

Seasonal Influenza and 2009 H1N1 Influenza Vaccination Coverage Among Pregnant Women — 10 States, 2009–10 Influenza Season

Because pregnant women are at increased risk for severe disease associated with influenza infection, the American College of Obstetricians and Gynecologists and the Advisory Committee on Immunization Practices have recommended seasonal influenza vaccination for women while pregnant, regardless of trimester (1,2). In 2009, a novel strain of influenza A (H1N1) virus was identified (3), and pregnant women also were found to be at greater risk for influenza-related complications from this new virus (4). As a result, during the 2009–10 influenza season, two separate influenza vaccines were recommended to pregnant women: inactivated trivalent 2009–10 seasonal vaccine and influenza A (H1N1) 2009 monovalent vaccine (2,5). To estimate influenza vaccination coverage among pregnant women during the 2009–10 influenza season, CDC analyzed data from 10 states from the Pregnancy Risk Assessment Monitoring System (PRAMS). This report summarizes the results of that analysis, which determined that vaccination coverage for pregnant women among the 10 states combined was 50.7% for seasonal influenza and 46.6% for 2009 H1N1. In addition, women to whom vaccination was offered or recommended by their health-care provider were significantly more likely to report being vaccinated against seasonal influenza (relative risk [RR] = 3.3) and 2009 H1N1 (RR = 10.1). These results indicate substantially higher influenza vaccination coverage among pregnant women than has been reported for previous influenza seasons (2,5,6) and support previous findings that receipt of influenza vaccination can be influenced greatly by health-care providers offering or recommending influenza vaccination (6,7).

CDC analyzed data from PRAMS, an ongoing, population-based surveillance system that collects information on a wide range of maternal behaviors and experiences before, during, and after pregnancy. PRAMS surveys currently are administered by 37 states and New York City. The surveys consist of monthly stratified random samples of 100–300 women with recent live births recorded in state birth certificate registries. Selected mothers are mailed a questionnaire 2–6 months after

delivery, and those who do not respond by mail are contacted by telephone.*

To assess seasonal and 2009 H1N1 influenza vaccination coverage among pregnant women, supplemental questions were added to the PRAMS survey. During the 2009–10 influenza season, 30 states agreed to participate in the supplemental influenza assessment. For this analysis, 10 states† were selected that submitted their data to CDC by September 15 and had a response rate $\geq 65\%$. Included in this analysis were 6,225 women with non-missing data regarding seasonal influenza vaccination who had live births during September 1, 2009–March 12, 2010, and 5,112 women with non-missing data regarding 2009 H1N1 vaccination who had live births during October 1, 2009–March 12, 2010. In addition, to compare seasonal and 2009 H1N1 vaccination coverage within the same sample of women, data for the 5,052 women with complete data for both vaccinations who had live births during October 1, 2009–March 12, 2010, were analyzed. The 2009 H1N1 vaccination became available on October 5, 2009.

PRAMS data were analyzed to estimate seasonal and 2009 H1N1 influenza vaccination coverage; 95% confidence intervals (CIs) and Wald chi-square tests were used to assess statistically significant associations. In the seasonal influenza sample, participants were asked, “Since September 2009, did you get

*Additional information available at <http://www.cdc.gov/prams>.

†Illinois, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, Rhode Island, Utah, Washington, and West Virginia.

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a seasonal flu shot?” and “At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you a seasonal flu shot or tell you to get one?” Participants also were asked, “During your most recent pregnancy, did you get an H1N1 flu shot?” and “At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you an H1N1 flu shot or tell you to get one?” Participants who did not receive seasonal or 2009 H1N1 vaccinations were asked to select any reasons that applied to them from a list of reasons for not receiving the vaccinations. The data were weighted to adjust for complex survey design and nonresponse. Nearly all (98.9%) PRAMS respondents who received the influenza supplement on the questionnaire also responded to the influenza questions.

Combining the data from all 10 states included in this analysis, 50.7% (state median: 50.7%; range: 36.6%–68.3%) of the 6,225 women in the seasonal influenza sample reported receiving the seasonal influenza vaccination since September 2009, and 46.6% (state median: 45.5%; range: 26.9%–72.4%) of the 5,112 women in the 2009 H1N1 sample reported receiving the 2009 H1N1 influenza vaccination while pregnant (Table). To compare seasonal and

2009 H1N1 vaccination coverage within the same sample, data for the 5,052 women with live births during October 1, 2009–March 12, 2010, and complete influenza vaccination data were analyzed; 66.0% received at least one of the vaccinations, and 34.0% received neither. Among the 5,052 women, 34.1% received both influenza vaccinations during their pregnancy, 19.7% received only the seasonal vaccination, and 12.2% received only the 2009 H1N1 vaccination (Table).

Large percentages of women reported that their health-care provider had offered or recommended the seasonal influenza vaccination (67.4%) and 2009 H1N1 vaccination (75.2%). Among those whose health-care provider offered or recommended the seasonal vaccination, larger proportions reported receiving the vaccination than among those whose health-care provider did not offer or recommend it (65.8% versus 19.6%) (RR = 3.3; CI = 2.9–3.9). Among those whose health-care provider offered or recommended the 2009 H1N1 vaccination, larger proportions reported receiving the vaccination than among those whose health-care provider did not offer or recommend it (60.1% versus 5.9%) (RR = 10.1; CI = 7.7–14.3).

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TABLE. Overall number and percentage of women receiving seasonal and/or 2009 H1N1 influenza vaccinations during pregnancy, by selected characteristics — Pregnancy Risk Assessment Monitoring System, 10 states,* 2009–10 influenza season

Characteristic	No.	% [†]	(95% CI) [§]
Type of influenza vaccination received during October 1, 2009–March 12, 2010[¶] (N = 5,052)			
Neither vaccination	1,623	34.0	(32.3–35.8)
Both seasonal and 2009 H1N1	1,823	34.1	(32.4–35.9)
Seasonal influenza only	960	19.7	(18.2–21.3)
2009 H1N1 only	646	12.2	(11.0–13.4)
Seasonal influenza vaccination (N = 6,225)			
Received vaccination**	3,221	50.7	(48.9–52.4)
Health-care provider offered or recommended seasonal influenza vaccination^{††} (N = 6,225)			
Yes	4,227	67.4	(65.8–68.9)
No	1,986	32.6	(31.1–34.2)
Reasons for not getting the seasonal influenza vaccinations among those who did not get it^{§§} (N = 2,994)			
My physician did not mention it	926	31.4	(29.1–33.7)
I was worried about the side effects for me	1,182	45.2	(42.7–47.7)
I was worried that vaccine would harm my baby	1,237	47.7	(45.1–50.2)
I don't normally get the flu shot	2,015	72.1	(69.8–74.2)
Other reason	482	21.9	(19.6–24.3)
2009 H1N1 influenza vaccination (N = 5,112)			
Received vaccination ^{¶¶}	2,510	46.6	(44.7–48.4)
Health-care provider offered or recommended 2009 H1N1 influenza vaccination^{***} (N = 5,112)			
Yes	3,868	75.2	(73.5–76.7)
No	1,238	24.8	(23.3–26.5)
Site of 2009 H1N1 vaccination among those who received the vaccination (N = 2,290)			
Obstetrician/gynecologist office	1,184	50.9	(48.1–53.7)
Health department/Community clinic	574	25.7	(23.3–28.1)
Family physician office	338	14.5	(12.6–16.6)
Work/School	146	6.9	(5.7–8.6)
Pharmacy/Store	48	2.1	(1.4–2.9)
Reasons for not getting 2009 H1N1 vaccination among those who did not get it^{§§} (N = 2,602)			
My physician did not mention it	621	24.8	(22.5–27.2)
H1N1 vaccine was not available	796	34.3	(31.7–36.9)
I was worried about the side effects for me	1,426	61.4	(58.7–63.9)
I was worried that vaccine would harm my baby	1,474	63.6	(61.0–66.2)
I don't normally get the flu shot	1,311	57.6	(54.8–60.2)
Other reason	389	20.9	(18.5–23.6)

* Illinois, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, Rhode Island, Utah, Washington, and West Virginia.

† Weighted to adjust for complex survey design and nonresponse.

§ Confidence interval.

¶ Comparison data in this section are restricted to women with live births during October 1, 2009–March 12, because 2009 H1N1 vaccine first became available on October 5, 2009.

** Women with live births during September 1, 2009–March 12, 2010, were asked, "Since September 2009, did you get a seasonal flu shot?"

†† Women were asked, "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you a seasonal flu shot or tell you to get one?"

§§ Participants were asked to select any of the listed reasons that applied to them.

¶¶ Women with live births during October 1, 2009–March 12, 2010, were asked, "During your most recent pregnancy, did you get an H1N1 flu shot?"

*** Women were asked, "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you an H1N1 flu shot or tell you to get one?"

What is already known on this topic?

The American College of Obstetricians and Gynecologists and the Advisory Committee on Immunization Practices have recommended that all pregnant women be vaccinated for seasonal influenza during any trimester of pregnancy. However, vaccination coverage among pregnant women was only 24.2% during the 2007–08 influenza season and 11.3% during the 2008–09 season.

What is added by this report?

During the 2009–10 influenza season, combined data from 10 states found that seasonal influenza vaccination coverage among pregnant women was 50.7% and 2009 H1N1 coverage was 46.6%. An offer of vaccination or recommendation from a health-care provider was associated with substantially increased vaccination coverage.

What are the implications for public health practice?

Continued efforts to educate the public and health-care providers will be needed to increase influenza vaccination coverage among pregnant women during the 2010–11 influenza season.

Among 2,290 women who received the 2009 H1N1 vaccination, 50.9% reported receiving it at the office of their obstetrician/gynecologist, and 25.7% received it at a health department or community clinic (Table). Among 2,994 who did not receive the seasonal influenza vaccination, 47.7% cited safety concerns for their baby, and 45.2% cited safety concerns for themselves. Among 2,602 who did not receive the 2009 H1N1 vaccination, 63.6% cited safety concerns for their baby, and 61.4% cited safety concerns for themselves (Table).

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Editorial Note

Historically, seasonal influenza vaccination coverage among pregnant women has been low; during the 2007–08 influenza season, coverage was 24.2%, and during the 2008–09 season, it was 11.3%, according to the National Health Interview Survey (2). Vaccination of pregnant women with the seasonal

influenza and monovalent 2009 H1N1 influenza vaccines was a focus of public health efforts during the 2009–10 influenza season (1,2,4,5), and the PRAMS data from 10 states in this report show higher vaccination coverage among pregnant women for both seasonal and 2009 H1N1 influenza vaccination. Estimated coverage for pregnant women in these states also was higher than estimates from a different survey for persons aged ≥ 18 years from the same 10 states; that survey found state median seasonal influenza vaccination coverage of 39.7% (range: 36.0%–48.5%) and 2009 H1N1 vaccination coverage of 21.4% (range: 8.7%–27.8%) (8,9).

The greater vaccination coverage for those who were offered vaccination or received a recommendation for vaccination from their health-care provider reinforces previous findings that doctor's recommendations for vaccination are key in vaccination acceptance (6). With a novel virus, 2009 H1N1, the role of health-care providers in reassuring pregnant women might have been critical because of patient concerns regarding the new vaccine. Although 46.6% of those sampled received the 2009 H1N1 vaccination, large percentages of those who were not vaccinated cited concerns over the safety of the vaccine for their babies and themselves, similar to previous studies (6,7,10).

During the 2009–10 influenza season, in addition to educational efforts aimed at providers and the general population, certain other factors might have contributed to the increase in influenza vaccination coverage among pregnant women. These include the designation of pregnant women as a high-priority group to receive the influenza vaccinations, extensive multisectoral (i.e., public and private entities) collaboration to implement the 2009 H1N1 vaccination campaign, media attention to the 2009 H1N1 pandemic, and provision of monovalent 2009 H1N1 vaccine at no cost to vaccination providers.

The findings in this report are subject to at least three limitations. First, these PRAMS data were only available from 10 states and are not generalizable to all pregnant women in the United States. Second, influenza vaccination status and information on provider recommendations were reported by the mother and not verified by medical record, and might be subject to recall bias. Finally, the cohort of women available for this analysis (September 1, 2009–March 12, 2010) represents a subset of all women who were pregnant during the periods when seasonal and 2009 H1N1

vaccines were available during the 2009–10 influenza season. Most of these women were in their second or third trimester of pregnancy during the vaccination period, and those delivering early in the vaccination period would have had less opportunity for vaccination. To estimate vaccination coverage for the entire influenza season, data from women giving birth throughout the influenza season would be needed.

Based on the findings in this report, influenza vaccination coverage among pregnant women was higher during the 2009–10 season than has been described in past influenza seasons. Approximately 4 million births occur annually in the United States, and a large proportion of women likely are pregnant during the usual influenza vaccination period. Continued education of both health-care providers and pregnant women is needed regarding the risk for influenza complications during pregnancy and the safety and protective effect of vaccinations for both mother and child (10).

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Suicides in National Parks — United States, 2003–2009

In 2007, the year for which the most recent national data on fatalities are available, 34,598 suicides occurred in the United States (rate: 11.3 per 100,000 population); 79% were among males (1). In 2009, an estimated 374,486 visits to hospital emergency departments occurred for self-inflicted injury, of which approximately 262,000 (70%) could be attributed to suicidal behavior (1,2). The majority (58%) were among females. Most suicides (77%) occur in the home (3), but many occur in public places, including national parks. In addition to the loss of life, suicides consume park resources and staff time and can traumatize witnesses. To describe the characteristics of and trends in suicides in national parks, CDC and the National Park Service (NPS) analyzed reports of suicide events (suicides and attempted suicides) occurring in the parks during 2003–2009. During this 7-year span, 84 national parks reported 286 suicide events, an average of 41 events per year. Of the 286 events, 68% were fatal. The two most commonly used methods were firearms and falls. Consistent with national patterns, 83% of suicides were among males. A comprehensive, multicomponent approach is recommended to prevent suicide events, including enhanced training for park employees, site-specific barriers, and collaboration with communities.

The national park system comprises 393 parks, including historic sites, monuments, preserves, lakeshores, seashores, reserves, rivers, riverways, scenic trails, military parks, battlefields, memorials, recreations areas, and parkways, in 49 states (all but Delaware), the District of Columbia, American Samoa, Guam, Puerto Rico, Saipan, and the U.S. Virgin Islands. NPS routinely collects reports on serious incidents that occur within the park system, including suicide events. Suicide events in national parks are reported through the NPS serious incident notification system. NPS reporting criteria are based on an incident management system that classifies events by type, based on size, location, threat to life and property, political sensitivity, organizational complexity, jurisdictional boundaries, values to be protected, topography, agency policy, and other factors (4). For each incident, a park ranger enters a brief description into the notification system, typically a simple, chronologic narrative. Although many suicide

events reported by NPS might appear in other reporting systems (e.g., information from death certificates appears in vital statistics records), the notification system provides information about events that occur specifically in national parks, a unique environment in which the federal government has responsibility and oversight.

For this report, deaths during 2003–2009 that occurred in national parks were identified as suicides if a ranger and/or law enforcement personnel determined that the deceased person took his or her own life. Cases were listed as attempted suicide if rangers or law enforcement determined that the person had tried to take his or her own life (e.g., jumped from a bridge, but survived) or when it appeared likely that the person was attempting suicide (e.g., intent stated, but action not taken). A suicide event was defined as either a suicide or an attempted suicide.

Cases were identified from 2003–2009 NPS reports based on text string searches (e.g., suicide; attempted suicide; end or take own life). Each matching report was reviewed, and specific data elements were abstracted (e.g., victim age and sex, date of incident, and suicide or attempted suicide method). For 10 of the 194 deaths coded as suicide, a cause of death was not determined, but sufficient evidence was found to believe a suicide had occurred (e.g., a suicide note was found in an abandoned car in a remote area of a park). The method used in the suicide event was converted to standard *International Classification of Diseases, 10th Revision* coding terms (e.g., jump = fall, hanging = suffocation, automobile crash = transportation, and knife wound = cut/pierce). Poisoning cases include drug overdoses. Because reporting is done via narrative and not defined data elements, information was missing from some reports (e.g., age was missing in 35% of the cases, method was not specified in 13% of cases, and sex was missing in 2% of the cases).

During 2003–2009, 286 suicide events were reported from a total of 84 parks; 194 (68%) were suicides, and 92 (32%) were attempted suicide. The number of suicides in specific parks ranged from zero to 15 (Table 1). Six (7%) of 84 parks had 10 or more events (suicide and attempted suicide). Blue Ridge Parkway and Grand Canyon National Park had the most events (21 each) during 2003–2009. Approximately 19% of the events involved a fall

TABLE 1. Number of suicides and attempted suicides, by national park — National Park Service, United States, 2003–2009

Park	State(s)	Attempted suicides (No.)	Suicides (No.)	Total
Blue Ridge Parkway	North Carolina, Virginia	6	15	21
Grand Canyon National Park	Arizona	10	11	21
Natchez Trace Parkway	Alabama, Mississippi, Tennessee	6	11	17
Colorado National Monument	Colorado	3	12	15
Golden Gate National Recreation Area	California	3	11	14
New River Gorge National River	West Virginia	1	9	10
Shenandoah National Park	Virginia	5	3	8
Gateway National Recreation Area	New York, New Jersey	4	3	7
Lake Mead National Recreation Area	Arizona, Nevada	4	3	7
Yosemite National Park	California	1	6	7
Cuyahoga Valley National Park	Ohio	1	5	6
Point Reyes National Seashore	California	4	2	6
Saguaro National Park	Arizona	1	5	6
Cape Hatteras National Seashore	North Carolina	1	4	5
Chattahoochee River National Recreation Area	Georgia	1	4	5
Death Valley National Park	California	1	4	5
Glen Canyon National Recreation Area	Arizona, Utah	1	4	5
Great Smoky Mountains National Park	North Carolina, Tennessee	3	2	5
Delaware Water Gap National Recreation Area	Pennsylvania	1	3	4
Everglades National Park	Florida	3	1	4
Indiana Dunes National Lakeshore	Indiana	2	2	4
Mojave National Preserve	California	1	3	4
Ozark National Scenic Riverway	Missouri	3	1	4
Prince William Forest Park	Virginia	3	1	4
Gettysburg National Military Park	Pennsylvania	1	2	3
Gulf Islands National Seashore	Florida, Mississippi	0	3	3
Redwood National and State Parks	California	0	3	3
Parks with ≤2 total	—*	22	61	83
Total		92	194	286

* Includes parks in 28 states, the District of Columbia, and the U.S. Virgin Islands.

(typically a jump from a cliff or bridge), and 6% were transportation related (e.g., driving over a cliff). In contrast, 2% of all suicides nationally were fall related, and <1% were transportation related (1).

Among 194 suicides in the parks, 83% were among males. Nationally, in 2007, 79% of all suicides were among males (1). The mean age of persons who committed or attempted suicide in the parks was 43 years (range: 16–84 years). The highest number of suicides occurred in June (22), August (21), and January (21). The highest number of attempted suicides occurred in July (17), followed by May (11). The six most commonly reported suicide methods overall were firearm (33%), fall (19%), suffocation (9%), poisoning (7%), cut/pierce (6%), and transportation (6%). The three most commonly reported methods for males were firearm (36%), fall (19%), and suffocation (10%), and for females they were firearm (21%), fall (19%), and poisoning (16%) (Table 2). More than one method was noted for 8% of suicide events. During 2003–2009, the NPS averaged 28 suicides (range: 22–37) and 13 attempted suicides (range: 7–21) annually, with no evident temporal trend (Figure), although

the number of suicides and attempted suicides both increased from 2007 to 2009.

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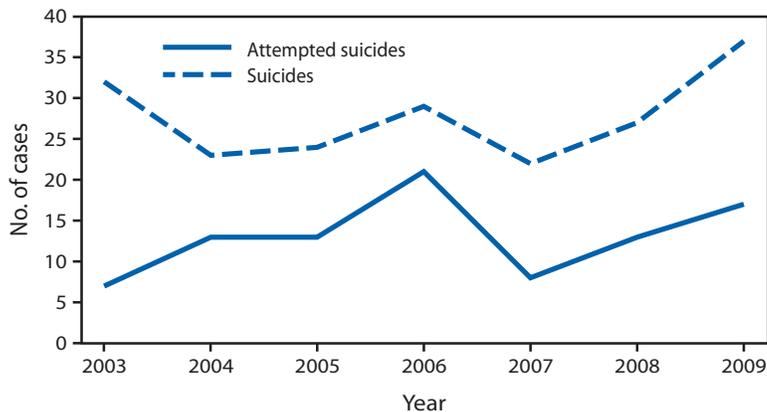
Editorial Note

A previous report examined deaths in U.S. national parks during 2003–2004 (5), but this is the first report to focus on the characteristics of suicide events in U.S. national parks. Although the total number of deaths attributed to suicide that occurred in national parks during 2003–2009 is small, each death represents a preventable event in a public place. Suicides also can represent a major cost burden for the parks, in one case reaching nearly \$200,000 because of the resources and time required to conduct a search for a missing person (NPS, unpublished data 2010).

TABLE 2. Number and percentage* of suicide events (suicides and attempted suicides) in national parks, by method and selected characteristics — National Park Service, United States, 2003–2009

Characteristic	Method									Total No.									
	Cut/Pierce		Fall		Firearm		Poisoning		Suffocation		Transportation		Multiple		Not specified				
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.		(%)	No.	(%)	No.	(%)	No.	(%)		
Age group (yrs)																			
<20	0	(0)	1	(25)	1	(25)	0	(0)	2	(50)	0	(0)	0	(0)	0	(0)	0	(0)	4
20–29	4	(11)	13	(35)	8	(22)	1	(3)	4	(11)	1	(3)	3	(8)	3	(8)	3	(8)	37
30–39	0	(0)	6	(15)	17	(43)	5	(13)	4	(10)	3	(8)	3	(8)	2	(5)	8	(18)	40
40–49	4	(9)	8	(18)	12	(27)	3	(7)	2	(5)	3	(7)	4	(9)	8	(18)	8	(18)	44
50–59	1	(2)	8	(19)	18	(42)	3	(7)	3	(7)	3	(7)	1	(2)	6	(14)	6	(14)	43
≥60	1	(5)	1	(5)	12	(63)	0	(0)	0	(0)	1	(5)	0	(0)	4	(21)	4	(21)	19
Unknown	7	(7)	16	(16)	25	(25)	8	(8)	10	(10)	6	(6)	12	(12)	15	(15)	15	(15)	99
Sex																			
Female	3	(5)	12	(19)	13	(21)	10	(16)	3	(5)	5	(8)	8	(13)	9	(14)	9	(14)	63
Male	14	(7)	41	(19)	79	(36)	10	(5)	21	(10)	12	(6)	15	(7)	25	(12)	25	(12)	217
Unknown	0	(0)	0	(0)	1	(17)	0	(0)	1	(17)	0	(0)	0	(0)	4	(67)	4	(67)	6
Outcome of suicide attempt																			
Survived	14	(15)	16	(17)	12	(13)	15	(16)	6	(7)	7	(8)	17	(19)	5	(5)	5	(5)	92
Died	3	(2)	37	(19)	81	(42)	5	(3)	19	(10)	10	(5)	6	(3)	33	(17)	33	(17)	194

* Row percentages might not add to 100% because of rounding.

FIGURE. Number of suicides and attempted suicides in national parks, per year — National Park Service, United States, 2003–2009

Park rangers have intervened to prevent suicides; however, their ability to dissuade suicidal visitors is limited. Training programs for park rangers should consider factors such as awareness of and ability to connect to local community prevention programs for information and guidance, and the typically short duration that park rangers interact with visitors. In addition, park rangers cover considerable territory, and the ratio of park visitors per park ranger is high. Enhanced training that focuses on the ability to recognize the signs and symptoms of suicidal behavior, provides strategies for reaching out to persons with problems, and improves the understanding of available treatment might prove useful.

The most successful suicide prevention programs are multifaceted and comprehensive (6). The three general strategies for preventing suicidal behavior include 1) universal approaches (strategies that target the general population including environmental strategies that decrease the availability of harmful means); 2) selected approaches (strategies for specific at-risk groups); and 3) indicated approaches (strategies for at-risk persons who show signs of suicidal potential) (7). Successful suicide prevention programs often include aspects of universal prevention that focus on 1) encouraging and enabling persons to seek help for health and social problems, 2) improving collaboration among community prevention organizations, 3) training professionals and volunteers within the community to identify persons at risk and make referrals when necessary, and 4) enhancing social support for at-risk persons.

Various factors could limit the use of site-specific suicidal behavior interventions in park settings, including characteristics of the location (e.g., public access and engineering complexity of the site), but physical barriers have been used successfully on bridges and some tall structures (8). In Bern, Switzerland, for example, installation of a safety net below a site from which persons had jumped eliminated suicide attempts at that location (8). Given that 19% of the suicide events in parks were fall related, NPS should consider engineering modifications, where practical and consistent with the NPS responsibility to protect natural, cultural, and historic resources,

What is already known on this topic?

Suicide is a public health problem that most often occurs in private residences; little is known about suicides and attempted suicides that occur in public settings such as national parks.

What is added by this report?

During 2003–2009, a combined average of 41 suicides and attempted suicides occurred in national parks per year, and they most often involved firearms (33%) or falls (19%), which differed from the methods most commonly used in suicide events in other settings.

What are the implications for public health practice?

Based on findings in this report and strategies proven effective for suicide prevention, two main approaches are recommended to help prevent suicides in national parks: 1) strategies in which parks collaborate with community prevention programs to gain increased access to resources, guidance, and training and 2) feasible and appropriate site-specific suicidal behavior interventions, such as barriers or restrictions to access.

as one component of a suicide prevention strategy. This might include additional pedestrian barriers on bridges or other means to block access to the most common locations. This approach might require an environmental evaluation of possible deterrents, balanced with the NPS mission to retain site access and beauty. Other potential interventions include placing suicide hotline information (e.g., the National Suicide Prevention Lifeline, 1-800-273-TALK [8255]) in kiosks and waysides near high-risk locations and video monitoring at high-risk locations for rapid response. Parks also can seek support and resources from community services to identify appropriate intervention strategies.

The findings in this report are subject to at least three limitations. First, the remote nature of some parks means that some victims were difficult to find, and some deaths might have been handled entirely by local law enforcement personnel who did not then inform park rangers. Therefore, these results likely are an underestimate of the actual number of suicide events. Second, the NPS notification system does not require reporting of standardized data elements, such as age, sex, or method. In addition, no standard environmental investigation was possible for each event. As a result, some useful data were missing. Finally, reported suicide death data from NPS have not been validated against vital statistics. Therefore,

some deaths might have been misclassified. Further evaluation of NPS surveillance would be useful.

In light of strategies proven effective for suicide prevention and the results of this report, two general approaches are warranted. First, comprehensive strategies in which each park collaborates with community prevention programs to gain increased access to resources, guidance, and training and second, site-specific suicidal behavior interventions such as access barriers and restriction (e.g., physical barriers on bridges) should be considered. Although community-based programs potentially could be effective in reducing the number of at-risk persons who engage in suicidal behavior at national parks, the degree to which such programs can be integrated into NPS prevention efforts requires further study. Several studies have shown that restricting access to a common, lethal, and easily accessible method decreases both the rate of suicides by that method and the overall suicide rate (8,9), indicating that persons do not immediately seek an alternative suicide method. Finally, the approaches used for suicide prevention in national parks need to be assessed to determine their effectiveness in this unique setting.

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Vital Signs: HIV Testing and Diagnosis Among Adults — United States, 2001–2009

On November 30, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

ABSTRACT

Background: Human immunodeficiency virus (HIV) infection is a major cause of morbidity, mortality, and health-care expenditures in the United States. HIV testing and linkage to care are essential to identify persons early in their course of infection to prevent progression to acquired immunodeficiency syndrome (AIDS) and death, and to reduce transmission.

Methods: CDC used 2001–2009 data from the National Health Interview Survey to estimate percentages of persons aged 18–64 years who reported ever being tested for HIV in the United States. Data from the National HIV Surveillance System were used to estimate numbers, percentages, and rates of HIV diagnoses, AIDS diagnoses, and late diagnoses of HIV infection (defined as an AIDS diagnosis made ≤ 12 months from an initial HIV diagnosis) for persons diagnosed with HIV infection during 2001–2008 and reported to CDC through June 2009; these were used to determine populations and regions most affected by HIV and AIDS, late diagnoses, and trends in late diagnoses over time.

Results: The percentage of persons aged 18–64 years ever tested for HIV was stable at approximately 40% from 2001 to 2006, increasing to 45.0% in 2009. The percentage of persons with late diagnoses of HIV infection was stable at approximately 37% from 2001 to 2004, decreasing to 32.3% by 2007 (most recent data available). In the 37 states with mature HIV reporting systems in 2007, the percentage of persons diagnosed late ranged from 25.0% to 47.2%. In 2008, most HIV diagnoses, by race/ethnicity, were among blacks or African Americans (51.2%) and, by transmission category, were among non-drug-injecting men reporting male-to-male sexual contact (55.0%). AIDS diagnosis rates were highest in the South and Northeast census regions and in the most populated states.

Conclusions: The number of persons in the United States who report ever being tested for HIV is increasing, and fewer persons are being diagnosed late in their infection. However, nearly one third of diagnoses still occur late. Increased testing efforts are needed, particularly among populations that account for most HIV diagnoses.

Implications for Public Health Practice: All health-care providers should expand routine HIV screening so that all adults are tested. Members of populations with higher rates of HIV diagnoses and living in geographic areas with high HIV prevalence should be screened more frequently than others. Persons likely to be at high risk for HIV infection (e.g., gay, bisexual, and other men who have sex with men) should be tested at least annually. Public health officials should emphasize the importance of HIV testing and allocate resources to increase testing among populations with the highest rates of HIV diagnoses.

Background

Human immunodeficiency virus (HIV) is a communicable infection that leads to a progressive disease with a long asymptomatic period. Approximately 56,000 persons in the United States are newly infected with HIV each year (1), which is nearly one new

infection every nine and a half minutes. Without treatment, most persons develop acquired immunodeficiency syndrome (AIDS) within 10 years of HIV infection (2). Antiretroviral therapy delays this progression and increases the length of survival, but is most effective when initiated during the asymptomatic

phase. It is estimated that on average, an HIV-positive person aged 25 years who receives high-quality care will survive an additional 39 years (3). CDC estimates that approximately 1.1 million adults and adolescents were living with HIV infection in the United States at the end of 2006; however, as many as one fifth (21%) were unaware of their infection (4,5). Persons with late diagnoses of HIV infection have missed opportunities for treatment during the asymptomatic period and for prevention of transmission to others; they also have a shortened life expectancy (6). Testing identifies infected persons, which enables them to seek medical care that can improve the quality and length of their lives and reduce risk for HIV transmission.

HIV testing and linkage to care are integral parts of a comprehensive strategy to identify all persons with HIV infections and to initiate early intervention. In 2010, the National HIV/AIDS Strategy established a goal of increasing, by 2015, from 79% to 90% the percentage of persons living with HIV who are aware of their infection (7). This report describes trends in HIV testing, rates of HIV and AIDS diagnoses, and trends in late diagnoses of HIV infection in the United States.

Methods

CDC used 2001–2009 data from the National Health Interview Survey (NHIS) to calculate the percentage of persons aged 18–64 years who reported ever being tested for HIV (excluding tests done for blood donations). NHIS is an ongoing, cross-sectional, household survey that provides data for a broad range of health measures based on in-person interviews with a nationally representative sample of the civilian non-institutionalized population. Methods for this analysis have been described previously (8).

Estimates of numbers, percentages, and rates of HIV diagnoses, AIDS diagnoses, and trends in late diagnoses (defined as an AIDS diagnosis made ≤ 12 months from an initial HIV diagnosis) were used to determine populations and regions most affected by HIV and AIDS, late HIV diagnoses, and trends in late HIV diagnoses over time. These estimates were derived from data reported to the National HIV Surveillance System by 50 states and the District of Columbia (DC) for AIDS diagnoses and by states with long-term, confidential, name-based HIV reporting systems (33* since December 2000 and

37[†] since January 2005) for HIV diagnoses to allow for stabilization of data collection and adjustment of the data to monitor trends. Estimates presented are derived from cases that were followed up through December 2008 and reported through June 2009.

Results

In 2008, 44.6% of persons aged 18–64 years reported ever being tested for HIV (Table 1). The percentage of persons ever tested for HIV aged 18–24 years (33.9%) was lower than for persons aged 25–34 years (57.8%) and 35–44 years (56.7%), although rates of HIV diagnoses among persons in these age groups were similar (33.1, 37.6, and 38.0 per 100,000, respectively). The percentage of persons ever tested for HIV was higher among blacks or African Americans (61.8%) and Hispanics or Latinos (47.6%) than whites (40.9%). More than one quarter (28.3%) of persons who acknowledged having an HIV risk factor[§] had not been tested. Trends in HIV testing show that the percentage of persons ever tested for HIV remained stable at approximately 40% from 2001 to 2006, increasing to 45.0% in 2009, representing 82.9 million persons (Figure 1). Trends in late diagnoses also were stable at approximately 37% from 2001 to 2004, decreasing to 32.3% in 2007 among persons in 33 states. In 2007, the percentage of persons with HIV who had a late diagnosis was 32.3% for the 37 states combined; however, percentages of late diagnoses ranged from 25.0% to 47.2% among those states (Table 2). In 22 states, the percentage of persons with a late HIV diagnosis exceeded the percentage for the 37 states combined (32.3%). In these 22 states, percentages of late diagnoses ranged from 32.4% to 47.2%.

Nearly 40,000 adults were diagnosed with HIV infection in 2008 in the 37 states with mature HIV reporting systems (29.9 per 100,000) (Table 1). Men

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

[§] Persons were asked if any of the following statements were true for them, but not which specific statement(s) applied to them. "You have hemophilia and have received clotting factor concentrations. You are a man who has had sex with other men, even just one time. You have taken street drugs by needle, even just one time. You have traded sex for money or drugs, even just one time. You have tested positive for HIV (the virus that causes AIDS). You have had sex (even just one time) with someone who would answer 'yes' to any of these statements."

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

TABLE 1. Estimated number,* percentage, and rate of HIV diagnoses among persons aged 18–64 years (37 states[†]), and percentage who reported ever being tested for HIV (United States[§]), by selected characteristics, 2008

Characteristic	HIV diagnoses (37 states)			% ever tested for HIV (United States)
	No.	(%)	Rate per 100,000	
Age group (yrs)				
18–24	6,814	(17.1)	33.1	33.9
25–34	10,742	(27.0)	37.6	57.8
35–44	11,206	(28.1)	38.0	56.7
45–64	11,095	(27.8)	20.3	35.0
Sex				
Men	29,902	(75.0)	44.9	41.3
Women	9,955	(25.0)	14.9	47.7
Race/Ethnicity				
American Indian/Alaska Native	214	(0.5)	18.6	53.1
Asian	433	(1.1)	10.3	37.6
Black/African American	20,387	(51.2)	112.1	61.8
Hispanic/Latino	6,945	(17.4)	40.5	47.6
Native Hawaiian/Other Pacific Islander	33	(0.1)	35.9	—
White	11,474	(28.8)	12.6	40.9
Multiple race (non-Hispanic)	370	(0.9)	29.2	53.6
Transmission category				
Male-to-male sexual contact	21,932	(55.0)	—	—
Injection drug use (males)	2,465	(6.2)	—	—
Injection drug use (females)	1,526	(3.8)	—	—
Male-to-male sexual contact and injection drug use	1,127	(2.8)	—	—
Heterosexual contact (males)	4,295	(10.8)	—	—
Heterosexual contact (females)	8,363	(21.0)	—	—
Other [¶]	149	(0.4)	—	—
Total	39,857	(100.0)	29.9	44.6

* Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

[†] Data from the National HIV Surveillance System. Includes data reported from 37 states with confidential, name-based reporting of HIV infection since at least January 2005: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming

[§] Data from the National Health Interview Survey, 2008. Available at http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm. Percentages calculated using the number of respondents within each subgroup as the denominator.

[¶] Includes hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or not identified.

accounted for 75.0% of these diagnoses. Blacks or African Americans accounted for 51.2% of estimated diagnoses and had an HIV diagnosis rate (112.1 per 100,000) that was nine times the rate for whites (12.6 per 100,000). Hispanics or Latinos had an HIV diagnosis rate (40.5 per 100,000) approximately three times the rate for whites. By transmission category, men reporting male-to-male sexual contact accounted for the highest percentage (55.0%) of diagnoses, followed by heterosexual contact (31.8%), injection drug use (10.0%), and males reporting both male-to-male sexual contact and injection drug use (2.8%).

In 2008, among the 50 states and DC, AIDS diagnosis rates (per 100,000 population) for adults aged 18–64 years ranged from an estimated 2.0 per 100,000 in South Dakota to 130.1 per 100,000 in DC, with the highest rates occurring in the South and Northeast census regions and highly populated states (e.g., California and Illinois) (Figure 2).

Conclusions and Comment

In 2009, 82.9 million adults aged 18–64 years reported having ever been tested for HIV, an increase of 11.4 million since 2006. However, 55% of adults have never been tested for HIV. Young persons (aged 18–24 years) had rates of HIV diagnoses that were similar to other age groups, but their testing rates were lower. In addition, although late diagnoses of HIV declined by 5% from 2001 to 2007 in the 33 states with mature HIV reporting systems, approximately one third of persons diagnosed with HIV infection in 2007 in 37 states were diagnosed late. These results indicate that progress has been made, but continued and intensified efforts are needed to identify persons with undiagnosed infection. Trends in late HIV diagnoses and AIDS diagnoses can be used to monitor the progress of testing efforts for identifying infected persons. With increased testing and linkage to care, more persons infected with HIV are identified, and if persons are diagnosed early in their infection, earlier treatment will reduce disease progression to AIDS.

Identifying persons early in the course of infection saves lives, reduces morbidity and mortality, prevents new infections, and can reduce health-care expenditures. In one study, persons unaware of their infection were 3.5 times more likely to transmit HIV than persons aware of their infection (9). Persons who have been diagnosed can take precautions to avoid transmission and can be treated with appropriate antiretroviral therapy. Such therapy lowers the amount of virus in the blood and genital secretions, likely reducing the biologic risk for transmission (10,11). Every new HIV infection averted saves approximately \$367,000 (2009 dollars) in lifetime medical costs (12). For all these reasons, HIV screening to identify infected persons and linking them to care and prevention services is a cornerstone of the national HIV prevention strategy (13).

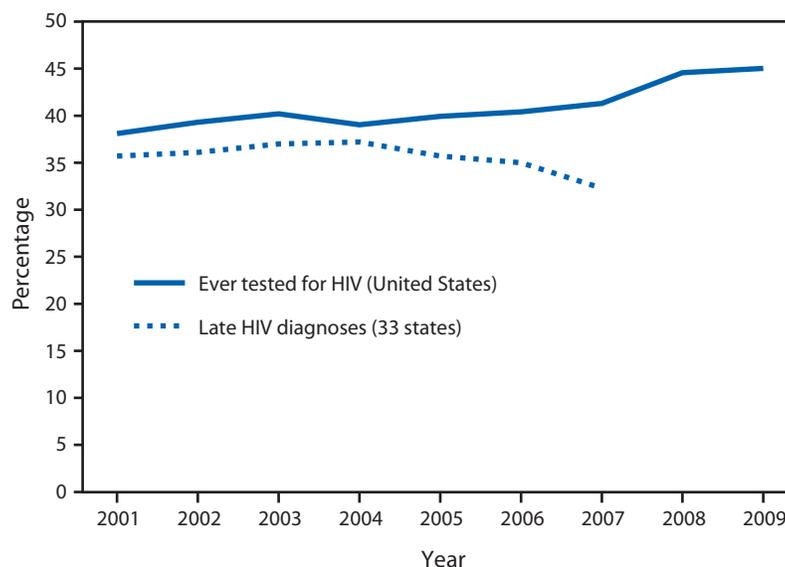
For adults, CDC recommends routine HIV screening in health-care settings (14). CDC further recommends annual or more frequent testing of persons likely to be at high risk for HIV. Expanded efforts

Key Points

- Approximately 56,000 persons in the United States are newly infected with HIV each year.
- The number of adults aged 18–64 years who have ever been tested for HIV increased by 11.4 million during 2006–2009; however, an estimated 55% of adults have never been tested.
- An estimated 32% of all HIV diagnoses in 2007 were late diagnoses, occurring shortly before persons developed AIDS, making early treatment impossible.
- Early HIV testing reduces the spread of disease, extends life expectancy, and reduces costs of care. Every new HIV infection averted saves approximately \$367,000 in lifetime medical costs.
- Everyone should be tested for HIV. Persons at higher risk and in high-prevalence populations should be tested more often than others.
- Additional information is available at <http://www.cdc.gov/vitalsigns>.

should be concentrated where the burden of disease is greatest. Knowledge of rates of AIDS diagnoses, HIV diagnoses, and HIV testing can be used to focus these efforts. For example, approximately 60% of blacks or African Americans have been tested for HIV at least once in their lives, a higher percentage than any other racial/ethnic group. Despite the higher percentage of persons who report ever having been tested, the disproportionately high rates of diagnoses among blacks or African Americans (112.1 per 100,000) and Hispanics or Latinos (40.5 per 100,000), suggest that adults from these subpopulations might benefit from more frequent testing to facilitate early diagnosis. The burden of HIV is greatest among gay, bisexual, and other men who have sex with men (MSM), who comprised more than half of all diagnoses in 2008. Surveys have found that a high percentage (58%) of MSM report testing in the preceding 12 months. However, 45% of HIV-infected MSM who were unaware of their infection reported having an HIV test in the preceding 12 months, indicating that they might have acquired their infection recently (15). Taken together, these findings indicate that although progress has been made towards increased testing rates among populations at risk, testing has not occurred

FIGURE 1. Percentage of persons aged 18–64 years who reported ever being tested for HIV (United States, 2001–2009*), and percentage of late HIV diagnoses (AIDS diagnosis within 12 months of initial HIV diagnosis) (33 states, 2001–2007†)



* Data from the National Health Interview Survey. Available at http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm.

† Data from the National HIV Surveillance System. Includes data reported from 33 states with confidential, name-based reporting of HIV infection since at least December 2000: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

at sufficient scale or repeated with enough frequency to identify all those with HIV.

The findings in this report are subject to at least four limitations. First, data from the NHIS sample of adults are self-reported and subject to recall bias and potential underreporting of sensitive information such as HIV testing and HIV risk factor status. Second, NHIS excludes active military personnel and those who live outside of households (e.g., persons who are incarcerated, in long-term care institutions, or homeless). Certain persons in these populations might be at greater risk for HIV infection than persons in households. Third, the NHIS sample does not include persons aged 13–17 years, who are included in CDC's 2006 HIV testing recommendations (14). Finally, national HIV surveillance with uniform reporting was not implemented fully until 2008. CDC regards data from states with confidential, name-based, HIV surveillance systems sufficient to monitor trends in HIV diagnoses after 4 years of reporting. The areas included in estimates of numbers and rates of diagnoses of HIV infection are based on the date of implementation of confidential name-based HIV infection reporting.

TABLE 2. Estimated number* of HIV diagnoses, and estimated number and percentage of late HIV diagnoses (AIDS diagnosis within 12 months of initial HIV diagnosis), among adults aged 18–64 years, by state of residence — 37 states, 2007†

State of residence	No. of HIV diagnoses	Late HIV diagnoses	
		No.	(%)
Alabama	784	236	30.1
Alaska	37	15	41.2
Arizona	915	313	34.2
Arkansas	320	123	38.5
Colorado	463	150	32.3
Connecticut	540	169	31.3
Florida	7,670	2,309	30.1
Georgia	3,067	976	31.8
Idaho	40	11	27.5
Indiana	539	178	33.1
Iowa	136	51	37.8
Kansas	191	83	43.4
Kentucky	440	165	37.4
Louisiana	1,166	432	37.0
Michigan	823	304	36.9
Minnesota	363	114	31.4
Mississippi	573	167	29.1
Missouri	654	212	32.4
Nebraska	104	35	34.1
Nevada	490	156	31.9
New Hampshire	56	15	27.6
New Jersey	1,809	684	37.8
New Mexico	156	61	39.3
New York	6,129	2,056	33.6
North Carolina	2,082	538	25.8
North Dakota	10	4	44.4
Ohio	1,020	294	28.8
Oklahoma	302	107	35.3
South Carolina	836	344	41.2
South Dakota	28	10	35.6
Tennessee	1,083	271	25.0
Texas	4,487	1,469	32.7
Utah	131	37	28.4
Virginia	1,163	376	32.4
West Virginia	97	46	47.2
Wisconsin	300	93	31.1
Wyoming	19	7	37.7
Total	39,024	12,614	32.3

Source: National HIV Surveillance System.

* Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

† Includes data reported from 37 states with confidential, name-based reporting of HIV infection since at least January 2005: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

Data from the 37 states account for approximately 68% of AIDS diagnoses in the 50 states and DC but might not be nationally representative. Data for the prevalence of AIDS diagnoses were used to provide an indication of the geographic distribution of HIV diagnoses because they are available for all states.

However, AIDS diagnoses are a measure of late stage disease and do not accurately reflect the entire distribution of current HIV diagnoses.

CDC supports and provides resources for various activities that promote HIV testing and linkage to care and prevention services. In 2009, CDC granted \$513 million to state and local health departments and community-based and other organizations for domestic HIV prevention and surveillance activities, including testing. The expanded testing initiative, a 3-year effort that began in 2007, was designed to increase testing, early diagnosis of HIV infection, and linkage to care and prevention services primarily among blacks or African Americans. It resulted in approximately 1.4 million persons being tested and 10,000 HIV infections identified. However, approximately 25% of those infected were not linked to care initially, and efforts are needed to ensure all diagnosed persons are linked to care. In 2010, CDC awarded additional funding for an expanded HIV testing initiative. The 2010 funding is being used to expand this initiative to reach more populations at risk, namely MSM, injection drug users, and Hispanics or Latinos. State and local health departments and health-care providers are essential to the implementation of these initiatives and integration of CDC's recommendations into practice. State and local laws and programs consistent with CDC's recommendations can facilitate increased HIV testing. Health-care providers should offer HIV screening for all persons who have never been tested for HIV infection, repeat testing for persons at increased risk for HIV, and referrals to risk reduction services (e.g., behavioral interventions) for at-risk persons testing HIV-negative. Similarly, persons who have never been tested for HIV should request an HIV test, and persons at increased risk for HIV should be tested at least annually (14).

The National HIV/AIDS Strategy provides an opportunity for refocusing and intensifying federal, state, and local HIV testing efforts (7). HIV testing and HIV surveillance data are essential to monitor and evaluate national, state, and local efforts against HIV and to set priorities for resource allocation. CDC remains committed to strengthening its efforts against the HIV epidemic and working with its partners to increase testing for all persons, promote periodic testing for persons at high risk, link persons to care, treatment, and prevention services, and ultimately reduce the burden of HIV in the United States.

Reported by

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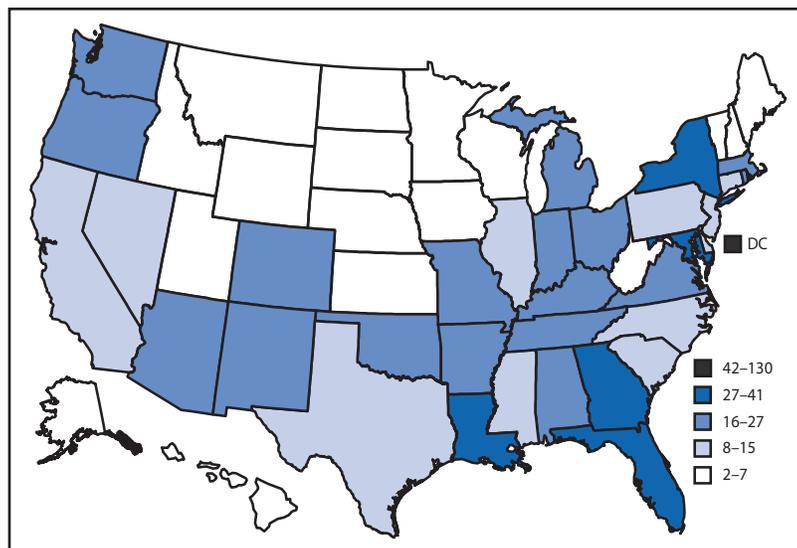
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FIGURE 2. Rates* of AIDS diagnoses among adults aged 18–64 years, by area of residence — 50 states and the District of Columbia, 2008



Source: National HIV Surveillance System.

*Per 100,000 population. Estimated numbers resulted from the statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Data classified by quintiles.

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Announcement

National Influenza Vaccination Week — December 5–11, 2010

Each year, National Influenza Vaccination Week highlights the importance of influenza vaccination and the need for persons to receive influenza vaccination during the influenza season (October–May). Influenza vaccination is the best way to prevent influenza and its potentially severe complications (1).

This year, the Advisory Committee on Immunization Practices (ACIP) recommends influenza vaccination for all persons aged ≥ 6 months (2). Approximately 160 million doses of influenza vaccine have been distributed in the United States, the most ever for a single influenza season. Throughout the week of December 5–11, 2010, National Influenza Vaccination Week will reinforce the ACIP universal recommendation and continue to emphasize the need for vaccination among persons in certain groups, including those at greater risk for influenza and for serious complications from influenza infection. During the week, CDC will focus on groups including pregnant women, children, caregivers of infants aged < 6 months, older adults, health-care workers, and persons with chronic health conditions (particularly those with asthma, diabetes, heart disease, kidney and liver disorders, neurologic and neurodevelopmental conditions, blood disorders, morbid obesity, human immunodeficiency virus or acquired immunodeficiency syndrome, or cancer).

Resources and materials to promote influenza vaccination education and awareness are available at <http://www.cdc.gov/flu/freeresources>. Additional information regarding National Influenza Vaccination Week is available at <http://www.cdc.gov/flu/nivw>.

References

1. Cox NJ, Subbarao K. Influenza. *Lancet* 1999;354:1277–82.
2. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR* 2010;59(No. RR-8).

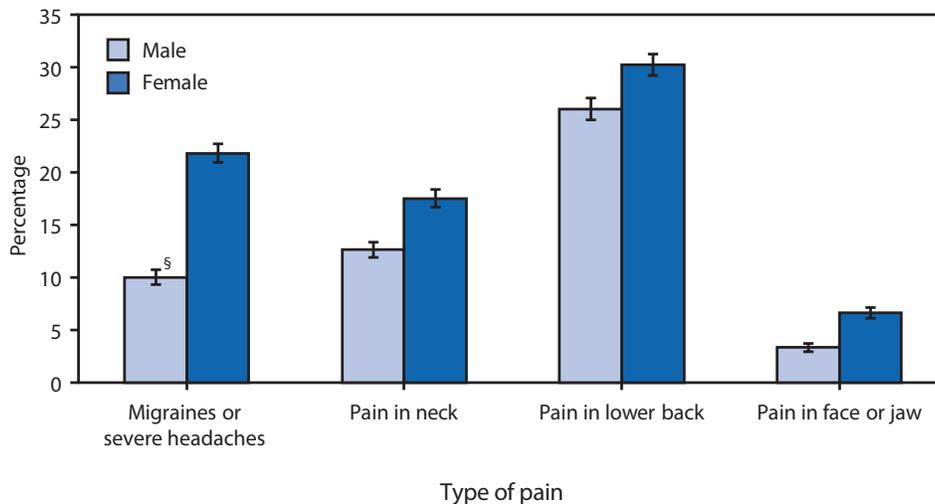
Errata: Vol. 59, No. 45

In the report “Update: Cholera Outbreak — Haiti, 2010,” on page 1473, an error occurred in the first sentence of the first paragraph under the heading “Initial Epidemiologic Investigation.” The sentence should read, “During October 21–23, an investigation was conducted by MSPP and CDC Haiti at five hospitals, **four in Artibonite Department and one in Ouest Department.**” An error also occurred in the first sentence of the third paragraph in that section. That sentence should read, “During October 21–23, the investigative team used a standardized questionnaire to interview a convenience sample of 27 patients in the **five hospitals in Artibonite and Ouest departments.**” An error also occurred on page 1474, in the first sentence of the third paragraph under the heading “Cholera Surveillance and Laboratory Findings.” The sentence should read, “At LNSP, the outbreak isolates were identified as *V. cholerae* **serogroup O1, serotype Ogawa**, and selected specimens were sent to CDC for confirmation and additional analyses.”

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Who Had Migraines or Severe Headaches, Pain in the Neck, Lower Back, or Face/Jaw,* by Sex — National Health Interview Survey, 2009†



* For each type of pain, respondents were asked, "During the past three months, did you have [type of pain]?" Respondents were instructed to report pain that had lasted a whole day or more, and conversely, not to report fleeting or minor aches or pains. Persons might be represented in more than one pain category.

† Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample adult component. Estimates were age adjusted using the projected 2000 U.S. population as the standard population and the following age groups: 18–44 years, 45–64 years, 65–74 years, and ≥75 years.

§ 95% confidence interval.

Females were more likely than males to have experienced a migraine or severe headache (21.8% versus 10.0%), pain in the neck (17.5% versus 12.6%), pain in the lower back (30.2% versus 26.0%), and pain in the face or jaw (6.6% versus 3.3%). For both sexes, pain in the lower back was the most common of these four types of pain, and pain in the face or jaw was the least common.

Source: Pleis JR, Ward BW, Lucas JW. Summary health statistics for U.S. adults: National Health Interview Survey, 2009 (provisional report). Vital Health Stat 2010;10(249). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_249.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 27, 2010 (47th week)*

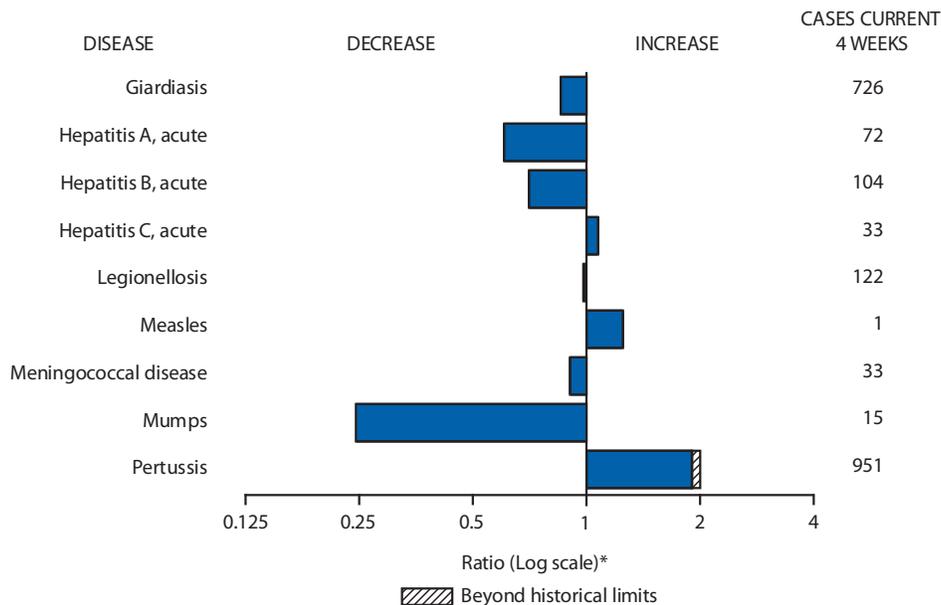
Disease	Current week	Cum 2010	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	0	1	—	1	1	—	
Botulism, total	1	91	3	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	—	64	2	83	109	85	97	85	
other (wound and unspecified)	1	21	1	25	19	27	48	31	CA (1)
Brucellosis	—	112	2	115	80	131	121	120	
Chancroid	—	33	1	28	25	23	33	17	
Cholera	—	5	0	10	5	7	9	8	
Cyclosporiasis [§]	3	166	1	141	139	93	137	543	NY (1), NC (1), FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	64	0	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	—	4	4	4	8	21	
Powassan virus disease	—	5	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	8	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> , ** invasive disease (age <5 yrs):									
serotype b	—	14	0	35	30	22	29	9	
nonsertotype b	—	134	3	236	244	199	175	135	
unknown serotype	3	229	3	178	163	180	179	217	NY (1), FL (1), AL (1)
Hansen disease [§]	—	56	2	103	80	101	66	87	
Hantavirus pulmonary syndrome [§]	—	17	0	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal [§]	—	205	3	242	330	292	288	221	
HIV infection, pediatric (age <13 yrs) ^{††}	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality ^{§, §§}	—	58	4	358	90	77	43	45	
Listeriosis ^{¶¶}	4	698	16	851	759	808	884	896	VA (1), FL (1), CA (2)
Measles ^{¶¶}	—	56	0	71	140	43	55	66	
Meningococcal disease, invasive ^{***} :									
A, C, Y, and W-135	2	213	5	301	330	325	318	297	CT (1), AL (1)
serogroup B	—	98	3	174	188	167	193	156	
other serogroup	—	8	0	23	38	35	32	27	
unknown serogroup	9	363	9	482	616	550	651	765	PA (1), MO (4), FL (1), TX (1), CA (2)
Mumps	1	2,473	34	1,991	454	800	6,584	314	TX (1)
Novel influenza A virus infections ^{†††}	—	3	0	43,774	2	4	NN	NN	
Plague	—	2	—	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	NN	NN	
Psittacosis [§]	—	4	0	9	8	12	21	16	
Q fever, total ^{§, §§§}	1	108	2	114	120	171	169	136	
acute	1	83	1	94	106	—	—	—	OR (1)
chronic	—	25	0	20	14	—	—	—	
Rabies, human	—	1	0	4	2	1	3	2	
Rubella ^{¶¶¶}	—	6	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV ^{§, ****}	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	—	147	2	161	157	132	125	129	
Syphilis, congenital (age <1 yr) ^{††††}	—	191	7	423	431	430	349	329	
Tetanus	—	7	0	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal) [§]	1	69	1	74	71	92	101	90	TN (1)
Trichinellosis	—	5	0	13	39	5	15	16	
Tularemia	—	99	1	93	123	137	95	154	
Typhoid fever	3	376	4	397	449	434	353	324	PA (1), GA (1), CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	—	82	1	78	63	37	6	2	
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	1	—	1	—	2	1	3	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	5	708	6	789	588	549	NN	NN	FL (3), WA (1), CA (1)
Viral hemorrhagic fever ^{§§§§}	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 27, 2010 (47th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
 * Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>.
 † 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/ncphi/diss/nndss/phs/files/5yearweeklyaverage.pdf>.
 ‡ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the domestic arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 †† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 ††† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, one influenza-associated pediatric death occurred during the 2010–11 influenza season. Since August 30, 2009, a total of 282 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported.
 ¶¶ No measles cases were reported for the current week.
 *** Data for meningococcal disease (all serogroups) are available in Table II.
 ††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The three cases of novel influenza A virus infection reported to CDC during 2010 were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).
 †††† In 2009, 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.
 ¶¶¶ 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.
 ††††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 ††††† There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 27, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	<i>Chlamydia trachomatis</i> infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	7,620	23,725	26,217	1,082,405	1,125,814	32	120	341	6,982	6,807
New England	283	744	1,396	35,788	36,387	—	7	74	419	428
Connecticut	145	198	736	9,251	10,473	—	0	68	68	38
Maine†	—	49	69	1,996	2,197	—	1	7	74	46
Massachusetts	—	398	698	18,115	17,343	—	3	8	148	168
New Hampshire	36	42	114	2,213	1,941	—	1	5	50	78
Rhode Island†	56	64	120	3,087	3,343	—	0	2	13	22
Vermont†	46	23	51	1,126	1,090	—	1	5	66	76
Mid. Atlantic	2,149	3,364	4,874	154,637	142,531	7	14	37	737	761
New Jersey	235	469	691	22,387	22,095	—	0	1	—	50
New York (Upstate)	536	688	2,530	31,557	28,452	3	3	16	198	199
New York City	895	1,213	2,738	57,635	52,927	—	2	5	89	75
Pennsylvania	483	919	1,092	43,058	39,057	4	8	26	450	437
E.N. Central	513	3,467	4,127	157,907	180,785	3	30	122	1,884	1,603
Illinois	6	789	1,225	33,930	55,521	—	4	21	265	147
Indiana	—	365	797	17,351	20,114	—	3	10	142	265
Michigan	357	921	1,419	43,628	41,783	—	5	18	299	263
Ohio	107	974	1,085	43,919	44,241	3	7	24	426	355
Wisconsin	43	424	511	19,079	19,126	—	9	57	752	573
W.N. Central	23	1,360	1,565	61,474	64,261	3	22	83	1,226	1,037
Iowa	3	202	270	9,273	8,691	—	4	24	313	195
Kansas	13	189	235	8,649	9,698	—	2	9	125	99
Minnesota	—	281	331	12,023	13,117	—	0	16	98	318
Missouri	—	500	603	23,013	23,537	2	4	30	354	175
Nebraska†	—	93	237	4,198	4,844	1	2	26	220	112
North Dakota	—	31	89	1,506	1,662	—	0	18	30	12
South Dakota	7	62	77	2,812	2,712	—	1	6	86	126
S. Atlantic	1,261	4,657	5,681	214,655	227,652	8	18	51	923	1,051
Delaware	102	84	220	3,995	4,275	—	0	2	7	9
District of Columbia	—	94	177	4,320	6,181	—	0	1	5	6
Florida	270	1,460	1,737	67,173	66,696	7	7	19	345	421
Georgia	192	579	1,229	26,160	36,304	1	5	31	276	319
Maryland†	—	453	1,031	20,573	20,494	—	1	3	33	39
North Carolina	149	765	1,562	36,323	37,406	—	0	12	73	107
South Carolina†	265	524	748	24,739	24,468	—	1	8	81	58
Virginia†	209	596	902	27,878	28,498	—	2	8	87	76
West Virginia	74	72	117	3,494	3,330	—	0	3	16	16
E.S. Central	1,261	1,732	2,414	80,326	85,185	3	4	19	300	212
Alabama†	371	495	757	23,968	24,031	3	2	13	147	61
Kentucky	117	264	614	13,058	12,174	—	1	6	79	61
Mississippi	623	368	780	17,518	21,719	—	0	3	22	18
Tennessee†	150	574	738	25,782	27,261	—	1	5	52	72
W.S. Central	531	3,003	4,578	143,561	146,106	1	8	39	401	523
Arkansas†	292	259	392	11,155	13,100	—	0	3	31	52
Louisiana	—	263	1,773	14,641	25,047	—	1	6	59	53
Oklahoma	239	261	1,374	13,728	12,820	1	1	8	78	115
Texas†	—	2,212	3,194	104,037	95,139	—	4	30	233	303
Mountain	483	1,440	1,904	66,612	72,479	1	10	29	514	527
Arizona	89	498	713	21,655	23,502	—	1	3	34	33
Colorado	174	359	560	15,797	17,967	—	2	8	128	133
Idaho†	—	69	200	3,573	3,480	1	2	7	88	87
Montana†	—	60	82	2,733	2,731	—	1	4	46	53
Nevada†	98	172	337	8,359	9,043	—	0	6	31	25
New Mexico†	106	162	453	7,118	8,363	—	2	12	112	139
Utah	15	121	176	5,630	5,595	—	1	5	59	37
Wyoming†	1	37	79	1,747	1,798	—	0	2	16	20
Pacific	1,116	3,657	5,350	167,445	170,428	6	12	28	578	665
Alaska	—	113	148	5,081	4,711	—	0	1	4	6
California	784	2,782	4,406	128,510	130,480	3	7	18	337	399
Hawaii	—	112	158	5,149	5,545	—	0	1	1	1
Oregon	179	210	468	10,113	10,133	2	3	13	164	177
Washington	153	399	500	18,592	19,559	1	1	8	72	82
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	7	31	259	327	—	0	0	—	—
Puerto Rico	64	92	265	4,950	6,697	N	0	0	N	N
U.S. Virgin Islands	—	10	29	323	464	—	0	0	—	—

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

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† 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 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever [†]					Dengue Hemorrhagic Fever [‡]				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	—	5	31	421	NN	—	0	2	5	NN
New England	—	0	3	7	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine [¶]	—	0	2	5	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island [¶]	—	0	0	—	NN	—	0	0	—	NN
Vermont [¶]	—	0	1	2	NN	—	0	0	—	NN
Mid. Atlantic	—	1	9	101	NN	—	0	1	1	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	1	8	85	NN	—	0	1	1	NN
Pennsylvania	—	0	2	16	NN	—	0	0	—	NN
E.N. Central	—	0	5	40	NN	—	0	1	1	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	11	NN	—	0	0	—	NN
Michigan	—	0	2	9	NN	—	0	0	—	NN
Ohio	—	0	2	15	NN	—	0	0	—	NN
Wisconsin	—	0	2	5	NN	—	0	1	1	NN
W.N. Central	—	0	2	17	NN	—	0	0	—	NN
Iowa	—	0	1	2	NN	—	0	0	—	NN
Kansas	—	0	1	1	NN	—	0	0	—	NN
Minnesota	—	0	2	13	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska [¶]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	2	17	208	NN	—	0	1	2	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	2	14	169	NN	—	0	1	2	NN
Georgia	—	0	2	11	NN	—	0	0	—	NN
Maryland [¶]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	4	NN	—	0	0	—	NN
South Carolina [¶]	—	0	3	10	NN	—	0	0	—	NN
Virginia [¶]	—	0	3	12	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	2	5	NN	—	0	0	—	NN
Alabama [¶]	—	0	2	2	NN	—	0	0	—	NN
Kentucky	—	0	1	1	NN	—	0	0	—	NN
Mississippi	—	0	1	1	NN	—	0	0	—	NN
Tennessee [¶]	—	0	1	1	NN	—	0	0	—	NN
W.S. Central	—	0	1	4	NN	—	0	1	1	NN
Arkansas [¶]	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	4	NN	—	0	0	—	NN
Texas [¶]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	2	16	NN	—	0	0	—	NN
Arizona	—	0	1	6	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho [¶]	—	0	1	2	NN	—	0	0	—	NN
Montana [¶]	—	0	1	3	NN	—	0	0	—	NN
Nevada [¶]	—	0	1	4	NN	—	0	0	—	NN
New Mexico [¶]	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming [¶]	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	5	23	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	5	11	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	12	NN	—	0	0	—	NN
Territories										
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	109	535	9,609	NN	—	0	3	34	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.[†] Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical, and unknown case classifications.[‡] DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.[¶] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>					<i>Anaplasma phagocytophilum</i>					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	3	8	181	568	892	8	11	309	721	874	—	1	35	95	160
New England	—	0	2	6	52	—	1	8	79	257	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	5	23	17	—	0	2	5	—
Maine [§]	—	0	1	4	5	—	0	2	16	14	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	2	—	95	—	0	0	—	—
New Hampshire	—	0	1	2	4	—	0	3	16	18	—	0	1	2	1
Rhode Island [§]	—	0	1	—	33	—	0	7	24	113	—	0	0	—	1
Vermont [§]	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	49	184	7	3	17	196	296	—	0	2	4	44
New Jersey	—	0	2	—	98	—	0	1	1	70	—	0	0	—	—
New York (Upstate)	—	0	15	28	51	7	3	17	192	217	—	0	1	4	6
New York City	—	0	3	20	10	—	0	1	3	8	—	0	0	—	1
Pennsylvania	—	0	1	1	25	—	0	1	—	1	—	0	1	—	37
E.N. Central	—	0	4	32	83	—	3	39	352	272	—	1	7	61	71
Illinois	—	0	2	12	33	—	0	1	5	6	—	0	2	3	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	27	36
Michigan	—	0	1	2	5	—	0	0	—	—	—	0	1	4	—
Ohio	—	0	3	6	13	—	0	1	2	1	—	0	0	—	2
Wisconsin	—	0	1	12	32	—	3	39	345	265	—	0	4	27	30
W.N. Central	—	1	13	121	153	—	0	261	13	26	—	0	30	10	16
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	2	—	0	261	—	20	—	0	30	—	3
Missouri	—	1	13	113	143	—	0	3	13	4	—	0	3	10	13
Nebraska [§]	—	0	1	2	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	4	19	246	253	—	1	7	57	17	—	0	1	6	2
Delaware	—	0	3	17	22	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	11	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	22	18	—	0	1	2	1	—	0	1	1	—
Maryland [§]	—	0	3	23	41	—	0	2	15	4	—	0	1	2	—
North Carolina	—	2	13	100	61	—	0	4	21	3	—	0	0	—	—
South Carolina [§]	—	0	2	3	12	—	0	1	1	—	—	0	0	—	—
Virginia [§]	—	1	13	72	87	—	0	2	11	4	—	0	1	3	2
West Virginia	—	0	1	1	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	85	134	—	0	2	18	3	—	0	1	6	24
Alabama [§]	—	0	3	11	9	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	16	12	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee [§]	—	0	6	55	107	—	0	2	10	2	—	0	1	6	24
W.S. Central	3	0	141	28	30	1	0	23	6	1	—	0	1	1	—
Arkansas [§]	2	0	34	9	4	1	0	6	3	—	—	0	0	—	—
Louisiana	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	1	0	105	15	24	—	0	16	2	1	—	0	0	—	—
Texas [§]	—	0	2	3	2	—	0	1	1	—	—	0	1	1	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
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 reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† Cumulative total *E. ewingii* cases reported for year 2010 = 10.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	121	345	666	16,075	17,258	1,849	5,473	6,420	253,554	273,687	24	59	171	2,587	2,551
New England	6	31	54	1,445	1,617	31	101	196	4,732	4,510	1	4	21	168	178
Connecticut	—	5	13	236	270	31	41	169	2,027	2,185	—	0	15	40	48
Maine [§]	6	4	12	209	194	—	3	11	136	124	—	0	2	11	18
Massachusetts	—	13	24	637	697	—	46	81	2,120	1,761	—	2	8	86	86
New Hampshire	—	3	8	132	187	—	3	7	140	99	—	0	2	11	12
Rhode Island [§]	—	1	7	60	60	—	5	14	262	297	—	0	2	11	9
Vermont [§]	—	4	10	171	209	—	0	17	47	44	1	0	1	9	5
Mid. Atlantic	25	60	103	2,794	3,142	480	686	1,117	32,745	28,608	5	11	34	521	518
New Jersey	—	4	13	208	399	64	105	160	4,965	4,357	—	2	7	83	114
New York (Upstate)	18	23	84	1,067	1,206	120	103	422	5,258	5,294	3	3	20	142	138
New York City	—	17	33	822	758	162	230	528	11,058	9,949	1	2	6	100	64
Pennsylvania	7	14	27	697	779	134	248	366	11,464	9,008	1	4	9	196	202
E.N. Central	15	53	81	2,585	2,682	162	931	1,260	43,299	57,751	—	10	20	430	396
Illinois	—	12	26	521	565	5	185	366	8,050	18,429	—	3	9	136	148
Indiana	—	5	13	204	278	—	99	222	4,896	6,366	—	1	6	72	70
Michigan	1	13	25	619	612	119	249	471	12,037	13,547	—	0	3	30	24
Ohio	13	16	29	785	748	29	315	379	14,054	14,654	—	2	6	105	88
Wisconsin	1	8	30	456	479	9	93	155	4,262	4,755	—	2	5	87	66
W.N. Central	7	24	165	1,299	1,603	5	280	357	12,757	13,548	2	3	24	147	145
Iowa	1	5	11	264	273	3	33	57	1,573	1,538	—	0	1	1	—
Kansas	—	4	10	198	147	2	38	62	1,779	2,317	—	0	2	15	13
Minnesota	—	0	135	136	415	—	38	62	1,702	2,117	—	0	17	25	50
Missouri	3	8	26	396	475	—	136	175	6,208	5,894	2	1	6	75	55
Nebraska [§]	3	4	9	197	161	—	21	50	995	1,243	—	0	2	21	21
North Dakota	—	0	7	29	25	—	2	11	100	127	—	0	4	10	6
South Dakota	—	1	7	79	107	—	8	19	400	312	—	0	0	—	—
S. Atlantic	33	71	143	3,343	3,375	393	1,337	1,750	62,241	68,126	9	14	27	679	697
Delaware	—	0	5	30	24	22	18	48	899	871	—	0	1	5	4
District of Columbia	—	1	5	35	68	—	34	66	1,618	2,413	—	0	1	4	5
Florida	24	39	87	1,939	1,768	113	392	493	19,117	19,117	6	3	9	169	203
Georgia	—	10	51	485	673	65	204	421	8,790	12,408	1	3	9	158	137
Maryland [§]	4	5	11	244	262	—	132	237	6,007	5,602	1	1	6	60	81
North Carolina	N	0	0	N	N	56	246	596	12,160	12,678	—	2	9	113	93
South Carolina [§]	—	2	9	124	100	87	152	232	7,324	7,675	—	2	7	72	68
Virginia [§]	5	9	36	444	431	36	152	265	6,803	6,917	—	2	4	72	79
West Virginia	—	0	6	42	49	14	10	26	514	445	1	0	5	26	27
E.S. Central	2	6	15	258	377	374	469	698	21,927	24,459	2	3	12	153	150
Alabama [§]	2	4	11	201	181	116	146	217	6,976	6,909	1	0	3	24	35
Kentucky	N	0	0	N	N	24	72	142	3,398	3,517	—	0	2	30	19
Mississippi	N	0	0	N	N	199	109	216	5,036	6,749	—	0	2	11	8
Tennessee [§]	—	1	9	57	196	35	147	194	6,517	7,284	1	2	10	88	88
W.S. Central	2	8	16	347	476	165	801	1,283	39,005	42,727	3	2	20	116	111
Arkansas [§]	1	2	7	123	140	87	74	133	3,424	4,084	1	0	3	16	18
Louisiana	1	3	9	161	185	—	72	524	4,221	8,164	—	0	3	22	20
Oklahoma	—	2	7	63	151	78	78	359	4,041	4,061	2	1	15	70	69
Texas [§]	N	0	0	N	N	—	578	964	27,319	26,418	—	0	2	8	4
Mountain	10	30	50	1,488	1,535	48	173	262	7,898	8,458	2	5	15	260	220
Arizona	2	3	8	146	190	15	58	109	2,564	2,850	—	2	10	94	68
Colorado	6	13	27	645	462	10	53	95	2,425	2,540	2	1	5	75	62
Idaho [§]	1	4	9	189	196	—	2	9	110	96	—	0	2	17	4
Montana [§]	1	2	7	95	126	—	2	6	95	72	—	0	1	2	1
Nevada [§]	—	1	11	88	102	10	29	94	1,452	1,549	—	0	2	7	18
New Mexico [§]	—	2	5	90	110	13	20	41	948	972	—	1	5	38	32
Utah	—	4	11	199	288	—	6	15	275	312	—	0	4	21	32
Wyoming [§]	—	1	5	36	61	—	0	4	29	67	—	0	2	6	3
Pacific	21	54	133	2,516	2,451	191	606	816	28,950	25,500	—	2	21	113	136
Alaska	—	2	6	86	104	—	24	37	1,092	893	—	0	2	20	20
California	17	33	61	1,559	1,596	172	494	691	23,818	20,953	—	0	18	21	40
Hawaii	—	0	4	33	19	—	14	24	656	583	—	0	2	8	28
Oregon	1	9	20	436	374	3	19	42	905	1,003	—	1	5	58	45
Washington	3	8	75	402	358	16	52	80	2,479	2,068	—	0	4	6	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	30	19	—	0	0	—	—
Puerto Rico	—	1	8	63	145	1	6	14	274	214	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	1	7	78	112	—	0	0	—	—

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* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† 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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	15	30	69	1,390	1,787	17	62	204	2,799	2,930	4	14	44	735	680
New England	—	2	5	86	101	—	1	5	47	51	—	1	4	39	62
Connecticut	—	0	3	28	18	—	0	2	18	15	—	0	4	27	49
Maine†	—	0	1	7	1	—	0	2	13	15	—	0	0	—	2
Massachusetts	—	1	5	41	65	—	0	2	8	17	—	0	1	10	10
New Hampshire	—	0	1	2	7	—	0	2	6	4	N	0	0	N	N
Rhode Island†	—	0	4	8	8	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	1	2	1
Mid. Atlantic	1	4	10	188	248	—	5	10	256	304	—	2	6	103	92
New Jersey	—	0	3	12	61	—	1	5	66	91	—	0	2	18	7
New York (Upstate)	1	1	4	55	43	—	1	6	48	47	—	1	4	55	42
New York City	—	1	5	70	82	—	2	4	76	64	—	0	1	1	5
Pennsylvania	—	1	4	51	62	—	1	5	66	102	—	0	3	29	38
E.N. Central	1	4	9	197	270	—	9	17	414	395	—	2	8	102	81
Illinois	—	1	3	44	121	—	1	5	77	110	—	0	1	2	4
Indiana	—	0	2	17	16	—	1	5	48	68	—	0	2	21	19
Michigan	—	1	5	65	67	—	3	6	113	116	—	1	4	63	29
Ohio	1	0	5	45	35	—	2	6	85	80	—	0	1	8	26
Wisconsin	—	0	3	26	31	—	2	8	91	21	—	0	2	8	3
W.N. Central	—	1	13	72	111	—	2	15	109	126	1	0	11	24	21
Iowa	—	0	3	11	35	—	0	2	13	33	—	0	1	—	10
Kansas	—	0	3	12	12	—	0	2	8	6	—	0	2	3	1
Minnesota	—	0	12	15	19	—	0	13	8	24	—	0	9	12	6
Missouri	—	0	2	21	21	—	1	3	67	41	1	0	1	7	—
Nebraska†	—	0	4	12	20	—	0	2	12	19	—	0	1	2	2
North Dakota	—	0	1	—	1	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	1	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	6	7	14	317	393	7	16	40	797	803	2	4	7	158	158
Delaware	—	0	1	7	4	—	0	2	23	30	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	4	3	7	130	158	4	6	11	273	263	—	1	5	52	45
Georgia	—	1	3	35	48	1	3	7	136	134	—	0	2	9	31
Maryland†	1	0	3	23	45	—	1	6	68	69	—	0	2	24	22
North Carolina	—	0	5	45	36	2	1	16	91	98	1	1	3	40	21
South Carolina†	—	0	3	22	59	—	1	4	51	52	—	0	1	1	1
Virginia†	1	1	6	47	37	—	2	14	90	86	1	0	2	13	10
West Virginia	—	0	5	7	5	—	0	14	62	61	—	0	5	17	27
E.S. Central	—	1	3	38	37	1	7	13	327	311	1	3	8	139	93
Alabama†	—	0	1	6	10	—	1	4	61	81	—	0	1	6	7
Kentucky	—	0	3	18	9	1	2	8	118	80	1	2	5	96	56
Mississippi	—	0	1	2	8	—	1	3	35	30	U	0	0	U	U
Tennessee†	—	0	2	12	10	—	2	8	113	120	—	1	4	37	30
W.S. Central	2	3	19	130	173	5	9	109	446	517	—	1	14	66	53
Arkansas†	—	0	1	2	11	—	0	4	41	60	—	0	0	—	2
Louisiana	—	0	2	12	6	—	1	4	44	64	—	0	1	8	7
Oklahoma	—	0	3	1	3	2	2	19	87	90	—	0	12	28	12
Texas†	2	2	18	115	153	3	5	87	274	303	—	0	3	30	32
Mountain	4	3	8	134	149	—	2	8	125	120	—	1	5	48	49
Arizona	3	1	5	60	62	—	1	2	30	39	U	0	0	U	U
Colorado	—	1	3	34	47	—	1	5	40	25	—	0	1	12	26
Idaho†	1	0	2	7	5	—	0	1	6	11	—	0	2	9	6
Montana†	—	0	1	4	6	—	0	1	1	1	—	0	1	2	1
Nevada†	—	0	2	14	13	—	1	3	36	29	—	0	1	4	4
New Mexico†	—	0	1	4	8	—	0	1	5	6	—	0	2	11	6
Utah	—	0	1	8	6	—	0	1	5	5	—	0	2	10	6
Wyoming†	—	0	3	3	2	—	0	1	2	4	—	0	0	—	—
Pacific	1	5	17	228	305	4	6	20	278	303	—	1	6	56	71
Alaska	—	0	1	2	2	—	0	1	3	3	U	0	0	U	U
California	—	4	16	187	241	4	4	17	195	214	—	0	4	22	37
Hawaii	—	0	2	4	8	—	0	1	3	6	U	0	0	U	U
Oregon	—	0	2	17	16	—	1	3	34	40	—	0	3	15	17
Washington	1	0	2	18	38	—	1	4	43	40	—	0	6	19	15
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	18	6	—	1	6	40	54	—	1	7	35	48
Puerto Rico	—	0	2	13	21	—	0	2	17	31	—	0	0	—	—
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 reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	23	57	114	2,889	3,201	67	393	2,336	25,093	34,771	11	27	89	1,331	1,262
New England	—	3	15	215	186	1	119	474	7,280	11,941	—	2	4	65	55
Connecticut	—	1	6	47	51	—	36	200	2,257	4,038	—	0	1	1	5
Maine†	—	0	4	12	8	—	11	76	649	839	—	0	1	5	2
Massachusetts	—	1	8	103	88	—	39	206	2,763	5,094	—	1	3	45	36
New Hampshire	—	0	5	21	13	1	23	67	1,156	1,352	—	0	2	4	4
Rhode Island†	—	0	4	23	19	—	1	40	147	227	—	0	1	7	5
Vermont†	—	0	2	9	7	—	4	27	308	391	—	0	1	3	3
Mid. Atlantic	8	14	39	785	1,113	40	176	725	11,642	15,136	—	7	17	360	376
New Jersey	—	2	11	93	206	—	45	211	3,022	4,838	—	0	4	1	94
New York (Upstate)	5	5	19	262	330	31	52	577	2,708	3,758	—	1	6	68	44
New York City	—	2	10	133	215	—	1	14	67	1,006	—	4	14	236	188
Pennsylvania	3	5	18	297	362	9	80	383	5,845	5,534	—	1	3	55	50
E.N. Central	2	11	41	644	678	—	14	262	2,168	2,878	—	2	9	132	158
Illinois	—	1	15	120	124	—	1	16	115	136	—	1	7	47	66
Indiana	2	2	6	102	60	—	1	7	68	81	—	0	2	8	21
Michigan	—	3	20	163	156	—	1	13	90	98	—	0	4	29	28
Ohio	—	4	15	213	266	—	0	5	22	50	—	0	5	38	34
Wisconsin	—	0	11	46	72	—	12	236	1,873	2,513	—	0	1	10	9
W.N. Central	—	1	19	103	109	—	2	1,395	115	249	1	1	11	67	64
Iowa	—	0	1	—	22	—	1	10	80	106	—	0	2	13	10
Kansas	—	0	2	11	7	—	0	1	6	18	—	0	2	11	8
Minnesota	—	0	16	35	12	—	0	1,380	—	116	—	0	11	3	24
Missouri	—	0	4	33	53	—	0	1	1	3	—	0	3	21	12
Nebraska†	—	0	2	9	12	—	0	2	9	5	—	0	2	15	8
North Dakota	—	0	1	6	1	—	0	15	18	—	1	0	1	1	1
South Dakota	—	0	2	9	2	—	0	1	1	1	—	0	2	3	1
S. Atlantic	9	10	27	495	545	26	58	175	3,526	4,110	8	7	42	385	326
Delaware	—	0	3	15	19	1	11	32	581	941	—	0	1	2	5
District of Columbia	—	0	4	15	21	—	0	4	27	61	—	0	2	9	17
Florida	7	3	9	159	170	2	2	10	94	103	4	2	7	120	84
Georgia	—	1	4	48	57	—	0	2	11	39	2	0	5	43	66
Maryland†	2	2	6	108	141	17	24	100	1,533	1,932	2	1	22	93	62
North Carolina	—	0	7	53	58	—	1	9	80	93	—	0	13	47	30
South Carolina†	—	0	2	10	12	—	0	3	28	40	—	0	1	4	5
Virginia†	—	1	8	74	58	6	18	79	1,054	737	—	1	5	64	55
West Virginia	—	0	3	13	9	—	0	32	118	164	—	0	2	3	2
E.S. Central	1	2	10	121	133	—	1	4	44	36	—	0	3	29	31
Alabama†	—	0	2	18	17	—	0	1	2	3	—	0	1	9	9
Kentucky	—	0	4	26	50	—	0	1	5	1	—	0	3	6	9
Mississippi	—	0	3	9	4	—	0	0	—	—	—	0	2	2	4
Tennessee†	1	1	6	68	62	—	1	4	37	32	—	0	2	12	9
W.S. Central	—	3	14	134	122	—	2	44	94	213	—	1	31	77	64
Arkansas†	—	0	2	14	8	—	0	0	—	—	—	0	1	2	5
Louisiana	—	0	3	8	14	—	0	1	2	—	—	0	1	5	6
Oklahoma	—	0	4	13	6	—	0	2	—	—	—	0	1	5	1
Texas†	—	2	10	99	94	—	2	42	92	213	—	1	30	65	52
Mountain	—	3	10	152	136	—	0	3	24	53	—	1	4	57	47
Arizona	—	1	6	59	42	—	0	1	2	6	—	0	2	22	10
Colorado	—	0	5	32	27	—	0	1	3	1	—	0	3	20	26
Idaho†	—	0	1	6	6	—	0	2	7	15	—	0	1	3	2
Montana†	—	0	1	4	7	—	0	1	4	3	—	0	1	2	5
Nevada†	—	0	2	19	13	—	0	1	1	12	—	0	1	6	—
New Mexico†	—	0	2	7	9	—	0	2	5	5	—	0	1	1	—
Utah	—	0	2	20	28	—	0	1	2	9	—	0	1	3	4
Wyoming†	—	0	2	5	4	—	0	1	—	2	—	0	0	—	—
Pacific	3	5	19	240	179	—	4	11	200	155	2	3	19	159	141
Alaska	—	0	2	2	1	—	0	1	6	6	—	0	1	3	2
California	3	4	19	200	138	—	3	9	133	97	2	2	13	108	106
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	14	16	—	1	4	48	37	—	0	3	14	11
Washington	—	0	4	23	23	—	0	3	13	15	—	0	5	33	21
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	2	N	0	0	N	N	—	0	2	4	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Meningococcal disease, invasive [†]					Pertussis					Rabies, animal				
	All groups														
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	11	15	43	682	859	228	344	1,756	17,854	13,946	19	64	143	2,977	4,756
New England	1	0	3	18	31	—	8	23	434	589	1	4	15	211	317
Connecticut	1	0	2	3	4	—	1	8	95	52	—	0	14	59	132
Maine [§]	—	0	1	4	4	—	1	5	43	77	—	1	4	58	50
Massachusetts	—	0	2	6	15	—	5	14	239	335	—	0	0	—	—
New Hampshire	—	0	0	—	3	—	0	2	18	73	—	0	5	13	32
Rhode Island [§]	—	0	0	—	4	—	0	9	26	41	—	0	4	31	42
Vermont [§]	—	0	1	5	1	—	0	4	13	11	1	1	3	50	61
Mid. Atlantic	1	1	4	65	98	39	27	67	1,465	1,091	5	18	41	898	528
New Jersey	—	0	2	16	17	—	3	9	125	225	—	0	0	—	—
New York (Upstate)	—	0	3	11	21	22	9	27	507	205	5	9	19	468	410
New York City	—	0	2	16	16	—	0	9	78	86	—	2	12	120	18
Pennsylvania	1	0	2	22	44	17	11	49	755	575	—	5	24	310	100
E.N. Central	—	2	9	116	155	25	88	173	4,437	2,877	1	2	27	223	217
Illinois	—	0	3	19	43	—	15	29	728	588	—	1	11	114	82
Indiana	—	0	3	23	33	—	9	26	479	347	—	0	0	—	25
Michigan	—	0	3	21	19	6	26	54	1,269	787	—	1	5	64	64
Ohio	—	1	2	31	39	19	28	71	1,546	995	1	0	12	45	46
Wisconsin	—	0	3	22	21	—	7	21	415	160	—	0	0	—	—
W.N. Central	4	1	6	47	77	14	30	627	2,104	2,022	2	4	16	242	361
Iowa	—	0	3	9	13	—	10	26	510	218	—	0	3	26	31
Kansas	—	0	2	6	13	—	3	9	150	227	—	1	4	59	72
Minnesota	—	0	2	2	11	—	0	601	698	421	—	0	9	26	60
Missouri	4	0	3	23	25	12	8	41	466	950	1	1	6	66	64
Nebraska [§]	—	0	2	5	10	2	4	13	204	132	1	1	4	50	77
North Dakota	—	0	1	2	1	—	0	30	50	29	—	0	7	15	4
South Dakota	—	0	1	—	4	—	0	5	26	45	—	0	0	—	53
S. Atlantic	1	2	7	122	156	28	28	78	1,412	1,507	8	21	73	996	1,978
Delaware	—	0	1	2	2	1	0	4	13	13	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	7	6	—	0	0	—	—
Florida	1	1	5	56	50	4	5	28	290	483	—	0	60	72	161
Georgia	—	0	2	10	30	2	3	18	218	214	—	0	8	—	379
Maryland [§]	—	0	1	8	10	—	3	8	122	136	—	6	14	337	364
North Carolina	—	0	2	15	31	—	0	32	124	189	—	0	7	—	446
South Carolina [§]	—	0	1	10	11	6	5	19	307	243	—	0	0	—	—
Virginia [§]	—	0	2	19	16	3	5	15	226	192	7	10	25	513	517
West Virginia	—	0	2	2	6	12	1	13	105	31	1	1	7	74	111
E.S. Central	1	1	3	39	32	1	15	34	674	739	1	3	7	139	135
Alabama [§]	1	0	2	7	10	—	4	8	179	285	—	1	4	49	—
Kentucky	—	0	2	17	5	—	5	14	231	210	1	0	4	21	45
Mississippi	—	0	1	5	3	—	1	8	64	68	—	0	1	1	4
Tennessee [§]	—	0	2	10	14	1	4	11	200	176	—	1	4	68	86
W.S. Central	1	1	9	79	84	25	55	753	2,583	3,003	—	0	30	61	878
Arkansas [§]	—	0	1	6	9	—	3	29	159	323	—	0	7	21	38
Louisiana	—	0	4	12	18	—	1	3	36	144	—	0	0	—	—
Oklahoma	—	0	7	15	12	1	0	41	66	74	—	0	30	40	32
Texas [§]	1	1	7	46	45	24	48	681	2,322	2,462	—	0	14	—	808
Mountain	—	1	6	52	58	89	26	59	1,431	892	—	1	8	80	102
Arizona	—	0	2	13	13	1	7	16	379	238	—	0	5	—	—
Colorado	—	0	4	19	19	86	4	40	411	204	—	0	0	—	—
Idaho [§]	—	0	2	7	7	1	3	19	181	70	—	0	2	11	8
Montana [§]	—	0	1	1	5	—	1	12	79	55	—	0	3	17	25
Nevada [§]	—	0	1	8	4	—	0	7	31	24	—	0	2	8	6
New Mexico [§]	—	0	1	3	3	1	2	11	125	71	—	0	2	13	26
Utah	—	0	1	1	2	—	4	13	215	208	—	0	2	10	13
Wyoming [§]	—	0	0	—	5	—	0	2	10	22	—	0	4	21	24
Pacific	2	3	16	144	168	7	41	209	3,314	1,226	1	3	12	127	240
Alaska	—	0	1	1	6	—	0	6	37	54	—	0	2	12	12
California	2	2	13	96	105	5	28	181	2,536	635	1	2	12	102	217
Hawaii	—	0	1	1	5	—	0	6	42	42	—	0	0	—	—
Oregon	—	1	2	30	39	—	6	16	305	243	—	0	2	13	11
Washington	—	0	7	16	13	2	5	38	394	252	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	2	—	0	0	—	—
Puerto Rico	—	0	0	—	1	—	0	1	3	1	—	1	3	40	39
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and 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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	455	858	1,709	46,479	44,427	37	83	208	4,345	4,229	168	277	527	12,503	14,134
New England	2	32	458	2,092	2,029	1	2	52	187	286	—	4	62	290	323
Connecticut	—	0	442	442	430	—	0	52	52	67	—	0	57	57	43
Maine [§]	1	2	7	119	114	1	0	3	19	19	—	0	1	7	5
Massachusetts	—	23	54	1,164	1,048	—	2	8	77	102	—	4	16	202	226
New Hampshire	—	3	10	155	246	—	0	2	20	35	—	0	1	12	21
Rhode Island [§]	—	2	17	140	131	—	0	1	2	38	—	0	3	11	23
Vermont [§]	1	1	5	72	60	—	0	2	17	25	—	0	1	1	5
Mid. Atlantic	49	95	219	5,326	5,076	6	9	31	483	398	4	33	53	1,437	2,594
New Jersey	—	18	57	997	1,047	—	1	7	72	98	—	6	16	301	557
New York (Upstate)	20	25	78	1,326	1,196	6	3	13	185	138	2	4	19	209	200
New York City	1	25	56	1,255	1,181	—	1	7	69	55	1	6	14	277	424
Pennsylvania	28	29	82	1,748	1,652	—	3	13	157	107	1	14	34	650	1,413
E.N. Central	20	85	239	4,801	4,798	3	10	39	678	677	2	27	238	1,536	2,340
Illinois	—	28	114	1,678	1,366	—	2	9	115	161	—	9	228	749	564
Indiana	—	8	55	443	576	—	1	9	66	90	—	1	5	38	66
Michigan	—	15	48	854	900	—	2	16	149	127	—	5	9	222	210
Ohio	20	24	47	1,223	1,320	3	3	11	136	124	2	6	23	286	1,026
Wisconsin	—	10	45	603	636	—	3	17	212	175	—	4	21	241	474
W.N. Central	18	45	98	2,289	2,447	3	12	39	608	694	6	46	88	1,910	1,088
Iowa	1	9	34	491	377	—	2	16	163	152	—	1	5	47	51
Kansas	2	8	19	415	370	—	1	6	66	53	1	5	14	249	186
Minnesota	—	0	32	178	522	—	0	13	31	201	—	0	3	14	73
Missouri	8	13	44	761	606	3	4	27	229	132	5	42	75	1,538	741
Nebraska [§]	2	4	13	237	325	—	1	6	70	82	—	1	10	55	29
North Dakota	2	0	39	50	63	—	0	10	17	8	—	0	5	—	4
South Dakota	3	3	15	157	184	—	0	4	32	66	—	0	2	7	4
S. Atlantic	252	268	607	14,437	13,124	10	13	30	674	622	57	45	97	2,397	2,174
Delaware	1	3	11	165	134	—	0	2	6	13	—	1	5	39	137
District of Columbia	—	1	6	70	93	—	0	1	5	2	—	0	4	25	23
Florida	123	121	227	5,808	5,962	4	4	13	221	159	32	16	53	1,041	424
Georgia	21	42	132	2,567	2,220	—	1	15	103	67	8	14	39	712	598
Maryland [§]	10	17	54	957	742	2	1	9	94	87	4	2	8	124	349
North Carolina	66	29	197	2,212	1,688	4	1	10	86	102	12	3	36	229	345
South Carolina [§]	12	20	94	1,458	1,109	—	0	2	19	32	—	1	5	61	114
Virginia [§]	14	18	68	1,037	975	—	2	15	122	131	1	2	15	130	176
West Virginia	5	2	16	163	201	—	0	4	18	29	—	0	11	36	8
E.S. Central	11	52	177	3,639	2,885	1	5	22	253	203	3	13	40	686	751
Alabama [§]	6	18	51	964	864	—	1	4	49	45	2	3	14	190	147
Kentucky	—	10	31	530	419	1	1	6	68	67	—	3	28	210	204
Mississippi	2	17	67	1,153	864	—	0	12	29	6	—	1	4	50	44
Tennessee [§]	3	14	53	992	738	—	2	7	107	85	1	5	14	236	356
W.S. Central	20	98	547	5,537	5,450	1	5	68	274	290	61	52	251	2,438	2,652
Arkansas [§]	5	12	43	736	574	1	1	5	46	41	2	1	9	71	289
Louisiana	—	19	49	1,145	1,121	—	0	2	19	23	—	5	13	247	167
Oklahoma	15	12	46	630	577	—	0	27	40	32	1	6	96	248	259
Texas [§]	—	51	477	3,026	3,178	—	3	41	169	194	58	40	144	1,872	1,937
Mountain	15	48	105	2,534	2,804	4	10	34	589	537	3	15	32	730	1,070
Arizona	1	18	42	868	996	—	1	10	79	64	2	8	19	402	770
Colorado	9	10	24	538	572	1	3	21	209	161	1	2	6	92	90
Idaho [§]	4	3	9	152	160	3	1	7	100	88	—	0	3	23	8
Montana [§]	1	2	7	82	101	—	1	5	39	34	—	0	1	6	11
Nevada [§]	—	4	22	266	237	—	0	5	29	34	—	1	6	44	66
New Mexico [§]	—	6	18	302	344	—	1	5	41	35	—	2	9	123	102
Utah	—	5	17	287	303	—	1	7	77	107	—	1	4	40	19
Wyoming [§]	—	1	5	39	91	—	0	2	15	14	—	0	0	—	4
Pacific	68	115	299	5,824	5,814	8	10	46	599	522	32	21	64	1,079	1,142
Alaska	—	1	5	75	63	—	0	1	2	1	—	0	2	1	2
California	55	82	227	4,405	4,341	6	6	35	273	242	32	16	51	897	915
Hawaii	6	4	14	204	307	—	0	4	18	11	—	0	3	21	41
Oregon	2	8	48	474	404	—	2	14	109	77	—	1	4	58	49
Washington	5	15	61	666	699	2	3	19	197	191	—	2	20	102	135
Territories															
American Samoa	—	0	1	2	—	—	0	0	—	—	—	1	1	4	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	7	11	—	0	0	—	—	—	0	1	1	13
Puerto Rico	—	11	39	456	504	—	0	0	—	—	—	0	1	4	13
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNational%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

[†] 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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	1	2	12	153	141	7	23	421	1,427	1,214
New England	—	0	0	—	2	—	0	1	3	10
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	0	—	—	—	0	1	2	5
Massachusetts	—	0	0	—	1	—	0	1	—	5
New Hampshire	—	0	0	—	—	—	0	1	1	—
Rhode Island [§]	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	16	12	—	1	4	57	92
New Jersey	—	0	0	—	2	—	0	2	—	58
New York (Upstate)	—	0	1	2	—	—	0	3	17	14
New York City	—	0	1	1	1	—	0	4	27	7
Pennsylvania	—	0	2	13	9	—	0	1	13	13
E.N. Central	—	0	1	4	9	—	1	9	91	81
Illinois	—	0	1	2	1	—	0	5	33	48
Indiana	—	0	1	2	3	—	0	5	43	10
Michigan	—	0	0	—	4	—	0	1	1	1
Ohio	—	0	0	—	—	—	0	2	13	18
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	4	17	18	—	4	21	304	251
Iowa	—	0	0	—	1	—	0	1	4	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	1	—	1
Missouri	—	0	4	13	7	—	4	20	296	242
Nebraska [§]	—	0	1	2	8	—	0	1	3	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	1	9	81	65	—	8	60	482	368
Delaware	—	0	1	1	—	—	0	3	19	17
District of Columbia	—	0	1	1	—	—	0	1	—	—
Florida	—	0	1	4	—	—	0	2	11	7
Georgia	1	1	6	56	51	—	0	0	—	—
Maryland [§]	—	0	1	3	3	—	1	4	52	36
North Carolina	—	0	3	11	7	—	2	48	251	241
South Carolina [§]	—	0	1	1	3	—	0	2	18	15
Virginia [§]	—	0	2	4	1	—	2	12	131	50
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	—	0	3	19	9	—	5	29	373	252
Alabama [§]	—	0	1	5	3	—	1	8	74	61
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	12	9
Tennessee [§]	—	0	2	8	5	—	4	20	287	182
W.S. Central	—	0	3	6	9	7	1	408	105	136
Arkansas [§]	—	0	2	2	—	6	0	110	58	68
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	7	1	0	287	26	46
Texas [§]	—	0	1	1	2	—	0	11	19	20
Mountain	—	0	1	2	16	—	0	2	12	24
Arizona	—	0	1	—	10	—	0	1	2	12
Colorado	—	0	0	—	1	—	0	1	1	—
Idaho [§]	—	0	0	—	—	—	0	1	5	1
Montana [§]	—	0	1	2	4	—	0	1	1	6
Nevada [§]	—	0	0	—	—	—	0	0	—	1
New Mexico [§]	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	1	1	1
Wyoming [§]	—	0	0	—	1	—	0	1	1	2
Pacific	—	0	2	8	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	7	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
Territories										
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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[†] Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	116	236	495	12,600	2,657	18	45	156	1,944	2,156	46	243	413	11,127	12,669
New England	—	9	99	675	48	—	1	24	87	70	1	9	22	412	295
Connecticut	—	0	91	313	—	—	0	22	27	—	1	1	10	85	52
Maine [§]	—	2	6	107	17	—	0	1	9	8	—	0	3	23	3
Massachusetts	—	1	5	58	3	—	1	4	40	43	—	5	15	245	211
New Hampshire	—	0	7	59	—	—	0	1	3	11	—	0	2	22	14
Rhode Island [§]	—	0	36	69	15	—	0	3	3	4	—	1	4	35	15
Vermont [§]	—	1	6	69	13	—	0	1	5	4	—	0	2	2	—
Mid. Atlantic	13	25	56	1,223	184	7	7	48	326	273	14	33	46	1,536	1,616
New Jersey	—	1	8	96	—	—	1	5	50	58	1	4	12	212	205
New York (Upstate)	6	3	12	144	77	6	2	19	105	121	3	2	11	122	110
New York City	6	9	31	540	16	—	2	24	117	79	5	19	31	861	986
Pennsylvania	1	9	22	443	91	1	1	5	54	15	5	7	16	341	315
E.N. Central	23	47	98	2,539	600	—	7	18	317	368	1	26	47	1,216	1,409
Illinois	—	1	7	89	—	—	2	5	81	66	—	8	25	413	682
Indiana	—	7	24	452	227	—	1	6	39	74	—	3	14	156	143
Michigan	1	12	27	614	25	—	2	6	74	69	—	4	12	189	216
Ohio	21	21	49	1,068	348	—	2	6	89	121	1	9	18	419	327
Wisconsin	1	6	22	316	—	—	1	4	34	38	—	1	3	39	41
W.N. Central	8	10	182	677	164	1	2	12	120	167	—	6	19	310	283
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	16	21
Kansas	—	1	7	90	52	—	0	2	14	18	—	0	3	18	31
Minnesota	—	0	179	287	41	—	0	10	44	78	—	2	9	124	65
Missouri	2	2	10	106	60	1	1	3	38	42	—	3	10	142	157
Nebraska [§]	4	2	7	118	2	—	0	2	14	14	—	0	1	6	5
North Dakota	2	0	11	60	7	—	0	1	2	5	—	0	0	—	4
South Dakota	—	0	3	16	2	—	0	2	8	10	—	0	1	4	—
S. Atlantic	31	52	144	2,884	1,206	5	9	28	484	526	16	57	218	2,715	3,052
Delaware	1	0	3	37	18	—	0	0	—	3	—	0	1	4	27
District of Columbia	—	0	4	24	20	—	0	2	7	5	—	2	21	145	159
Florida	24	22	89	1,300	690	3	3	18	175	182	2	20	44	976	946
Georgia	5	11	28	500	380	2	3	12	141	155	1	12	167	590	725
Maryland [§]	1	7	31	447	4	—	1	6	48	74	—	6	14	276	274
North Carolina	—	0	0	—	—	—	0	0	—	—	9	7	22	321	525
South Carolina [§]	—	6	25	419	—	—	1	4	45	45	3	2	7	135	112
Virginia [§]	—	1	4	49	—	—	1	4	47	43	1	5	22	263	280
West Virginia	—	2	21	108	94	—	0	4	21	19	—	0	2	5	4
E.S. Central	12	21	50	1,124	239	2	2	8	113	134	6	17	39	819	1,030
Alabama [§]	—	0	0	—	—	—	0	0	—	—	—	5	11	220	395
Kentucky	—	3	16	165	69	—	0	2	13	8	1	2	13	120	62
Mississippi	1	1	6	51	49	—	0	2	11	24	5	4	17	200	193
Tennessee [§]	11	17	44	908	121	2	2	6	89	102	—	5	17	279	380
W.S. Central	17	28	91	1,634	107	2	4	41	256	318	2	38	63	1,703	2,558
Arkansas [§]	2	3	9	149	50	—	0	3	16	39	1	3	12	160	257
Louisiana	—	2	8	94	57	—	0	3	24	28	—	7	28	375	697
Oklahoma	—	1	5	42	—	—	1	5	42	52	1	2	7	77	86
Texas [§]	15	23	83	1,349	—	2	3	34	174	199	—	25	34	1,091	1,518
Mountain	11	29	82	1,586	106	1	4	12	210	271	5	9	23	442	482
Arizona	3	11	51	691	—	1	2	7	88	112	—	3	7	124	214
Colorado	7	10	20	495	—	—	1	4	61	45	—	3	8	124	87
Idaho [§]	—	0	2	15	—	—	0	2	9	8	—	0	1	2	3
Montana [§]	—	0	2	20	—	—	0	1	3	—	—	0	2	3	3
Nevada [§]	—	2	4	73	37	—	0	1	5	7	4	1	9	109	87
New Mexico [§]	1	2	9	139	—	—	0	4	16	34	1	1	4	44	57
Utah	—	2	9	142	58	—	0	3	25	63	—	1	4	36	28
Wyoming [§]	—	0	1	11	11	—	0	1	3	2	—	0	0	—	3
Pacific	1	5	14	258	3	—	0	7	31	29	1	42	61	1,974	1,944
Alaska	—	2	9	100	—	—	0	5	19	19	—	0	1	1	—
California	1	3	12	158	—	—	0	2	12	—	1	36	54	1,699	1,734
Hawaii	—	0	0	—	3	—	0	0	—	10	—	0	3	29	33
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	7	57	48
Washington	—	0	0	—	—	—	0	0	—	—	—	4	11	188	129
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	2	4	15	202	199
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 27, 2010, and November 28, 2009 (47th week)*

Reporting area	Varicella (chickenpox) [§]					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Neuroinvasive			Nonneuroinvasive [¶]					
		Med	Max				Med	Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks	Cum 2010	Cum 2009	
United States	100	281	549	12,798	18,873	—	0	70	589	384	—	1	52	375	334
New England	—	14	36	658	1,001	—	0	3	13	—	—	0	1	2	—
Connecticut	—	5	20	256	457	—	0	2	6	—	—	0	1	1	—
Maine [§]	—	4	15	213	218	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	2	6	—	—	0	1	1	—
New Hampshire	—	2	8	114	188	—	0	1	1	—	—	0	0	—	—
Rhode Island [§]	—	1	12	32	38	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	10	41	96	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	9	31	62	1,453	1,887	—	0	19	125	9	—	0	13	62	1
New Jersey	—	9	30	491	425	—	0	3	15	3	—	0	6	15	—
New York (Upstate)	N	0	0	N	N	—	0	9	57	3	—	0	7	30	1
New York City	—	0	0	—	—	—	0	7	32	3	—	0	4	8	—
Pennsylvania	9	22	39	962	1,462	—	0	3	21	—	—	0	3	9	—
E.N. Central	33	100	176	4,304	5,969	—	0	14	74	9	—	0	6	28	4
Illinois	—	22	45	1,078	1,482	—	0	10	41	5	—	0	4	15	—
Indiana [§]	—	6	35	367	413	—	0	2	5	2	—	0	2	6	2
Michigan	11	31	62	1,299	1,744	—	0	6	25	1	—	0	1	4	—
Ohio	20	29	56	1,237	1,783	—	0	1	3	—	—	0	1	1	2
Wisconsin	2	7	22	323	547	—	0	0	—	1	—	0	1	2	—
W.N. Central	6	16	40	739	1,196	—	0	7	28	26	—	0	11	68	75
Iowa	N	0	0	N	N	—	0	1	2	—	—	0	2	4	5
Kansas [§]	—	4	22	228	512	—	0	1	3	4	—	0	2	10	9
Minnesota	—	0	0	—	—	—	0	1	4	1	—	0	3	4	3
Missouri	5	7	23	420	549	—	0	1	3	4	—	0	0	—	1
Nebraska [§]	N	0	0	N	N	—	0	3	10	11	—	0	7	27	41
North Dakota	—	0	26	37	83	—	0	2	2	—	—	0	2	7	1
South Dakota	1	0	7	54	52	—	0	2	4	6	—	0	3	16	15
S. Atlantic	31	34	100	1,941	2,387	—	0	4	33	16	—	0	4	20	2
Delaware [§]	—	0	3	22	12	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	18	30	—	0	1	1	2	—	0	1	1	—
Florida [§]	14	15	57	921	1,070	—	0	2	8	2	—	0	1	3	1
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	3	8	—
Maryland [§]	N	0	0	N	N	—	0	3	16	—	—	0	2	7	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina [§]	—	0	35	75	117	—	0	1	1	3	—	0	0	—	—
Virginia [§]	6	11	34	484	689	—	0	1	3	5	—	0	1	1	—
West Virginia	11	8	26	421	469	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	5	22	269	516	—	0	1	8	36	—	0	3	10	27
Alabama [§]	—	5	22	262	511	—	0	1	1	—	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	1	2	3	—	0	1	1	—
Mississippi	—	0	2	7	5	—	0	1	3	29	—	0	2	5	22
Tennessee [§]	N	0	0	N	N	—	0	1	2	4	—	0	2	2	5
W.S. Central	17	44	285	2,452	4,560	—	0	15	97	117	—	0	3	19	35
Arkansas [§]	—	2	32	129	465	—	0	3	6	6	—	0	1	1	—
Louisiana	—	0	5	40	125	—	0	3	14	10	—	0	1	6	11
Oklahoma	N	0	0	N	N	—	0	0	—	8	—	0	0	—	2
Texas [§]	17	40	272	2,283	3,970	—	0	15	77	93	—	0	2	12	22
Mountain	4	20	36	918	1,264	—	0	18	148	77	—	0	15	128	123
Arizona	—	0	0	—	—	—	0	13	100	12	—	0	9	59	8
Colorado [§]	2	8	18	371	489	—	0	5	26	36	—	0	11	55	67
Idaho [§]	N	0	0	N	N	—	0	0	—	9	—	0	1	3	29
Montana [§]	2	3	17	182	155	—	0	0	—	2	—	0	0	—	3
Nevada [§]	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico [§]	—	1	8	91	113	—	0	5	19	6	—	0	2	4	2
Utah	—	5	17	260	507	—	0	1	1	1	—	0	1	1	1
Wyoming [§]	—	0	3	14	—	—	0	1	2	4	—	0	1	4	8
Pacific	—	1	6	64	93	—	0	7	63	94	—	0	5	38	67
Alaska	—	0	5	37	55	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	62	67	—	0	5	37	45
Hawaii	—	0	6	27	38	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	1	—	0	0	—	10
Washington	N	0	0	N	N	—	0	1	1	26	—	0	1	1	12
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	15	28	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	30	501	487	—	0	0	—	—	—	0	0	—	—
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 reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† 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.

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

¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting 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/ncphi/diss/nndss/phs/infdis.htm>.

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TABLE III. Deaths in 122 U.S. cities,* week ending November 27, 2010 (47th week)

Reporting area	All causes, by age (years)						P&† Total	Reporting area	All causes, by age (years)						P&† Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
New England	430	295	83	25	14	13	35	S. Atlantic	762	511	171	39	22	18	48
Boston, MA	130	92	23	7	6	2	13	Atlanta, GA	82	46	21	12	2	1	3
Bridgeport, CT	26	18	4	2	—	2	1	Baltimore, MD	121	72	34	7	7	1	8
Cambridge, MA	13	11	2	—	—	—	3	Charlotte, NC	92	60	26	4	1	1	6
Fall River, MA	20	15	3	2	—	—	1	Jacksonville, FL	64	52	10	1	—	1	2
Hartford, CT	38	27	6	4	1	—	3	Miami, FL	125	88	24	3	7	3	7
Lowell, MA	12	9	1	1	1	—	—	Norfolk, VA	21	13	4	1	—	3	2
Lynn, MA	6	4	2	—	—	—	—	Richmond, VA	21	15	5	1	—	—	2
New Bedford, MA	11	10	1	—	—	—	—	Savannah, GA	43	30	12	1	—	—	3
New Haven, CT	22	11	8	1	1	1	5	St. Petersburg, FL	41	29	6	3	1	2	4
Providence, RI	28	22	5	—	—	1	1	Tampa, FL	80	56	13	4	1	5	3
Somerville, MA	1	1	—	—	—	—	—	Washington, D.C.	70	48	16	2	3	1	7
Springfield, MA	43	19	11	4	3	6	2	Wilmington, DE	2	2	—	—	—	—	1
Waterbury, CT	29	16	7	3	2	1	2	E.S. Central	553	376	116	33	13	15	43
Worcester, MA	51	40	10	1	—	—	4	Birmingham, AL	107	69	26	6	4	2	8
Mid. Atlantic	1,840	1,292	386	98	35	29	84	Chattanooga, TN	41	25	11	2	1	2	5
Albany, NY	45	29	12	3	1	—	1	Knoxville, TN	74	59	10	4	—	1	6
Allentown, PA	23	19	3	1	—	—	3	Lexington, KY	56	39	13	2	—	2	3
Buffalo, NY	68	44	16	4	1	3	8	Memphis, TN	117	74	24	10	5	4	9
Camden, NJ	25	16	5	1	3	—	—	Mobile, AL	32	18	9	2	1	2	3
Elizabeth, NJ	10	7	2	1	—	—	1	Montgomery, AL	20	14	5	1	—	—	3
Erie, PA	35	24	5	2	3	1	1	Nashville, TN	106	78	18	6	2	2	6
Jersey City, NJ	23	19	3	1	—	—	2	W.S. Central	901	587	200	71	20	22	33
New York City, NY	1,077	780	214	52	17	14	39	Austin, TX	52	33	14	3	2	—	2
Newark, NJ	44	23	18	2	—	1	3	Baton Rouge, LA	51	38	5	8	—	—	—
Paterson, NJ	9	4	3	1	—	1	—	Corpus Christi, TX	38	28	9	1	—	—	4
Philadelphia, PA	216	125	62	17	5	7	8	Dallas, TX	81	46	25	7	—	3	3
Pittsburgh, PA [§]	25	18	6	—	1	—	—	El Paso, TX	91	58	21	6	1	4	2
Reading, PA	40	30	8	1	1	—	1	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	55	40	9	5	1	—	3	Houston, TX	247	151	61	19	9	7	9
Schenectady, NY	18	13	4	1	—	—	1	Little Rock, AR	50	31	9	6	2	2	—
Scranton, PA	15	15	—	—	—	—	1	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	72	58	8	4	1	1	8	San Antonio, TX	146	100	29	11	3	3	4
Trenton, NJ	11	8	3	—	—	—	1	Shreveport, LA	48	37	7	3	—	1	3
Utica, NY	14	10	2	1	—	1	2	Tulsa, OK	97	65	20	7	3	2	6
Yonkers, NY	15	10	3	1	1	—	1	Mountain	1,027	642	255	75	31	23	49
E.N. Central	1,377	950	324	62	23	18	80	Albuquerque, NM	102	55	30	12	3	2	8
Akron, OH	29	24	3	1	1	—	2	Boise, ID	38	27	8	—	1	2	1
Canton, OH	36	29	6	—	—	1	—	Colorado Springs, CO	66	43	15	4	3	1	3
Chicago, IL	232	157	58	13	4	—	22	Denver, CO	88	55	19	8	2	4	2
Cincinnati, OH	45	30	9	3	1	2	3	Las Vegas, NV	291	180	76	21	12	2	15
Cleveland, OH	165	121	29	10	—	5	7	Ogden, UT	24	14	7	2	1	—	—
Columbus, OH	183	112	57	10	2	2	9	Phoenix, AZ	178	107	43	13	6	8	6
Dayton, OH	85	64	14	6	1	—	5	Pueblo, CO	37	22	8	6	—	1	1
Detroit, MI	79	39	31	4	4	1	3	Salt Lake City, UT	85	54	22	6	1	2	8
Evansville, IN	49	30	15	2	2	—	2	Tucson, AZ	118	85	27	3	2	1	5
Fort Wayne, IN	56	40	11	2	1	2	2	Pacific	1,207	835	276	62	18	16	119
Gary, IN	11	5	4	1	1	—	—	Berkeley, CA	8	4	4	—	—	—	1
Grand Rapids, MI	29	21	6	1	—	1	2	Fresno, CA	98	62	30	4	1	1	4
Indianapolis, IN	81	50	25	4	1	1	6	Glendale, CA	24	20	4	—	—	—	4
Lansing, MI	29	24	3	1	—	1	4	Honolulu, HI	56	38	13	4	—	1	8
Milwaukee, WI	41	30	8	1	2	—	—	Long Beach, CA	60	39	16	5	—	—	5
Peoria, IL	21	16	4	—	1	—	5	Los Angeles, CA	169	114	37	6	5	7	20
Rockford, IL	53	40	12	—	1	—	2	Pasadena, CA	24	17	5	1	1	—	4
South Bend, IN	42	30	10	—	1	1	3	Portland, OR	95	62	27	3	2	1	9
Toledo, OH	73	54	16	2	—	1	3	Sacramento, CA	167	115	37	11	2	2	20
Youngstown, OH	38	34	3	1	—	—	—	San Diego, CA	88	68	14	3	2	1	4
W.N. Central	446	298	106	23	13	5	25	San Francisco, CA	76	50	19	6	1	—	10
Des Moines, IA	78	56	17	5	—	—	2	San Jose, CA	143	107	23	10	1	2	17
Duluth, MN	30	23	7	—	—	—	4	Santa Cruz, CA	20	12	7	1	—	—	1
Kansas City, KS	10	7	3	—	—	—	2	Seattle, WA	56	38	13	2	3	—	1
Kansas City, MO	62	37	19	4	2	—	2	Spokane, WA	42	28	10	3	—	1	3
Lincoln, NE	43	30	11	2	—	—	—	Tacoma, WA	81	61	17	3	—	—	8
Minneapolis, MN	33	20	6	3	2	2	2	Total[¶]	8,543	5,786	1,917	488	189	159	516
Omaha, NE	63	50	10	2	1	—	7								
St. Louis, MO	51	23	15	4	5	3	2								
St. Paul, MN	25	17	7	1	—	—	2								
Wichita, KS	51	35	11	2	3	—	2								

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

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