanic Ethnicity — United States, 2005



Race or Hispanic ethnicity

- * Birthweight at or above the 90th percentile for a given gestational age.
- † Includes only singleton live births.
- § Might be of any race.

Infants born large for their gestational age (LGA) are at increased risk for birth complications, such as obstructed labor, and for obesity later in life. Information from U.S. birth certificates for 2005 shows that a greater percentage of American Indian/Alaska Native women gave birth to an LGA infant (12%), followed by white (10%) and Hispanic women (9%). Black and Asian/Pacific Islander women were least likely to have given birth to an LGA infant (6%).

SOURCES: National Vital Statistics System. Annual natality files. Available at http://www.cdc.gov/nchs/births.htm.

Oken E, Kleiman KP, Rich-Edwards J, Gillman MW. A nearly continuous measure of birth weight for gestational age using a United States national reference. BMC Pediatr 2003;3:6. Available at http://www.biomedcentral.com/content/pdf/1471-2431-3-6.pdf.

TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 15, 2008 (46th week)*

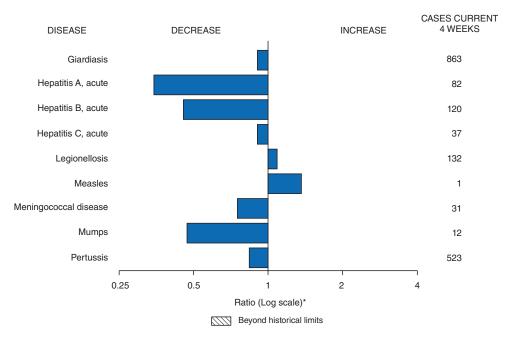
	0	0	5-year	reno	To orted fo	tal cas		ears	
Disease	Current week	2008	weekly average [†]	_	2006				States reporting cases during current week (No.)
Anthrax				1	1				
Botulism:									
foodborne	_	11	1	32	20	19	16	20	
infant	_	79	2	85	97	85	87	76	
other (wound & unspecified)	_	17	0	27	48	31	30	33	
Brucellosis	2	81	2	131	121	120	114	104	NY (1), CA (1)
Chancroid	_	29	1	23	33	17	30	54	
Cholera	_	1	0	7	9	8	6	2	
Cyclosporiasis§	3	118	1	93	137	543	160	75	IN (1), MD (1), FL (1)
Diphtheria	_	_	_	_	_	_	_	1	
Domestic arboviral diseases ^{§,¶} :									
California serogroup	_	36	0	55	67	80	112	108	
eastern equine	_	2	0	4	8	21	6	14	
Powassan	_	1	0	7	1	1	1	_	
St. Louis	_	8	0	9	10	13	12	41	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis/Anaplasmosis [§] ,**:									
Ehrlichia chaffeensis	1	743	8	828	578	506	338	321	KY (1)
Ehrlichia ewingii	_	7	_						
Anaplasma phagocytophilum	2	366	10	834	646	786	537	362	NY (1), MN (1)
undetermined	_	63	2	337	231	112	59	44	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	1	24	0	22	29	9	19	32	OH (1)
nonserotype b	1	143	2	199	175	135	135	117	FL (1)
unknown serotype	3	167	3	180	179	217	177	227	MO (1), MD (1), TN (1)
Hansen disease§	_	65	2	101	66	87	105	95	
Hantavirus pulmonary syndrome§		14	0	32	40	26	24	26	FI (4) 04 (6)
Hemolytic uremic syndrome, postdiarrheal§	4	186	3	292	288	221	200	178	FL (1), CA (3)
Hepatitis C viral, acute	6	707	17	849	766	652		1,102	MI (1), NC (1), WA (1), OR (3)
HIV infection, pediatric (age <13 years) §§	_	_	4	_	_	380	436	504	
Influenza-associated pediatric mortality ^{§,¶¶}	_	90	0	77	43	45		N	MD (0) NO (1) EL (0) AD (1) OA (1)
Listeriosis	7	558	14	808	884	896	753	696	MD (2), NC (1), FL (2), AR (1), CA (1)
Measles***	_	132	0	43	55	66	37	56	
Meningococcal disease, invasive†††:		000	4	205	010	007			
A, C, Y, & W-135	_	236	4	325	318	297	_	_	OK (4)
serogroup B	1	131	3	167	193	156	_	_	OK (1)
other serogroup		30	1	35	32	27			NIV (1) OLL (0) CC (1) CO (1) CA (1)
unknown serogroup	6 2	534 352	11	550	651	765 314	 258		NY (1), OH (2), SC (1), CO (1), CA (1)
Mumps Novel influenza A virus infections	1	1	16 —	4	6,584 N	314 N	256 N	231 N	MI (1), CA (1) TX (1)
Plague	'	1	0	7	17	8	3	1	17 (1)
Poliomyelitis, paralytic	_		_			1	_		
Polio virus infection, nonparalytic§		_	_	_	N	N	N	N	
Psittacosis§		9	0	12	21	16	12	12	
Qfever ^{§,§§§} total:		103	1	171	169	136	70	71	
acute	_	92		- 17.1	103	-	-	_	
chronic		11	_	_		_	_	_	
Rabies, human	_		0	1	3	2	7	_	
Rubella ¹¹¹¹	_	13	_	12	11	11	10	7	
Rubella, congenital syndrome	_	_	_		1	1	_	1	
SARS-CoV§,****	_	_	_	_			_	8	
Smallpox§	_	_	_	_	_	_	_	_	
Streptococcal toxic-shock syndrome§	1	112	1	132	125	129	132	161	OH (1)
Syphilis, congenital (age <1 yr)	_	192	8	430	349	329	353	413	- 17
Tetanus	_	10	0	28	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	2	57	1	92	101	90	95	133	CA (2)
Trichinellosis	_	4	Ö	5	15	16	5	6	···\=/
Tularemia	1	88	2	137	95	154	134	129	NE (1)
Typhoid fever	1	352	4	434	353	324	322	356	CA (1)
Vancomycin-intermediate Staphylococcus aureus§		6	0	37	6	2	-	N	±:: /:/
Vancomycin-resistant Staphylococcus aureus§	_	_	_	2	1	3	1	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	6	396	3	447	N	N	Ń	N	FL (2), KY (1), WA (1), CA (1), HI (1)
Yellow fever	0	_	_		. 4			_	. = \-/, \./, \./, \./,

See Table 1 footnotes on next page.

TABLE 1. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 15, 2008 (46th week)*

- -: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
 - * Incidence data for reporting year 2008 are provisional, whereas data for 2003, 2004, 2005, 2006, and 2007 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 and 2008 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.
- 1 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.
- ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).
- ^{††} 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.
- 11 Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. There are no reports of confirmed influenza-associated pediatric deaths for the current 2008-09 season.
- *** No measles cases were reported for the current week.
- ††† Data for meningococcal disease (all serogroups) are available in Table II.
- §§§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
- 199 No rubella cases were reported for the current week.
- **** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 15, 2008, with historical data



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Michael S. Wodajo
Pearl C. Sharp

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 15, 2008, and November 17, 2007

			Chlamyd	ia [†]			Cocci	idiodomy	cosis			Cry	otosporid	iosis	
		Prev					Prev	ious				Prev	ious		
	Current			Cum	Cum	Current	52 w		Cum	Cum	Current		veek	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	12,689	21,200	28,892	954,829	971,989	148	121	341	5,795	6,697	43	102	426	6,536	10,397
New England Connecticut	674 141	707 215	1,516 1,093	32,699 10,108	31,343 9.264	 N	0 0	1 0	1 N	2 N	1	5 0	39 37	283 37	312 42
Maine§	60	50	72	2,289	2,247	N	0	0	N	N	_	1	6	41	49
Massachusetts New Hampshire	368 43	327 40	660 64	15,366 1,881	14,238 1,843	N	0 0	0 1	N 1	N 2	_	1 1	9 4	91 53	124 46
Rhode Island§	46	54	104	2,379	2,809	_	0	Ö	_	_	_	Ö	2	7	10
Vermont§	16	15	52	676	942	N	0	0	N	N	1	1	7	54	41
Mid. Atlantic New Jersey	4,428 11	2,763 419	4,942 537	130,755 18,215	127,004 19.090	N	0	0	N	N	5	12 0	34 2	647 26	1,307 64
New York (Upstate)	456	555	2,177	23,929	24,216	N	0	Ö	N	N		4	17	241	228
New York City	3,413	975	3,021	51,231	45,886	N	0	0	N	N	_	2	6	95	95
Pennsylvania	548	823	1,047	37,380	37,812	N	0	0	N	N	3	5	15	285	920
E.N. Central Illinois	890 5	3,477 1,062	4,373 1,711	153,666 44,449	158,789 47,173	N	1 0	3 0	38 N	32 N	<u>8</u>	25 2	122 7	1,799 104	1,754 188
Indiana	267	375	656	18,022	18,717	N	0	0	N	N	2	3	41	173	90
Michigan Ohio	467 10	834 828	1,226 1,261	39,032 37,484	32,944 42,330	_	0 0	3 1	29 9	21 11	<u> </u>	5 6	13 59	231 648	182 535
Wisconsin	141	335	612	14,679	17,625	N	Ō	0	Ň	N	1	8	46	643	759
W.N. Central	654	1,265	1,700 240	57,304	56,305		0	77 0	2 N	8 N	6	16 4	71 30	878	1,516
lowa Kansas	131	165 181	529	7,598 8,150	7,799 7,237	N	0	0	N	N	2	1	8	259 75	599 139
Minnesota		264	373	11,639	12,089	_	0	77	_	_	4	5	15	210	257
Missouri Nebraska§	397 51	478 91	566 252	21,789 4,067	20,782 4,591	N	0 0	1 0	2 N	8 N	_	3 2	13 8	152 106	169 163
North Dakota	23	33	65	1,483	1,529	N	0	0	N	N	_	ō	51	7	23
South Dakota	52	55	85	2,578	2,278	N	0	0	N	N	_	1	9	69	166
S. Atlantic Delaware	1,875 57	3,662 67	7,609 150	165,757 3,275	190,334 3,050	_	0 0	1	4 1	5	9	18 0	46 2	860 10	1,156 20
District of Columbia	108	129	210	6,078	5,339	_	0	Ö	_	2	_	Ö	2	8	3
Florida	880 3	1,359 231	1,569 1,338	61,300 15,966	50,954 38.246	N N	0 0	0 0	N N	N N	2 1	8 4	35 13	415 200	615 213
Georgia Maryland [§]	_	451	699	19,841	19,855	_	Ö	1	3	3	1	0	4	33	33
North Carolina		3	4,783	5,901	24,330	N	0	0	N	N	2	0	16	63	102
South Carolina [§] Virginia [§]	514 311	465 616	3,047 1,059	23,407 27,334	23,727 22,001	N N	0 0	0 0	N N	N N	3	1 1	4 4	45 67	81 78
West Virginia	2	57	96	2,655	2,832	N	Ö	Ö	N	N	_	Ô	3	19	11
E.S. Central	1,111	1,564	2,394	72,878	73,488 22,518	 N	0	0	_ N	N	2	3	9	147	589
Alabama [§] Kentucky	250	457 234	589 370	18,978 10,731	7,466	N N	0 0	0	N N	N N	_	1 0	6 4	60 31	113 246
Mississippi	411	369	1,048	18,422	19,224	N	0	0	N	N	_	0	2	16	100
Tennessee§	450	528	790	24,747	24,280	N	0	0	N	N	2	1	6	40	130
W.S. Central Arkansas§	257 46	2,752 276	4,426 455	122,281 12,548	110,751 8,803	 N	0 0	1 0	3 N	2 N	2	5 0	130 6	1,071 37	415 58
Louisiana	211	383	775	18,504	17,614	-	0	1	3	2	_	1	5	52	57
Oklahoma Texas§	_	195 1,892	392 3,923	7,668 83,561	11,257 73,077	N N	0 0	0	N N	N N	2	1 2	16 117	122 860	114 186
Mountain	814	1,266	1,811	56,357	65,606	86	88	170	3,829	4,178	8	9	37	489	2,851
Arizona	308	470	651	21,236	22,099	86	86	168	3,754	4,037	3	1	9	86	47
Colorado Idaho [§]	356 91	196 60	488 314	9,159 3,276	15,465 3,253	N N	0	0	N N	N N	5 —	1	12 14	108 61	204 442
Montana§	_	58	363	2,414	2,273	N	0	Ö	N	N	_	1	6	39	61
Nevada [§] New Mexico [§]	=	181 135	416 561	8,242 5,859	8,587 8,055	_	1 0	6 3	41 27	60 20	_	0 1	1 23	1 144	36 118
Utah	36	115	253	4,840	4,804	_	0	3	5	58	_	Ö	6	33	1,889
Wyoming§	23	30	58	1,331	1,070	_	0	1	2	3	_	0	4	17	54
Pacific Alaska	1,986 53	3,692 88	4,676 129	163,132 3,917	158,369 4,322	62 N	31 0	217 0	1,918 N	2,470 N	2	9	29 1	362 3	497 3
California	1,482	2,878	4,115	128,714	123,778	62	31	217	1,918	2,470	2	5	14	219	256
Hawaii Oregon [§]	27 114	103 188	153 402	4,597 8,769	5,051 8,508	N N	0 0	0	N N	N N	_	0 1	1 4	2 50	6 122
Washington	310	372	634	17,135	16,710	N	0	0	N	N	_	2	16	88	110
American Samoa	_	0	20	73	95	N	0	0	N	N	N	0	0	N	N
C.N.M.I. Guam	_	 5	 24	 115	— 747	_			_	_	_			_	_
Puerto Rico	115	121	612	6,253	6,522	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	_	12	23	502	146	_	0	0	_	_	_	0	0	_	_

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

* Incidence data for reporting year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

			Giardiasi	s				Gonorrhe	a				es, all ser	zae, invas otypes [†]	ive
			/ious /eeks	_	_			vious veeks	_	_			ious eeks	_	
Reporting area	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007
United States	195	308	1,158	15,015	16,455	2,986	5,942	8,913	263,370	313,473	27	48	173	2,227	2,114
New England	2	24	49	1,134	1,325	68	103	227	4,648	4,946	5	3	12	134	159
Connecticut Maine [§]	_ 1	6 3	11 12	278 158	328 174	20 3	52 1	199 6	2,287 84	1,891 111	5 —	0 0	9 1	39 15	43 12
Massachusetts	_	9	17	343	555	40	38	127	1,880	2,395	_	1	5	57	77
New Hampshire Rhode Island [§]	1	2 1	11 8	134 76	31 77	2 2	2 6	6 13	92 280	131 364	_	0	1	9 6	16 8
Vermont§	_	2	13	145	160	1	0	5	25	54	_	0	3	8	3
Mid. Atlantic	51	60	131	2,804	2,855	838	625	1,028	29,198	32,302	6	10	31	427	405
New Jersey New York (Upstate)	37	7 23	14 111	302 1,059	365 1,043	2 93	100 122	168 545	4,465 5,328	5,393 6.044	4	1 3	7 22	66 130	62 114
New York City	4	15	27	703	771	636	175	519	9,514	9,489	_	1	6	73	87
Pennsylvania	10	15	45	740	676	107	225	394	9,891	11,376	2	4	8	158	142
E.N. Central Illinois	25	48 10	78 22	2,201 492	2,580 805	259 3	1,239 371	1,647 589	54,657 15,413	64,613 17,748	1	7 2	28 7	327 102	324 101
Indiana	N	0	0	N	N	95	149	284	7,242	8,052	_	1	20	65	54
Michigan Ohio	1 22	11 16	21 31	503 801	554 728	107 8	329 301	657 531	14,619 13,391	13,727 18,973	1	0 2	3 6	17 119	26 91
Wisconsin	2	9	23	405	493	46	94	175	3,992	6,113		1	2	24	52
W.N. Central	18	26	621	1,742	1,348	171	318	425	14,530	17,482	3	3	24	174	124
Iowa Kansas	_ 1	6 3	17 11	282 145	274 167	33	28 41	48 130	1,289 2,026	1,733 2.057	_	0	1 3	2 13	1 11
Minnesota	_	0	575	590	168	_	57	92	2,553	3,110	_	0	21	54	56
Missouri	9	8	22	411	478	106	149	203	7,102	8,948	2	1	6	67	37
Nebraska [§] North Dakota	6 2	4 0	10 36	186 21	147 20	19 1	25 2	47 6	1,158 91	1,295 108	1	0	2	26 12	15 4
South Dakota	_	2	10	107	94	12	7	15	311	231	_	0	Ō	=	_
S. Atlantic	40	55	87	2,459	2,734	743	1,186	3,072	55,809	73,887	7	11	29	595	532
Delaware District of Columbia	_	1 1	3 5	38 51	39 68	10 44	20 48	44 104	919 2,305	1,160 2,116	_	0	2 1	7 9	8 3
Florida	33	22	52	1,138	1,142	263	449	549	20,339	20,691	3	3	10	159	143
Georgia Maryland [§]	7	10 5	27 12	511 225	613 245	_	105 118	560 206	6,101 5,346	15,762 5,930		2 2	9 6	132 85	106 78
North Carolina	Ň	0	0	N	N	, -	0	1,949	2,638	12,644	1	1	9	66	51
South Carolina§ Virginia§	_	2 9	6 39	106 338	108 473	170 254	189 166	832 486	8,434 9,107	9,166 5,571	1	1 1	7 6	46 73	46 72
West Virginia	_	1	5	52	46	2	14	26	620	847	_	Ó	3	18	25
E.S. Central	_	9	21	415	515	327	552	945	26,012	28,629	3	2	8	114	127
Alabama [§] Kentucky	 N	5 0	12 0	231 N	240 N	— 81	179 90	287 153	7,510 4,084	9,637 2,937	_	0 0	2 1	17 2	27 8
Mississippi	N	0	0	N	N	127	131	401	6,557	7,385	_	0	2	13	9
Tennessee§	_	4	13	184	275	119	163	296	7,861	8,670	3	2	6	82	83
W.S. Central Arkansas§	4	7 3	41 8	378 125	392 142	156 49	954 86	1,355 167	41,904 4,111	46,004 3,779	_	2	29 3	95 9	89 9
Louisiana	_	2	9	113	128	107	169	317	7,953	10,101	_	0	2	7	8
Oklahoma Texas§	4 N	3 0	35 0	140 N	122 N	_	67 635	124 1,102	2,903 26,937	4,358 27,766	_	1 0	21 3	71 8	62 10
Mountain	14	28	60	1,302	1,629	103	212	338	9,475	12,298	2	5	14	250	223
Arizona	1	2	7	118	181	40	68	109	2,991	4,528	_	2	11	102	79
Colorado Idaho§	10 3	11 4	27 19	511 176	518 161	58 3	58 3	100 13	2,725 140	3,008 238	2	1 0	4 4	50 12	53 6
Montana§	_	1	9	74	101	_	2	48	95	61	_	Ö	1	2	2
Nevada [§] New Mexico [§]	_	1 1	7 7	81 78	128 108	_	40 24	130 104	1,901 1,094	2,114	_	0 1	2 4	14 33	10
Utah	_	5	22	242	391	_	11	36	418	1,579 700	_	1	6	34	38 30
Wyoming [§]	_	0	3	22	41	2	2	9	111	70	_	0	2	3	5
Pacific Alaska	41 2	54 2	185 10	2,580	3,077	321 2	608 10	746 24	27,137 444	33,312	_	2	7 2	111 16	131 15
Alaska California	32	35	91	91 1,675	72 2,059	274	510	657	22,538	501 27,810	_	0	3	25	45
Hawaii	_	1	5	38	72	4	11	22	511	593	_	0	2	17	11
Oregon [§] Washington	2 5	8 8	18 87	404 372	420 454	14 27	23 55	48 90	1,090 2,554	1,083 3,325	_	1 0	4 3	50 3	58 2
American Samoa	_	0	0	_	_	_	0	1	2,334	3	_	0	0	_	_
C.N.M.I.	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Guam Puerto Rico	3	0 2	0 10	117	2 354	4	1 5	15 25	72 250	118 284	_	0	1 0	_	2
U.S. Virgin Islands	•	0	0		_		2	6	93	37	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Med: * Incidence data for reporting year 2008 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). Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 15, 2008, and November 17, 2007 (46th week)*

				Hepat	itis (viral,	acute), by	type [†]								
			Α					В				L	egionellos	sis	
			rious					ious					/ious		
Reporting area	Current week	Med Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	veeks Max	Cum 2008	Cum 2007
United States	17	47	171	2,154	2,553	21	69	259	2,988	3,836	29	49	139	2,429	2,339
New England	_	2	7	2,134	122	_	1	25 9 7	2,966 50	114	_	2	16	118	137
Connecticut	_	0	4	26	25	_	0	7	19	35	_	0	5	37	36
Maine [§] Massachusetts	_	0	2 5	8 38	3 61	_	0	2 1	10 9	13 41	_	0	2	9 13	7 39
New Hampshire	_	Ö	2	12	12	_	0	1	6	5	_	0	5	24	8
Rhode Island [§] Vermont [§]	_	0 0	2 1	12 2	13 8	_	0 0	2 1	4 2	15 5	_	0 0	14 1	30 5	38 9
Mid. Atlantic	4	6	12	262	413	3	9	15	377	495	7	14	58	831	753
New Jersey New York (Upstate)	_	1	4 6	51 57	118 67	_	2 1	7 4	110 59	137 81	_	1 5	7 19	77 296	104 204
New York City	-	2	6	93	146	_	2	6	78	110	_	2	12	101	170
Pennsylvania	4	1	6	61	82	1	3	7	130	167	5	6	33	357	275
E.N. Central Illinois	1	6 1	16 10	282 85	309 109	1	7 1	12 5	338 78	406 124	2	10 1	39 7	518 66	536 105
Indiana	_	0	4	21	27	_	1	6	40	47	1	1	7	46	55
Michigan Ohio	1 —	2 1	7 4	105 45	86 58	<u> </u>	2 2	6 8	110 104	103 112	<u> </u>	2 4	16 18	141 248	155 190
Wisconsin	_	0	2	26	29	_	0	1	6	20	_	0	3	17	31
W.N. Central lowa	3	5 1	29 7	237 104	152 43	2	2	9 2	87 13	101 23	2	2 0	9 2	110 13	105 11
Kansas	_	0	3	13	7	_	0	3	7	8	_	0	1	2	9
Minnesota Missouri	_	0 1	23 3	36 40	62 19	_ 1	0 1	5 4	10 50	17 35	2	0 1	4 5	21 53	25 43
Nebraska§	1	ò	5	40	15	i	Ö	1	6	11	_	Ö	4	19	13
North Dakota South Dakota	_	0 0	2 1	4	<u></u>	_	0	1 0	1	7	_	0	2 1	_	4
S. Atlantic	3	7	15	346	437	3	16	60	758	890	5	8	28	403	387
Delaware District of Columbia	 U	0	1 0	7 U	7 U	_ U	0	3 0	7 U	14 U	_	0 0	2	11 13	11 15
Florida	1	3	8	137	137	1	6	12	292	303	3	3	7	132	130
Georgia Maryland [§]	1	1 1	4 3	44 37	62 69	1	3 2	6 4	125 71	137 106	_	0 2	4 10	27 107	37 75
North Carolina	1	Ö	9	58	57	_	0	17	73	120	_	0	7	33	42
South Carolina§ Virginia§	_	0 1	3 5	15 43	17 79	1	1 2	6 16	53 89	56 115	_	0 1	2 6	11 49	17 47
West Virginia	_	Ö	2	5	9	_	1	30	48	39	_	Ö	3	20	13
E.S. Central	2	1 0	9 4	74 12	96 19	1	7 2	13	320 89	338 118	2	2	10 2	101	91 9
Alabama§ Kentucky	1	0	3	28	19	_	2	6 5	76	68		1	4	14 51	46
Mississippi Tennessee§	1	0	2 6	5 29	8 50	_ 1	0 3	3 8	38 117	36 116	_	0 1	1 5	1 35	— 36
W.S. Central	_	5	55	183	234	6	13	131	553	833	_	1	23	70	116
Arkansas§	_	0	1	5	12	_	0	4	30	66	_	Ó	2	11	15
Louisiana Oklahoma	_	0	1 3	10 7	27 10	<u> </u>	2	4 22	73 102	89 119	_	0 0	2 6	9 10	4 5
Texas§	_	4	53	161	185	_	7	107	348	559	_	1	18	40	92
Mountain Arizona	1 1	4 2	9 8	173 79	208 138	_	4 1	10 5	174 60	191 76	4 2	2	4 2	70 18	101 36
Colorado		0	3	35	24	_	0	3	30	34	_	0	2	10	21
Idaho [§] Montana [§]	_	0	3 1	18 1	6 9	_	0 0	2 1	9 2	12	_	0	1	3 4	6 3
Nevada§	_	0	3	8	11	_	1	3	32	43	2	0	i	10	8
New Mexico [§] Utah	_	0 0	3 2	16 13	11 6	_	0	2 5	9 28	12 10	_	0 0	1 2	6 19	10 14
Wyoming§	_	Ö	1	3	3	_	Ő	1	4	4	_	Ö	0	_	3
Pacific	3	11	51	499	582	5	7	30	331	468	7	4	18	208	113
Alaska California	3	0 9	1 42	3 407	4 500	<u> </u>	0 5	2 19	9 235	7 344	1 6	0 3	1 14	2 166	83
Hawaii	_	0	2	17	7	_	0	2	7	16	_	0	1	8	2
Oregon [§] Washington	_	0 1	3 7	26 46	27 44	_	1 1	3 9	38 42	52 49	_	0 0	2 3	15 17	11 17
American Samoa	_	0	0	_	_	_	0	0	_	14	N	0	0	N	N
C.N.M.I. Guam	_			_	_	_		_ 1	_		_			_	_
Puerto Rico	1	0	4	17	58	_	0	5	38	79	_	0	1	1	4
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_

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

* Incidence data for reporting year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

		L	yme disea	se				Malaria			Ме		cal disea	se, invasiv es	∕e [†]
			vious					rious					ious		
Reporting area	Current week	Med	veeks Max	Cum 2008	Cum 2007	Current week	Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	eeks Max	Cum 2008	Cum 2007
United States	244	351	1,431	23,058	24,761	7	22	136	931	1,143	7	18	53	931	950
New England	19	50	252	3,317	7,517	_	1	35	33	54	_	0	3	22	41
Connecticut Maine [§]	 19	0 2	35 72	— 775	2,963 460	_	0 0	27 1	11	2 8	_	0	1 1	1 6	6 7
Massachusetts	_	13	114	1,039	2,921	_	0	2	14	31	_	0	3	15	19
New Hampshire Rhode Island [§]	_	8 0	133	1,198	867 175	_	0	1	4	9	_	0 0	0	_	3 3
Vermont§	_	2	12 39	305	131	_	0 0	8 1	4	4	_	0	1	_	3
Mid. Atlantic	165	169	1,011	13,497	10,193	_	4	14	214	349	1	2	6	107	120
New Jersey New York (Upstate)	 124	32 53	209 453	2,602 4,520	2,967 3,027	_	0 1	2 8	 28	65 58	_ 1	0	2	10 28	18 35
New York City	_	0	7	26	397	_	3	10	151	186		Ö	2	25	20
Pennsylvania	41	56	529	6,349	3,802	_	1	3	35	40	_	1	5	44	47
E.N. Central Illinois	1	9	130 9	1,063 75	2,054 149	_	2	7 6	113 48	123 57	2	3 1	9 4	157 54	150 56
Indiana	_	Ö	8	37	45	_	Ö	2	5	9	_	Ö	4	23	25
Michigan	_	1	11	90	51	_	0 0	2	14 28	18	_	0	3	28	25
Ohio Wisconsin	1	0 7	5 116	42 819	32 1,777	_	0	3 3	18	22 17	2	1 0	4 2	38 14	33 11
W.N. Central	27	8	740	1,159	567	1	1	9	60	40	_	2	8	85	62
Iowa Kansas	_	1	8	82 5	120 8	_	0	1 2	5 9	3	_	0	3	16 5	14 4
Kansas Minnesota	 27	2	731	1,015	419	_	0	8	24	16	_	0	1 7	22	18
Missouri	_	0	4	41	10	1	0	4	14	8	_	0	3	25	16
Nebraska [§] North Dakota	_	0	2 9	12 1	7 3	_	0	2 2	8	7 2	_	0 0	1 1	12 3	5 2
South Dakota	_	Ö	1	3	_	_	0	0	_	1	_	Ö	i	2	3
S. Atlantic	22	64	185	3,600	4,180	4	5	15	243	237	1	3	10	141	157
Delaware District of Columbia	4	12 2	37 11	690 147	665 115	_	0 0	1 2	2 4	4 2	_	0	1 0	2	1
Florida	4	1	10	100	24	3	1	7	52	50	_	1	3	48	60
Georgia Maryland [§]	1 8	0 30	3 121	22 1,798	10 2,410	<u> </u>	1 1	5 6	48 62	37 63	_	0 0	2 4	16 16	22 19
North Carolina	3	0	7	42	43		Ó	7	26	20	_	0	4	12	18
South Carolina§	_	0	2	21	29	_	0	1	9	6	1	0	3	21	16
Virginia [§] West Virginia	2	12 1	68 11	712 68	817 67	_	1 0	7 0	40	54 1	_	0	2 1	21 5	19 2
E.S. Central	2	0	3	43	50	_	0	2	17	33	_	1	6	48	48
Alabama [§]	_	0	3	10	13	_	0	1	4	6	_	0	2	9	9
Kentucky Mississippi	_	0	1 1	3 1	5 1	_	0 0	1 1	4 1	8 2	_	0	2 2	8 11	11 11
Tennessee§	2	Ö	3	29	31	_	Ö	2	8	17	_	Ö	3	20	17
W.S. Central	_	2	11	95	74	_	1	64	72	84	1	2	13	98	93
Arkansas [§] Louisiana	_	0	0 1	3	1 2	_	0	0 1	3	2 14	_	0 0	2 3	7 22	9 25
Oklahoma	_	0	1	_	_	_	0	4	2	5	1	0	5	15	16
Texas [§]	_	2	10	92	71	_	1	60	67	63	_	1	7	54	43
Mountain Arizona	_	0	4 2	41 8	42 2	_	1 0	3 2	29 14	61 12	1	1 0	4 2	50 10	59 12
Colorado	_	0	2	7	_	_	0	1	4	23	1	0	1	13	21
ldaho [§] Montana [§]	_	0	2 1	10 4	9 4	_	0 0	1 0	3	4 3	_	0 0	2 1	4 5	4 2
Nevada [§]	_	0	2	4	12	_	0	3	3	3	_	0	i	4	5
New Mexico [§] Utah	_	0	2 0	6	5 7	_	0	1 1	2 3	5 11	_	0 0	1 1	7 5	2 11
Wyoming [§]	_	0	1	2	3	_	0	Ó	_		_	0	i	2	2
Pacific	8	5	10	243	84	2	3	10	150	162	1	4	18	223	220
Alaska California	<u> </u>	0 3	2 10	5	9		0 2	2 8	6	2 116	_ 1	0 2	2 18	4 158	1 160
Hawaii	N N	0	0	183 N	66 N	_	0	8 1	112 3	2		0	18	158	10
Oregon§	2	0	5	45	6	_	0	2	4	17	_	1	3	33	28
Washington		0	7	10	3	_	0	3	25	25	_	0	5	24	21
American Samoa C.N.M.I.	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_
Guam	_	0	0	_	_	_	0	2	3	1	_	0	0	_	_
Puerto Rico	N	0	0	N	N	_	0	1	1	3	_	0	1	3	8
U.S. Virgin Islands	N	0	0	N	N		0	0				0	0		

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

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

* Incidence data for reporting year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

(46th week)*	-		Pertussis				Ra	bies, anin	nal		F	Rocky Mo	untain sp	otted fever	
			rious				Prev	ious				Prev	ious		
B	Current		eeks	Cum	Cum	Current	52 w		Cum	Cum	Current		eeks	Cum	Cum
Reporting area United States	week 147	Med 156	Max 849	2008 7,532	2007 8,651	week 27	Med 93	Max 147	2008 4,211	2007 5,537	week 10	Med 36	195	2008 2,077	2007 1,880
New England	—	14	49	7,532 561	1,348	4	93 7	20	333	494	—	0	195	2,077	1,000
Connecticut	_	0	4	34	80	3	4	17	186	208		0	0	_	_
Maine [†] Massachusetts	_	11	5 33	35 420	75 1,041	N	0	5 0	51 N	80 N	N —	0 0	0 1	N 1	N 7
New Hampshire Rhode Island [†]	_	0	4 25	31 29	74 29	 N	1 0	3 0	35 N	51 N	_	0	1 0	1	1
Vermont [†]	_	0	6	12	49	1	1	6	61	155	_	Ö	0	_	_
Mid. Atlantic New Jersey	21	19 1	43 9	866 36	1,133 200	6	22 0	50 0	1,179	930	_	2	5 2	76 12	74 29
New York (Upstate)	7	7	24	388	496	6	9	20	461	482	_	0	2	16	6
New York City Pennsylvania	 14	1 9	6 23	46 396	132 305	_	0 14	2 35	13 705	42 406	_	0 0	2 2	24 24	24 15
E.N. Central	29	22	189	1,248	1,408	_	3	28	240	401	_	1	13	125	58
Illinois Indiana	<u> </u>	3 1	18 15	213 92	177 53	_	1 0	21 2	103 10	113 12	_	1 0	10 3	84 7	38 5
Michigan	2	5	14	226	269	_	1	8	70	200	_	0	1	3	4
Ohio Wisconsin	22 —	8 1	176 7	653 64	593 316	 N	1 0	7 0	57 N	76 N	_	0	4 1	30 1	10 1
W.N. Central	44	14	142	853	660	2	3	12	174	244	1	5	36	487	358
Iowa Kansas	_	1 1	9 13	68 53	138 96	_	0 0	5 7	27 —	30 99	_	0 0	2 0	6	16 12
Minnesota Missouri	8 14	2 5	131 31	223 300	210 87		0	10 9	61 50	32 38	_ 1	0 4	4 35	— 458	1 310
Nebraska†	22	2	30	191	65	_	0	0	_	_		0	4	20	14
North Dakota South Dakota	_	0 0	5 3	1 17	7 57	_	0 0	8 2	24 12	21 24	_	0 0	0 1		 5
S. Atlantic	13	14	50	753	861	12	37	101	1,853	2,016	2	15	70	796	889
Delaware District of Columbia	_	0	3 1	16 5	11 9	_	0 0	0 0	_	_	1	0	4 2	28 7	16 3
Florida	7	4	20	255	197	_	0	77	128	128		0	3	17	15
Georgia Maryland [†]	4	1 2	6 9	59 107	33 108	_	6 8	42 17	288 386	271 392	1 —	1 1	8 7	72 63	58 60
North Carolina South Carolina [†]	_	0 2	38 22	79 97	288 71	12	9	16 0	424	445 46	_	2 1	55 8	414 49	563 61
Virginia [†]	2	3	10	129	114	_	12	24	554	658	_	1	15	139	108
West Virginia	_	0	2	6	30	_	1	9	73	76	_	0	1	7	5
E.S. Central Alabama†	<u>4</u>	6 1	13 5	284 42	431 85	_2	1 0	7 0	95 —	147	_	3 1	23 8	296 84	268 92
Kentucky Mississippi	_	1 2	8 6	81 86	27 243	2	0	4 1	45 2	18 2	_	0 0	1 1	1 6	5 20
Tennessee [†]	4	1	6	75	76	_	0	6	48	127	_	2	19	205	151
W.S. Central Arkansas†	21	24 1	198 11	1,260 48	955 159	_	1 1	40 6	85 47	989 29	7 7	2	153 14	259 57	188 100
Louisiana	_	1	7	68	20	_	0	0	_	6		0	1	5	4
Oklahoma Texas [†]	21 —	0 20	26 179	53 1,091	6 770	_	0 0	32 14	36 2	45 909	_	0 1	132 8	158 39	47 37
Mountain	4	15	37	679	978	_	1	8	71	89	_	0	3	32	34
Arizona Colorado	4	3 3	10 13	176 136	195 266	N —	0	0 0	N —	N	_	0 0	2 1	13 1	9 3
Idaho†		Ö	5	28	37	_	0	1	_	11	_	0	į	1	4
Montana [†] Nevada [†]	_	0	11 7	77 18	41 37	_	0 0	2 4	8 5	19 13	_	0 0	1 2	3 2	
New Mexico [†] Utah	_	0 5	5 27	39 189	70 309	_	0	3 6	24 13	12 16	_	0	1 0	2	5
Wyoming [†]	_	0	2	16	23	_	0	3	21	18	_	0	2	10	12
Pacific Alaska	11	22	303	1,028	877	1	4	13	181	227		0	1	4 N	3
Alaska California	9	2 7	19 129	194 299	86 402	1	0 3	4 12	14 154	41 174	<u>N</u>	0 0	0 1	N 1	N 1
Hawaii Oregon [†]	_	0 3	2 9	11 156	18 112	_	0	0 4	 13	_ 12	N	0	0 1	N 3	N 2
Washington	2	6	169	368	259	_	0	0	_	_	N	0	Ó	N	N
American Samoa C.N.M.I.	_	0	0	_	_	N —	0	0	<u>N</u>	N	N	0	0	N	N
Guam	_	0	0	_	_	_	0	0	_	_	N	0	0	N	N
Puerto Rico U.S. Virgin Islands	_	0	0	_	_	3 N	1 0	5 0	59 N	47 N	N N	0 0	0	N N	N N
C N M I · Commonwe						IN	U		IN	- 14	IN	U	- 0		IN

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

· ,		S	almonello	sis		Shig	a toxin-pı	oducing	E. coli (ST	EC)†			Shigellosi	s	
			vious			•		ious					vious		
Reporting area	Current week	Med	veeks Max	Cum 2008	Cum 2007	Current week	Med Med	eeks Max	Cum 2008	Cum 2007	Current week	Med	veeks Max	Cum 2008	Cum 2007
United States	543	828	2,110	39,203	41,817	73	85	249	4,560	4,375	313	413	1,227	17,172	16,273
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	1 1 - -	19 0 3 14 3 1	462 433 8 52 10 8 7	1,595 433 132 741 125 92 72	2,131 431 127 1,235 159 101 78		3 0 0 1 0 0	52 49 3 11 3 3	212 49 22 80 30 8 23	299 71 39 135 34 7 13		2 0 0 2 0 0	36 35 6 5 1 1	150 35 21 78 3 10	232 44 14 145 5 21
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	46 — 23 4 19	86 13 25 21 26	166 30 73 53 78	4,466 510 1,255 1,161 1,540	5,486 1,144 1,310 1,211 1,821	4 4 —	7 0 2 1 1	192 4 188 5 8	561 26 393 52 90	483 110 188 47 138	12 12 	40 9 9 11 3	96 38 35 35 65	2,029 690 533 626 180	713 157 148 248 160
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	41 19 2 18 2	87 22 9 17 24 15	180 67 53 38 65 50	4,272 1,021 564 794 1,168 725	5,431 1,824 612 872 1,210 913	6 — 1 5	11 1 1 2 3 4	66 8 14 39 17 18	791 81 84 201 185 240	685 128 93 109 151 204	73 10 — 63	70 16 11 2 26 9	145 29 83 7 76 39	3,268 704 565 124 1,490 385	2,581 636 126 78 1,103 638
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	14 3 1 10 —	48 8 7 13 13 4 0 2	126 15 25 70 51 13 35	2,478 365 405 649 682 207 42 128	2,590 443 381 617 705 249 42 153	1 - - 1 - -	12 2 0 3 2 1 0	57 20 7 21 9 28 20 4	738 190 46 185 133 139 3 42	726 171 50 218 146 87 8 46	3 1 1 1 1	16 3 0 5 4 0 0	39 11 5 25 20 3 15 9	781 135 51 276 195 11 37 76	1,715 90 24 221 1,230 26 3 121
S. Atlantic Delaware District of Columbia Florida Georgia Maryland North Carolina South Carolinas Virginias West Virginia	219 1 147 37 7 20 6 1	263 2 1 102 37 12 22 21 19	456 9 4 174 86 35 228 55 49 25	10,735 140 46 4,606 2,030 668 1,238 979 883 145	10,828 131 53 4,293 1,833 841 1,390 1,033 1,075 179	12 — 2 — 2 7 1	13 0 0 2 1 2 1 0 3	50 1 1 18 7 9 12 4 25 3	715 10 11 138 82 112 99 38 196 29	616 14 — 134 89 76 124 12 149	38 — 12 19 4 — 3 —	57 0 0 15 21 1 3 9 4	149 1 3 75 48 5 27 32 13 61	2,686 7 13 729 978 73 199 491 180 16	4,104 10 18 2,031 1,444 101 94 172 170 64
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	29 — 16 1 12	56 15 9 13 16	136 47 18 57 55	3,053 834 435 964 820	3,148 865 525 988 770	6 1 1 4	5 1 1 0 2	21 17 7 2 7	260 57 93 6 104	301 63 117 6 115	21 1 — — 20	39 8 4 6 17	123 24 24 70 44	1,693 354 244 287 808	2,604 660 461 1,205 278
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	90 8 — 14 68	104 12 17 16 41	894 40 49 72 794	4,912 715 895 743 2,559	4,612 762 904 580 2,366	4 1 — 3	5 1 0 0 4	25 3 1 19 11	239 41 2 45 151	237 42 10 16 169	126 10 — 1 115	88 9 10 3 58	748 27 25 32 702	3,997 510 537 155 2,795	2,058 80 467 118 1,393
Mountain Arizona Colorado Idaho§ Montana§ Nevada§ New Mexico§ Utah Wyoming§	26 11 13 — — 2 —	56 19 12 3 2 3 6 5	109 45 43 14 10 9 33 17 5	2,796 981 634 162 102 164 448 265 40	2,477 901 519 131 96 239 265 258 68	4 1 1 2 — —	9 1 3 2 0 0 1 1	36 5 17 15 3 2 6 6	527 64 186 135 31 9 47 51	551 101 150 123 — 29 39 92 17	24 18 6 — — — —	18 9 2 0 0 4 1 1	54 35 9 2 1 13 9 4	1,020 543 116 13 6 211 96 30 5	866 493 110 12 23 61 101 34 32
Pacific Alaska California Hawaii Oregon [§] Washington	77 1 70 — 1 5	111 1 78 5 6 13	399 4 286 15 20 103	4,896 49 3,562 233 376 676	5,114 82 3,874 271 299 588	36 — 18 — — 18	8 0 5 0 1 2	50 1 39 5 8 16	517 7 270 13 62 165	477 4 242 30 73 128	16 12 4	30 0 27 1 2 2	82 1 74 3 10 13	1,548 1 1,328 39 86 94	1,400 8 1,120 66 71 135
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	 	0 0 10 0	1 2 41 0	2 13 449 —	 15 832 	_ 	0 0 0 0	0 0 1 0	_ _ _ 2 _	_ _ 1 _	_ _ _ _	0 0 0 0	1 3 4 0	1 14 17 —	5 16 24 —

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* Incidence data for reporting year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

		Streptococcal	diseases, inv	asive, group A		Streptococc	us pneumonia	ae, invasive di Age <5 years	sease, nondru	g resistan
	Current		ious eeks	Cum	Cum	Current	Prev 52 w		Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007
Jnited States	38	96	259	4,595	4,621	32	35	166	1,427	1,567
lew England	1	6	31	315	352	11	1	14	71	114
Connecticut Maine [§]	1	0 0	26 3	96 25	109 25	11	0 0	11 1	11 2	13 3
/lassachusetts	_	3	8	138	168	_	0	5	39	77
lew Hampshire Rhode Island§	_	0	2	26	26		0	1	11	11
rnode island [§] /ermont [§]	_	0 0	9 2	18 12	8 16	_	0 0	2 1	7 1	8 2
lid. Atlantic	7	18	43	896	849	5	4	19	188	276
lew Jersey Iew York (Upstate)	1	3 6	11 17	137 291	156 256		2	6 14	55 92	56 90
lew York City	_	4	10	165	206	_	0	8	41	130
Pennsylvania	6	6	16	303	231	N	0	0	N	N
.N. Central	6	19	42	843	873	4	6	23	238	273
linois ndiana	1	5 2	16 11	222 119	263 105	_ 1	1 0	6 14	48 35	74 18
lichigan	_	3	10	158	186	2	1	5	67	69
)hio	5	5	14	242	204	_	1	5	54	55
Visconsin	_	2	10	102	115	1	1	3	34	57
V.N. Central owa	_	5 0	39 0	343	310	<u>1</u>	2	16 0	126 —	89
Kansas	_	0	5	35	30	1	0	3	18	1
linnesota	_	0	35	154	149	_	0	13	53	47
∕lissouri Iebraska [§]	_	2 1	10 3	82 39	79 23	_	1 0	2 3	30 8	24 16
lorth Dakota	_	Ô	5	12	18	_	0	2	8	1
South Dakota	_	0	2	21	11	_	0	1	9	_
S. Atlantic	13	22	37	989	1,127	4	6	16	264	286
elaware District of Columbia	_	0 0	2 4	8 26	10 17	_	0 0	0 1		
lorida	7	5	11	239	287	3	1	4	59	60
Georgia	3	4	14	214	220	_	1 1	5	62	67
∕laryland§ Iorth Carolina	<u>2</u>	4 2	8 10	165 125	188 149	1 N	0	5 0	49 N	59 N
South Carolina§	_	1	5	62	90	_	1	4	46	50
/irginia [§]	1	3 0	12 3	118	140 26	_	1 0	6 1	38	41 7
Vest Virginia E.S. Central	1	4	9	32 158	194	1	2	11	8 90	88
Alabama§	Ň	0	0	N	194 N	Ń	0	0	90 N	N
Kentucky	_	1	3	36	37	N	0	0	N	N
Mississippi Fennessee [§]	N 1	0 3	0 6	N 122	N 157	1	0 2	3 9	20 70	5 83
V.S. Central	3	9	85	413	277	3	5	66	239	216
Arkansas§	<u> </u>	0	2	413 5	17	<u> </u>	0	2	239	13
ouisiana	_	0	2	15	15	_	0	2	10	33
Oklahoma Texas§	2 1	2 6	19 65	102 291	62 183	1 2	1 3	7 58	59 164	47 123
Mountain	5	11	22	490	510	3	4	12	197	212
Arizona	_	4	9	184	192	1	2	8	100	101
Colorado	4	3	8	135	126	2	1	4	55	42
daho [§] Nontana [§]	N	0	2 0	15 N	16 N	_	0 0	1	5 4	2 1
levada [§]	1	Ö	1	12	2	N	Ö	Ó	Ň	Ņ
lew Mexico§	_	2	8	88	93	_	0	3	17	38
Jtah Vyoming [§]	_	1 0	5 2	50 6	76 5	_	0 0	3 1	15 1	28
Pacific	2	3	10	148	129	_	0	2	14	13
laska	_	1	4	36	24	N	0	0	Ň	N
California	_	0	0	_	_	N	0	0	N	N
1awaii Dregon§	2 N	2 0	10 0	112 N	105 N	N	0 0	2 0	14 N	13 N
Vashington	N	0	0	N	N	N	0	0	N	N
merican Samoa	_	0	12	30	4	N	0	0	N	N
C.N.M.I.	_	_	_	_	_	_	_	_	_	_
Buam Puerto Rico	N	0 0	0 0	N	14 N	N	0 0	0 0	N	N
ucito i lico	IN	U	U	IN	IN	IN	U	U	14	IN

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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 year 2008 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 November 15, 2008, and November 17, 2007 (46th week)*

<u> </u>		S	treptocoo	cus pneui	moniae, ir	vasive dise	ease, dru	g resistan	t [†]				1		
		A B Previous Previous							Syphilis, primary and secondary Previous						
	0		rious eeks	0	0	0		ious eeks	0	0	0		rious reeks	0	0
Reporting area	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007
United States	74	55	307	2,465	2,596	11	9	43	373	442	88	234	351	10,386	9,920
New England	48	1	49	100	104	5	0	8	13	13	7	5	13	276	242
Connecticut Maine [§]	48	0	44 2	55 16	55 11	5 —	0	7 1	5 2	4 2	_	0 0	6 2	28 10	30 9
Massachusetts	_	0	0	_	2	_	0	0	_	2	5	4	11	199	145
New Hampshire Rhode Island [§]	_	0 0	0 3	16	— 19	_	0 0	0 1	4	3	_	0 0	2 5	19 13	26 29
Vermont§	_	0	2	13	17	_	0	1	2	2	2	0	5	7	3
Mid. Atlantic New Jersey	1	4 0	13 0	211	143	_	0	2	20	26 —	16 —	32 4	51 10	1,498 186	1,364 197
New York (Upstate)	_	1	6	56	48	_	0	2	6	9	1	3	13	119	124
New York City Pennsylvania	1	1 2	5 9	64 91	— 95	_	0 0	0 2	14	 17	13 2	21 5	37 12	971 222	803 240
E.N. Central	6	14	64	608	677	1	2	14	87	103	12	19	33	883	782
Illinois Indiana	_	0 2	17 39	71 179	169 150	_	0	6 11	14 21	35 24		5 2	19 10	228 121	408 48
Michigan	<u> </u>	0	3	14 344	3	<u> </u>	0	1	2	2	1	3	17	181 302	99
Ohio Wisconsin	<u> </u>	8 0	17 0	344	355		1 0	4 0	50 —	42 —	8 1	6 1	15 4	302 51	171 56
W.N. Central	2	3	115	141	173	_	0	9	10	38	2	8	15	345	315
lowa Kansas	_	0 1	0 5	 58	— 79	_	0 0	0 1	4	 8	 1	0 0	2 5	14 27	17 19
Minnesota	_	0	114	_	25	_	0	9	_	24	_	2	5	91	53
Missouri Nebraska [§]	2	1 0	8 0	77 —	54 2	_	0 0	1 0	3	2	_	5 0	10 2	204 8	215 4
North Dakota South Dakota	_	0	0 2	<u> </u>	 13	_	0	0 1	_ 3	<u> </u>	<u>_</u>	0	1 0	_ 1	_ 7
S. Atlantic	12	21	53	1,051	1,137	 5	4	10	181	204	25	51	215	2,294	2,291
Delaware	_	0	1	3	10	_	0	0	_	2	_	0	4	14	15
District of Columbia Florida	10	0 13	3 30	15 616	19 620	4	0 3	1 6	1 116	1 108	2 9	2 19	8 36	116 888	164 791
Georgia Maryland [§]	2	7 0	23 2	331 4	423 1	1	1 0	5 1	53 1	85	_	10 6	175 14	447 283	443 292
North Carolina	N	0	0	Ň	Ņ	N	0	0	Ń	N	1	5	19	238	291
South Carolina§ Virginia§	N	0	0 0	N	N	N	0	0 0	N	N	5 8	1 4	5 17	76 230	86 203
West Virginia	_	1	9	82	64	_	0	2	10	8	_	0	1	2	6
E.S. Central Alabama§	4 N	5 0	15 0	247 N	230 N	N	1 0	4 0	43 N	33 N	15	21 8	36 17	996 392	808 333
Kentucky	3	1	6	70	24	_	0	2	12	3	_	1	7	75	53
Mississippi Tennessee [§]	1	0 3	5 13	4 173	51 155	_	0 1	1 3	1 30	30	6 9	3 8	19 18	158 371	106 316
W.S. Central	1	2	7	74	75	_	0	2	12	9	5	39	61	1,791	1,668
Arkansas [§] Louisiana	1	0 1	2 7	15 59	6 69	_	0	1 2	3 9	2 7	3 2	2 10	19 28	154 451	112 464
Oklahoma	N	Ö	0	N	N	N	Ō	0	N	N	_	1	5	54	56
Texas [§] Mountain	_	0 1	0 7	— 31	— 54	_	0	0 2	— 5	— 13	_	25 9	48 22	1,132 402	1,036 461
Arizona	_	Ö	0	<u> </u>	54 —	_	0	0	_	_	_	5	17	199	253
Colorado Idaho [§]	 N	0 0	0 0	N	N	N	0 0	0 0	N	N	_	2 0	7 2	90 6	47 1
Montana§	_	0	0	_	_	_	0	0	_	_	_	0	3	_	4
Nevada [§] New Mexico [§]	N —	0	0 1	N 2	N	N —	0	0	N —	N	_	1	6 4	68 36	98 37
Utah	_	0	7 1	27 2	38 16	_	0	2	5	11 2	_	0	2	3	17 4
Wyoming [§] Pacific	_	0	1	2	3	_	0	1	2	3	6	43	65	1,901	1,989
Alaska	N	0	Ó	N	N	N	0	Ö	N	N	_	0	1	1	7
California Hawaii	N —	0 0	0 1	N 2	N 3	N	0	0 1	N 2	N 3	3	38 0	59 2	1,711 16	1,830 7
Oregon§	N	0	0	N	N	N	0	0	N	N	3	0	3	23	16
Washington American Samoa	N N	0 0	0 0	N N	N N	N N	0 0	0	N N	N N	_	3 0	9	150	129 4
C.N.M.I.	_	_	_	_	_	_	_	_		_	_	_	_	_	_
Guam Puerto Rico	_	0	0 0	_	_	_	0	0	_	_		0 3	0 11	— 143	— 147
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	_	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 year 2008 are provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 15, 2008, and November 17, 2007 (46th week)*

Reporting area United States New England Connecticut Maine ¹¹ Massachusetts New Hampshire Rhode Island ¹¹ Vermont ¹¹ Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	269 8 3 5 47 N N	97 Prev 52 W Med 575 11 0 0 0 6 0 6 49	ella (chicke vious veeks Max 1,660 68 38 14 1 18	Cum 2008 23,216 455 — — 1	Cum 2007 34,510 2,242 1,278 307	Current week	Prev 52 w Med		Cum 2008	Cum	Current	Prev 52 w		sive [§] Cum	Cum
Reporting area United States New England Connecticut Maine* Massachusetts New Hampshire Rhode Island* Vermont* Mid. Atlantic New Jersey New York (Upstate) New York City	269 8 3 5 47 N N	52 w Med 575 11 0 0 6 0 6 49	1,660 68 38 14 1 18 0	2008 23,216 455 — — 1	34,510 2,242 1,278	week —	52 w	eeks			Current	52 w		Cum	Cum
Reporting area United States New England Connecticut Maine* Massachusetts New Hampshire Rhode Island* Vermont* Mid. Atlantic New Jersey New York (Upstate) New York City	269 8 3 5 47 N N	Med 575 11 0 0 0 6 0 6 49	Max 1,660 68 38 14 1 18	2008 23,216 455 — — 1	34,510 2,242 1,278	week —	Med				Current		CCNS	Cum	Cum
United States New England Connecticut Maine ¹¹ Massachusetts New Hampshire Rhode Island ¹¹ Vermont ¹¹ Mid. Atlantic New Jersey New York (Upstate) New York City	8 3 5 47 N	11 0 0 0 6 0 6	68 38 14 1 18	455 — — 1	2,242 1,278		1			2007	week	Med	Max	2008	2007
Connecticut Maine® Massachusetts New Hampshire Rhode Island® Vermont® Mid. Atlantic New Jersey New York (Upstate) New York City	3 5 47 N N	0 0 0 6 0 6 49	68 38 14 1 18	455 — — 1	2,242 1,278	_		80	604	1,222		2	84	697	2,396
Maine® Massachusetts New Hampshire Rhode Island® Vermont® Mid. Atlantic New Jersey New York (Upstate) New York City	3 5 47 N N	0 0 6 0 6 49	14 1 18 0	_ 1			0	2 2	6	5	_	0	1	3	6
Massachusetts New Hampshire Rhode Island [¶] Vermont [¶] Mid. Atlantic New Jersey New York (Upstate) New York City	3 5 47 N N	0 6 0 6 49	1 18 0			_	0	2 0	5	2	_	0	1 0	3	2
Rhode Island¶ Vermont¶ Mid. Atlantic New Jersey New York (Upstate) New York City	5 47 N N	0 6 49	0		_	_	0	0	_	3	_	0	0	_	3
Vermont [¶] Mid. Atlantic New Jersey New York (Upstate) New York City	5 47 N N	6 49		226	328	_	0	0 1	_ 1	_	_	0 0	0	_	1
New Jersey New York (Upstate) New York City	N N		17	228	329	_	0	Ö		_	_	Ö	Ö	_	
New York (Upstate) New York City	N	0	80 0	2,030	4,305	_	0	8	45 3	22	_	0	5	19	11
		0	0	N N	N N	_	0	1 5	23	1 3	_	0	1 2	4 7	1
Pennsylvania	N	0	0	N	N	_	0	2	8	13	_	0	2	6	5
E.N. Central	47 92	49 135	80 336	2,030 5,788	4,305 9,770	_	0 0	2 7	11 43	5 112	_	0	1 5	2 22	5 65
Illinois	9	17	63	978	994	_	0	4	11	62	_	0	2	8	38
Indiana Michigan	 27	0 58	222 154	2,436	222 3,613	_	0	1 4	2 11	14 16	_	0 0	1 2	1 6	10 1
Ohio	55	48	128	2,005	4,002	_	0	3	16	13	_	0	2	3	10
Wisconsin	1	3	38	369	939	_	0	1	3	7	_	0	1	4	6
W.N. Central lowa	12 N	22 0	145 0	1,022 N	1,396 N	_	0	6 3	43 5	249 12	_	0	23 1	168 4	739 18
Kansas	6	6	37	359	495	_	0	2	6	14	_	0	4	26	26
Minnesota Missouri	<u> </u>	0 10	0 51	<u> </u>	822	_	0	2	3 11	44 61	_	0	6 1	18 7	57 16
Nebraska [¶]	N	0	0	N	N	_	0	1	5	21	_	0	8	44	142
North Dakota South Dakota	_	0	140 5	49 20	— 79	_	0	2 5	2 11	49 48	_	0 0	12 6	41 28	320 160
S. Atlantic	28	92	173	4,098	4,634	_	0	3	13	43	_	0	3	13	39
Delaware District of Columbia	_	1 0	5 3	43 22	45 27	_	0 0	0 0	_	1	_	0 0	1 0	1	_
Florida	14	28	87	1,437	1,134	_	0	2	2	3	_	0	0	_	_
Georgia Maryland [¶]	N N	0	0	N N	N N	_	0 0	1 2	3 7	23 6	_	0	1 2	4 7	27 4
North Carolina	N	0	0	N	N	_	0	0	_	4	_	0	0	_	4
South Carolina [¶] Virginia [¶]	4	15 24	66 81	751 1,229	978 1,408	_	0	0 0	_	3 3	_	0 0	0 1	_ 1	2 2
West Virginia	10	13	66	616	1,042	_	0	1	1	_	_	0	Ó		_
E.S. Central	8	18	101	1,017	549	_	0	9	52	74	_	0	12	83	9 <u>6</u>
Alabama ¹ Kentucky	8 N	17 0	101 0	1,004 N	547 N	_	0 0	3 1	11 3	17 4	_	0 0	3 0	10	7
Mississippi_	_	Ö	2	13	2	_	0	6	32	48	_	0	10	67	83
Tennessee [¶] W.S. Central	N 61	0 147	0 886	N 7.004	N 9.152	_	0 0	1 7	6 56	5 268	_	0 0	2 8	6 55	6 156
Arkansas¶	_	10	38	514	675	_	0	2	8	13	_	Ö	ő	_	7
Louisiana Oklahoma	 N	1 0	10 0	69 N	108 N	_	0	2 1	9 2	27 59	_	0	6 1	27 5	12 47
Texas¶	61	143	852	6,421	8,369	_	0	6	37	169	_	0	4	23	90
Mountain	11	37	105	1,690	2,399	_	0	12	90	288	_	0	23	180	1,039
Arizona Colorado	 11	0 15	0 43	762	968	_	0	10 4	53 13	49 99	_	0 0	8 12	44 64	46 477
Idaho [¶]	Ν	0	0	N	N	_	0	1	3	11	_	0	6	30	120
Montana [¶] Nevada [¶]	N	6 0	27 0	278 N	365 N	_	0	0 2	9	37 2	_	0 0	2 3	5 7	165 10
New Mexico [¶]		4	22	185	356	_	0	2	6	39	_	0	1	3	21
Utah Wyoming [¶]	_	10 0	55 4	455 10	676 34	_	0	2	6	28 23	_	0	4 2	19 8	42 158
Pacific	2	2	8	112	63	_	0	36	256	161	_	0	24	154	245
Alaska California	2	1 0	5 0	60	35	_	0	0 36	 252	 154	_	0	0 19	 140	 226
Hawaii	_	1	6	 52	28	_	0	0	_	_	_	0	0	_	_
Oregon [¶]	N	0	0	N	N	_	0	2	3	7	_	0	4	13	19
Washington American Samoa	N N	0 0	0 0	N N	N N	_	0 0	1 0	1	_	_	0 0	1 0	1	_
C.N.M.I.		_	_	_	_	_	_	_	=	_	_	_	_	=	=
Guam Puerto Rico	<u> </u>	2 7	17 20	62 378	229 661	_	0 0	0 0	_	_	_	0	0 0	_	_
U.S. Virgin Islands	_	0	0	- 376 	—	_	0	0	_	_	_	0	0	_	_

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable.
* Incidence data for reporting year 2008 are provisional. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

[†] 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 November 15, 2008 (46th week)

IABLE III. Deaths III	hs in 122 U.S. cities,* week ending November 1 All causes, by age (years)				Dei I	J, 2006 (+otti week)	All causes, by age (years)							
Reporting area	All Ages	<u>></u> 65	45–64	25–44	1–24	<1	P&I [†] Total	Reporting area	All Ages	≥65	45–64	25–44	1–24	<1	P&I [†] Total
New England Boston, MA Bridgeport, CT Cambridge, MA Fall River, MA Hartford, CT Lowell, MA Lynn, MA New Bedford, MA New Haven, CT Providence, RI Somerville, MA Springfield, MA Waterbury, CT Worcester, MA	494 148 34 19 27 39 20 10 16 U 57 3 40 27 54	353 102 26 15 22 27 14 7 11 U 42 2 24 224 39	100 30 5 4 2 8 5 2 4 U 12 1 12 4 11	29 10 3 	3 2 1 U	9 4 — 2 — U 1 — 1	30 12 3 	S. Atlantic Atlanta, GA Baltimore, MD Charlotte, NC Jacksonville, FL Miami, FL Norfolk, VA Richmond, VA Savannah, GA St. Petersburg, FL Tampa, FL Washington, D.C. Wilmington, DE E.S. Central	1,046 88 112 115 159 91 41 56 47 37 196 98 6	660 56 62 67 103 62 29 29 35 29 132 51 5	254 17 30 34 37 19 8 16 12 7 44 29 1	77 8 12 9 14 7 2 6 — 13 6 —	23 4 4 3 2 2 1 3 — 1 3 —	31 3 4 2 3 1 1 2 — 1 6 8 —	61 3 10 8 13 8 1 3 1 2 11 1
Worcester, MA Mid. Atlantic Albany, NY Allentown, PA Buffalo, NY Camden, NJ Elizabeth, NJ Erie, PA Jersey City, NJ New York City, NY Newark, NJ Patlerson, NJ Philadelphia, PA Pittsburgh, PA Reading, PA Rochester, NY Schenectady, NY Scranton, PA Syracuse, NY Trenton, NJ Utica, NY Yonkers, NY E.N. Central Akron, OH Canton, OH Chicago, IL Cincinnati, OH Cleveland, OH	1,871 45 31 100 26 20 31 19 868 48 155 32 150 21 25 181 16 21 18 1,954 48 35 168 110 260	39 1,341 32 24 77 16 23 15 614 18 9 9 97 34 23 130 136 6 6 15 17 1,312 32 26 88 70 191	381 111 4 14 5 5 4 6 4 181 21 5 37 6 6 12 2 4 37 6 6 4 1 1 4 1 5 5 7 6 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 6 9 7 8 9 7 8 9 7 8 9 7 8 9 7 8 9 7 8 9 7 8 9 9 7 8 9 9 7 8 9 9 7 8 9 9 9 9	952353 2 54219131 1422 118321186	28 	25 	101 2 1 12 2 2 39 3 2 6 2 1 1 1 2 11 2 11 5 6 22 5 14	Birmingham, AL Chattanooga, TN Knoxville, TN Lexington, KY Memphis, TN Mobile, AL Montgomery, AL Nashville, TN W.S. Central Austin, TX Baton Rouge, LA Corpus Christi, TX Dallas, TX El Paso, TX Fort Worth, TX Houston, TX Little Rock, AR New Orleans, LA¹ San Antonio, TX Shreveport, LA Tulsa, OK Mountain Albuquerque, NM Boise, ID Colorado Springs, CO Denver, CO Las Vegas, NV	125 81 113 50 141 116 58 164 1,477 84 49 51 190 96 122 424 67 U 2222 64 108 915 93 40 62 80 249	83 83 83 89 92 74 436 97 971 63 40 40 110 63 76 269 39 9 U 151 38 82 606 53 27 40 40 40 151 40 40 40 40 40 40 40 40 40 40 40 40 40	32 12 21 10 36 28 17 46 327 16 5 8 49 22 37 100 19 U 38 17 16 20 26 8 19 14	7 1 3 1 4 8 5 12 107 3 3 3 18 7 4 31 5 U 22 4 7 63 7 2 2 4 22	3 2 4 7 3 2 38 2 1 7 2 2 12 1 U 5 5 3 3 2 4 2 2 9 5 5	3 2 2 3 7 7 344 — 6 2 3 12 3 U 6 6 2 2 20 5 1 1 3 3 2	15 46 3 13 9 5 10 73 4 3 9 8 5 13 1 1 19 3 8 5 4 2 2 6 6 19 6
Cleveland, OH Columbus, OH Dayton, OH Detroit, MI Evansville, IN Fort Wayne, IN Gary, IN Grand Rapids, MI Indianapolis, IN Lansing, MI Milwaukee, WI Peoria, IL Rockford, IL South Bend, IN Toledo, OH Youngstown, OH W.N. Central Des Moines, IA Duluth, MN Kansas City, KS Kansas City, KS Kansas City, MO Lincoln, NE Minneapolis, MN Omaha, NE St. Louis, MO St. Paul, MN Wichita, KS	260 196 121 174 41 68 19 49 204 43 94 45 62 101 69 550 46 33 21 68 49 62 78 63 63 63	191 1300 96 93 27 50 13 29 112 33 69 33 355 72 63 371 28 40 46 39 65 38 40 36	53 45 16 56 14 17 4 11 48 8 18 9 7 6 26 6 126 14 7 6 11 10 11 25 14 20	6 12 8 17 1 4 28 1 4 1 4 5 2 2 7 2 1 1 8 1 5 2 2 3 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2	3 4 6 	7 5 1 2	14 6 9 4 4 2 2 9 2 5 6 1 4 4 36 2 2 2 1 4 9 6 3 3 4	Ogden, UT Phoenix, AZ Pueblo, CO Salt Lake City, UT Tucson, AZ Pacific Berkeley, CA Fresno, CA Glendale, CA Honolulu, HI Long Beach, CA Pasadena, CA Portland, OR Sacramento, CA San Diego, CA San Diego, CA San Jose, CA Santa Cruz, CA Seattle, WA Spokane, WA Tacoma, WA Total**	37 104 29 103 118 1,484 13 101 30 67 49 241 20 93 198 140 85 158 21 101 64 103	26 70 25 67 95 996 6 73 26 50 33 137 11 140 101 57 124 125 53 46 74 7,177	10 16 2 20 16 342 4 11 12 60 5 35 43 31 23 23 7 7 34 14 21 2,379	1 9 2 11 3 82 1 8 1 2 3 3 10 5 3 7 7 2 7 1 4 6 39	4 2 35 2 1 1 2 1 1 4 2 1 1 2 3 3 4 2 2 3 3	5 1 2 29 2 2 2 2 2 8 1 3 3 1 1 1 3 3 5 — 213	2 4 2 8 3 138 9 3 4 8 31 2 11 20 13 14 10 2 4 5 6 7 6

U: Unavailable. -: No reported cases.

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.

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