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Morbidity and Mortality Weekly Report

March 25, 2011

World TB Day — March 24, 2011

World TB Day is observed each year on March 24 to commemorate the date in 1882 when Robert Koch announced the discovery of *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis (TB). Worldwide, TB remains one of the leading causes of death from infectious disease. World TB Day provides an opportunity for TB programs, nongovernmental organizations, and others to describe problems and solutions related to the TB pandemic and to support worldwide TB control efforts. The U.S. theme for 2011's observance is TB Elimination: Together We Can!

Despite a continued decline in U.S. TB rates, the national goal of TB elimination by 2010 was not met (*I*). TB case rates decreased among both foreign-born and U.S.-born persons, but the incidence of TB in the United States is disproportionally greater among foreign-born persons and racial/ethnic minorities.

CDC is committed to eliminating TB in the United States. Progress in meeting the goal of TB elimination will hinge on improving TB control and prevention activities among disproportionately affected populations (2). This progress also will require better diagnostic tests and screening strategies for persons with latent TB infection, shorter treatment regimens, an effective vaccine, and improvements in TB control globally. Additional information about World TB Day and CDC's TB elimination activities is available at http://www.cdc.gov/tb/events/worldtbday.

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Trends in Tuberculosis — United States, 2010

In 2010, a total of 11,181 tuberculosis (TB) cases were reported in the United States, for a rate of 3.6 cases per 100,000 population, which was a decline of 3.9% from 2009 and the lowest rate recorded since national reporting began in 1953 (1). This report summarizes provisional 2010 data from the National TB Surveillance System and describes trends since 1993. Despite an average decline in TB rates of 3.8% per year during 2000–2008, a record decline of 11.4% in 2009 (2), and the 2010 decline of 3.9%, the national goal of TB elimination (defined as <0.1 case per 100,000 population) by 2010 was not met (3). Although TB cases and rates decreased among foreign-born and U.S.-born persons, foreign-born persons and racial/ethnic minorities were affected disproportionately by TB in the United States. In 2010, the TB rate among foreign-born persons in the United States was 11 times greater than among U.S.-born persons. TB rates among Hispanics, non-Hispanic blacks, and Asians were seven, eight, and 25 times greater, respectively, than among non-Hispanic whites. Among U.S.-born racial and ethnic groups, the greatest racial disparity in TB rates was for non-Hispanic blacks, whose rate was seven times greater than the rate for non-Hispanic whites. Progress toward TB elimination in the United States will require ongoing surveillance and improved TB control and prevention activities to address persistent disparities between U.S.-born and foreign-born persons and between whites and minorities.

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Health departments in the 50 states and the District of Columbia (DC) electronically report to CDC verified TB cases that meet the CDC and Council of State and Territorial Epidemiologists case definition.* Reports include the patient's self-identified race, ethnicity (i.e., Hispanic or non-Hispanic), treatment information, and, whenever available, drug-susceptibility test results. CDC calculates national and state TB rates overall and by racial/ethnic group using U.S. Census population estimates, with the national rate and percentage change from 2009 to 2010 based on U.S. Census annual estimates (4,5). The Current Population Survey provides the population denominators used to calculate TB rate and percentage changes according to national origin (U.S.-born versus foreign-born) (6). For TB surveillance, a U.S.-born person is defined as someone born in the United States or its associated jurisdictions, or someone born in a foreign country but having at least one U.S.-born parent; all other persons are considered foreign-born. For 2010, patients with unknown country of birth represented 0.9% (96 of 11,181) of total cases. For this report, persons of Hispanic ethnicity might be of any race; non-Hispanic persons are categorized as black, Asian, white, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or of multiple races.

In 2010, a total of 11,181 tuberculosis (TB) cases were reported in the United States, equivalent to 3.6 cases per

100,000 population. TB rates in reporting areas ranged from 0.6 (Maine) to 8.8 (Hawaii) cases per 100,000 population (median: 2.5) (Figure 1). Thirty-two states had lower rates in 2010 than in 2009; 18 states and DC had higher rates. Four states (California, Texas, New York, and Florida) each reported more than 500 cases for 2010. Combined, these four states accounted for 5,503 TB cases, or nearly half (49.2%) of all TB cases in 2010.

Among U.S.-born persons, the number and rate of TB cases declined in 2010. The 4,378 TB cases in U.S.-born persons (39.5% of all cases in persons with known national origin) were a 3.7% decrease compared with 2009, and a 74.9% decrease compared with 1993 (Figure 2). The 1.6 cases per 100,000 population TB rate among U.S.-born persons represented a 4.6% decrease since 2009 and a 77.8% decrease since 1993.

Among foreign-born persons in the United States, the number and rate of TB cases declined in 2010. A total of 6,707 TB cases were reported among foreign-born persons (60.5% of all cases in persons with known national origin), a 3.4% decrease from 2009. The 18.1 per 100,000 population TB rate among foreign-born persons was a 4.3% decrease since 2009 and a 46.8% decrease since 1993. In 2010, four countries accounted for 50.3% of TB cases associated with foreign birth: Mexico (1,539 [23.0%]), the Philippines (738 [11.0%]), India (577 [8.6%]), and Vietnam (518 [7.7%]).

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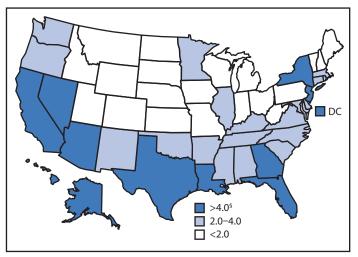
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^{*}Available at http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/tuberculosis_current.htm.

FIGURE 1. Rate* of tuberculosis (TB) cases, by state/area — United States, 2010^{\dagger}

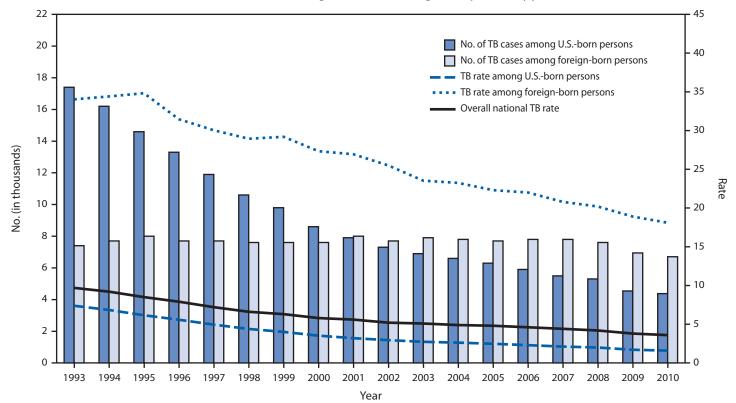


Source: National TB Surveillance System.

In 2010, more TB cases were reported among Hispanics than any other racial/ethnic group in the United States (Table). Asians had the highest TB case rate. From 2009 to 2010, TB rates decreased most for blacks, then Hispanics, Asians, and whites. Despite these declines, TB rates among Hispanics, blacks, and Asians were seven, eight, and 25 times greater, respectively, than among whites. Among persons with TB, approximately 95% of Asians, 75% of Hispanics, 34% of blacks, and 20% of whites were foreign-born. Among U.S.-born persons, blacks (40.0% [1,751 of 4,378]) were the racial/ethnic group with the greatest number of TB cases and the largest disparity with U.S.-born whites; the TB rate among U.S.-born blacks was seven times greater than among U.S.-born whites.

In 2010, among persons with TB who also had a known human immunodeficiency virus (HIV) test result, 8.6% (611 of 7,090) were coinfected with HIV. California and Vermont data were not available for these calculations.[†]

FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year — United States, 1993–2010[†]



Source: National TB Surveillance System.

^{*} Per 100,000 population.

[†] Provisional data as of February 26, 2011.

^{§ 20} states had TB case rates < 2.0 (range: 0.61–1.88) per 100,000 population, 19 states had TB case rates of 2.0–4.0 (range: 2.07–3.92), and 11 states and the District of Columbia had TB case rates >4.0 (range: 4.15–8.77).

 $^{^\}dagger$ Vermont no longer reports HIV status of TB cases to CDC, and California has not reported since 2004.

^{*} Per 100,000 population.

[†] Provisional data as of February 26, 2011.

TABLE. Number and rate* of tuberculosis cases and percentage change, by race and ethnicity — United States, 2009–2010[†]

	20	09	20	10		hange 09 to 2010	Population [§]		
Race/Ethnicity	No.	Rate	No.	Rate	No.	Rate	2009	2010	
Hispanic	3,377	7.0	3,246	6.5	-3.9	-6.7	48,419,324	49,876,874	
Non-Hispanic									
Black	2,869	7.6	2,660	7.0	-7.3	-8.2	37,681,544	38,045,114	
Asian	3,202	23.4	3,149	22.5	-1.7	-4.0	13,686,083	14,021,770	
White	1,826	0.9	1,776	0.9	-2.7	-2.9	199,851,240	200,140,743	
Other [¶]	214	2.9	269	3.6	25.7	22.8	7,368,359	7,544,914	
Unknown	43		81						
Total	11,531	3.8	11,181	3.6	-3.0	-3.9	307,006,550	309,629,415	

^{*} Per 100,000 population.

A total of 113 cases of multidrug-resistant TB (MDR TB)§ were reported in 2009, the most recent year for which complete drug-susceptibility data are available. Drug-susceptibility test results for isoniazid and rifampin were reported for 97.7% (9,810 of 10,039) and 96.9% (8,573 of 8,851) of cultureconfirmed TB cases in 2008 and 2009, respectively. Among these cases, the percentage for 2009 that were MDR TB (1.3% [113 of 8,573]) was similar to the percentage for 2008 (1.1% [105 of 9,810]). The percentage of MDR TB cases among persons without a previous history of TB has remained stable at approximately 1.0% since 1997; for persons with a previous history of TB, the percentage with MDR TB is approximately five times greater. In 2009, foreign-born persons accounted for 101 (89.4%) of the 113 MDR TB cases. To date, one case of extensively drug-resistant TB (XDR TB) has been reported in 2010.

The recommended length of drug therapy for most types of TB is 6–9 months. In 2007, the latest year for which end-of-treatment data are complete, 84.5% of patients for whom ≤1 year of treatment was indicated completed therapy within 1 year, compared with 83.9% in 2006. Ultimately, 93.6% of those patients who began treatment in 2007 completed treatment, compared with 93.0% in 2006.

Reported by

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Editorial Note

In 1989, the Advisory Council for the Elimination of Tuberculosis, in partnership with the CDC's Division of Tuberculosis Elimination, set a strategic goal for the elimination of TB, defined as a TB case rate of <0.1 per 100,000 population, by 2010 (3). The goal of TB elimination remains unmet. The impact of the HIV/AIDS epidemic, which in the United States fueled the TB resurgence of the early 1990s (7), was underestimated when the TB elimination goal was set in 1989, as was the continued effect of the worldwide increase on TB rates among foreign-born persons in the United States.

Although the United States has yet to achieve TB elimination, substantial and consistent gains in the reduction of TB incidence have been realized. TB incidence has decreased by 65.2% since the peak of the resurgence experienced between 1985 and 1992 (7). Furthermore, the record 11.4% decrease in the reported TB rate in 2009 raised the possibility of a more accelerated downward trend (2). However, 2010 provisional surveillance demonstrates a less substantial TB rate decline of 3.9%, a level similar to the average rate of decline of 3.8% during 2000–2008. Supporting the hypothesis that the large and unprecedented decline in 2009 was an aberration resulting partly from changing migration patterns, the decline in the TB case rate among foreign-born persons was more pronounced than usual that year (2). Other factors, such as improved TB control and changes in health-care access and use, also might have played a role.

[†] Provisional data as of February 26, 2011.

[§] Based on U.S. Census population data.

Persons included in this category are American Indian or Alaskan Native (2009, n = 101, rate: 4.3 per 100,000 population; 2010, n = 146, rate: 6.1), Native Hawaiian or other Pacific Islander (2009, n = 75, rate: 16.7; 2010, n = 94, rate: 20.6), and multiple race (2009, n = 38, rate: 0.8; 2010, n = 29, rate: 0.6).

[§] Defined by the World Health Organization (WHO) as a case of TB in a person with a *Mycobacterium tuberculosis* isolate resistant to at least isoniazid and rifampin. Available at http://www.who.int/tb/publications/2008/drs_report4_26feb08.pdf.

⁵ Defined by WHO as a case of TB in a person with an *M. tuberculosis* isolate with resistance to at least isoniazid and rifampin among first-line anti-TB drugs, resistance to any fluoroquinolone (e.g., ciprofloxacin or ofloxacin), and resistance to at least one second-line injectable drug (e.g., amikacin, capreomycin, or kanamycin). Available at http://www.who.int/tb/publications/2008/drs_report4_26feb08.pdf.

What is already known on the topic?

In 1989, the Strategic Plan for Elimination of Tuberculosis in the United States set a target date of 2010 to achieve its goal, defined as an annual tuberculosis (TB) case rate of <0.1 per 100,000 population.

What is added by this report?

For 2010, preliminary data show a national TB case rate of 3.6 per 100,000 population, a decrease of 3.9% from 2009, but the goal of eliminating TB in the United States by 2010 was not achieved, and foreign-born persons and racial/ethnic minorities continued to be affected disproportionately.

What are the implications for public health practice?

Ongoing surveillance and improved TB control and prevention activities, especially among disproportionately affected populations, are needed to eliminate TB in the United States.

During 1993–2008, the number of TB cases among foreign-born persons remained stable (approximately 7,000–8,000 cases annually), while the number among U.S.-born persons declined steadily (1). As a result of these differing trends, the gap in TB rates between U.S.-born and foreign-born populations has grown. Consistent with 2009 findings, national TB surveillance in 2010 reported fewer TB cases among foreign-born persons than during 1993–2008. Even with the decline in cases among foreign-born persons, the TB case rate among foreign-born persons in 2010 was 11 times greater than among U.S.-born persons. Disparities along ethnic and racial lines also remained notable.

The findings in this report are subject to at least two limitations. First, the analysis was based on provisional 2010 data. Additionally, TB case counts and HIV data were incomplete at the time of this report. Second, population denominator data are drawn from multiple U.S. Census sources, and estimates are subject to periodic adjustment. CDC's annual TB surveillance summary (1), scheduled for publication in fall 2011, will provide final 2010 surveillance data.

TB elimination in the United States was not achieved by 2010, the target for the nation set in 1989. Continued progress in meeting the goal of TB elimination will hinge on improving TB control and prevention activities among disproportionately affected populations, including foreign-born persons, blacks, and Hispanics. Better diagnostic tests and screening strategies for persons with latent TB infection, shorter treatment regimens, a new and effective vaccine, and improvements in global TB control also are needed. Ongoing surveillance activities will be paramount in identifying any changes in trends, which in turn should affect TB control strategies. CDC will work with the Advisory Council for the Elimination of Tuberculosis, the National TB Controllers Association, state and local health departments, and other partners to set new, realistic target dates for TB elimination that take into account factors likely to affect the future burden of TB in the United States.

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Assessment of Declines in Reported Tuberculosis Cases — Georgia and Pennsylvania, 2009

In 2009, the largest single-year percentage decrease in tuberculosis (TB) cases was reported since national TB surveillance began in the United States in 1953. Overall, TB rates decreased 11.4% to 3.8 cases per 100,000 population, compared with an average annual decline of 3.8% each year since 2000 (1,2). Georgia and Pennsylvania were among 36 states reporting decreases from 2008; TB case rates fell 14.3% (from 4.9 to 4.2) in Georgia and 38.7% (from 3.1 to 1.9) in Pennsylvania. Concerned about the possibility of unidentified TB cases, the Georgia Division of Public Health and the Pennsylvania Department of Health, in collaboration with CDC, conducted investigations centering on four hypotheses for the declines: 1) surveillance artifact, 2) underreporting, 3) underdiagnosis, and 4) actual decline. This report summarizes the results of those investigations, which found no evidence of surveillance artifact, underreporting, or underdiagnosis substantial enough to account for the magnitude of the declines. Instead, a decrease in the number of laboratory-confirmed Mycobacterium tuberculosis complex diagnoses and a decrease in the percentage of suspected TB cases ultimately counted as meeting the TB case definition; both suggested a true decline in TB in 2009. The population groups with the largest declines were foreign-born persons and children. Continued TB surveillance, including vigilance in suspecting, diagnosing, and reporting TB cases to public health departments, will help clarify the cause of this decline and determine long-term TB trends in the United States.

The investigations in the two states were conducted during March–May 2010 and included systematically assessing changes in TB surveillance practices, cross-matching health department data with records from reporting entities and secondary sources, reviewing laboratory records, and analyzing state TB registries for epidemiologic changes. Reports of suspected TB cases sent by health-care providers and laboratories to public health departments in Georgia and Pennsylvania are entered into Georgia's State Electronic Notifiable Disease Surveillance System (SENDSS) and Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS). In Pennsylvania, electronic reports also are downloaded automatically from laboratory databases into PA-NEDSS. Once a report is investigated locally, designated health department officials determine whether it meets Council of State and Territorial Epidemiologists criteria to be counted as a case.*

To assess for surveillance artifact (i.e., whether case counts were artificially low as a result of changes or delays in reporting, investigating, or counting, including changes in criteria for counting reports as cases) in 2009, public health staff members in both states were interviewed, and trend analyses of SENDSS and PA-NEDSS data were conducted. The number of suspected TB case reports, the proportion of those reports ultimately counted as cases, and selected surveillance quality measures (e.g., mean time from initial report to count inclusion) were evaluated for 2008–2009 in Georgia and 2007–2009 in Pennsylvania (where 2007 was the comparison year because delayed counting of cases first reported in 2005-2007 was known to have inflated the 2008 case count artificially). In Georgia, officials in the 13 counties with declines of three or more reported cases provided their independent case counts to determine concordance with SENDSS. In addition, paper reports not yet entered into SENDSS were reviewed to identify additional cases. Similarly, suspected TB reports included in PA-NEDSS that had not been counted as cases were reexamined if they had laboratory or clinical characteristics suggestive of TB.

To assess for underreporting, SENDSS and PA-NEDSS records were cross-matched with line lists from different sources of patients with potential TB diagnoses in 2008 and 2009. Both state public health laboratories participated, as did the City of Philadelphia public health laboratory and 43 (46%) of 92 licensed private laboratories in Georgia and 131 (81%) of 161 in Pennsylvania that provided these data as part of a survey. Additional cross-matching in Georgia included infection-control records from the 13 Atlanta hospitals that reported the most cases of TB. Records of patients with a TB-related code from the *International Classification of Diseases, Ninth Revision* (ICD-9)[†] in the state's hospital discharge database, but not in SENDSS (i.e., unmatched patients), also were assessed further.

To assess for underdiagnosis, the public health laboratories serving the two states ran systematic queries on the total number of patients who had specimens tested for *M. tuberculosis* complex (e.g., *M. tuberculosis*, *M. bovis*, or *M. africanum*) by culture or by nucleic acid amplification testing and the proportion with *M. tuberculosis* complex confirmed by either test. Investigators also assessed whether any changes in laboratory policies or practices might account for the unexpected drop in reported TB. Similar data were gathered via a survey sent

^{*}Available at http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/tuberculosis_current.htm.

[†]ICD-9 codes (http://www.cdc.gov/nchs/icd/icd9.htm) for TB are 010–019; code 011 is specific for pulmonary TB disease.

to licensed private laboratories in the two states. In Georgia, 57 (62%) of 92 private laboratories responded with these data, as did 131 (81%) of 161 in Pennsylvania. Nonresponding laboratories in Pennsylvania did not have fewer PA-NEDSS reports in 2009 compared with 2008; in Georgia, such changes could not be assessed. In addition, TB diagnosis trends in the hospital discharge records provided by the Pennsylvania Health Care Cost Containment Council for Southeastern Pennsylvania, which covers approximately 40% of the state's population (3), were examined; ICD-9 codes were used to identify possible TB-related hospitalizations.

To assess the evidence supporting an actual decline in TB, Georgia and Pennsylvania TB cases counted in 2009 were compared with 2008 cases for changes in patient characteristics that could affect the likelihood of having laboratory-confirmed TB (e.g., age and site of disease). Linear regression of log-transformed case counts during 1999–2009 was used to determine the expected numbers of cases among U.S.-born and foreign-born persons; observed numbers outside the 95% prediction interval were considered significant.

Investigation of Surveillance Artifact

No changes or delays in surveillance practices were found in Georgia. Excluding results of overseas TB screening in newly arriving immigrants, the number of suspected TB reports in 2008 was comparable to that in 2009. The mean numbers of days between initial report, entry into SENDSS, and inclusion in the state case count also were comparable. However, despite no changes in the criteria for counting suspected TB as cases, the percentage of initial reports ultimately counted as cases declined, from 77% (478 of 623) in 2008 to 66% (415 of 619) in 2009. The independent counts in the 13 counties with the largest declines were concordant with SENDSS data; one uncounted TB case was found among paper reports not yet entered into SENDSS.

Similarly, surveillance practices in Pennsylvania did not appear to change substantially in 2009. Delayed counting of cases first reported during 2005–2007 is known to have artificially inflated the 2008 case count in Pennsylvania. One suspected TB report from 2005, three from 2006, and 48 from 2007 were not counted as cases until 2008 (Figure 1). However, even after adjusting Pennsylvania's 2008 case count for this known surveillance artifact (i.e., subtracting 52 cases), a 30% annual decline was still observed in 2009, and the number of suspected TB reports to public health authorities remained stable. The mean number of days between initial report and investigation was comparable during 2007–2009. However, as in Georgia, the percentage of initial reports ultimately counted as TB cases declined from 14% (276 of 1,995) in 2007 to 12% (236 of 2,030) in 2009. (Pennsylvania

What is already known on this topic?

In 2009, tuberculosis (TB) incidence in the United States decreased to 3.8 cases per 100,000 population, the lowest recorded rate since national TB surveillance began in 1953. The 11.4% decrease from 2008 was the greatest single-year decrease ever recorded.

What is added by this report?

Findings from systematic investigations in Georgia and Pennsylvania, two states that experienced unexpectedly large decreases in TB incidence in 2009, indicate that the decline in new TB disease in those states appeared actual and not attributable to surveillance artifact, health-care provider underdiagnosis, or underreporting.

What are the implications for public health practice?

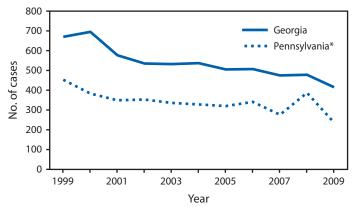
The TB surveillance systems in Georgia and Pennsylvania appear to be functioning appropriately. Current efforts to diagnose, treat, and report TB cases should be vigorously maintained as the United States moves closer to the goal of TB elimination.

has a larger number of suspected TB reports, compared with Georgia, because of automatic downloads from laboratory databases into PA-NEDSS.) Among the suspected TB reports not counted as cases in Pennsylvania in 2009, a total of 409 met the criteria for further investigation, but only six were determined to be verified and countable.

Investigation of Underreporting

In Georgia, the SENDSS cross-match with line lists of patients with positive TB results from the state public health laboratory, 43 private laboratories, and 13 hospitals detected no unreported cases. Among patients with TB ICD-9 codes in the hospital discharge database, 45% (244 of 539) in 2008 and 43% (178 of 416) in 2009 (fourth quarter data unavailable)

FIGURE 1. Counted cases of tuberculosis — Georgia and Pennsylvania, 1999–2009



* Delayed counting of cases artificially inflated the 2008 case count in Pennsylvania. One suspected TB case from 2005, three from 2006, and 48 from 2007 were not counted as cases until 2008. Subtracting these 52 cases from the 2008 Pennsylvania total reduced the decrease in 2009 from 38.7% to 29.6%.

were not found in SENDSS. Seventy-three of these 422 unmatched patients were selected for further review based on having ICD-9 codes that corresponded to countable TB for >50% of hospital records. Further medical review was possible for 28 (85%) of 33 unmatched records in 2008 and for 37 (93%) of 40 in 2009. One unreported 2009 case (culture-negative TB pleurisy) was found.

In Pennsylvania, the PA-NEDSS cross-match with line lists of patients with positive *M. tuberculosis* complex results from public health laboratories and from 58 private laboratories found 13 potentially unreported cases, of which none proved to be countable (seven were in non-Pennsylvania residents, and six were nontuberculous mycobacteria).

Investigation of Underdiagnosis

Review of 2008 and 2009 laboratory data in both states showed that the total number of patients who had specimens tested for mycobacteria increased in the public health laboratories (i.e., 4.7% in Georgia and 11.6% in Pennsylvania), but the proportion of patients with specimens that tested positive for *M. tuberculosis* complex decreased 19.8% in the Georgia State Public Health Laboratory and 28.8% in Pennsylvania public health laboratories (Table). In the 10 private laboratories

that provided these data in response to the Georgia survey, a parallel decline was noted. Among 131 private laboratories responding to the Pennsylvania survey, similar numbers of specimens were received for *M. tuberculosis* complex testing annually during 2007–2009, but the proportion that tested positive for *M. tuberculosis* complex decreased 36% from 2008 to 2009 (Figure 2). In neither state were changes noted in the types of specimens processed or in the methods or procedures (at public health labs) for laboratory diagnosis of TB.

Analysis of the southeastern Pennsylvania hospital discharge dataset showed that the total number of inpatient hospitalizations was stable, with 707,601; 699,893; and 696,846 discharges in 2007, 2008, and 2009, respectively. Time-trend analysis revealed that the percentage of all hospitalizations with either pulmonary or extrapulmonary TB as a primary or secondary diagnosis was approximately 0.04% each year; further subset analyses by TB-related ICD-9 codes revealed no other TB diagnosis-related changes during this period.

Evidence Suggesting Actual Declines in TB

Because the investigations in Georgia and Pennsylvania found little evidence to support the first three hypotheses for the decline in reported TB cases, more consideration was given to whether the surveillance findings represented an actual decline in 2009. The relative proportions of counted TB cases that met the national case definition based on laboratory criteria essentially were unchanged: from 362 (76%) of Georgia's 478 TB cases in 2008 to 303 (73%) of 415 in 2009, and from 214 (78%) of Pennsylvania's 276 TB cases in 2007 to 190 (81%) of 236 in 2009. In both states, the declines noted from 2008 to 2009 by site of disease appeared approximately consistent (i.e., a 15% decline in pulmonary and 13% decline in extrapulmonary in Georgia, with declines of 36% and 45%,

TABLE. Results of mycobacterial laboratory testing — Georgia and Pennsylvania, 2008 versus 2009

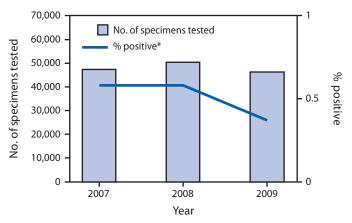
				G	eorgia					Penn	sylvania	
		State	laboratory		Priva	ate labor	atories (n	= 10)			ladelphia ratories (n	
Data type	2008	2009	Absolute change	% change	2008	2009	Absolute change	, -	2008	2009	Absolute change	, -
No. of primary clinical specimens [†]	9,098	8,975	-123	-1.4	14,622	14,240	-382	-2.6	2,266	2,370	104	+4.6
No. of patients who had specimens tested by mycobacterial culture	2,788	2,919	+131	+4.7	8,257	7,523	-734	-8.9	536	598	62	+11.6
No. of patients who had specimens that tested positive by mycobacterial culture	253	212	-41	-16.2	68	46	-22	-32.4	116	85	31	-26.7
Percentage of patients who had specimens with positive <i>Mycobacterium tuberculosis</i> complex cultures	9.1%	7.3%	-1.8 % pts	-19.8	0.8%	0.6%	-0.2 % pts	-25.0	22.6%	16.1%	-6.5 % pts	-28.8

^{*} Patient-level data were not available from private laboratories in Pennsylvania.

Georgia investigators estimated which ICD-9 codes corresponded to countable TB on the basis of the counted 2008–2009 TB cases (i.e., known to have TB) in SENDSS. First, they recorded the frequency of all the TB-related ICD-9 codes that appeared in hospital discharge records. For each ICD-9 code with a frequency greater than three, the numerator for the estimate was the number of hospital records with that ICD-9 code that also matched a counted TB case in SENDSS, and the denominator was the total number of records with that ICD-9 code. The discharge diagnosis codes estimated to correspond to countable TB for >50% of records were 011.2, 011.23, 011.24, 011.26, 011.6, 011.63, 011.64, 011.66, 011.91, 011.92, 011.93, 011.94, 011.96, 012.0, 012.04, 013.0, 013.04, 015.53, 017.2, and 018.9.

[†] Raw specimens that had not undergone culturing process previously.

FIGURE 2. Number of specimens tested* and percentage of positive results for *Mycobacterium tuberculosis* complex from 131 private laboratories — Pennsylvania, 2007–2009



^{*}The presence of Mycobacterium tuberculosis complex was determined using either culture with identification or nucleic acid amplification testing.

respectively, in Pennsylvania). Also in both states, children aged <15 years were the age group that experienced the largest decrease in reported TB cases (by 38% in Georgia and 79% in Pennsylvania) in 2009. Linear regression analysis of cases during 1999–2009 showed that observed case counts among foreign born-persons declined significantly in both states in 2009. Based on the prediction interval for the number of TB cases reported among foreign-born persons, Georgia would have expected 182–247, but observed 176; Pennsylvania would have expected 131–239, but observed 127. Among U.S.-born persons, smaller declines were not statistically significant. For U.S.-born persons, the 235 observed cases were within the 201–295 prediction interval in Georgia, and 108 observed cases were within the 94–197 prediction interval in Pennsylvania.

Reported by

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Editorial Note

After unexpected declines in 2009 in the number of TB cases reported in Georgia and Pennsylvania, investigations in the two states applied an extensive systematic approach to assess whether the declines were actual. Although the investigations did not reexamine every initial report of suspected TB to determine whether it was or was not counted properly, hundreds of such reports and thousands of statewide hospital and laboratory records were reexamined, ultimately finding only two uncounted cases in Georgia and six in Pennsylvania that should have been counted in 2009; of these eight cases, all except one Georgia case had been reported to public health authorities but not recorded in the surveillance system. The results of these investigations provide strong evidence against underreporting as the cause for the decline. The results are similar to those of a previous study of TB case-reporting completeness in seven U.S. states during 1994-1995, which found few unreported cases (4).

The investigations determined that, whereas the number of positive TB results declined, the total number of individual patients and specimens tested for TB remained stable or increased in the public health laboratories serving the two states. A similar trend in the states' private laboratories also suggested that the decline in TB diagnoses in Georgia and Pennsylvania was not the consequence of health-care providers' failing to consider a diagnosis of TB in 2009. Pennsylvania's stable percentage of hospitalizations with TB-related diagnoses during 2007–2009 provides further evidence against underdiagnosis and might suggest a decline in less severe manifestations of TB disease that do not require hospitalization.

The findings in this report are subject to at least three limitations. First, this investigation could not examine whether underdiagnosis occurred because of failure of patients to seek medical attention for TB symptoms. For example, factors affecting patient access to medical care, such as immigration status or financial constraints, were not assessed (5). Second, neither state assessed underdiagnosis or underreporting at outpatient provider sites where patients with less severe disease might have been managed. Finally, one of the methods used to assess whether hospitals might have underreported TB cases relied on how well ICD-9 codes corresponded to known TB cases without medical record reviews to test the validity of the ICD-9 code itself.

The findings in both Georgia and Pennsylvania of a decrease in the percentage of suspected TB reports that ultimately were counted as cases and a decrease in the proportion of tested specimens yielding *M. tuberculosis* complex support an actual

decline in incident TB disease in 2009. The decreased proportion of laboratory-confirmed TB cannot be explained by a commensurate increase in the types of cases typically associated with culture-negative TB (e.g., pediatric or extrapulmonary TB [6,7]). Children experienced the largest decline in reported TB, a finding suggesting either less TB transmission or changes in immigration patterns. Similarly, the decline in TB cases among foreign-born persons might reflect an actual decline because of changes in migration following the economic downturn (i.e., decreased immigration or increased emigration of job-seekers) or improved preimmigration TB detection and treatment among U.S.-bound immigrants per CDC's technical instructions for prevention and treatment of TB among immigrants (8). Varying implementation dates and the small number of cases in Georgia and Pennsylvania from countries that have implemented the revised instructions prevented an assessment of the impact of these overseas screening changes.

Although recent changes in migration patterns or in overseas TB screening of new immigrants are possible explanations for an actual U.S. decline in TB in 2009, clinicians and health systems should maintain vigilance for TB and promptly report new TB cases to public health authorities. A decline because of delayed diagnosis resulting from obstacles to care also remains a possibility, although preliminary 2010 TB surveillance data did not demonstrate a compensatory increase in the number of cases (9). Monitoring for patients with more advanced disease is important to prevent worse morbidity and increased mortality from TB. Continued analyses of new public health surveillance and other data sources will help to better discern long-term trends in TB in the United States.

Acknowledgments

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Vitamin B12 Deficiency in Resettled Bhutanese Refugees — United States, 2008–2011

Since 2008, approximately 30,000 Bhutanese refugees have been resettled in the United States. Routine medical examinations of refugees after arrival in resettlement states indicated hematologic and neurologic disorders caused by vitamin B12 deficiency. These cases were reported by examining physicians and state health departments to CDC, which initiated an investigation. This report summarizes the results of that investigation. Sera from overseas medical examinations, postarrival examinations in three state health departments (Minnesota, Utah, and Texas), and medical records and interviews at a health clinic in St. Paul, Minnesota, were evaluated. Vitamin B12 deficiency, defined as serum vitamin B12 concentration <203 pg/mL, was found in 64% (63 of 99) of overseas specimens, 27% (17 of 64) of postarrival medical screenings, and 32% (19 of 60) of Bhutanese refugees screened for vitamin B12 deficiency at the St. Paul clinic. Although the deficiencies might be multifactorial, the main cause is thought to be the diet consumed by these refugees for nearly two decades in Nepal, which lacked meat, eggs, and dairy products, the major dietary sources of vitamin B12. Additionally, infection with Helicobacter pylori might play a role. Clinicians should be aware of the risk for vitamin B12 deficiency in Bhutanese refugees. All Bhutanese refugees should be given nutrition advice and should receive supplemental vitamin B12 upon arrival in the United States. In addition, refugees with clinical manifestations suggestive of deficiency should be tested for adequate serum vitamin B12 concentrations and, if found to have a B12 deficiency, screened for underlying causes, treated with parenteral vitamin B12 or high-dose oral supplements, and evaluated for response to therapy.

Approximately 108,000 ethnic Nepalis were forced from their longstanding homes in Bhutan in the early 1990s and have since been living in Nepal. Since March 2008, approximately 30,000 Bhutanese refugees have arrived in the United States, with many more expected. In the Nepalese camps, rations provided by the World Food Programme and the United Nations High Commissioner for Refugees consist of rice, lentils, chickpeas, vegetable oil, sugar, salt, and fresh vegetables (1). Only certain refugees, including young and malnourished children, pregnant and lactating women, and active tuberculosis patients, receive additional rations and

multivitamin supplements. A locally made, fortified, blended food containing vitamin B12 and other micronutrients is available in Nepalese camps but might not be consumed regularly by all refugees. Other micronutrient deficiencies, including vitamin B2 (riboflavin), have been identified in this population (2).

This investigation examined three sources of data: 1) test results from sera collected during overseas medical examinations, 2) results of postarrival examinations collected by three state health departments, and 3) medical records and interviews at a health clinic in St. Paul. CDC's Migrant Serum Bank contains de-identified surplus serum specimens collected during mandatory overseas medical screening examinations for refugees. Serum vitamin B12 concentrations were tested in 99 randomly selected specimens from adult Bhutanese refugees collected during December 2007–November 2008. Total serum vitamin B12 was measured using the Roche E-170 automated electrochemiluminescence immunoassay. Vitamin B12 deficiency, defined as a serum concentration of <203 pg/mL (150 pmol/L) (3), was detected in 63 (64%) refugees, including 28 (60%) females and 35 (67%) males (Table 1).

Serum vitamin B12 concentrations were measured during the postarrival medical screening examinations for all resettled refugees in three states during September 2010–January 2011. The 326 refugees screened came from 12 countries of origin, including Bhutan (Table 2). Of the Bhutanese tested, 32% (17 of 53) of persons aged ≥15 years were B12 deficient. None of the 13 children aged <15 years were B12 deficient, and the median level decreased with increasing age group. Other than the Bhutanese, only the Somali population had any B12-deficient persons (10 [12%] of 82 screened).

Medical records were reviewed for 141 Bhutanese refugees seen at a health clinic in St. Paul during June 2009–January 2011; 60 had serum vitamin B12 levels tested, and 19 (32%) were B12 deficient. Only one (7%) of 14 children aged <15 years was B12 deficient. None of the 19 B12-deficient patients were anemic; however, four (21%) had macrocytosis, and two (11%) had peripheral neuropathy (Table 3). Of six B12-deficient patients tested for antibodies to *H. pylori*, a potential cause of vitamin B12 deficiency, five were positive, whereas only one of four nondeficient patients was positive.

TABLE 1. Vitamin B12 deficiency in adult Bhutanese refugees undergoing overseas medical screening examinations, by age group and sex — Nepal, 2007–2008

	B12 <20	3 pg/mL*
Characteristic	No.	(%)
Sex	,	
Female	28/47	(60)
Male	35/52	(67)
Age group (yrs)		
15–29	26/44	(59)
30–49	14/30	(47)
≥50	23/25	(92)
Total	63/99	(64)

Source: CDC Migrant Serum Bank.

TABLE 2. Proportion of refugees with vitamin B12 deficiency (with median and interquartile range of vitamin B12 concentrations), by country and by age group and sex for Bhutanese refugees — Minnesota, Utah, and Texas — September 2010–January 2011

			В	12 pg/mL
Characterists		03 pg/mL	NA11	Interquartile
Characteristic	No.	(%)	Median	range
Country				
Bhutan	17/64	(27)	262	(197-323)
Burma	0/107		480	(365-636)
Democratic Republic of the Congo	0/1	_	413	(413–413)
Cuba	0/3		278	(253-294)
Eritrea	0/5	_	401	(235–421)
Ethiopia	0/15	_	363	(297–526)
Iraq	0/33	_	368	(304-457)
Kyrgyzstan	0/4	_	695	(432-1,120)
Laos/Hmong	0/9	_	712	(247–753)
Liberia	0/2	_	881	(791-970)
Somalia	10/82	(12)	350	(257-498)
Sudan	0/1	_	486	(486-486)
Total	27/326	(8)	369	(272–517)
Age group (yrs) (Bhutanese)				
<15	0/13	_	315	(270-431)
15-29	9/28	(32)	259	(193-321)
30-49	7/16	(44)	238	(190-292)
≥50	1/7	(14)	233	(206-282)
Sex (Bhutanese)				
Female	9/31	(29)	258	(194-330)
Male	8/33	(24)	273	(206-310)

Sources: Minnesota Department of Health, Utah Department of Health, and Texas Department of State Health Services.

TABLE 3. Bhutanese refugees tested for vitamin B12 deficiency, by sex and medical condition — St. Paul, Minnesota, June 2009–January 2011

	B12 <20	3 pg/mL	B12 ≥20	3 pg/mL	Tot	tal
Characteristic	No.	(%)	No.	(%)	No.	(%)
Female sex	8/19	(42)	27/41	(66)	35/60	(58)
Anemia*	0/19	_	5/41	(12)	5/60	(8)
Macrocytosis [†]	4/19	(21)	0/41	_	4/60	(7)
Peripheral neuropathy	2/19	(11)	0/41	_	2/60	(3)
Helicobacter pylori [§]	5/6	(83)	1/4	(25)	6/10	(60)

Source: HealthPartners Center for International Health, St. Paul, Minnesota.

Reported by

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Editorial Note

Vitamin B12, or cobalamin, is obtained naturally only from products of animal origin, including meat, eggs, and dairy products, but also is supplied in Western diets by fortified cereals. The recommended dietary allowance for adults is 2.4 µg/day.* Vitamin B12 deficiencies lead to delayed DNA synthesis resulting in megaloblastic anemia, peripheral neuropathy, and other neurologic signs (4,5). The deficiency commonly is caused by low dietary intake or food-cobalamin malabsorption disorder, which usually is associated with atrophic gastritis, with or without *H. pylori* infection (4). The deficiency also can be caused by an inherited or acquired lack of the intrinsic factor required for absorption of vitamin B12, a condition known as pernicious anemia. A recent World Health Organization Technical Consultation recommends a threshold of <203 pg/mL (150 pmol/L) for describing population-level deficiencies;

^{*}Serum total vitamin B12 was measured at CDC using the Roche E-170 automated electrochemiluminescence immunoassay.

^{*} Hemoglobin <12 g/dL.

[†] Mean corpuscular volume >100 fL.

[§] H. pylori antibody or antigen positive.

^{*}Additional information available at http://ods.od.nih.gov/factsheets/vitaminb12.

What is already known on this topic?

Vitamin B12 deficiency is rare in the United States, except among the elderly. It is more common in the developing world because of lack of access to products of animal origin and fortified foods. Vitamin B12 deficiency leads to megaloblastic anemia, peripheral neuropathy, and other neurologic conditions that can become untreatable with supplementation after long-term deficits.

What is added by this report?

Approximately 30,000 Bhutanese refugees have resettled to the United States since 2008, with many more expected before resettlement is complete. A substantial proportion (approximately 30%–60%) of Bhutanese refugees are deficient in vitamin B12, most likely because of a lack of vitamin B12 in their diet in refugee camps in Nepal.

What are the implications for public health practice?

All Bhutanese refugees should be given nutrition advice and should receive supplemental vitamin B12 upon arrival in the United States. Refugees with clinical manifestations suggestive of B12 deficiency should be tested for adequate serum vitamin B12 concentrations and, if found to have a B12 deficiency, screened for underlying causes, treated with parenteral vitamin B12 or high-dose oral supplements, and evaluated for response to therapy.

however, clinical deficiencies occasionally can be observed at higher serum levels (3). In the United States, the prevalence of deficiency is low (<1%–6%) (6). In the developing world, deficiencies are more common because of limited access to products of animal origin (7). In a survey of pregnant Nepali women conducted during 1994–1995, 49% demonstrated dietary B12 deficiency, with serum B12 concentrations <150 pmol/L (8).

Analysis of the three data sources described in this report suggests prevalent vitamin B12 deficiency in the Bhutanese refugee population. The highest proportion of B12 deficiencies (64%) was observed in the testing results from serum collected in overseas screening examinations during 2007-2008. Lower proportions (27% and 32%) were observed in samples collected in the United States during 2009–2011. This might be explained by possible recent improvement in nutrition in the camps (although no official ration changes were made) or a higher proportion of children aged <15 years in the domestic samples from 2009 to 2011 (approximately 5-10 years are required for body stores of vitamin B12 to become depleted) (4). Of concern in this population is the unusually high proportion of young and middle-aged adults affected; breast-fed infants of mothers who have vitamin B12 deficiency can develop permanent neurologic damage (9). The most likely cause of the deficiency in this population is inadequate dietary intake; however, other secondary causes, such as chronic gastritis, potentially caused by *H. pylori* infection, cannot be ruled out. Infection with *H. pylori* was more prevalent among B12-deficient patients in a small group that was tested. Further investigations will seek the underlying cause and determine the prevalence of other micronutrient deficiencies in this population.

The findings in this report are subject to at least three limitations. First, the three-state postarrival screening data sample was incomplete. Only one clinic in Texas participated, although numerous clinics conduct refugee screening in that state. In Minnesota, vitamin B12 concentrations were returned for only 49% (231 of 476) of refugees screened during the investigation period because of delayed reporting. Second, the limited screening data available for Bhutanese children aged <15 years make drawing conclusions about vitamin B12 deficiency in this age group difficult. However, because children and nursing mothers receive micronutrient supplementation in the camps (1) and deficiency takes years to develop, children might be less likely to be deficient. Finally, because refugees are at risk for serious health problems other than micronutrient deficiencies that are a priority for clinicians during screening examinations, underscreening or underrecording in the St. Paul medical records of any potential clinical manifestations of vitamin B12 deficiency might have occurred. The prevalence of the signs and symptoms of vitamin B12 deficiency most likely is underestimated in this report.

The results of this investigation suggest that all Bhutanese refugees should be provided with nutrition advice that emphasizes consumption of foods containing vitamin B12 and should receive oral supplementation for a minimum of 30 days upon arrival in the United States. Although no specific guidelines exist, two recent studies indicate that the lowest dose of oral cyanocobalamin needed to normalize metabolites in subclinical vitamin B12 deficiency is 500–1,000 µg daily.† During postarrival medical screening and follow-up examinations, this population should be screened for clinical signs and symptoms of the deficiency, such as megaloblastic anemia, peripheral neuropathy, and other neurologic disorders (4,5). Those exhibiting these conditions should be tested for adequate serum vitamin B12 concentrations and underlying causes of vitamin B12 deficiency (e.g., H. pylori). B12-deficient patients should be treated with parenteral or high-dose oral vitamin B12, given appropriate treatments for underlying causes, and carefully monitored to assess response to therapy (10). In addition, clinicians should consider that other nutritional deficiencies are a concern in Bhutanese and other refugee populations.

[†]Additional information available at http://www.cdc.gov/ncbddd/b12/documents/b12-030910.pdf.

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Notes from the Field

Contamination of Alcohol Prep Pads with Bacillus cereus Group and Bacillus Species — Colorado, 2010

In October 2010, a child at The Children's Hospital (TCH) in Aurora, Colorado, with newly diagnosed leukemia developed clinical sepsis 24 hours after insertion of an implanted vascular access device. The child also developed extensive cellulitis at the insertion site, requiring surgical debridement, intensive care, antibiotics, prolonged wound management, and outpatient treatment. Cultures of the child's blood and tissue specimens grew *Bacillus cereus*. An investigation found neither breach of infection control procedures nor any violations of sterile surgical technique.

In November 2010, an afebrile infant with congenital heart disease was admitted to TCH for respiratory distress and developed fever and became clinically septic 4 days after an internal jugular line was placed. Four blood cultures from the infant grew *B. cereus*. The line was removed, and the infant had an extended hospital stay for treatment with intravenous antibiotics before being discharged.

The subsequent TCH investigation into the two cases focused on the following three single-use, disposable items used in the treatment of both patients: 1) sterile syringes prefilled with sterile saline solution, 2) sterile applicators packaged with a 2% chlorhexidine gluconate/70% alcohol solution for skin preparation, and 3) pledgets packaged with 70% isopropyl alcohol (alcohol prep pads [APPs]). The APPs were not labeled as either sterile or nonsterile on the outside of the individual APP packages or the box the APPs were contained in. Bacterial cultures of samples from three saline syringes and the liquid and pads from nine packages of chlorhexidine gluconate/alcohol skin preparation applicators were negative. The internal alcohol pads from 60 APPs, obtained from various locations around TCH, also were cultured. Hospital investigators found that 40 of 60 pads, representing eight of 10 different manufacturing lots, yielded B. cereus or Bacillus spp. All of the pads were supplied by a single manufacturer. TCH contacted the Colorado Department of Public Health and Environment, which notified CDC and the Food and Drug Administration and performed confirmatory testing of TCH laboratory findings.

Twenty-nine *B. cereus* isolates, 21 from cultured APPs and eight from TCH patients with positive cultures during May–November 2010, were characterized by pulsed-field gel electrophoresis. Wide diversity was observed among the

isolates, and no patient isolates matched APP isolates. Given this diversity and the time lapse between positive patient specimens and subsequent APP sampling, the lack of a match between the two groups was not considered to rule out APPs as the source of the *B. cereus* isolated from patients.

APPs are supplied both as sterile and nonsterile products. Sterile products are clearly labeled as such and should not be mistaken and/or interchanged for nonsterile products. *B. cereus* group and *Bacillus* species are resistant to killing by alcohol (1) and have caused health-care—associated outbreaks of invasive disease (2,3). Pseudoinfections caused by *B. cereus*—contaminated products also have been reported (4). Health-care facilities, health-care providers, and users of APPs should know whether the APPs in clinical use are sterile or nonsterile and be aware of the risk for iatrogenic infection if nonsterile APPs are used. Manufacturers should know the importance of clearly labeling their products as sterile or nonsterile to avoid misuse by health-care facilities and health-care providers.

Based on the findings in this investigation, on November 19, TCH halted any use of nonsterile APPs and began using sterile APPs exclusively from another manufacturer. In January 2011, the manufacturer voluntarily recalled all of its alcohol wipe products because of potential contamination (5).

Reported by

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Announcement

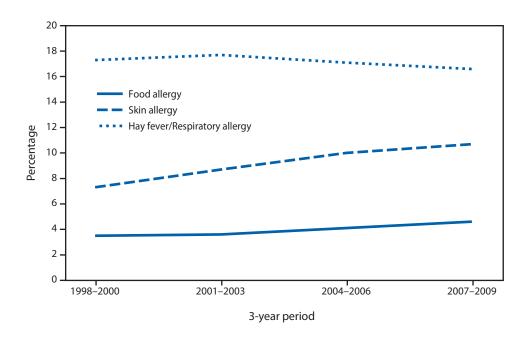
Epi Info Training — May 26-28, 2011

Emory University's Rollins School of Public Health and CDC's Office of Surveillance, Epidemiology, and Laboratory Services will cosponsor Epi Info training, to be held May 26–28, 2011, at Emory University. Tuition is charged. This course is designed for public health professionals who wish to develop software applications using Epi Info for Windows. This basic level course covers MakeView, Analysis, Enter, Epi Map, and Epi Report modules.

Additional information and applications are available by mail (Emory University, Rollins School of Public Health [Attn: Pia], 1518 Clifton Rd. NE, CNR Bldg. Rm. 7038, Atlanta, GA 30322); by fax (404-727-4590); online (http://www.sph.emory.edu/epicourses); or by e-mail (pvaleri@sph.emory.edu).

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children Aged <18 Years with Reported Food, Skin, or Hay Fever/Respiratory Allergies* — National Health Interview Survey, United States, 1998–2009[†]



^{*} Based on positive responses to the questions "During the past 12 months, has your child had any kind of food or digestive allergy?" and "During the past 12 months, has your child had eczema or any kind of skin allergy?" and a positive response to either "During the past 12 months, has your child had hay fever?" or "During the past 12 months, has your child had any kind of respiratory allergy?"

From 1998–2000 to 2007–2009, the percentage of children who were reported to have a food allergy during the preceding 12 months increased from 3.5% to 4.6%, and the percentage who were reported to have a skin allergy increased from 7.3% to 10.7%. The percentage of children reported to have hay fever and/or respiratory allergy was 16.6% during 2007–2009, a level that did not differ substantially from earlier years.

Sources: National Health Interview Survey data. Available at http://www.dcd.gov/nchs/nhis.htm. Health Data Interactive. Available at http://www.cdc.gov/nchs/hdi.htm.

[†] Estimates are based on household interviews of a sample of the noninstitutionalized U.S. civilian population. One child aged <18 years was randomly selected per family; a parent or other knowledgeable adult provided information for each child. Denominators for each category exclude persons for whom data were missing. Estimates are presented as 3-year annual averages to increase reliability.

Notifiable Diseases and Mortality Tables

 $TABLE\ I.\ Provisional\ cases\ of\ infrequently\ reported\ notifiable\ diseases\ (<1,000\ cases\ reported\ during\ the\ preceding\ year)\ --\ United\ States,\ week\ ending\ March\ 19,\ 2011\ (11th\ week)^*$

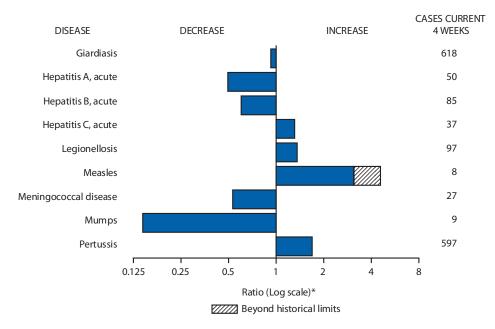
	Current	Cum	5-year weekly		Total cas	ses repo vious ye			States reporting cases
Disease	week	2011	average [†]	2010	2009	2008	2007	2006	during current week (No.)
Anthrax	_	_	_	_	1	_	1	1	
Arboviral diseases [§] , [¶] :									
California serogroup virus disease	_	_	0	74	55	62	55	67	
Eastern equine encephalitis virus disease	_	_	_	10	4	4	4	8	
Powassan virus disease	_	_	_	8	6	2	7	1	
St. Louis encephalitis virus disease	_	_	0	10	12	13	9	10	
Western equine encephalitis virus disease	_	_	_	_	_	_	_	_	
Babesiosis	_	4	1	NN	NN	NN	NN	NN	
Botulism, total	_	15	2	110	118	145	144	165	
foodborne	_	2	0	7	10	17	32	20	
infant	_	10	2	78	83	109	85	97	
other (wound and unspecified)	_	3	0	25	25	19	27	48	
Brucellosis	1	8	2	129	115	80	131	121	CA (1)
Chancroid	_	4	1	32	28	25	23	33	
Cholera	_	12	0	12	10	5	7	9	
Cyclosporiasis [§]	1	22	1	173	141	139	93	137	NY (1)
Diphtheria									(./
Haemophilus influenzae,** invasive disease (age <5 yrs):	_		_		_	_		_	
serotype b	_	1	1	23	35	30	22	29	
nonserotype b	_	14	5	187	236	244	199	175	
unknown serotype	6	58	3	228	178	163	180	179	PA (2), OH (1), NE (1), NC (1), FL (1)
Hansen disease [§]	U	12	2	66	103	80	101	66	FA (2), OTT (1), NE (1), NC (1), TE (1)
Hantavirus pulmonary syndrome [§]	_	4	0	18	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal [§]	_	9					292		NIV (2)
Influenza-associated pediatric mortality [§] ,††	2		2	234	242	330		288	NY (2)
	6	73	4	61	358	90	77	43	CA (1), IL (1), ME (1), NY (1), TX (1), VT (1)
Listeriosis Measles ^{§§}	2	74	11	775	851	759	808	884	CA (2)
	5	26	2	61	71	140	43	55	NYC (2), TN (2), CA (1)
Meningococcal disease, invasive ¶: A, C, Y, and W-135	1	22	10	260	201	220	225	210	TV (1)
	1	33	10	260	301	330	325	318	TX (1)
serogroup B	_	20	5	122	174	188	167	193	
other serogroup	_	1	1	10	23	38	35	32	OLL (1) MA (2) OD (1) CA (1)
unknown serogroup	5	113	15	408	482	616	550	651	OH (1), VA (2), OR (1), CA (1)
Novel influenza A virus infections***	_	1	0	4	43,774	2	4	NN	
Plague	_	_	0	2	8	3	7	17	
Poliomyelitis, paralytic	_	_	_	_	1	_	_		
Polio virus Infection, nonparalytic ⁹	_	_	_	_	_	_	_	NN	
Psittacosis [§]	_	1	0	4	9	8	12	21	
Q fever, total ⁹	1	12	3	119	113	120	171	169	
acute	_	5	1	95	93	106	_	_	
chronic	1	7	0	24	20	14	_	_	VA (1)
Rabies, human	_	_	0	1	4	2	1	3	
Rubella ^{†††}	_	1	0	6	3	16	12	11	
Rubella, congenital syndrome	_	_	_	_	2	_	_	1	
SARS-CoV [§]	_	_	_	_	_	_	_	_	
Smallpox [§]	_	_	_	_	_	_	_	_	
Streptococcal toxic-shock syndrome S	_	25	5	172	161	157	132	125	
Syphilis, congenital (age <1 yr) ^{§§§}	_	23	7	264	423	431	430	349	
Tetanus	_	_	0	11	18	19	28	41	
Toxic-shock syndrome (staphylococcal) [§]	1	15	2	77	74	71	92	101	MO (1)
Trichinellosis	_	3	0	6	13	39	5	15	
Tularemia	_	2	0	113	93	123	137	95	
Typhoid fever	2	55	7	429	397	449	434	353	GA (1), CA (1)
Vancomycin-intermediate Staphylococcus aureus [§]	2	13	1	100	78	63	37	6	MO (1), VA (1)
Vancomycin-resistant Staphylococcus aureus §	_	_	0	1	1	_	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	2	33	3	798	789	588	549	NN	MD (1), FL (1)
Viral hemorrhagic fever ^{¶¶¶}	_	_	_	1	NN	NN	NN	NN	. // /
Yellow fever			_	_	_	_	_	_	

See Table 1 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 March 19, 2011 (11th week)*

- —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts.
- * Case counts for reporting years 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/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/disss/nndss/phs/files/5yearweeklyaverage.pdf.
- S 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 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/disss/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 weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, 77 influenza-associated pediatric deaths occurring during the 2010-11 influenza season have been reported.
- §§ Of the five measles cases reported for the current week, four were imported, and one was indigenous.
- ¶ 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 four cases of novel influenza A virus infection reported to CDC during 2010, and the one case reported during 2011, 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).
- ††† No rubella cases were reported for the current week.
- 555 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 of 2010. 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 March 19, 2011, with historical data



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

		Chlamydia	trachomat	is infection			Cocci	dioidomy	cosis			Cry	otosporidio	osis	
	Current	Previous	52 weeks	Cum	Cum	Current	Previous !	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010
United States	12,076	24,361	26,962	240,801	264,788	143	0	504	2,600	NN	44	121	356	748	1,139
New England	910	801	2,046	8,426	7,394	1	0	0	1	NN	1	7	19	33	139
Connecticut	369	171	1,558	1,165	1,450	N	0	0	N	NN	_	0	8	8	77
Maine [†]		54	100	578	542	N	0	0	N	NN	_	1	7	1	13
Massachusetts New Hampshire	456 34	402 54	876 113	4,724 639	4,040 393	N 1	0	0 0	N 1	NN NN	_	3 1	9 5	16 3	25 10
Rhode Island [†]	51	70	154	1,034	707		0	0		NN		0	2	1	4
Vermont [†]	_	23	84	286	262	N	0	0	N	NN	1	1	5	4	10
Mid. Atlantic	2,085	3,360	5,211	33,961	34,576	_	0	0	_	NN	9	15	38	111	103
New Jersey	479	514	701	5,458	5,420	N	0	0	N	NN	_	0	4	_	4
New York (Upstate)	807	706	2,028	7,135	5,888	N	0	0	N	NN	4	4	13	32	13
New York City	220	1,192	2,777	10,973	13,388	N	0	0	N	NN	_	2	6	14	9
Pennsylvania	579	953	1,189	10,395	9,880	N	0	0	N	NN	5	8	26	65	77
E.N. Central	719	3,714	4,470	33,711	41,458	1	0	3	6	NN	7	30	130	172	289
Illinois	27	922	1,071	6,864	11,255	N	0	0 0	N	NN	_	3	21	12	44
Indiana Michigan	525	410 941	1,153 1,375	4,095 10,027	2,908 11,483	N	0	1	N 1	NN NN	_	4 5	10 18	22 35	42 66
Ohio	167	995	1,134	8,891	10,939	1	0	3	5	NN	7	7	24	69	63
Wisconsin	_	425	518	3,834	4,873	Ň	0	0	Ň	NN		9	65	34	74
W.N. Central	225	1,357	1,600	12,470	15,542	_	0	0	_	NN	6	19	83	63	137
lowa	14	198	237	1,930	2,340	N	0	0	N	NN	_	4	24	7	37
Kansas	64	183	286	1,921	2,066	N	0	0	N	NN	1	2	9	12	12
Minnesota	_	290	354	1,976	3,336	_	0	0	_	NN	_	0	16	_	35
Missouri	145	505	619	4,844	5,545		0	0		NN	2	4	30	21	23
Nebraska†	_	93 40	185	986	1,147	N	0	0 0	N N	NN NN	3	3 0	26 9	21	16 —
North Dakota South Dakota	2	40 61	88 91	188 625	424 684	N N	0	0	N N	NN	_	1	6		14
	3,271	4,791	5,829	51,505	52,765	_	0	0	_	NN	12	19	39	166	174
S. Atlantic Delaware	70	84	220	920	914		0	0		NN	12	0	1	2	1/4
District of Columbia	131	99	161	983	1,093	_	0	0	_	NN		0	1	2	1
Florida	631	1,457	1,705	14,594	15,531	N	0	Ö	N	NN	3	7	19	53	67
Georgia	_	657	1,020	5,945	7,929	N	0	0	N	NN	4	5	11	45	58
Maryland [†]	258	494	1,106	3,662	4,322		0	0	_	NN	1	1	3	10	7
North Carolina	839	750 530	1,436	10,553	10,483	N	0	0 0	N	NN	_	0	12	21	16
South Carolina [†] Virginia [†]	461 809	530 662	847 970	5,621 8,255	5,504 6,228	N N	0	0	N N	NN NN	3 1	2 2	8 8	25 8	8 12
West Virginia	72	76	124	972	761	N	0	0	N	NN		0	3	_	4
E.S. Central	1,116	1,764	2,413	16,795	18,050	_	0	0	_	NN	3	4	19	24	41
Alabama [†]		538	780	4,049	5,014	N	0	0	N	NN	_	2	13	5	12
Kentucky	302	266	614	2,372	2,708	N	0	0	N	NN	1	1	6	9	14
Mississippi	503	384	780	4,467	4,388	N	0	0	N	NN	1	0	2	4	4
Tennessee [†]	311	577	800	5,907	5,940	N	0	0	N	NN	1	1	5	6	11
W.S. Central	596	3,154	4,242	30,596	37,913	_	0	1	1	NN	_	7	31	23	55
Arkansas†	384	299	439	3,403	3,180	N	0	0	N	NN	_	0	3	2	9
Louisiana		356	757	3,645	5,941	_	0	1	1	NN	_	1	6	4	10
Oklahoma Texas [†]	212	252 2,297	1,373 3,112	1,902 21,646	2,642 26,150	N N	0	0 0	N N	NN NN	_	1 5	8 24	— 17	8 28
							0				3	10	30	77	98
Mountain Arizona	462 124	1,482 472	1,980 699	14,468 2,329	17,190 5,411	60 60	0	421 416	1,861 1,830	NN NN	5	10	30	4	98 5
Colorado	124	339	684	4,908	4,299	N	0	0	1,630 N	NN	1	3	6	27	22
Idaho [†]	32	66	199	600	874	N	0	0	N	NN	i	2	7	10	21
Montana [†]	24	63	81	610	613	N	0	0	N	NN	1	1	4	8	12
Nevada [†]	178	189	375	2,291	1,883	_	0	4	15	NN	_	0	7	2	2
New Mexico [†]	77	194	1,253	2,093	2,272	_	0	4	11	NN	_	2	12	16	18
Utah Wyomina†	22	122 39	158	1,292	1,383	_	0	2 2	2	NN		1 0	5 2	6	12
Wyoming [†]	5		90	345	455					NN	_			4	6
Pacific	2,692	3,664	5,353	38,869	39,900	81 N	0	103	731 N	NN	3	11	29	79 2	103
Alaska California	35 2,335	113 2,835	156 4,675	1,190 31,109	1,270 29,924	N 81	0	0 103	N 731	NN NN		0 7	3 18	3 49	2 62
Hawaii	2,333	108	158	855	1,346	N	0	0	/31 N	NN	_	0	0	49	1
Oregon	_	211	496	2,257	2,855	N	0	0	N	NN	1	3	13	26	28
Washington	322	397	505	3,458	4,505	N	0	0	N	NN	_	1	7	1	10
Territories															
American Samoa	_	0	0	_	_	N	0	0	N	NN	N	0	0	N	NN
C.N.M.I.	_	_	_	_	_	_	_	_	_	NN	_	_	_	_	_
Guam	_	9	31	71	5	_	0	0	_	NN	_	0	0	_	_
Puerto Rico	_	103	252	1,081	1,264	N	0	0	N	NN	N	0	0	N	NN
U.S. Virgin Islands	_	12	29	_	110	_	0	0	_	NN	_	0	0	_	_

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

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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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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 March 19, 2011, and March 20, 2010 (11th week)*

					Dengue Vir	us Infection				
		D	engue Fever [†]				Dengue F	lemorrhagic I	Fever [§]	
	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010
Jnited States	_	6	51	5	59	_	0	2	_	1
lew England	_	0	3	_	3	_	0	0	_	_
Connecticut	_	0	0	_	_	_	0	0	_	_
Maine [¶]	_	0	2	_	3	_	0	0	_	_
Massachusetts	_	0	0	_	_	_	0	0	_	_
New Hampshire	_	0	0	_	_	_	0	0	_	_
Rhode Island [¶]	_	0	1	_	_	_	0	0	_	_
Vermont [¶]	_	0	1	_	_	_	0	0	_	_
lid. Atlantic	_	2	25	2	22	_	0	1	_	1
New Jersey	_	0	5	_	3	_	0	0	_	_
New York (Upstate)	_	0	5	_	1	_	0	1	_	_
New York City	_	1	17	_	13	_	0	1	_	1
Pennsylvania	_	0	3	2	5	_	0	0	_	_
.N. Central	_	1	7	2	9	_	0	1	_	_
Illinois	_	0	2	_	2	_	0	0	_	_
Indiana	_	0	2	1	2	_	0	0	_	_
Michigan	_	0	2	_	_	_	0	0		_
Ohio	_	0	2	_	5	_	0	0		_
Wisconsin	_	0	2	1	_	_	0	1	_	_
/.N. Central	_	0	6	_	5	_	0	1	_	_
Iowa	_	0	1	_	_	_	0	0	_	_
Kansas	_	0	1	_	_	_	0	0	_	_
Minnesota	_	0	2	_	4	_	0	0	_	_
Missouri	_	0	0	_	_	_	0	0	_	_
Nebraska [¶]	_	0	6	_	_	_	0	0	_	_
North Dakota	_	0	1	_	1	_	0	0	_	_
South Dakota	_	0	0	_	_	_	0	1	_	_
. Atlantic	_	2	19	_	12	_	0	1	_	_
Delaware	_	0	0	_	_	_	0	0	_	_
District of Columbia	_	0	0	_		_	0	0	_	_
Florida	_	2	14	_	10	_	0	1	_	_
Georgia	_	0	2	_	1	_	0	0	_	_
Maryland [¶]	_	0	0	_	_	_	0	0	_	_
North Carolina	_	0	2	_	_	_	0	0	_	_
South Carolina [¶]	_	0	3	_	_	_	0	0	_	_
Virginia [¶]	_	0	3	_	1	_	0	0	_	_
West Virginia	_	0	1	_	_	_	0	0	_	_
.S. Central	_	0	2	_	_	_	0	0	_	_
Alabama¶	_	0	2	_	_	_	0	0	_	_
Kentucky	_	0	1	_	_	_	0	0	_	_
Mississippi	_	0	0	_	_	_	0	0	_	_
Tennessee [¶]	_	0	1	_	_	_	0	0	_	_
I.S. Central	_	0	1	_	_	_	0	1	_	_
Arkansas [¶]	_	0	0	_	_	_	0	1	_	_
Louisiana	_	0	0	_	_	_	0	0	_	_
Oklahoma Texas [¶]	_	0	1	_	_	_	0 0	0	_	_
	_	0	1	_	_	_		0	_	_
lountain	_	0	2	_	2	_	0	0	_	_
Arizona	_	0	2	_	_	_	0	0		_
Colorado Idabo¶	_	0	0	_	_	_	0	0	_	_
ldaho [¶] Montana [¶]	_	0	1 1	_	_	_	0	0	_	_
Nevada [¶]	_	0	1	_	_ 1	_	0	0	_	_
New Mexico [¶]	_	0	0	_	1	_	0	0	_	_
Utah	_	0	0	_		_	0	0	_	_
Wyoming [¶]	_	0	0	_	_	_	0	0	_	_
acific		0		1			0	0		_
acific Alaska	_	0	6 1	1	6 1	_	0	0	_	_
Alaska California	_	0	5	_	2	_	0	0	_	_
Hawaii	_	0	0	_	_	_	0	0	_	_
Oregon	_	0	0	_	_	_	0	0	_	_
Washington	_	0	2	1	3	_	0	0	_	_
	_			1	<u>3</u>		U	U	_	
erritories		_	_				_	_		
American Samoa	_	0	0	_	_	_	0	0	_	_
C.N.M.I.	_	_	_	_	_	_	_	_	_	_
Guam	_	0	0	150	_	_	0	0	_	
Puerto Rico	_	104	523	159	998	_	2	18	_	22
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_

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† 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

							Ehrlichio	sis/Anapla	smosis [⊤]						
		Ehrli	chia chaffe	ensis			Anaplasm	a phagocy	tophilum			Un	determined	d	
	Current	Previous	52 weeks	_		_	Previous	52 weeks				Previous	52 weeks	_	
Reporting area	week	Med	Max	Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010
United States	1	8	49	9	40		13	60	5	16	1	1	10	2	1
New England	_	0	2	_	1	_	1	9	1	6	_	0	1	_	_
Connecticut	_	0	0	_	_	_	0	6	_	_	_	0	0	_	_
Maine [§]	_	0	1	_	1	_	0	2	1	3	_	0	0	_	_
Massachusetts New Hampshire	_	0	0 1	_	_	_	0	0 2	_	_	_	0	0 1	_	_
Rhode Island§	_	0	1	_	_	_	0	6	_	3	_	0	0	_	_
Vermont [§]	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Mid. Atlantic	_	1	10	_	6	_	4	15	2	1	1	0	1	1	_
New Jersey	_	0	0	_	_	_	0	1	_	_	_	0	0	_	_
New York (Upstate)	_	0	10	_	2	_	4	15	2	1	1	0	1	1	_
New York City Pennsylvania	_	0	3 0	_	3 1	_	0	1 0	_	_	_	0	0 0	_	_
•		0	4	1	3	_	4	41		5		1	7	1	1
E.N. Central Illinois	_	0	2		_	_	0	2	_	_	_	0	2		
Indiana	_	0	0	_	_		0	0	_	_	_	0	3	1	1
Michigan	_	0	1	_	_	_	Ö	0	_	_	_	0	1		_
Ohio	_	0	3	1	_	_	0	1	_	_	_	0	0	_	_
Wisconsin		0	1	_	3	_	4	41	_	5	_	0	4	_	_
W.N. Central	1	1	13	2	1	_	0	3	_	_	_	0	3	_	_
lowa	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Kansas Minnesota	_	0	1 0	_	_	_	0	0	_	_	_	0	0	_	_
Missouri	1	1	13	2	1	_	0	3	_	_	_	0	3	_	_
Nebraska [§]	_	0	1	_	_	_	0	0	_	_	_	0	0	_	_
North Dakota	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
South Dakota	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
S. Atlantic	_	3	17	6	26	_	1	7	1	4	_	0	1	_	_
Delaware	_	0	3	1	1	_	0	1	_	_	_	0	0	_	_
District of Columbia Florida	_	0	0 2	_ 1		_	0	0 1	_	_	_	0	0 0	_	_
Georgia	_	0	4	1	2	_	0	1	_	_	_	0	1	_	_
Maryland [§]	_	Ö	3	2	4	_	0	2	_	2	_	0	1	_	_
North Carolina	_	1	13	1	18	_	0	4	1	2	_	0	0	_	_
South Carolina [§]	_	0	2	_	_	_	0	1	_	_	_	0	0	_	_
Virginia [§] West Virginia	_	1 0	8 1	_	_	_	0	2 0	_	_	_	0	1 0	_	_
•	_	1	11	_	_	_	0	2	1	_		0	1	_	_
E.S. Central Alabama [§]	_	0	3	_	_	_	0	2	1	_	_	0	0	_	_
Kentucky	_	0	2		_	_	0	0		_	_	0	0	_	_
Mississippi	_	0	1	_	_	_	0	1	_	_	_	0	0	_	_
Tennessee [§]	_	0	7	_	_	_	0	2	_	_	_	0	1	_	_
W.S. Central	_	0	11	_	2	_	0	4	_	_	_	0	1	_	_
Arkansas [§]	_	0	5	_	_	_	0	2	_	_	_	0	0	_	_
Louisiana	_	0	1	_	1	_	0	0	_	_	_	0	0	_	_
Oklahoma Texas [§]	_	0	6 1	_	1	_	0	2 1	_	_	_	0	0 1	_	_
	_	0	0	_	ı	_	0	0	_	_	_	0	0	_	_
Mountain Arizona	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Colorado	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Idaho§	_	0	0	_	_	_	Ö	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	0 0	_	_
Utah Wyoming [§]	_	0	0 0	_		_	0	0	_	_	_	0	0	_	_
	_	0	1	_	1	_	0	0	_	_	_	0	1	_	_
Pacific Alaska	_	0	0	_		_	0	0	_	_	_	0	0	_	_
California	_	0	1		1	_	0	0	_	_	_	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	_			_	_	_			_	_	_			_	_
Puerto Rico	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
		0	0				•	0				0	0		

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† Cumulative total *E. ewingii* cases reported for year 2010 = 11, and 1 case report for 2011.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

			Giardiasis	i				Gonorrhe	a		На	emophilus i All ages	nfluenzae, , all seroty		
Reporting area	Current week	Previous Med	52 weeks Max	Cum 2011	Cum 2010	Current	Previous 5	52 weeks Max	Cum 2011	Cum 2010	Current	Previous 5	52 weeks Max	Cum 2011	Cum 2010
United States	164	330	491	2,395	3,518	2,588	5,692	6,560	54,363	60,672	31	57	112	602	710
New England	4	28	55	160	314	93	102	206	1,010	989	_	3	9	30	32
Connecticut Maine [§]		4	12 11	 20	74 38	40	40 3	169 7	400 32	436 51	_	0	6 2	 5	_ 1
Massachusetts	_	14	25	95	122	45	48	80	32 477	405	_	2	6	18	23
New Hampshire	_	2	10	9	35	_	3	7	22	32	_	0	1	3	4
Rhode Island [§] Vermont [§]	_ 1	1 4	7 10	7 29	12 33	8	5 0	15 17	74 5	55 10	_	0	2	3 1	3 1
Mid. Atlantic	20	60	106	480	588	398	713	1,175	7,350	6,963	9	11	26	123	160
New Jersey	_	4	18	_	79	113	117	174	1,407	1,147	_	2	5	20	23
New York (Upstate) New York City	16	21 17	58	175	207	117	110	260 540	1,057	883 2,595	5	3	15	28	41
Pennsylvania	2 2	17	33 27	163 142	153 149	50 118	234 262	366	2,311 2,575	2,395 2,338	1 3	2 4	6 11	25 50	31 65
E.N. Central	19	53	90	342	648	211	1,016	1,301	8,895	11,018	2	10	20	84	118
Illinois	_	11	32	38	150	13	236	308	1,697	2,579	_	3	7	5	31
Indiana Michigan	_ 1	5 12	11 25	30 79	89 139	136	106 248	347 483	1,076 2,633	855 3,183	_	1 1	7 3	10 16	23 7
Ohio	18	16	29	147	173	62	318	383	2,749	3,103	2	2	6	38	24
Wisconsin	_	8	33	48	97	_	93	156	740	964	_	2	5	15	33
W.N. Central	16	24	101	201	230	62	288	367	2,574	2,930	1	3	14	24	27
Iowa Kansas	3	5 3	11 10	42 31	55 48	4 4	34 40	57 62	340 338	352 384	_	0	1 2		4
Minnesota	_	0	75	_			38	62	261	507	_	0	9	_	3
Missouri	9	8	26	79	65	54	141	181	1,328	1,351	_	2	4	12	16
Nebraska [§] North Dakota	4	4	9 5	39	46 —	_	22 2	50 9	203 17	226 31	1	0	3 2	10	2 2
South Dakota	_	1	7	10	16	_	8	20	87	79	_	0	0	_	_
S. Atlantic	51	72	114	486	713	891	1,348	1,807	13,732	15,531	9	15	26	165	164
Delaware	_	0	5	6	9	15	19	48	215	207	_	0	1	1	2
District of Columbia Florida	23	0 41	5 75	4 253	9 357	47 171	34 383	66 486	351 3,689	435 4,176	_ 6	0 4	1 9	60	<u>-</u>
Georgia	23	10	25	110	162	_	224	365	1,816	2,475	1	3	7	36	44
Maryland [§] North Carolina	1 N	5 0	11 0	47 N	62 N	42 341	137 245	243 596	957 3,639	1,183 3,544	1 1	1 2	5 9	14 17	8 23
South Carolina [§]	3	3	9	19	22	147	151	261	1,612	3,3 44 1,676		1	5	17	25 25
Virginia [§]	1	8	30	47	83	111	136	223	1,258	1,741	_	2	6	24	18
West Virginia	_	0	6	_	9	17	13	26	195	94	_	0	3	_	4
E.S. Central Alabama [§]	1 1	4	12 11	25 23	57 28	259	471 159	697 236	4,457 1,262	4,878 1,438	3	3 1	10 4	35 9	41 5
Kentucky	Ň	0	0	N	N	66	72	160	613	752	2	1	3	9	7
Mississippi	N	0	0	N	N	128	110	216	1,171	1,236	_	0	2	2	4
Tennessee§		0	4	2 33	29 73	65 170	144	195	1,411	1,452	1	2	5 21	15 36	25
W.S. Central Arkansas [§]	2	6 2	14 7	33 16	73 17	179 121	864 92	1,188 137	8,011 1,031	10,105 923	3 1	0	3	8	38 5
Louisiana	_	3	8	17	34	_	94	263	1,008	1,698	_	0	4	14	10
Oklahoma		0	5		22	58	78	332	605	768	2	1	17	14	20
Texas [§]	N 13	0 30	0 52	N 214	N 350	— 71	598 178	866 245	5,367 1,736	6,716 1,941	 3	0 5	1 11	— 66	3 100
Mountain Arizona	_	3	8	21	34	28	54	81	411	656	_	2	6	23	43
Colorado	12	12	27	101	151	_	51	93	470	595	3	1	5	19	22
Idaho [§] Montana [§]	_ 1	4	9 7	31 6	44 23		2	14 5	19 17	27 30	_	0	2 1	3 2	3
Nevada [§]		2	11	16	12	36	33	103	488	334	_	0	1	4	4
New Mexico [§]	_	2	6	4	15	4	25	100	274	230	_	1	3	10	11
Utah Wyoming [§]	_	4 0	11 5	26 9	56 15	1	5 1	15 4	46 11	61 8	_	0	3 1	5	12 5
Pacific	38	52	131	454	545	424	631	810	6,598	6,317	1	3	19	39	30
Alaska	_	2	6	11	21	9	21	35	185	305	_	0	2	7	7
California	36	32	57	313	347	373	523	686	5,670	5,080	_	0	16	7	_
Hawaii Oregon	2	1 9	4 20	3 85	14 108	_	13 19	26 30	100 206	169 239	_ 1	0 1	2 5	5 20	5 16
Washington	_	9	71	42	55	42	53	86	437	524		0	2	_	2
Territories										-					
American Samoa	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
C.N.M.I. Guam	_		_ 1	_	_	_		 5	1	_	_		0	_	_
Puerto Rico	_	1	8	5	15	_	6	14	70	54	_	0	0	_	1
U.S. Virgin Islands	_	0	0	_	_	_	2	7	_	22	_	0	0	_	_

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

							Hepatitis (viral, acute	e), by type	2					
			Α					В					С		
	Current	Previous	52 weeks	Cum	Cum	Current	Previous !	52 weeks	Cum	Cum	Current	Previous 5	2 weeks	Cum	Cum
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010
United States	11	29	43	229	340	14	61	122	405	610	7	15	24	138	148
New England Connecticut	_	1 0	6 4	10 5	31 7	_	0	4 2	3 1	15 4	_	0	4 4	3 1	16 9
Maine [†]	_	0	1	1	1	_	0	1	1	4	_	0	1	1	_
Massachusetts New Hampshire	_	0	5 1	1	19 —	_	0	2 2	_ 1	5 2	 N	0	1 0	N	7 N
Rhode Island [†] Vermont [†]	_	0	1 1	1 2	4	U	0	0 1	U	U	U —	0	0 1	U 1	U
Mid. Atlantic		4	10	36	46	1	5	10	44	 54	1	1	5	11	14
New Jersey	_	0	1	_	6	_	1	5	6	15	_	0	2	_	3
New York (Upstate) New York City	2	1 1	4 7	8 14	9 20	_	1 1	8 4	10 13	4 22	_	1 0	4 1	7	8
Pennsylvania	_	1	3	14	11	1	2	5	15	13	1	0	3	4	3
E.N. Central Illinois	1	4 1	9 3	35 2	58 14	_	9 2	22 7	62 10	119 22	1	2 0	7 1	27	21
Indiana	_	0	3	7	5	_	1	6	4	19	_	0	4	13	7
Michigan Ohio	_ 1	1 1	5 5	12 13	12 10	_	2 1	5 16	21 22	26 22	1	1 0	6 1	14	12 1
Wisconsin	_	0	2	1	17	_	1	5	5	30	_	0	2	_	1
W.N. Central Iowa	_	1	13 3	9 1	12 4	_	2	8 1	21 1	30 5	_	0	8	2	_
Kansas	_	0	2	i	4	_	0	1	2	2	_	0	1	_	_
Minnesota Missouri	_	0	12 2		3	_	0 1	7 3	— 13	 16	_	0	6 2	_	_
Nebraska†	_	0	4	2	1	_	0	3	4	7	_	0	1	2	_
North Dakota South Dakota	_	0	3 2		_	_	0	0 1	_ 1	_	_	0	0	_	_
S. Atlantic	1	6	14	46	65	9	17	33	129	163	2	3	6	31	26
Delaware District of Columbia	_	0	1 0	1	2 1	_	0	2 1	_	7 1	U —	0	0 1	U	U 1
Florida	1	3	7	19	25	5	5	11	43	59	1	0	3	9	_
Georgia Maryland [†]	_	1 0	4 3	12 4	5 5	_	3 1	8 5	27 11	43 16	_	0 1	2	3 5	2 6
North Carolina	_	0	5	3	9	2	2	16	23	13	_	1	3	10	12
South Carolina [†] Virginia [†]	_	0 1	3 6	2 5	11 6		1 2	4 7	5 20	9 10	1	0	1 2	4	4
West Virginia	_	0	5	_	1	_	0	12	_	5	_	0	5	_	1
E.S. Central Alabama [†]	1	0	5 2	5	10 3	1	8 1	13 4	78 12	74 18	2	3 0	8 1	31 —	25 1
Kentucky	_	0	5	2	4	_	3	8	27	26	1	2	6	15	21
Mississippi Tennessee [†]	1	0	1 2		3	_ 1	0	3 8	3 36	4 26	U 1	0 1	0 5	U 16	U 3
W.S. Central	3	2	13	16	29	3	10	54	40	59	1	2	7	17	11
Arkansas [†] Louisiana	_	0	1 2	_ 1		_	1 1	4 3	3 9	8 14	_	0	0 2	_ 4	_ 1
Oklahoma	_	0	4	_	_	1	2	8	12	8	1	0	6	7	2
Texas [†] Mountain	3 1	2	9 8	15 18	26 35	2	5 2	43 7	16 13	29 30	_	0 1	3 4	6 8	8 16
Arizona	_	1	4	7	18	_	0	2	2	8	U	0	0	Ü	U
Colorado Idaho [†]	1	0	2 2	6 1	9 2	_	0	5 1	1 2	8 1	_	0	3 2	1 4	4 3
Montana [†]	_	0	1	2	1	_	0	0	_	_	_	0	1	1	_
Nevada [†] New Mexico [†]	_	0	2 1	_ 1	2 1	_	1 0	3 1	7	8 2	_	0	1 1	2	 6
Utah	_	0	2	_	2	_	0	1	1	3	_	0	2	_	3
Wyoming [†] Pacific		0 5	3 16	1 54	— 54	_	0 5	1 23	— 15	— 66	_	0 1	0 8	8	— 19
Alaska	_	0	1	_		_	0	1	1	1	U	0	0	U	U
California Hawaii	2	4 0	16 1	47 1	43 4	_	3	18 1	3 1	49 1	 U	0	3 0	3 U	9 U
Oregon	_	0	2	2	5	_	1	3	8	12	_	0	3	3	7
Washington		0	2	4	2		1	5	2	3		0	5	2	3
Territories American Samoa	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
C.N.M.I. Guam	_	_ 0	<u> </u>	_ 1	_ 1	_	_ 1	<u> </u>	_ 7	<u> </u>	_		- 7		<u> </u>
Puerto Rico	_	0	2	1	3	_	0	2	_	6	_	0	0	_	_
U.S. Virgin Islands		0	0				0	0				0	0		

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

		L	egionellos	is			Ly	me disease	9			٨	// Alaria		
	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous 5	2 weeks	Cum	Cum
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010
United States	19	57	122	332	440	37	411	1,675	1,092	2,669	9	27	81	180	241
New England	_	4	16	19	20	1	128	504	118	843	_	1	11	6	13
Connecticut	_	0	6	_	3	_	48	213		356	_	0	11	_	_
Maine [†] Massachusetts	_	0 2	3 10	2 13	 11	_	11 40	62 223	35 35	36 283	_	0 1	1 4	 4	 12
New Hampshire	_	0	5	2	1	1	24	69	30	144	_	0	2		1
Rhode Island [†]	_	0	4	1	4	_	1	40	4	13	_	0	4	_	_
Vermont [†]	_	0	2	1	1	_	4	28	14	11	_	0 7	1	2	
Mid. Atlantic New Jersey	4	14 1	48 11	78 1	91 14	25 —	181 47	736 220	667 110	1,238 368	2	0	18 1	48	61
New York (Upstate)	3	5	19	31	25	8	36	159	94	126	1	1	6	8	16
New York City	_	2	17	19	23	_	1	9	2	31	_	4	14	31	32
Pennsylvania	1	6	19	27	29	17	92	386	461	713	1	1	3	9	13
E.N. Central Illinois		12 1	44 15	60 1	112 14	_	26 1	326 18	11 2	118 7	_	2	9 7	14	21 8
Indiana	_	2	7	6	24	_	0	7	1	11	_	0	2		2
Michigan	_	3	20	15	14	_	1	14	1	_	_	0	4	3	3
Ohio	_	4	15	38	38	_	0	9	3	5	_	1 0	5	8	8
Wisconsin	_	1 2	5 9	4	22 15	_	22 1	298 11	4	95 3	_	1	2 4	1 2	— 15
W.N. Central lowa	_	0	2	_	13	_	0	10	_	2		0	2	_	3
Kansas	_	0	2	_	2	_	0	1	_	1	_	0	2	1	3
Minnesota	_	0	8	_	3	_	0	0	_	_	_	0	0	_	3
Missouri Nebraska [†]	_	0	4 2	3	5 2	_	0	1 2	_	_	_	0	3 1	_ 1	2 4
North Dakota	_	0	1	_	_	_	0	5	_	_	_	0	1		_
South Dakota	_	0	2	1	2	_	0	1	_	_	_	0	2	_	_
S. Atlantic	9	10	27	56	72	10	57	177	260	414	2	7	44	64	80
Delaware District of Columbia	_	0	3	_	3	4	10	33	65	117	_	0	1	_	1
District of Columbia Florida	4	0	4 9	33	 28	_	0 2	4 10	3 19	1 9	2	0 2	2 7	1 19	1 28
Georgia		1	4	1	11	_	0	2	1	1	_	1	7	10	14
Maryland [†]	1	2	6	8	17	3	22	106	87	186	_	1	24	10	11
North Carolina South Carolina [†]	2	1 0	7 2	7 1	3 1	_	1 0	9 3	6 1	30 5	_	0	13 1	8	14 1
Virginia [†]		1	9	6	8	3	18	82	78	60	_	1	5	16	10
West Virginia	_	0	3	_	1	_	0	29	_	5	_	0	1	_	_
E.S. Central	_	2	10	11	22	_	0	4	1	8	_	0	3	2	4
Alabama [†]	_	0	2	1	3	_	0	1	_	_	_	0	1	1	1
Kentucky Mississippi	_	0	4	4 1	6 2	_	0	1 0	_	1	_	0	1 2	_	2
Tennessee [†]	_	1	6	5	11	_	0	4	1	7	_	0	2	1	1
W.S. Central	1	3	8	17	12	1	2	22	3	7	1	1	15	8	16
Arkansas [†]	_	0	2	_	1	_	0	0	_	_	_	0	1	_	1
Louisiana	_	0	3	6	1	_	0	1	_	_	_	0	1 1	_ 1	1
Oklahoma Texas [†]	1	0 2	3 7	1 10	10	1	0 2	0 22		7	<u> </u>	0 1	14	7	2 12
Mountain	_	3	10	13	31	_	0	3	2	2	_	1	4	9	10
Arizona	_	1	7	6	8	_	0	1	1	_	_	0	3	3	3
Colorado	_	0	2	1	10	_	0	1	_	_	_	0	3	3	2
Idaho [†] Montana [†]	_	0	1 1	1	_ 1	_	0	2 1	_	1	_	0	1 1	_	_
Nevada [†]	_	0	2	1	5	_	0	1	_	_	_	0	2	2	
New Mexico†	_	0	2	_	1	_	0	2	1	_	_	0	1	1	_
Utah	_	0	2	4	6	_	0	1	_	1	_	0	0	_	3
Wyoming [†]	_	0	2	7.4	_	_	0	0	_	_	_	0	0	_	_
Pacific Alaska	5	5 0	15 2	74	65 —	_	4	11 1	30	36 1	4	4 0	10 2	27 2	21
Alaska California	5	4	2 14	— 67	63	_	3	1 8	23	20	4	2	9	2 19	 16
Hawaii	_	0	1	1	_	N	0	0	N	N		0	1	_	_
Oregon	_	0	3	1	_	_	0	3	7	15	_	0	3	3	2
Washington		0	5	5	2		0	3				0	5	3	3
Territories		^	^				•	•				•	•		
American Samoa C.N.M.I.	_	0	0	_	_	N 	0	0	N	N —	_	0	0	_	_
Guam	_	0	1	_	_	_	0	0	_	_	_	0	0	_	_
Puerto Rico	_	0	0	_	_	N	0	0	N	N	_	0	1	_	3
U.S. Virgin Islands	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_

 $\hbox{C.N.M.I.:}\ Commonwealth\ of\ Northern\ Mariana\ Islands.$

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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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 March 19, 2011, and March 20, 2010 (11th week)*

	ı	Meningoco Al	ccal disea: I serogrou		†			Mumps				P	ertussis		
	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010
United States	6	14	36	167	205	6	15	220	67	892	222	537	1,999	2,730	2,420
New England Connecticut	_	0	3 1	5 1	2	_	0	2 1	1	14 9	_	9 1	24 8	64	56 6
Maine [§]	_	0	1	1	_	_	0	1	_	1	_	1	8	27	4
Massachusetts New Hampshire	_	0	2 0	3	1	_	0	2 1	1	4	_	5 0	13 3	25 8	38 3
Rhode Island [§]	_	0	1	_	_	_	0	0	_	_	_	0	7	3	3
Vermont [§]	_	0 1	1 5	— 19	1 22	 4	0 6	0 209	_ 9	812	 24	0 38	4 122	1 296	2 132
Mid. Atlantic New Jersey	_	0	1	_	7	_	1	16	4	180	_	2	9	1	27
New York (Upstate) New York City	_	0	4	7 6	2 6	_ 4	1 0	44 201	1 4	512 115	7 7	12 0	85 12	95 7	42
Pennsylvania	_	0	2	6	7	_	0	16	_	5	10	18	70	193	63
E.N. Central	1	2	9	18	34	_	1	7	15	28	8	114	194	700	604
Illinois Indiana	_	0	3 2	5 2	7 9	_	1 0	2 1	7	6 2	_	22 12	52 26	112 44	82 56
Michigan	_	0	4	2	2	_	0	1	2	11	_	30	57	217	170
Ohio Wisconsin	1	0	2 3	7 2	8 8	_	0	5 2	6	4 5	8	34 12	80 24	261 66	225 71
W.N. Central	_	1	5	12	12	1	1	14	8	9	18	35	394	172	177
Iowa Kansas	_	0	3 2	2 1	4 1	_	0	7 1	_ 2	3 1	_	12 2	34 9	35 17	33 33
Minnesota	_	0	1	_	1	_	0	4	_	1	_	0	386	_	_
Missouri Nebraska [§]	_	0	4 2	5 3	5 1	1	0	3 10	5 1	3 1	7 1	7 4	44 13	80 25	87 10
North Dakota	_	0	1	_		_	0	1			10	0	30	13	_
South Dakota	_ 2	0 2	1 7	1 27	— 43	_	0	1 5	_	— 13	— 7	0 40	2 77	2 335	14 306
S. Atlantic Delaware	_	0	1	_	1	_	0	0	_	_	_	0	4	5	_
District of Columbia Florida	_	0	0 5	_ 8	 17	_	0	1 3	_	1 1		0 6	2 28	1 71	1 41
Georgia	_	0	2	1	3	_	0	2	_		_	5	13	52	44
Maryland [§] North Carolina	_	0	1 3	2 7	1 7	_	0	1 2	_	4 1	_ 1	2	6 35	23 72	36 123
South Carolina [§]	_	0	1	3	4	_	0	2	_	1	_	6	25	37	37
Virginia [§] West Virginia	2	0	2 1	6	9 1	_	0	2	_	3 2	1	7 1	38 21	74 —	20 4
E.S. Central	_	1	3	9	9	_	0	2	3	3	2	14	35	89	175
Alabama [§] Kentucky	_	0	1 2	5	1 3	_	0	2 1	1	1	_	4 5	8 16	24 37	52 57
Mississippi	_	0	1	1	2	_	0	1	2	_	_	1	8	2	15
Tennessee [§]	_ 1	0 1	2	3	3 29	_	0	1	_	2	2 5	4 54	11	26	51
W.S. Central Arkansas [§]		0	10 1	17 4	29	_	2	16 1	23	8	5 1	34	231 17	154 10	561 28
Louisiana	_	0	2	3	6	_	0	2	_	_	_	1	3	3	9
Oklahoma Texas [§]	1	0 1	7 9	2 8	11 10	_	0 2	1 15	 23	 8	4	0 47	63 156	2 139	1 523
Mountain	_	1	6	11	14	_	0	4	1	2	17	39	99	463	217
Arizona Colorado	_	0	2 4	5	5 3	_	0	1 1	_	1 1	— 16	11 10	29 67	138 197	78 20
ldaho [§]	_	0	1	3	1	_	0	1	_	_	_	3	15	24	37
Montana [§] Nevada [§]	_	0	1 1	_	1 1	_	0	0 1	_	_	1	2 0	16 7	41 7	5 1
New Mexico [§]	_	0	1	_	2	_	0	2 1	1	_	_	2	11	11	26
Utah Wyoming [§]	_	0	1 1	3	1 —	_	0	1	_	_	=	6 0	13 2	43 2	49 1
Pacific	2	3	15	49	40	1	0	18	7	3	141	144	1,019	457	192
Alaska California	_ 1	0 2	1 10	— 35	 28	1	0	0 18	1	1	 140	0 126	6 879	13 337	5 103
Hawaii	_	0	1	2	_	_	0	2	3	1	1	1	6	7	16
Oregon Washington	1	1 0	3 4	9	9 3	_	0	1 2	3	1 —	_	6 8	12 132	35 65	47 21
Territories															
American Samoa C.N.M.I.	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_
Guam	_	0	0	=	_	_	1	15	4	4	_	0	3	4	_
Puerto Rico U.S. Virgin Islands	_	0	0	_	_	_	0	1 0	_	_	_	0	1 0	1	_

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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

Reporting area			R	abies, anin	nal			Sa	lmonellosi	s		Shiga toxin-producing <i>E. coli</i> (STEC) [†]						
Reporting pares week Med Max 2011 2010 week Med Max 2011 2010 week Med Max 2011 2010 20		Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous 5	2 weeks	Cum	Cum		
New form New form	Reporting area	week	Med	Max				Med	Max				Med	Max		2010		
Connecticat	United States	36	62	143	276	584	208	930	1,765	4,467	6,078	38	92	215	492	479		
Maine	New England	2	3	11	15	51	1	33	81	201	723	1	2	13	17	77		
Massachursts																60		
New Hampshire — 0 6 6 1 4 — 3 12 16 26 — 0 2 5 5 New Hole Stand — 0 4 2 1 1 1 2 18 9 17 — 0 1 1 — New Hole Stand — 1 1 3 7 1 1 1 2 18 9 17 — 0 1 1 — New Hole Stand — 1 1 1 3 7 1 1 1 2 18 9 17 — 0 1 1 — New Hole Stand — 1 1 1 3 7 1 1 1 2 18 9 17 — 0 1 1 — New Hole Stand — 1 1 1 1 2 1 18 9 17 — 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																1 11		
Binded Islands																5		
Micharlande 5 18 41 40 888 322 95 218 458 692 4 9 32 57 New Vork (Upstate) - 0 0 0	Rhode Island [§]	_					_					_			_	_		
New York (Distate)	Vermont [§]	1	1	3	7	11	1	2	5	8	6	_	0	2	_	_		
NewYork (Upstate)	Mid. Atlantic	5			46	188	32	95		458		4	9			44		
NewYorkCisiy — 0 12 — 65 — 23 56 133 178 — 1 7 7 7 Pennsylvania — 8 24 — 40 16 31 81 160 241 2 3 13 24																8		
Pennsylvania — 8 24 — 40 16 31 81 160 241 2 3 13 3 24 EM. Central 2 2 27 7 9 6 6 15 91 253 407 704 3 13 44 68 Illinois — 1 11 4 1 — 33 124 107 252 — 2 10 12 Illinois — 1 10 11 4 1 — 33 124 107 252 — 2 10 12 Illinois — 1 10 15 2 3 3 1 1 16 48 88 129 — 3 16 15 Illinois — 1 1 5 2 3 3 1 1 16 48 88 129 — 3 16 15 Illinois — 1 1 5 2 3 3 1 1 16 48 88 129 — 3 16 15 Illinois — 1 1 1 1 4 3 1 1 6 49 7 18 81 129 — 3 16 15 Illinois — 1 1 1 1 4 3 1 1 6 49 7 18 81 129 — 3 16 15 Illinois — 2 1 1 1 1 1 0 34 57 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													-			14 7		
EM. Central 2 2 2 27 9 6 15 91 253 407 704 3 13 44 88 81 11 11 11 4 1 - 33 124 107 252 - 2 2 9 6 6 1																15		
Illingian	,	2			9											73		
Michigan — 1 5 2 3 3 1 1 16 49 83 129 — 3 16 15 24 Wisconsin — 0 0 0 — — — 1 10 48 30 70 — 4 17 11 24 Wisconsin — 0 0 0 — — — 10 48 30 70 — 4 17 11 24 Wisconsin — 0 0 3 — 1 1 1 1 10 34 59 39 70 — 1 1 13 3 6 10 8 8 10 8 11 1 1 1 1 39 36 10 8 10 8 11 1 1 1 1 1 1 1 1 1 1 1 1 1																16		
Ohio 2 0 12 3 2 14 24 47 153 171 3 3 3 11 24 Wisconsin — 0 0 0 — — 10 48 30 70 — 4 17 11 W.N.Central — 4 36 7 31 14 45 97 226 311 4 11 39 36 160 8 Kansas — 1 1 4 33 13 2 7 18 37 55 — 1 5 6 Minnestota — 0 3 4 — 8 — 0 32 7 55 — 1 5 6 6 Minnestota — 1 1 6 4 — 1 8 8 — 0 32 — 66 9 — 0 7 — — Miscouri S — 1 1 6 — 1 8 8 — 1 3 4 4 10 99 33 4 7 13 Wisconsin S — 1 1 4 8 3 13 4 4 10 99 39 — 2 16 6 8 Wisconsin S — 1 1 4 8 3 13 4 4 10 99 39 — 2 1 6 6 8 Wisconsin S — 1 1 4 4 4 8 9 7 7 55 — 1 5 6 6 Wisconsin S — 1 1 4 4 4 9 9 7 13 Wisconsin S — 1 1 5 6 6 Wisconsin S — 1 1 6 — 1 8 8 13 44 10 99 39 3 4 7 7 13 Wisconsin S — 1 1 4 4 4 8 8 — 0 3 2 — 60 9 — 0 7 — — 5 0 1 0 0 — — 5 0 1 1 0 1 0 0 — 5 0 1 0 0 — 0 — 0 0 0 — — 0 0 0 — 0 — 0 0 0 — 0 0 0 — 0 0 0 — 0 0 0 0 — 0 0 0 0 0 — 0	Indiana	_	0			_	_	13	62	34	82	_		10	12	5		
Wisconsin																20		
W.N. Central																9 23		
North Calculation																53		
Kansas — 1 4 4 3 13 2 7 7 18 37 55 — 1 5 6 Minnestota — 0 34 — 8 — 0 32 — 669 — 0 7 7 — Missouri — 1 6 — 1 8 13 44 105 93 3 4 27 13 Nebraska ⁵ — 1 4 4 8 8 3 4 13 23 29 1 1 6 6 9 North Dakota — 0 0 0 — — 0 13 — 0 13 — 2 — 0 0 10 — South Dakota — 0 0 0 — — — 2 17 7 12 24 — 0 10 — South Dakota — 0 0 0 — — — 2 17 7 12 24 — 0 14 — Delaware — 0 0 0 — — — 3 11 1 18 13 — 0 2 2 2 Districtof Columbia — 0 0 0 — — — — 1 1 6 6 4 12 — 0 1 1 1 8 13 — 0 2 2 2 Districtof Columbia — 0 0 0 — — — — 1 1 6 6 4 12 — 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																9		
Minscotar																6		
Nebrsaks					_											14		
North Dakota																16		
South Dakota			-		4	8									9	6		
S.Atlantic 23 19 38 166 246 99 264 611 1,382 1,638 19 15 33 150 Delaware — 0 0 0 — — — 3 111 18 18 1.32 — 0 2 2 2 1 1 1 1 1 18 18 12 — 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_	_	_					_			_			
Delaware		23			166	246	90					19			150	69		
Florida																_		
Georgia — 0 0 0 — — 15 41 146 263 201 — 2 8 111 Maryland ⁶ 5 6 15 41 75 14 18 57 103 126 1 2 9 21 North Carolina — 0 0 0 — — 22 2 29 240 228 334 3 2 10 22 South Carolina 6 — 0 0 0 — — 3 25 99 99 91 — 0 3 3 3 Virginia 8 18 12 25 105 62 4 21 68 124 93 3 3 8 20 West Virginia — 1 7 — 13 — 1 13 — 25 — 0 3 — E.S. Central 1 3 7 13 19 8 55 177 302 294 — 5 22 28 Alabama 9 — 1 4 11 1 1 3 20 52 100 105 — 1 4 3 Kentucky 1 0 4 2 — — 11 13 2 50 54 — 1 6 6 6 Mississippi — 0 1 1 — — 18 67 55 46 — 0 12 3 Tennessee 9 — 1 4 11 — 18 5 17 53 89 — 2 7 16 W.S. Central 1 0 0 30 5 8 6 127 388 406 468 1 7 80 32 Arkanasa 9 1 0 7 2 6 1 1 12 43 58 32 1 0 5 2 — 0 Keludiana — 0 0 0 — — — 20 49 59 125 — 0 2 — 0 Colahoma — 0 30 3 2 5 12 39 51 43 — 0 24 4 Mountain — 1 7 7 2 9 9 17 51 112 329 430 — 11 34 35 Mortiana — 0 0 0 — — — 1 16 6 3 13 11 12 4 3 3 11 1 1 1 1 1 3 3 11 1 1 1 1 1 1 1		_	0							4		_				1		
Maryland ⁶ 5 6 15 41 75 14 18 57 103 126 1 2 9 21 North Carollina ⁶ — 0 0 — — 22 29 240 228 334 3 2 10 22 South Carollina ⁶ — 0 0 — — 3 25 99 99 91 — 0 3 3 Wiriginia ⁶ II 7 — 13 — 1 13 — 1 13 — 5 127 302 294 — 5 22 28 E.S. Central 1 3 7 13 19 8 55 177 302 294 — 5 22 28 E.S. Central 1 0 4 2 — — 11 3 20 5 26 — 0 12																26		
North Carolina																10 9		
South Carolina Sout					_											6		
West Virginia — 1 7 — 13 — 1 13 — 25 — 0 3 — E.S. Central 1 3 7 13 19 8 55 177 302 294 — 5 22 28 Alabama³ — 1 4 11 1 3 20 52 100 105 — 1 4 3 Kentucky 1 0 4 2 — — 11 3 20 55 46 — 1 6 6 Mississippi — 0 1 4 — 18 5 17 53 97 89 — 2 7 16 W.S. Central 1 0 30 5 8 6 127 388 406 468 1 7 80 32 Louisiana 0 0		_			_	_										1		
E.S. Central													_			16		
Alabama	•															_		
Kentucky												_				28		
Mississipi — 0 1 4 — — — 18 67 55 46 — 0 12 3 Tennessee 5 — 1 4 4 — 18 5 17 53 97 89 — 2 7 16 W.S. Central 1 0 30 5 8 6 127 388 406 468 1 7 80 32 Arkansas 5 1 0 7 2 6 1 12 43 58 32 1 0 5 4 Louisiana — 0 0 0 — — — 20 49 59 125 — 0 2 — 0 24 4 Louisiana — 0 0 30 3 2 5 12 39 51 43 — 0 24 4 Texas 5 — 0 0 0 — — — 81 337 238 268 — 5 56 24 Montain 1 1 7 7 2 9 17 51 112 329 430 — 11 34 35 Arizona — 0 0 0 — — — 1 1 6 43 103 150 — 11 34 35 Arizona — 0 0 0 — — — 9 10 24 97 105 — 3 21 5 113 111 Colorado — 0 0 0 — — 9 10 24 97 105 — 3 21 5 6 Montana 5 1 0 0 2 — 1 1 2 3 9 35 5 5 — 2 7 6 Montana 5 1 0 0 3 2 — 1 1 2 3 9 35 5 5 — 2 7 6 Montana 5 1 0 0 3 2 — 1 1 2 3 9 35 5 5 — 2 2 7 6 Montana 5 1 0 0 3 2 — 1 1 2 3 9 35 5 5 — 2 2 7 6 Montana 5 1 0 0 3 2 — 1 1 2 3 9 35 5 5 — 2 2 7 6 Montana 5 1 0 0 2 — 3 3 — 5 22 2 1 5 2 2 1 5 5 8 21 — 1 5 2 8 2 1 — 1 5												_				9		
Tennessee												_				3		
Arkansass		_	1	4	_	18	5					_				13		
Louisiana	W.S. Central	1	0	30	5	8	6	127	388	406	468	1	7	80	32	24		
Oklahoma — 0 30 3 2 5 12 39 51 43 — 0 24 4 Texas§ — 0 0 — — — 81 337 238 268 — 5 56 24 Mountain 1 1 7 2 9 17 51 112 329 430 — 11 34 35 Arizona — 0 0 — — 1 16 43 103 150 — 11 13 11 Colorado — 0 0 — — 9 10 24 97 105 — 3 21 5 20 Montana® 1 0 3 2 — 2 2 1 5 8 21 — 2 7 6 Mexico — 0 2 <t< td=""><td></td><td>1</td><td></td><td></td><td></td><td>6</td><td>1</td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td>4</td><td>5</td></t<>		1				6	1					1			4	5		
Texas [§]		_				_	_					_			_	4		
Mountain 1 1 7 2 9 17 51 112 329 430 — 11 34 35 Arizona — 0 0 — — 1 16 43 103 150 — 1 13 11 Colorado — 0 0 — — 9 10 24 97 105 — 3 21 5 Montana ⁶ — 0 2 — 1 0 3 2 — 2 1 5 8 21 — 1 5 2 New Mexico [§] — 0 2 — — — 5 22 21 25 — 0 5 2 New Mexico [§] — 0 2 — — — 5 17 29 43 — 1 7 6 Wyoming [§] —		_										_				1 14		
Arizona — 0 0 0 — — 1 16 43 103 150 — 1 13 11 Colorado — 0 0 0 — — 9 10 24 97 105 — 3 21 5 Idaho§ — 0 2 — 1 2 3 9 35 25 — 2 7 6 Montana§ 1 0 3 2 — 2 1 1 5 8 21 — 1 5 2 Newada§ — 0 2 — — — 5 22 21 25 — 0 5 2 New Mexico§ — 0 2 — — — 5 17 29 43 — 1 7 6 Wyoming§ — 0 2 — — — 5 17 29 43 — 1 7 6 Wyoming§ — 0 4 — 5 3 1 8 9 13 — 0 3 — 1 7 6 Wyoming§ — 0 4 — 5 3 1 1 8 9 13 — 0 3 — 1 7 6 Malaska 1 0 2 9 8 1 1 1 4 11 18 — 0 1 7 — 0 3 — 0 12 — 14 20 79 217 577 611 6 6 32 55 — 0 12 — 14 20 79 217 577 611 6 6 32 55 — 0 12 — 14 20 79 217 577 611 6 6 32 55 — 0 3 3 — 0 0 12 — 14 20 79 217 577 611 6 6 32 55 — 0 12 — 14 20 79 217 577 611 6 6 6 32 55 — 0 0 3 — 0 0 0 — — 1 2 8 48 51 75 — 2 11 6 Washington — 0 0 0 — — 14 71 44 59 — 3 18 8 — 0 0 — 0 0 0 — 0 0 0 — 0 0 0 — 0 0 0 0 — 0		1										_				57		
Colorado — 0 0 0 — — 9 10 24 97 105 — 3 21 5 Idaho§ — 0 2 — 1 2 3 9 35 25 — 2 7 6 Montana§ 1 0 3 2 — 1 1 5 8 21 — 1 5 2 7 6 Montana§ 1 1 0 3 2 — — — 5 5 22 21 25 — 0 5 2 New Mexico§ — 0 2 — — — — 5 17 29 43 — 1 7 6 Wyoming§ — 0 2 — — — — 5 17 29 43 — 1 7 6 Wyoming§ — 0 4 — 5 3 1 1 8 9 13 — 0 3 — 0 3 — Pacific 1 2 13 13 26 25 116 290 746 818 6 12 52 69 Alaska 1 0 2 9 8 1 1 1 4 11 18 — 0 1 — California — 0 12 — 14 20 79 217 577 611 6 6 32 55 Hawaii — 0 0 2 4 4 4 2 8 48 51 75 — 0 3 — 2 11 6 Washington — 0 0 2 4 4 4 2 8 48 51 75 — 2 11 6 Washington — 0 0 0 — — — 1 1 7 1 4 15 9 — 3 18 8			•		_	_						_				13		
Montana§ 1 0 3 2 — 2 1 5 8 21 — 1 5 2 New dexico§ — 0 2 — — — 5 22 21 25 — 0 5 2 New Mexico§ — 0 2 — — — 6 19 27 48 — 0 6 3 Utah — 0 2 — — — 5 17 29 43 — 1 7 6 Wyoming§ — 0 4 — 5 3 1 8 9 13 — 0 3 — Pacific 1 2 13 13 26 25 116 290 746 818 6 12 52 69 Alaska 1 0 2 9 8 <t< td=""><td>Colorado</td><td>_</td><td>0</td><td>0</td><td>_</td><td>_</td><td>9</td><td>10</td><td>24</td><td>97</td><td>105</td><td>_</td><td>3</td><td>21</td><td></td><td>16</td></t<>	Colorado	_	0	0	_	_	9	10	24	97	105	_	3	21		16		
Nevada [§]		_		_	_	1			_			_	_			7		
New Mexico [§] — 0 2 — 3 — 6 19 27 48 — 0 6 3 Utah — 0 2 — — 5 17 29 43 — 1 7 6 Wyoming [§] — 0 4 — 5 3 1 8 9 13 — 0 3 — Pacific 1 2 13 13 26 25 116 290 746 818 6 12 52 69 Alaska 1 0 2 9 8 1 1 4 11 18 — 0 1 — California — 0 12 — 14 20 79 217 577 611 6 6 32 55 Hawaii — 0 0 — — 2 <th< td=""><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td>4 1</td></th<>						_						_				4 1		
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Wyoming [§] — 0 4 — 5 3 1 8 9 13 — 0 3 — Pacific 1 2 13 13 26 25 116 290 746 818 6 12 52 69 Alaska 1 0 2 9 8 1 1 4 11 18 — 0 1 — California — 0 12 — 14 20 79 217 577 611 6 6 32 55 Hawaii — 0 0 — — 2 6 14 63 55 — 0 3 — Oregon — 0 2 4 4 2 8 48 51 75 — 2 11 6 Washington — 0 0 N N		_										_				8		
Alaska 1 0 2 9 8 1 1 1 4 11 18 — 0 1 — California — 0 12 — 14 20 79 217 577 611 6 6 32 55 Hawaii — 0 0 0 — — 2 6 14 63 55 — 0 3 — Oregon — 0 2 4 4 4 2 8 48 51 75 — 2 11 6 Washington — 0 0 0 — — 14 71 44 59 — 3 18 8 Territories American Samoa N 0 0 N N N — 0 1 — 1 — 0 0 — C.N.M.I. — — — — — — — — — — — — — — Guam — 0 0 0 — — — — 0 3 3 3 — — 0 0 0 — Puerto Rico — 1 3 6 13 — 8 21 11 127 — 0 0 0	Wyoming [§]	_	0	4	_	5	3	1	8	9		_	0	3	_	1		
California — 0 12 — 14 20 79 217 577 611 6 6 32 55 Hawaii — 0 0 — — 2 6 14 63 55 — 0 3 — Oregon — 0 2 4 4 2 8 48 51 75 — 2 11 6 Washington — 0 0 — — — 14 71 44 59 — 3 18 8 Territories American Samoa N 0 0 N N — 0 1 — 1 — 0 0 — C.N.M.I. — — — — — — — — — — — — — — — 0 0 — — — — — — — — 0 0 — — — <td></td> <td>6</td> <td></td> <td></td> <td>69</td> <td>54</td>												6			69	54		
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Oregon — 0 2 4 4 2 8 48 51 75 — 2 11 6 Washington — 0 0 — — 14 71 44 59 — 3 18 8 Territories American Samoa N 0 0 N N — 0 1 — 1 — 0 0 — C.N.M.I. —		_			_							6			55	31 10		
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Territories American Samoa N 0 0 N N N — 0 1 — 1 — 0 0 — C.N.M.I. — — — — — — — — — — — — — — — — — —		_										_				7		
American Samoa N 0 0 N N — 0 1 — 1 — 0 0 — C.N.M.I. — — — — — — — — — — — Guam — 0 0 — — 0 3 3 — — 0 0 — Puerto Rico — 1 3 6 13 — 8 21 11 127 — 0 0 —	Territories																	
C.N.M.I.	American Samoa	N	0	0	N	N	_	0	1	_	1	_	0	0	_	_		
Puerto Rico — 1 3 6 13 — 8 21 11 127 — 0 0 —	C.N.M.I.	_	_	_			_	_				_	_	_	_	_		
		_					_					_			_	_		
U.S. Virgin Islands — 0 0 — — — 0 0 — — — 0 0 — — 0 0 —	U.S. Virgin Islands	_	0	3 0			_	8	0				0	0	_	_		

C.N.M.l.: 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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/ phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

			chi						otted Fev	er Rickettsic	osis (incluai						
			Shigellosis					onfirmed			Probable Previous 52 weeks						
Reporting area	Current		52 weeks	Cum	Cum	Current	Previous		Cum	Cum	Current			Cum	Cum		
	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010		
United States	92	274	382	1,550	2,855	_	2	10	10	9	1	27	98	54	71		
New England Connecticut	_	4 0	17 5	32 5	115 69	_	0	0	_	_	_	0	1 0	1			
Maine§	_	0	1	1	2	_	0	Ö	_	_	_	0	1	_	_		
Massachusetts	_	3	16	25	39	_	0	0	_	_	_	0	0	_	_		
New Hampshire	_	0	2	_	3	_	0	0	_	_	_	0	1 1	_ 1	_		
Rhode Island [§] Vermont [§]	_	0	4 1	1	1 1	_	0	0	_	_	_	0	0				
Mid. Atlantic	3	25	70	101	430	_	0	1	_	_	_	1	4	2	6		
New Jersey	_	4	16	13	73	_	0	0	_	_	_	0	0	_	_		
New York (Upstate)	3	3	15	25	35	_	0	1	_	_	_	0	3	_	_		
New York City Pennsylvania	_	5 10	14 55	45 18	72 250	_	0	1 0	_	_	_	0	4 3	2	_6		
E.N. Central		24	45	107	632	_	0	1	_	_	_	1	10		1		
Illinois	_	8	20	29	462	_	0	1	_	_	_	0	5	_	_		
Indiana [§]	_	1	4	9	8	_	0	1	_	_	_	0	5	_	1		
Michigan	_	5	10	22	42	_	0	0	_	_	_	0	1	1	_		
Ohio Wisconsin	2	5 2	18 21	47	57 63	_	0	0	_	_	_	0	2 1	1	_		
W.N. Central	3	23	81	87	584	_	0	4	_	_		4	21	8	4		
lowa	_	1	4	4	13	_	0	0	_	_	_	0	1	1	_		
Kansas [§]	_	5	13	20	38	_	0	1	_	_	_	0	0	_	_		
Minnesota	_	0	3	_	8	_	0	0	_	_	_	0 4	0	7	_		
Missouri Nebraska [§]	1	16 1	66 10	59 3	518 4	_	0	4 1	_	_	_	0	20 1		4		
North Dakota		0	0	_	_	_	0	0	_	_	_	0	i	_	_		
South Dakota	_	0	2	1	3	_	0	0	_	_	_	0	0	_	_		
S. Atlantic	36	57	123	544	333	_	1	7	4	6	1	7	60	20	50		
Delaware§ District of Columbia	_	0	2 4	<u> </u>	25 4	_	0	0 1	_	1	_	0	3 0	1	3		
Florida§	26	26	55	350	115		0	1	1	_		0	2	4			
Georgia	5	15	26	86	110	_	0	6	1	2	_	0	0	_			
Maryland [§]	1	2	8	17	20	_	0	1	1	_	_	1	5	1	2		
North Carolina South Carolina [§]	2	3 1	36 5	60 9	30 19	_	0	3 1	1	3	1	2	48 2	10 1	41 2		
Virginia [§]		2	8	17	19	_	0	2	_	_	_	2	12	3	2		
West Virginia	_	0	66		_	_	0	0	_	_	_	0	0	_	_		
E.S. Central	1	14	40	80	94	_	0	3	_	1	_	5	29	4	4		
Alabama [§]	1	5	14	41	14	_	0	1	_	_	_	1	8	2	1		
Kentucky Mississippi	_	2 1	28 5	8 12	33 6	_	0	2	_	_	_	0	0 3	_			
Tennessee [§]	_	4	14	19	41	_	0	2	_	1	_	4	20		3		
W.S. Central	20	54	144	252	348	_	0	4	_	1	_	2	43	1	5		
Arkansas [§]	_	1	6	4	10	_	0	2	_	_	_	1	29	_	1		
Louisiana	_	6	13	21	29	_	0	0	_	_	_	0	1	_			
Oklahoma Texas [§]	3 17	4 43	13 127	20 207	48 261	_	0	3 1	_	1	_	0	11 3	_ 1	4		
Mountain	16	15	32	137	126	_	0	5	6			0	7	16	1		
Arizona	_	8	19	36	73	_	0	4	6	_	_	0	7	16	_		
Colorado [§]	2	2	8	23	18	_	0	1	_	_	_	0	1	_	_		
Idaho [§] Montana [§]	1.4	0	3 8	5 38	4	_	0	0	_	_	_	0	1	_	_		
Nevada [§]	14	0	6	36 6	3	_	0	0	_	_	_	0	0	_			
New Mexico§	_	3	10	24	20	_	0	0	_	_	_	0	0	_	1		
Utah	_	1	4	5	6	_	0	0	_	_	_	0	1	_	_		
Wyoming§	_	0	0	_	_	_	0	0	_	_	_	0	1	_	_		
Pacific Alaska	11	22 0	73 1	210 1	193 —	 N	0	2 0	N	1 N	 N	0	1 0	 N	N		
California	11	19	58	173	166		0	2		1		0	0				
Hawaii		1	4	16	8	N	Ö	0	N	N	N	0	0	N	N		
Oregon	_	1	4	11	12	_	0	0	_	_	_	0	1	_	_		
Washington		1	17	9	7		0	0				0	0				
Territories American Samoa	_	1	1	1	_	N	0	0	N	N	N	0	0	N	N		
C.N.M.I.	_				_	_	_	_	_	_	_	_	_	_	_		
Guam	_	0	1	_	_	N	0	0	N	N	N	0	0	N	N		
Puerto Rico	_	0	1	_	_	N	0	0	N	N	N	0	0	N	N		
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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† 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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

				Streptococ	cus pneumo	niae,† inva	sive diseas	e										
			All ages					Age <5		Syphilis, primary and secondary								
	Current	Previous	52 weeks	Cum	Cum	Current	Previous	52 weeks	Cum	Cum	Current	Previous 5	52 weeks	Cum	Cum			
Reporting area	week	Med	Max	2011	2010	week	Med	Max	2011	2010	week	Med	Max	2011	2010			
United States	222	298	809	3,744	4,116	24	31	87	305	670	67	252	346	1,873	2,592			
New England	1	9	99	50	122	1	1	14	5	24	4	9	20	72	81			
Connecticut Maine [§]	_	0 2	91 13	31	31	_	0	12 1	1		3	1 0	8 3	10 2	17 6			
Massachusetts	_	1	5	6	25	_	0	3	2	18	1	5	15	45	49			
New Hampshire	_	0	7	_	39	_	0	0	_	3	_	0	2	4	3			
Rhode Island [§] Vermont [§]	_ 1	0 1	36 5	2 11	 27	_ 1	0	3 1	2	_ 1	_	1 0	4 1	9 2	4			
Mid. Atlantic	21	31	60	407	283	9	6	19	43	87	21	32	45	216	357			
New Jersey	_	1	8	14	26	_	1	5	9	14	5	4	10	40	50			
New York (Upstate)	1	3	11	19	45	_	1	9	11	34	7	2	18	36	14			
New York City Pennsylvania	10 10	14 12	33 22	207 167	91 121	9	1 1	14 5	9 14	20 19	1 8	15 7	31 16	68 72	212 81			
E.N. Central	46	61	104	725	876	2	6	13	47	120	_	30	53	122	424			
Illinois	_	1	6	13	38	_	1	4	13	33	_	14	25	24	228			
Indiana	 6	10	27 29	105	195	_	0	6	3 10	16 31	_	3	14 9	23 20	26			
Michigan Ohio	40	13 25	29 45	146 373	183 355	1 1	1 2	4 5	17	27	_	4 9	20	52	63 94			
Wisconsin	_	7	19	88	105	_	0	4	4	13	_	1	3	3	13			
W.N. Central	9	10	61	115	215	2	1	12	21	44	2	7	18	60	56			
lowa	_	0	0	_	_	_	0	0	_	_	_	0	3	2	2			
Kansas Minnesota	_	2	7 46	22	30 97	_	0	2 8	2	4 17	_	0	3 10	2 30	4 12			
Missouri	4	2	10	52	37	1	0	4	16	15	2	2	9	26	37			
Nebraska [§]	5	2	9	41	42	1	0	2	3	4	_	0	2	_	1			
North Dakota	_	0	11	_	_	_	0	1	_		_	0	0	_	_			
South Dakota	72	0	2	1.005	9	_	0	2	_	4	_	0	1					
S. Atlantic Delaware	72 —	62 1	133 4	1,005 21	1,099 7	2	8	20 1	76 —	178	19 —	61 0	112 4	525 4	539 1			
District of Columbia	_	0	2	3	11	_	0	2	_	3	1	3	15	34	25			
Florida	33	26	68	497	511	1	3	13	38	67	3	23	44	202	200			
Georgia	6	11	21	125	199	_	2	6	12	55	_	11	67	46	60			
Maryland [§] North Carolina	20	9	32 0	180	139	1	1 0	6 0	9	17 —	3 8	7 6	16 19	75 77	38 124			
South Carolina [§]	13	8	25	167	183	_	1	4	5	19	3	3	10	42	32			
Virginia [§]	_	1	4	12	16	_	1	4	12	14	1	4	22	45	56			
West Virginia	_	1	9	_	33	_	0	4	_	3	_	0	2	_	3			
E.S. Central Alabama [§]	21	25 0	48 0	347	392	_	2 0	7 0	17	38	4	16 4	39 11	105 27	174 58			
Kentucky	_	4	16	51	41	_	0	3	5	3	1	2	12	20	21			
Mississippi	_	1	8	4	25	_	0	2	_	5	3	4	16	24	34			
Tennessee [§]	21	21	39	292	326	_	1	6	12	30	_	4	17	34	61			
W.S. Central Arkansas§	16	35 3	337	424	438	2	4 0	26 3	43 7	71	5	38 3	68 10	278 31	393			
Louisiana	1	2	23 9	62 53	47 39	_	0	2	5	8 11	2	8	33	40	62 65			
Oklahoma	_	1	4	9	17	_	1	4	9	17	3	2	6	10	14			
Texas [§]	15	28	308	300	335	2	3	19	22	35	_	23	33	197	252			
Mountain Arizona	34 14	35 12	75 44	585 283	613 310	6	3	10	49 21	93 44	_	10	25	68 5	90			
Arizona Colorado	14	12	44 23	283 144	310 152	2 3	1	6 4	21 8	44 19	_	2 2	8 8	5 20	34 30			
Idaho [§]	_	0	2	3	4	_	0	2	2	1	_	0	2	3	1			
Montana [§]	1	0	2	3	4	_	0	1	_	_	_	0	2	1	_			
Nevada [§]		2	8	30 72	26		0	1	3	3	_	2	9	23	10			
New Mexico [§] Utah	5	3	13 8	73 41	53 60	1	0	2	7 8	12 14	_	1 1	4 5	11 5	7 8			
Wyoming [§]	1	0	15	8	4	_	0	1	_	_	_	0	0	_	_			
Pacific	2	5	24	86	78	_	0	5	4	15	12	47	63	427	478			
Alaska	2	2	11	41	39	_	0	2	3	11	_	0	1		_			
California Hawaii	_	3 0	23 3	44 1	39	_	0	5 0	1	4	9	40 0	57 5	380	407 8			
Oregon	_	0	0		_	_	0	0	_	_	_	1	7	 17	15			
Washington	_	Ö	0	_	_	_	Ö	Ö	_	_	3	4	11	30	48			
Territories																		
American Samoa	_	0	0	_	_	_	0	0	_	_	_	0	0	_	_			
C.N.M.I. Guam	_			_	_	_			_	_	_			_	_			
Puerto Rico	_	0	0	_	_	_	0	0	_	_	_	4	15	41	49			
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).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 19, 2011, and March 20, 2010 (11th week)*

		Varice	ella (chicke	nnox)			Ne	uroinvasive		Vest Nile viru		Nonne	uroinvasiv	e§			
			52 weeks	прох,			Dravious 52 wooks					Previous 52 weeks					
Reporting area	Current week	Med	Max	Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010		
United States	127	255	575	2,282	3,609	_	1	71		1	_	1	53		1		
New England	2	21	46	143	224	_	0	3	_	_	_	0	2	_	_		
Connecticut	_	5	20	_	54	_	0	2	_	_	_	0	2	_	_		
Maine¶	_	4	16	42	61	_	0	0	_	_	_	0	0	_	_		
Massachusetts New Hampshire	_	5 2	16 9	58 9	53 38	_	0	2 1	_	_	_	0	1 0	_	_		
Rhode Island [¶]	_	1	4	6	38 2	_	0	0	_	_	_	0	0	_	_		
Vermont [¶]	2	2	13	28	16	_	0	0	_	_	_	0	0	_	_		
Mid. Atlantic	13	30	62	219	375	_	0	19	_	_	_	0	13	_	_		
New Jersey	_	7	30	52	119	_	0	3	_	_	_	0	6	_	_		
New York (Upstate)	N	0	0	N	N	_	0	9	_	_	_	0	7	_	_		
New York City	_	0	0	_	1	_	0	7	_	_	_	0	4	_	_		
Pennsylvania	13 31	19 81	41 176	167 764	255	_	0	3 15	_	_	_	0	3 8	_	_		
E.N. Central Illinois	5	18	45	764 159	1,381 354	_	0	10	_	_	_	0	8 5		_		
Indiana [¶]	_	5	30	58	154	_	0	2	_	_	_	0	2	_	_		
Michigan	6	28	62	248	441	_	0	6	_	_	_	0	1	_	_		
Ohio	20	23	58	298	349	_	0	1	_	_	_	0	1	_	_		
Wisconsin	_	6	22	1	83	_	0	0	_	_	_	0	1	_	_		
W.N. Central	9	13	32	56	196	_	0	7	_	_	_	0	11	_	_		
lowa	N	0	0	N	N	_	0	1	_	_	_	0	2	_	_		
Kansas [¶] Minnesota	2	2	22 0	36	90	_	0	1 1	_	_	_	0	3 3	_	_		
Missouri	_	7	23	10	95	_	0	1		_		0	0				
Nebraska [¶]	N	0	0	N	N	_	0	3	_	_	_	0	7	_	_		
North Dakota	7	0	10	7	7	_	0	2	_	_	_	0	2	_	_		
South Dakota	_	0	7	3	4	_	0	2	_	_	_	0	3	_	_		
S. Atlantic	25	33	100	284	456	_	0	6	_	_	_	0	4	_	1		
Delaware [¶]	_	0	3	2	2	_	0	0	_	_	_	0	0	_	_		
District of Columbia	1.4	0	4	2	1	_	0	1	_	_	_	0	1	_	_		
Florida [¶] Georgia	14 N	16 0	57 0	214 N	226 N	_	0	3 1	_	_		0	1 3		1		
Maryland [¶]	N	0	0	N	N	_	0	3	_	_		0	2				
North Carolina	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_		
South Carolina [¶]	_	0	13	_	44	_	0	1	_	_	_	0	0	_	_		
Virginia [¶]	11	10	29	66	90	_	0	1	_	_	_	0	1	_	_		
West Virginia	_	6	26	_	93	_	0	0	_	_	_	0	0	_	_		
E.S. Central	8	5	22	65	49	_	0	1	_	1	_	0	3	_	_		
Alabama [¶] Kentucky	8 N	5 0	22 0	62 N	49 N	_	0	1 1	_	_	_	0	1 1	_	_		
Mississippi		0	2	3		_	0	1	_	1	_	0	2	_	_		
Tennessee	N	0	0	N	N	_	0	1	_		_	0	2	_	_		
W.S. Central	34	43	200	430	590	_	0	16	_	_	_	0	3	_	_		
Arkansas¶	5	2	32	29	32	_	0	3	_	_	_	0	1	_	_		
Louisiana	_	2	4	13	18	_	0	3	_	_	_	0	1	_	_		
Oklahoma	N	0	0	N	N	_	0	1	_	_	_	0	0	_	_		
Texas [¶] Mountain	29	39	190	388	540	_	0	15	_	_	_	0	2	_	_		
Arizona	4	17 0	50 0	270	322	_	0	18 13	_	_	_	0	15 9	_	_		
Colorado	_	7	31	107	110	_	0	5	_	_	_	0	11	_	_		
ldaho¶	N	0	0	N	N	_	0	0	_	_	_	0	1	_	_		
Montana [¶]	4	3	28	72	63	_	0	0	_	_	_	0	0	_	_		
Nevada [¶]	N	0	0	N	N	_	0	0	_	_	_	0	1	_	_		
New Mexico [¶]	_	1	8	10	21	_	0	6	_	_	_	0	2	_	_		
Utah	_	4	26	81	126	_	0	1	_	_	_	0	1 1	_	_		
Wyoming [¶] Pacific	1	0 2	3 16	<u> </u>	2 16	_	0	1 8	_	_	_	0	6	_	_		
Alaska	1	1	5	19	5	_	0	0		_		0	0				
California		0	13	23	2	_	0	8	_	_	_	0	6	_	_		
Hawaii	_	1	4	9	9	_	0	0	_	_	_	0	0	_	_		
Oregon	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_		
Washington	N	0	0	N	N		0	1		_		0	1		_		
Territories																	
American Samoa	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_		
C.N.M.I.	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		
Guam	_	0	2	1	1	_	0	0	_	_	_	0	0	_	_		
Puerto Rico	_	8	30	37	95	_	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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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.

[§] 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 influenzaassociated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm. Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending March 19, 2011 (11th week)

		All ca	uses, by a	ige (years)					All cau	ses, by ag	e (years)			
Reporting area	All Ages	≥65	45-64	25-44	1–24	<1	P&I [†] Total	Reporting area (Continued)	All Ages	≥65	45-64	25-44	1–24	<1	P&I [†] Total
New England	552	371	127	33	11	10	67	S. Atlantic	1,308	806	368	84	34	16	88
Boston, MA	135	85	39	6	2	3	15	Atlanta, GA	159	96	45	14	3	1	4
Bridgeport, CT	25	18	6	_	_	1	4	Baltimore, MD	155	84	57	8	5	1	13
Cambridge, MA Fall River, MA	21 20	16 14	4 5	1 1	_	_	2 5	Charlotte, NC Jacksonville, FL	116 161	77 112	29 40	8 7	1 1	1 1	14 16
Hartford, CT	60	38	16	4	_		5 11	Miami, FL	120	78	28	10	4		9
Lowell, MA	23	20	2	1	_	_	5	Norfolk, VA	42	25	12	1	4	_	2
Lynn, MA	6	5	_	1	_	_	_	Richmond, VA	78	50	20	3	4	1	7
New Bedford, MA	27	21	4	1	1	_	5	Savannah, GA	68	45	13	7	2	1	4
New Haven, CT	51	25	17	5	3	1	4	St. Petersburg, FL	55	33	16	2	2	2	4
Providence, RI	71	49	14	6	1	1	4	Tampa, FL	216	132	55	18	4	7	8
Somerville, MA	7	5	1	1	_	_	_	Washington, D.C.	120	62	47	6	4	1	7
Springfield, MA	39	27	7	3	1	1	2	Wilmington, DE	18	12	6	_	_	_	_
Waterbury, CT	27	20	4	2	1	_	4	E.S. Central	1,081	704	260	60	26	30	122
Worcester, MA	40	28	8	1	2	1	6	Birmingham, AL	224	153	47	8	3	13	21
Mid. Atlantic Albany, NY	1,974 41	1,382 30	440 9	90 2	36	26 —	103 5	Chattanooga, TN Knoxville, TN	119 140	79 92	29 35	8 7	2 4	1 2	11 21
Allentown, PA	41	36	5	_	_	_	4	Lexington, KY	87	63	17	4	1	2	12
Buffalo, NY	68	46	10	5	4	3	5	Memphis, TN	164	97	46	12	6	3	21
Camden, NJ	24	13	7	3	1	_	1	Mobile, AL	102	68	20	8	3	2	9
Elizabeth, NJ	16	9	5	_	1	1	1	Montgomery, AL	60	41	14	3	_	2	3
Erie, PA	51	39	9	1	_	2	7	Nashville, TN	185	111	52	10	7	5	24
Jersey City, NJ	26	18	7	_	1	_	2	W.S. Central	1,168	773	272	70	21	32	83
New York City, NY	1,087	769	243	46	16	13	42	Austin, TX	103	69	20	11	2	1	8
Newark, NJ	40	23	13	4	_	_	1	Baton Rouge, LA	72	55	12	4	1	_	_
Paterson, NJ	25 198	12 109	7 65	5	 5	1 3	_ 9	Corpus Christi, TX Dallas, TX	63	46 130	13	3 15	1 6	 10	7 22
Philadelphia, PA Pittsburgh, PA [§]	42	27	9	16 1	4	3 1	4	El Paso, TX	232 115	139 87	62 22	2	3	10	6
Reading, PA	42	41	1		_		2	Fort Worth, TX	U	U	U	Ú	U	Ü	U
Rochester, NY	75	58	14	1	1	1	5	Houston, TX	107	57	31	6	_	13	9
Schenectady, NY	25	20	4	1	_	_	2	Little Rock, AR	90	60	27	2	1	_	_
Scranton, PA	26	22	4	_	_	_	_	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	85	71	11	1	1	1	10	San Antonio, TX	221	142	55	16	3	5	17
Trenton, NJ	29	16	10	2	1	_	1	Shreveport, LA	61	46	12	3	_	_	2
Utica, NY	14	12	1	1	_	_	1	Tulsa, OK	104	72	18	8	4	2	12
Yonkers, NY	19	11	6	1	1	_	1	Mountain	1,100	771	227	58	29	15	99
E.N. Central	2,009	1,366	471 8	105 4	33 2	34	177	Albuquerque, NM	131	93	29	6 3	2 1	1	18
Akron, OH Canton, OH	55 34	40 24	7	2	_	1 1	7 4	Boise, ID Colorado Springs, CO	68 71	54 49	10 10	5 5	4	3	6 5
Chicago, IL	253	172	62	13	6		27	Denver, CO	114	78	28	4	1	3	8
Cincinnati, OH	97	54	20	8	5	10	9	Las Vegas, NV	315	205	70	26	10	4	26
Cleveland, OH	264	197	55	7	1	4	16	Ogden, UT	41	29	7	2	1	2	4
Columbus, OH	90	67	14	4	4	1	6	Phoenix, AZ	U	U	U	U	U	U	U
Dayton, OH	144	102	34	4	3	1	7	Pueblo, CO	41	31	8	1	1	_	4
Detroit, MI	173	88	57	16	8	4	8	Salt Lake City, UT	124	82	28	8	5	1	11
Evansville, IN	62	44	16	2	_	_	6	Tucson, AZ	195	150	37	3	4	1	17
Fort Wayne, IN	82	63	14	2	_	3	7	Pacific	1,790	1,255	381	92	31	29	204
Gary, IN	9	7	1	1	_	_	1	Berkeley, CA	18	10	5	2	_	1	2
Grand Rapids, MI Indianapolis, IN	64 195	48 128	13 50	2 10	1	1 6	9 18	Fresno, CA Glendale, CA	124 33	80 27	30 6	6	3	5	20 8
Lansing, MI	48	30	15	3		_	3	Honolulu, HI	51	44	6	1	_	_	6
Milwaukee, WI	89	64	19	5	1		6	Long Beach, CA	80	49	21	5	2	3	10
Peoria, IL	66	52	10	4		_	13	Los Angeles, CA	278	190	59	20	6	3	41
Rockford, IL	58	42	15	1	_	_	7	Pasadena, CA	27	23	3	_	_	1	2
South Bend, IN	55	34	13	5	2	1	5	Portland, OR	151	104	38	6	3	_	15
Toledo, OH	100	63	30	6	_	1	9	Sacramento, CA	218	154	42	14	5	2	29
Youngstown, OH	71	47	18	6	_	_	9	San Diego, CA	209	146	42	8	5	7	20
W.N. Central	643	404	171	40	11	17	58	San Francisco, CA	120	84	22	10	2	2	18
Des Moines, IA	_	_	_	_	_	_	_	San Jose, CA	180	127	42	7	2	2	15
Duluth, MN	32	23	8	1	_	_	2	Santa Cruz, CA	38	31	5	2	_	_	5
Kansas City, KS	28	14	12	2	_	_	2	Seattle, WA	142	97 36	33	7	3	2	2
Kansas City, MO Lincoln, NE	87 53	49 46	26 6	8	2	2	8 7	Spokane, WA	47 74	36 53	8 19	2	_	1	5 6
Minneapolis, MN	53 58	46 37	13	4	3	1 1	6	Tacoma, WA					_	_	
Omaha, NE	58 96	66	18	8	_	4	7	Total [¶]	11,625	7,832	2,717	632	232	209	1,001
St. Louis, MO	116	55	43	9	3	4 6	9								
St. Paul, MN	60	39	15	2	2	2	5								
Wichita, KS	113	75	30	6	1	1	12								
								1							

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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