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Prepregnancy Contraceptive Use Among Teens with Unintended Pregnancies Resulting in Live Births — Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008

Approximately 400,000 teens aged 15–19 years give birth every year in the United States (*1*), and the teen birth rate remains the highest in the developed world (*2*). Teen childbearing is a public health concern because teen mothers are more likely to experience negative social outcomes, including school dropout (*3*). In addition, infants of teen mothers are more likely to be low birth weight and have lower academic achievement, and daughters of teen mothers are more likely to become teen mothers themselves (*4–6*). To learn why teens wishing to avoid pregnancy become pregnant, CDC analyzed data from the 2004–2008 Pregnancy Risk Assessment Monitoring System (PRAMS). This report describes estimated rates of self-reported prepregnancy contraceptive use among white, black, and Hispanic teen females aged 15–19 years with unintended pregnancies resulting in live births. Approximately one half (50.1%) of these teens were not using any method of birth control when they got pregnant, and of these, nearly one third (31.4%) believed they could not get pregnant at the time; 21.0% used a highly effective contraceptive method (although less than 1% used one of the most effective methods, such as an intrauterine device [IUD]); 24.2% used the moderately effective method of condoms; and 5.1% used the least effective methods, such as rhythm and withdrawal. To decrease teen birth rates, efforts are needed to reduce or delay the onset of sexual activity, provide factual information about the conditions under which pregnancy can occur, increase teens' motivation and negotiation skills for pregnancy prevention, improve access to contraceptives, and encourage use of more effective contraceptive methods.

The PRAMS surveillance system collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Thirty-seven states and New York City participate in the system, which covers approximately 75% of all live births in the United States. The PRAMS system employs a standardized data collection protocol, sampling women 2–6 months after they deliver a live infant. Women are selected based on a stratified sampling scheme applied to birth certificates each month. The mixed-mode data collection methodology includes mail questionnaires with telephone follow-up. PRAMS data are weighted for sample design, nonresponse, and noncoverage using the official population data provided by vital statistics agencies in the participating states (*7*). The CDC PRAMS protocol specifies that officially published data must meet or exceed minimum weighted response rates of 70% for years 2004–2006 and 65% for years 2007–2008. Weighted prevalences, trend tests, and percentage contrasts are calculated using statistical software to account for the complex sampling design.

PRAMS surveys include core questions for all state surveys, plus optional standard and state-developed questions. All respondents were asked the following core questions: "Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?" Participants who responded "I wanted to be pregnant later" or "I didn't want to be pregnant then or at any time in the future" were classified as having an unintended pregnancy. Participants also were asked, "When you got pregnant with your new baby, were

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you or your husband or partner doing something to keep from getting pregnant?" Participants who reported not doing anything to keep from getting pregnant were then asked, "What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?" This report includes data on nonuse of contraception and reasons for nonuse from the 19 states that achieved the required minimum weighted response rate for all 5 years, representing approximately 30% of all teen U.S. live births: Alaska, Arkansas, Colorado, Georgia, Hawaii, Illinois, Maryland, Maine, Michigan, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Utah, Washington, and West Virginia.

For participants who reported doing something to keep from getting pregnant, six reporting states asked the standard question, "When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?" Response options for 13 specific contraceptive methods were presented with instructions to "check all that apply." For the purposes of this study, contraceptive methods were categorized by effectiveness based on published effectiveness rates for preventing pregnancy in typical use (*8*). Highly effective contraceptive methods included sterilization, IUD, injectable medroxyprogesterone (sold as Depo Provera and also known as the birth control shot), oral contraceptives, hormonal patch, and vaginal ring. The moderately effective category included condoms. The least effective category included diaphragm, cervical cap, contraceptive sponge, rhythm method, and withdrawal. This report includes contraceptive methods data from five states that achieved the required minimum weighted response rate for all 5 years, covering approximately 8% of all teen U.S. live births: Colorado, Michigan, Minnesota, Oregon, and Utah.

Weighted results were calculated within the PRAMS subpopulations of non-Hispanic white, non-Hispanic black, and Hispanic teen females (aged 15–19 years) who delivered a live infant and reported that their pregnancy was unintended. During 2004–2008, 73.2% (95% confidence interval [CI] = 71.9%–74.5%) of teen mothers within 19 PRAMS states who delivered a live infant reported that their pregnancy was unintended. Of these, approximately one half (50.1%; CI = 48.3%–52.0%) reported not using any method of contraception before getting pregnant. In 2004, 50.4% (CI = 46.6%–54.3%) of the teen mothers reported not using contraception; this rate remained stable until 2007, when it dropped to 45.2% (CI = 40.8%–49.8%), then rose in 2008 to 55.0% (CI = 50.8%–59.2%) (Figure). A test for linear trend found no significant change over the 5-year period.

During 2004–2008, the rates of not using birth control among surveyed non-Hispanic white teens (49.7% [CI = 47.1%–52.3%]), non-Hispanic black teens (50.5% [CI = 46.9%–54.1%]), and Hispanic teens (50.6% [CI = 46.9%–54.2%]) were not significantly different. Teens not using contraception reported their reasons for nonuse. Many teens held misconceptions (e.g., 31.4% thought they could not get pregnant at the time, and 8.0% thought they, their husbands, or their partners were sterile) (Table 1). Nearly

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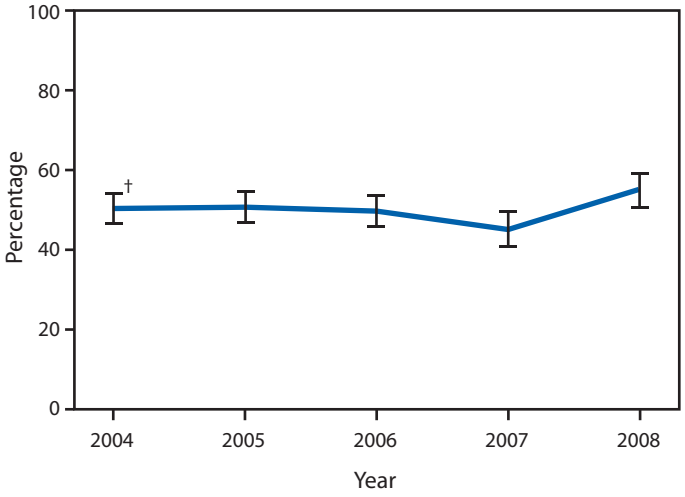
FIGURE. Percentage of teen mothers aged 15–19 years with unintended pregnancies resulting in live births who reported no contraceptive use before pregnancy — 19 states* participating in Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008



* Alaska, Arkansas, Colorado, Georgia, Hawaii, Illinois, Maryland, Maine, Michigan, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Utah, Washington, and West Virginia.
† 95% confidence interval.

one quarter (23.6%) reported that their partner did not want to use contraception. Some teens (22.2% of respondents) indicated that they would not mind if they got pregnant. Other reasons included lack of access (13.1% reported having trouble getting birth control) and experiencing side effects from contraception (9.4%). Reasons for nonuse of contraception did not vary substantially by age, race, or ethnicity. However,

What is already known on this topic?

Data from the National Survey of Family Growth indicate that 17% of sexually active teens aged 15–19 years report not using birth control when they last had sex. Of those using birth control, at least 31% used a hormonal method and 55% used condoms.

What is added by this report?

Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) collected in 19 states during 2004–2008 indicated that among teens aged 15–19 years who became pregnant unintentionally and gave birth to a live infant, 50.1% reported doing nothing to prevent pregnancy. Of these teens, 31.4% thought they could not get pregnant at the time, 23.6% did not use contraception because their partner did not want to use it, and 22.1% did not mind getting pregnant. In the five states that asked about prepregnancy contraceptive methods, only 21.0% of these teens used a highly effective method of birth control, and 24.2% used the moderately effective method of condoms. These data offer insights about teens who give birth and face the risks of early childbearing, a critically important subset of all teens who have had sexual intercourse.

What are the implications for public health practice?

Health-care providers, community partners, and parents/guardians can work to prevent teen pregnancy by 1) providing appropriate education to reduce or delay onset of sexual activity; 2) increasing teens' motivation to avoid pregnancy; 3) teaching about the conditions under which pregnancy occurs; 4) providing access to contraception and encouraging use of more effective methods plus condoms to protect against both pregnancy and sexually transmitted infections, including human immunodeficiency virus; and 5) strengthening the skills of sexually active teens to negotiate contraceptive use with their partners.

TABLE 1. Self-reported reasons for not using contraception when an unintended pregnancy occurred among teen mothers aged 15–19 years who had live births — 19 states* participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008

Characteristic	No. in sample§	Weighted no.	%¶	Thought I could not get pregnant at the time† % (95% CI)	Partner did not want to use contraception % (95% CI)	Did not mind if I got pregnant % (95% CI)	Had trouble getting birth control % (95% CI)	Side effects from contraception % (95% CI)	Thought partner or I was sterile % (95% CI)
Total	**4,836**	**186,447**	**100.0**	**31.4 (29.1–33.8)**	**23.6 (21.6–25.8)**	**22.1 (20.1–24.4)**	**13.1 (11.5–15.0)**	**9.4 (8.2–10.8)**	**8.0 (6.8–9.3)**
Age group (yrs)									
15–17	1,630	62,404	33.5	35.1 (31.0–39.4)	26.1 (22.5–30.0)	18.1 (14.7–22.0)	14.0 (11.0–17.7)	6.8 (5.1–9.0)	8.3 (6.4–10.8)
18–19	3,206	124,043	66.5	29.5 (26.7–32.5)	22.4 (20.1–25.0)	24.2 (21.6–26.9)	12.7 (10.8–14.8)	10.8 (9.2–12.6)	7.9 (6.5–9.5)
Race/Ethnicity									
White, non-Hispanic	2,521	90,360	48.5	26.7 (23.6–30.0)	25.0 (22.0–28.2)	22.5 (19.6–25.7)	13.6 (11.4–16.1)	9.8 (8.0–11.8)	9.0 (7.2–11.1)
Black, non-Hispanic	1,358	59,321	31.8	31.9 (27.3–36.8)	21.1 (17.8–24.8)	20.2 (16.4–24.7)	14.0 (10.6–18.1)	12.2 (9.6–15.3)	6.8 (5.1–9.0)
Hispanic	957	36,766	19.7	42.0 (37.3–46.8)	24.5 (20.5–29.0)	24.4 (20.3–29.0)	10.7 (8.1–13.9)	4.2 (2.9–6.2)	7.6 (5.4–10.5)

Abbreviation: CI = confidence interval.
* Alaska, Arkansas, Colorado, Georgia, Hawaii, Illinois, Maryland, Maine, Michigan, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Utah, Washington, and West Virginia.
† Reasons for no contraception are not mutually exclusive.
§ Unweighted sample totals from 4,836 teen mothers responding to questions about reasons for not using contraception.
¶ Percentages based on weighted data; totals might not sum to 100% because of rounding.

TABLE 2. Self-reported birth control methods used when an unintended pregnancy occurred among teen mothers aged 15–19 years who had live births — five states* participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), 2004–2008

Characteristic	No. in sample**	Weighted no.	%††	Highly effective†		Moderately effective§		Less effective¶		No method	
				%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	**2,321**	**89,668**	**100.0**	**21.0**	**(18.7–23.5)**	**24.2**	**(21.7–26.9)**	**5.1**	**(3.9–6.7)**	**49.6**	**(46.7–52.6)**
Age group (yrs)											
15–17	852	28,981	32.3	15.8	(12.5–19.7)	29.6	(25.0–34.8)	4.6	(2.9–7.2)	50.0	(44.9–55.1)
18–19	1,469	60,686	67.7	23.5	(20.6–26.7)	21.6	(18.8–24.7)	5.4	(3.9–7.5)	49.5	(45.8–53.1)
Race/Ethnicity											
White, non-Hispanic	1,147	56,156	62.6	23.0	(19.9–26.4)	22.5	(19.3–26.0)	6.2	(4.5–8.4)	48.4	(44.4–52.3)
Black, non-Hispanic	557	14,321	16.0	14.1	(11.0–18.0)	28.1	(22.6–34.4)	2.7	(1.5–4.9)	55.1	(48.7–61.3)
Hispanic	617	19,191	21.4	20.4	(16.0–25.6)	26.3	(21.3–31.9)	4.0	(2.1–7.6)	49.3	(43.6–55.1)

Abbreviation: CI = confidence interval.
* Colorado, Michigan, Minnesota, Oregon, and Utah.
† Includes tubal ligation, vasectomy, injectable medroxyprogesterone, oral contraceptive pill, birth control patch, vaginal ring, or intrauterine device. Effectiveness determined by the percentage of women who experience pregnancy during first year of typical use; categorized as highly effective (<10%), moderately effective (10%–15%), and less effective (>15%).
§ Male condom.
¶ Includes diaphragm, cervical cap, contraceptive sponge, rhythm method, or withdrawal.
** Unweighted sample totals from 2,321 teen mothers responding to contraception methods questions.
†† Percentages based on weighted data; totals might not sum to 100% because of rounding.

Hispanic teens were more likely to report that they did not use contraception because they thought they could not get pregnant at the time (42.0%) than both non-Hispanic white (26.7%) and non-Hispanic black (31.9%) teens (p<0.001). Furthermore, Hispanic teens were less likely (4.2%) than non-Hispanic white (9.8%) and non-Hispanic black (12.2%) teens to report avoiding contraceptives because of side effects (p<0.001). Finally, older teens were more likely to report nonuse because of side effects of contraception (10.8%) than younger teens (6.8%) (p<0.01).

In the five states reporting contraceptive methods, 21.0% of teens reported using a highly effective method when they got pregnant, less than one quarter (24.2%) used a moderately effective method, and few teens (5.1%) used the least effective methods (Table 2). Non-Hispanic black teens were significantly less likely to use highly effective methods of birth control (14.1%) compared with non-Hispanic white (23.0%; p<0.01) and Hispanic (20.4%; p<0.05) teens. The rates of contraceptive nonuse within the subset of five states (49.6%) were similar to the rates within the 19 states (50.1%).

Reported by

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Editorial Note

This report indicates that teens from 19 states who delivered a live infant from an unintended pregnancy have much lower rates of contraceptive use when compared with all sexually active teens (*9*). Half of teen mothers in this study did not use any contraception before getting pregnant; this compares with 16.5% of all sexually active teens reporting they did not use any method at last sexual intercourse (*9*). In addition, the National Survey of Family Growth estimates that at least 31% of all sexually active teens used the pill or other hormonal methods, and 55% used condoms at last sexual intercourse (versus 21.0% and 24.2%, respectively, in this study) (*9*). Among teens, use of the most effective methods (i.e., long-acting reversible methods such as IUDs and implants) is low. Moreover, consistent use of other methods also is low. For example, the National Survey of Family Growth found that among sexually active teen females who reported using a condom, only 52% used the condom every time they engaged in sexual intercourse. Inconsistent use of contraception might explain the finding that 21% of teens in this study became pregnant despite use of highly effective methods.

The findings in this report are subject to at least three limitations. First, among teens having an unintended pregnancy resulting in a live birth, PRAMS contraceptive use data were available from 19 states, and contraceptive methods data were available from five states; hence, results are not representative of other U.S. states. Second, PRAMS data are self-reported and susceptible to recall and social desirability biases. Finally,

the PRAMS survey does not ask participants about how consistently they used contraceptive methods.

These findings have several implications. First, rates of contraceptive use among sexually active teens might be improved by providing appropriate access to contraception, encouraging consistent use of more effective contraceptives, promoting condom use for protection against sexually transmitted infections including human immunodeficiency virus (HIV), and increasing teens' motivation to use contraception consistently. Second, health-care providers, parents, and educators could encourage delaying the onset of sexual activity and abstinence, provide factual information about the conditions about the conditions under which pregnancy can occur, increase teens' motivation to avoid pregnancy, and strengthen their negotiation skills for pregnancy prevention. Increasing teens' knowledge, skills, and motivation for effective contraceptive use could be an important strategy to prevent unintended teen pregnancy and childbearing (*10*).

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Hospital-Associated Measles Outbreak — Pennsylvania, March–April 2009

Although endemic measles transmission has been interrupted in the United States, importations of this highly infectious virus continue (*1,2*). On March 28, 2009, a physician notified the Pennsylvania Department of Health (PADOH) of a measles case involving an unvaccinated child. Within 5 days, four additional cases were reported to PADOH and the Allegheny County Health Department. All five infected persons had been in the same hospital emergency department (ED) on March 10; one of them was a physician who worked in the ED. To find the source patient, PADOH reviewed electronic records of patients evaluated in the ED on March 10 for fever and rash. This identified a child who arrived recently from India, was treated for viral exanthema, and discharged. On April 3, PADOH obtained serum from this child and confirmed a diagnosis of measles. After an extensive regional search and investigation of the six patients' 4,000 contacts, no additional cases were identified. The hospital reviewed employee health records to identify any exposed personnel who did not have serologic evidence of measles immunity. Among 168 potentially exposed employees, 72 (43%) had no documented measles immunity, thus requiring serologic testing and subsequent vaccination if they lacked serologic evidence of immunity. This outbreak highlights the potential for measles transmission in health-care settings. To decrease transmission, clinicians should know the signs and symptoms of measles, request travel histories of patients suspected of any infectious disease, and isolate potentially infectious patients. Hospital employees should have documented immunity to measles, and employees without evidence of measles immunity should be offered vaccination in accordance with Advisory Committee on Immunization Practices (ACIP) and Hospital Infection Control Practices Advisory Committee (HICPAC) recommendations.

Initial Investigation

On March 28, 2009, a previously healthy child aged 23 months (patient A, index patient) was brought to a community hospital with a fever of 102.5°F (39.2°C), cough, coryza, and a generalized maculopapular rash that had developed on March 26. He was recognized as possibly having measles, was transported to a referral hospital (hospital A) ED, and placed in airborne isolation. Serum, nasopharyngeal, and urine specimens were collected and sent to PADOH's public health laboratory. All three specimens subsequently were forwarded to CDC for serologic confirmation and virologic testing; serology performed on March 30 was measles immunoglobulin M (IgM)-positive, indicating acute infection.

The index patient's brother (patient B), aged 4 years, had onset of fever, cough, coryza, and rash on March 23; the boys' father (patient C) had onset of similar symptoms on March 26. Serum from the brother and father tested measles IgM-positive from specimens collected after patient A's diagnosis. The parents had elected not to vaccinate either child; the father had received a single vaccine dose during childhood. All three family members met the standard measles surveillance case definition.*

The incubation period for measles is 7–18 days from exposure until rash onset, and persons are considered contagious from 4 days before to 4 days after rash onset. Because all three family members exhibited rash onset within 3 days of one another, a point-source exposure was suspected. All had been in hospital A's ED together on March 10 for one child's unrelated illness; none had traveled internationally. On April 2, CDC established that the measles virus isolated from the index patient's nasopharyngeal specimen was genotype D8, which is endemic in India (*3*).

Additional Cases

Two additional cases subsequently were reported to PADOH by hospital staff members. One was in a physician (patient D) who worked in hospital A's ED and had fever and rash onset on March 26. The physician had not sought medical attention but previously had received 3 doses of measles-containing vaccine. Serum obtained April 1 tested measles IgM-positive. The other case involved an infant (patient E), aged 11 months, who had fever and rash onset on March 27 and had been evaluated in hospital A's infectious disease clinic on April 1 to rule out Kawasaki disease. His serum was drawn April 2 and was measles IgM-positive. Both patients had been in the hospital's ED on March 10; neither had traveled internationally.

Source Patient

On April 3, review of electronic medical records of the 200 patients evaluated in the ED on March 10 focused on patients with a chief complaint of fever and rash and those who had reported recent international travel; this search identified a child (patient F, source patient), aged 10 years, with unknown vaccination history, who had moved to Pennsylvania from India on March 8. Onset of fever, coryza, and conjunctivitis

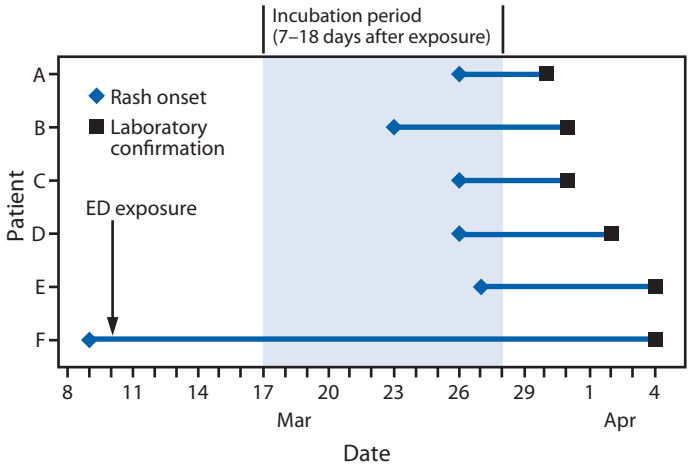
*Available at http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/measles_2010.htm.

occurred on March 7, and a generalized maculopapular rash began on March 9. He was examined at a pediatrician's office on March 10 and sent to hospital A's ED to rule out Kawasaki disease. He was evaluated in a room adjacent to the examination rooms of patients A and E, overlapping with them by 4 hours. The ED physician with the positive measles IgM titer had examined this patient and provided a diagnosis of viral exanthema. Serum collected on April 3 from the suspected source patient was measles IgM-positive (Figure).

Control Measures

Contact investigations were based on the six patients' locations during their contagious periods (Table). None of the children attended school or child care during that time. Because the source patient traveled on a commercial aircraft while contagious, CDC's Division of Global Migration and Quarantine obtained contact information for exposed passengers on his flight from India and provided this information to health departments in contact passengers' home states. No secondary cases of measles were reported among these passengers. Alerts to the public and health-care providers were distributed through the Pennsylvania Health Alert Network, Epi-X, press releases, and fliers posted at exposure sites and bus routes. Staff members from hospital A, other health-care facilities, PADOH, the Allegheny County Health Department, and CDC telephoned 4,000 potentially exposed persons. During a 2-week period, PADOH's laboratory processed 70 serum samples from persons with suspected measles. Contact tracing within the hospital was facilitated by its electronic medical record-keeping. No other confirmed cases were identified.

FIGURE. Time from hospital emergency department (ED) exposure and rash onset until laboratory confirmation of measles among six patients — Pennsylvania, March–April 2009



What is already known on this topic?

Measles outbreaks in the United States frequently occur as a result of importations.

What is added by this report?

A child who had arrived recently in Pennsylvania from India was brought to a hospital emergency department (ED) with a rash that was diagnosed as a viral exanthema. The child was not isolated. Subsequently, one ED physician and four visitors to the ED, including three unvaccinated children, were diagnosed with measles.

What are the implications for public health practice?

All health-care settings should ensure that employees have documented immunity to measles, and clinicians should include measles in the differential diagnosis of patients with fever and rash, especially among patients with recent international travel.

Since 2007, hospital A has required documentation of measles serologic immunity among new employees, but previously hired employees had been tested inconsistently. During the outbreak, the hospital reviewed serologic records of all potentially exposed employees, including employees without clinical responsibilities. If no serology was on record, serum was drawn, and if immunoglobulin G (IgG)-negative, measles vaccine was administered and employees furloughed from their duties for 18 days after exposure to measles patients. Of 168 hospital employees, 72 (43%) did not have measles IgG titers on record. Of the 69 employees who subsequently were tested, eight (12%) did not have measles IgG antibodies; of these, five were furloughed until 18 days had elapsed. Except for the ED physician, no employees became symptomatic.

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TABLE. Locations visited by six measles patients while contagious — Pennsylvania, March–April 2009

Patient	Age	Locations visited
A (Index patient)	23 mos	Hospital ED and otolaryngology clinic, community hospital ED, doctor's office
B	4 yrs	Hospital ED and otolaryngology clinic, community hospital ED, doctor's office
C	33 yrs	Doctor's office, construction worksite
D (ED physician)	NA	Hospital ED, medical conference, child-care center
E	11 mos	Hospital primary-care clinic, city buses, children's play center
F (Source patient)	10 yrs	International flight, hotel, doctor's office, hospital ED

Abbreviations: ED = emergency department; NA = not available.

Editorial Note

Because the measles-mumps-rubella vaccine is highly efficacious and U.S. vaccination coverage levels are high (*4*), U.S. clinicians have limited experience with measles. Of these six cases, only the index patient initially was suspected of having measles; therefore, he was the only patient for whom isolation precautions were taken. HICPAC's 2007 guidelines recommend precautions against airborne transmission for any patient who has a maculopapular rash accompanied by cough, coryza, and fever.[†]

Health-care–associated measles outbreaks are costly (*5*). Electronic medical records facilitated the search for the source patient and identification of potentially exposed patients in the ED and hospital A's other clinics, eliminating the need for a more time-consuming review of hundreds of paper records (*6*). Extensive contact tracing was necessary for nonisolated cases, placing a substantial burden on public health resources and health-care facilities.

This outbreak continues the trend of measles outbreaks that have been linked to importation; although measles has been eliminated in the Americas, it continues to circulate in all other regions (*5,7–9*). The measles virus isolated from the index patient was determined by CDC to be genotype D8, a genotype common in India, where measles remains endemic (*3*). A history of recent international travel should increase clinical suspicion for diseases rare in the United States but common elsewhere.

Despite delays in diagnoses and lack of isolation precautions, measles transmission during this outbreak was limited, possibly because of the high rates of measles immunization among members of this community, the fact that the infected children did not attend school or child care, and intense control efforts by public health officials and health-care facilities. Population immunity of 92%–94% is necessary to prevent future measles outbreaks because importations are likely (*10*). None of the three secondarily infected children had been vaccinated for measles; the child aged 11 months was too young for routine vaccination, and the index patient and his brother were unvaccinated by parental choice.

During this outbreak, hospital A tested all of its remaining employees who did not have measles serologic results documented; those few who did not have serologic evidence of immunity were vaccinated. All health-care facilities should follow ACIP and HICPAC guidelines that health-care facilities should ensure that their employees are fully vaccinated for measles or have laboratory evidence of immunity.[§] This can minimize the need for emergency testing and furlough of employees exposed to measles and associated outbreaks.

[†] HICPAC guidelines are available at http://www.cdc.gov/hicpac/2007ip/2007ip_table2.html.

[§] ACIP recommendations are available at http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf.

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Mercury Exposure Among Household Users and Nonusers of Skin-Lightening Creams Produced in Mexico — California and Virginia, 2010

Mercury exposure has been reported among users of skin-lightening creams produced outside the United States but not among nonusers in their households (*1–4*). Mercury exposure can result in irreversible renal and central nervous system damage or death (*4,5*). In March 2010, coordinators of a health study notified members of a Mexican-American family in California with four study participants that they had elevated blood mercury levels and also notified the local health department, which in turn asked the California Department of Public Health (CDPH) to investigate. CDPH interviewed the four study participants and a fifth household member and identified unlabeled skin-lightening creams with mercury content measured at 2.0%–5.7% by weight as the likely source of mercury exposure. CDPH also interviewed friends of the study participants in California who had used similar skin-lightening products, and the Virginia Department of Health (VDH) interviewed relatives in that state who had used skin-lightening products. In all, investigators in the two states collected information and urine specimens for 22 persons in five households. The results indicated that 15 persons had elevated urinary mercury concentrations, including nine users of the cream (six with nonspecific symptoms) and six nonusers. Mercury vapor concentrations as high as 50 $\mu g/m^3$ were measured in spot household locations; however, the overall concentration for each room in all five households was <1.0 $\mu g/m^3$, considered a safe level. Both health departments advised users and the public to stop using these creams and issued clinical health alerts notifying physicians about this potential cause of mercury toxicity.

Epidemiologic and Environmental Investigations

CDPH interviewed the four health study participants and a fifth household member by using a questionnaire to assess potential mercury exposures from thermometers, fluorescent light bulbs, occupational activities, pharmaceuticals, personal care products, and spiritual practices. An unlabeled skin-lightening cream produced in Mexico was identified as the likely source of mercury exposure for persons who reported its use. After learning that the health study participants had Virginia relatives using skin-lightening creams from the same source, CDPH contacted VDH, which used a questionnaire more focused on skin-lightening creams because they were the suspected source of mercury exposure.

In both states, cream users and nonusers in each household were asked about symptoms associated with chronic mercury exposure and asked to identify other known users of similar skin lighteners. In California, household A included a woman and her three children who had participated in the health study and her husband who had not. Interviews with members of household A identified friends who used a similar cream and lived in two separate households in California. In addition, members of household A reported they had relatives who lived in two separate households in Virginia and some of them also used the same cream.

In all, 22 persons in five households were identified with potential mercury exposure. Ten of the 22 reported use of skin-lightening creams. The users were aged 16–62 years, and six were females. Household members reported no other potential exposures, except a broken fluorescent light bulb. Reported reasons for using the cream included skin-lightening, fading freckles, and treating acne. Frequency of use ranged from intermittent to twice daily, and duration of use ranged from months to 5 years. Cream typically was applied to the face. Two mothers used skin-lightening creams during three pregnancies and subsequent lactation.

Six users had nonspecific symptoms consistent with chronic exposure to mercury, including numbness, tingling, dizziness, forgetfulness, headaches, and depression. Users stored and applied their creams either in a bathroom or a bedroom. Members of household A in California received their cream from Virginia relatives who had purchased it in Mexico. Members of household B and household C purchased their cream in California, although it was produced in Mexico. Among the 22 persons with potential mercury exposure, the 12 nonusers were aged 8 months–67 years and included two females and 10 males.

All residents provided first-morning–void urine specimens, which were tested by commercial laboratories in each state by inductively coupled plasma mass spectrometry. Exposure to mercury (defined as ≥5 $\mu g/g$ creatinine*) was confirmed for nine of 10 users (range: 26–317) and six of 12 nonusers (range: 20–276 $\mu g/g$) (Table). Exposed users were aged 29–62 years. One adolescent user, who used the cream to treat acne, had a concentration of only 4 $\mu g/g$. Exposed nonusers were aged 8 months–26 years and were asymptomatic. Concentrations

* Additional information available at http://www.cdc.gov/exposurereport/pdf/fourthreport.pdf.

TABLE. Mercury concentrations in first-morning–void urine specimens collected from 22 persons in five households with potential mercury exposure — California and Virginia, 2010

Household	Age (yrs)*	Sex	Urinary mercury (μg/g creatinine)†	Cream user	Symptoms
California					
Household A	39	Female	317	Yes	Yes
	39	Male	90	Yes	No
	14	Female	BDL	No	No
	8	Male	36	No	No
	4	Female	158	No	No
Household B	37	Male	BDL	No	No
	36	Female	37	Yes	Yes
	8 mos	Male	36	No	No§
Household C	38	Male	BDL	No	No
	36	Female	26	Yes	Yes
	16	Male	4	Yes	No
	13	Male	BDL	No	No
Virginia					
Household D	67	Male	4	No	No
	62	Female	133	Yes	Yes
	33	Female	85	Yes	Yes
	33	Male	27	Yes	No
	26	Male	20	No	No
	12 mos	Male	37 μg/L	No	No
	2 mos	Male	BDL	No	No
Household E	32	Male	54	Yes	No
	29	Female	99	Yes	Yes
	18 mos	Male	276	No	No

Abbreviations: BDL = below detection limit (4 μg/L in California) or (1 μg/L in Virginia) before creatinine correction.

* Unless otherwise specified.

† Mercury concentrations were measured using the method for mercury by inductively coupled plasma mass spectrometry (SW-846 EPA Method 6020A). Urinary mercury concentrations identified among the U.S. population typically are <5 μg/g creatinine or <7 μg/L.

§ The mother reported that the infant, aged 8 months, was delayed in meeting the developmental milestone of being able to sit upright, which a typical infant can do at age 7 months. Supporting evidence in the literature for an association between mercury exposure and postural instability was lacking.

were higher among younger children, compared with older children (Table).

Users turned over their skin-lightening creams to the health departments. To ensure comparability of results, creams collected in Virginia were sent to CDPH for testing. CDPH's laboratory tested 12 creams for mercury content by using inductively coupled plasma mass spectrometry. Eleven of the 12 creams collected in California and Virginia contained mercury (range: 2%–5.7%). One cream, intended for use around the eyes, contained only 0.0003% mercury.

The Environmental Protection Agency (EPA) measured mercury vapor concentrations throughout all five homes. Concentrations above background were found near cleaning supplies, clothing, and furniture where creams were stored, and near items frequently touched by cream users (range: 17–50 $\mu g/m^3$). Mercury vapor measured near one user's hands remained elevated (6 $\mu g/m^3$) even after repeated washings. Despite these focal elevations in mercury concentration, overall mercury vapor concentrations were within acceptable limits for each room in the households,† and EPA declared all households safe for occupancy.

Control Measures

The 15 residents with urinary mercury concentrations ≥5 μg/g creatinine were advised to seek medical evaluation. Five of the 15 were evaluated, and all received diagnoses of mercury poisoning (none were advised to undergo chelation therapy). In July 2010, VDH collected additional urine specimens from the eight Virginia residents with urinary mercury concentrations ≥5 μg/g creatinine and determined that their urinary mercury concentrations, although still elevated, had decreased by an average of 45%.

EPA advised residents of the five households to 1) discard contaminated items, 2) clean contaminated surfaces with disposable wipes, 3) treat washing machines with sulfur powder to bind residual mercury, and 4) ventilate their homes thoroughly. Return visits by EPA confirmed that mercury contamination in household areas tested previously had decreased or dissipated.

In May 2010, CDPH and VDH issued alerts in English and Spanish advising the public to discontinue using unlabeled skin-lightening creams or products that list mercury as an ingredient. CDPH also produced a Spanish-language public service announcement for statewide radio broadcast. The two state health departments were unable to collect information identifying cream producers. CDPH and VDH worked with CDC to alert federal health authorities in Mexico to the exposures, and CDPH also communicated with Mexico through the California Office of Binational Border Health.

Reported by

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† Additional information available at http://tinyurl.com/atsdr-action-levels-mercury.

What is already known on this topic?

Mercury exposure has been reported among users of skin-lightening creams produced outside the United States.

What is added by this report?

Unlabeled skin-lightening creams produced in Mexico were the source of mercury exposure for nine users and six nonusers in five households in California and Virginia. Although the six nonusers were asymptomatic, they had elevated mercury concentrations that have been associated with symptoms of toxicity.

What are the implications for public health practice?

When mercury toxicity is identified, clinicians should consider exposure to mercury-containing skin-lightening creams, even among persons who might not use such creams themselves. Health education messages should be directed toward consumers of cosmetics. Consumers should avoid unlabeled products or those listing "mercury," "mercurio," or "calomel" (mercurous chloride) as ingredients.

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Editorial Note

In this report, unlabeled skin-lightening creams produced in Mexico were the source of mercury exposure for users and nonusers living in the same households. Absorption of mercury through the skin and inhalation of mercury vapor generated by these creams likely were the modes of exposure. Among young children, contact with adult cream users' skin and with contaminated household items might have contributed to nondietary ingestion via hand-to-mouth behavior; breastfeeding also might have contributed to exposure.

Inorganic mercury (often mercurous chloride) is used in some skin-lightening creams produced outside the United States because it inhibits melanin formation when absorbed by the skin (*6*). Inorganic mercury, which differs from elemental mercury and organic mercury (e.g., methylmercury in fish), enters the body by inhalation, ingestion, or absorption through the skin and is excreted in urine, sweat, and breast milk (*4*). The half-life of inorganic mercury is 1–2 months (*4*). Consequently, mercury levels can increase gradually with repeated application of skin-lightening creams (*1*).

Urinary mercury concentration is measured to assess inorganic mercury exposure because blood mercury levels reflect exposure to both organic and inorganic mercury. Although 24-hour urine collection is the preferred method to confirm exposure to inorganic mercury, a first-morning–void urine specimen is easier to collect and correlates well with a 24-hour test (*7*). The risk for toxicity increases with increasing urine mercury but varies from person to person. Indicators of renal function, including urinalysis, creatinine, blood urea nitrogen, urine microglobulin, and microalbuminuria, should be assessed among persons with elevated urinary mercury concentration (*5*).

Chronic exposure to inorganic mercury can affect the kidney, producing oliguria, proteinuria, edema, and nephrotic syndrome (*3*) and can cause neuropsychologic effects, including nervousness, irritability, decreased cognitive function, headache, tremor, memory loss, depression, insomnia, paresthesias, fasciculations, ataxia, and fatigue (*4,5*). Occupational exposures causing urinary concentrations of 50–100 μg/g creatinine have been associated with tremor (*4*). Among children, prolonged exposure to inorganic mercury also might cause acrodynia, irritability, anorexia, and poor muscle tone (*4*). Effects of inorganic mercury on neurologic development are not well understood (*8*).

Mild-to-moderate symptoms of mercury toxicity typically resolve in 2–6 months without further therapy after exposure ends. Patients with elevated urinary mercury concentrations (≥5 μg/g creatinine) should be tested every 1–2 months to confirm that levels are decreasing.

Chelation therapy can have adverse effects, and no urinary mercury concentration has been determined to necessitate chelation. Treatment with dimercaptosuccinic acid (DMSA) or 2,3-dimercapto-1-propanesulfonic acid (DMPS) can accelerate excretion of limited amounts of inorganic mercury from the body, mainly the kidneys, but evidence is limited regarding enhanced recovery of renal or neurologic function among humans (*9*).

When mercury toxicity is identified, clinicians should consider exposure to mercury-containing creams, even for children or other household members who might not use such creams themselves. Clinicians should not begin treatment for mercury toxicity without consulting a medical toxicologist, who can help evaluate the type of mercury, blood or urinary concentrations, clinical symptoms, comorbid conditions, and other factors. Clinicians seeking guidance can consult their regional Pediatric Environmental Health Specialty Unit (telephone: 1-888-347-2632)[§] or the American Association of Poison Control Centers (telephone: 1-800-222-1222).

[§] Additional information available at http://aoec.org/pehsu/contact.html.

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Notes from the Field

Acute Muscular Sarcocystosis Among Returning Travelers — Tioman Island, Malaysia, 2011

GeoSentinel (the surveillance program of the International Society of Travel Medicine and CDC) has identified 32 cases of suspected acute muscular sarcocystosis in travelers returning from Tioman Island off the east coast of peninsular Malaysia. All the patients traveled to Tioman Island during the summer of 2011. Within days or weeks of returning home, all experienced fever and muscle pain, often severe and prolonged. All had peripheral eosinophilia, and most had elevated serum creatinine phosphokinase levels. Most were tested for acute trichinosis and toxoplasmosis by serology, and all of these tests were negative. Approximately half of the patients were identified in Germany; others were reported elsewhere in Europe, and in North America and Asia. Muscle biopsy from two patients demonstrated organisms consistent with sarcocystosis, one from a group of five ill travelers and one from a group of three.

Sarcocystis spp. are intracellular protozoan parasites.* Humans are the definitive host for *Sarcocystis hominis* and *Sarcocystis suihominis*, acquired by eating undercooked sarcocyst-containing beef or pork, respectively. The parasites reproduce sexually in the human intestine, where infection can cause acute gastroenteritis; however, most *S. hominis* and *S. suihominis* infections are thought to be asymptomatic (*1*). Although the specific species have never been identified, humans can become intermediate hosts for at least some of the 130 *Sarcocystis* spp. that are transmitted between predator and prey in nature. In these cases, humans ingest oocysts or sporocysts in food or water contaminated with feces from an infected predator animal. Nonspecific symptoms might arise during the reproductive and migratory phase of the parasite within the vascular endothelium. The parasite ultimately disseminates to skeletal, cardiac, and smooth muscle, where it forms sarcocysts containing large numbers of parasites that are infectious for a definitive host. Sarcocyst formation can provoke eosinophilic myositis, as occurred in this outbreak. No proven treatment exists for human muscular sarcocystosis, but in all previously reported cases, symptoms resolved over weeks to months.

Fewer than 100 cases of human muscular sarcocystosis have been reported in the literature, with most discovered incidentally in asymptomatic persons (*1*). The largest previous outbreak affected seven of 15 U.S. servicemen on maneuvers in a Malaysian jungle (*2*). All but one of the seven had symptoms, and four had eosinophilic myositis, one of whom was confirmed to have sarcocysts in his muscle. Human sarcocystosis is prevalent in Malaysia; a study of tissue from 100 consecutive autopsies found sarcocysts in 21% (*3*). A seroprevalence study found evidence of infection in 20% of 243 Malaysians (*4*).

GeoSentinel† and EuroTravNet,§ assisted by CDC, have initiated an epidemiologic investigation to document demographic, travel, clinical, and exposure data for these patients. Histologic examination and DNA amplification will be performed on existing muscle biopsy specimens to confirm the diagnosis of muscular sarcocystosis in individual patients and to identify the responsible *Sarcocystis* spp. Updates on the investigation are being provided to public health authorities in Malaysia and countries where patients have been identified. On December 6, 2011, CDC posted an outbreak notice for sarcocystosis in Malaysia that included recommendations for safe food and water consumption and proper hygiene¶; travelers to Malaysia are encouraged to follow these recommendations. Public health agencies and practicing clinicians who are aware of persons with prominent musculoskeletal complaints (e.g., myalgia or arthralgia) with eosinophilia, negative trichinosis, and recent travel to Tioman Island are encouraged to report them to the corresponding contributor of this report.

Reported by

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* Additional information available at http://dpd.cdc.gov/dpdx/html/imagelibrary/s-z/sarcocystosis/body_sarcocystosis_il5.htm.

† Additional information available at http://www.istm.org/geosentinel/main.html.

§ Additional information available at http://www.istm.org/eurotravnet/main.html.

¶ Additional information available at http://wwwnc.cdc.gov/travel/notices/outbreak-notice/sarcocystosis-malaysia.htm.

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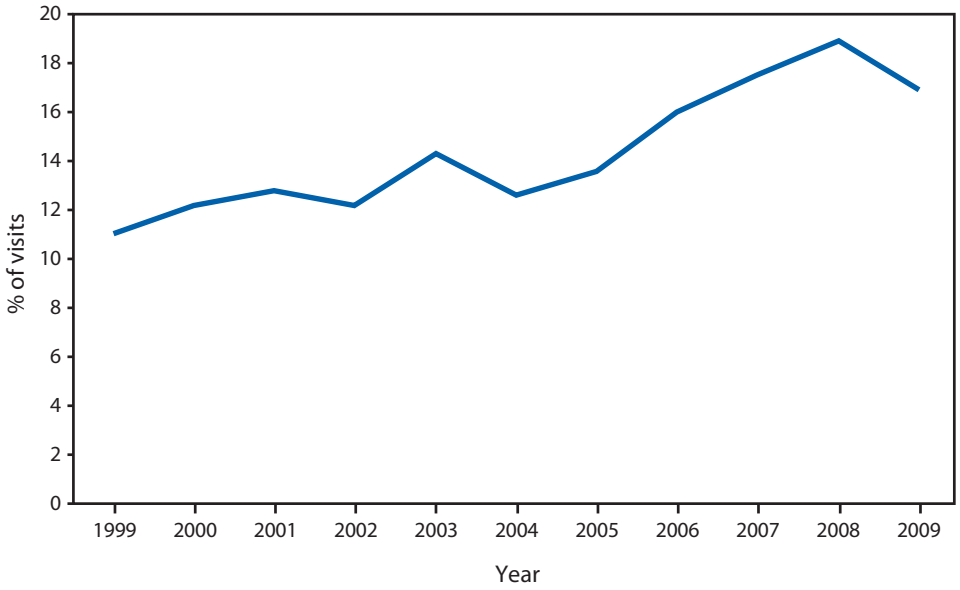
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Hospital Outpatient Department Visits in Which a Physician Assistant or Advance Practice Nurse* Was Seen — National Hospital Ambulatory Medical Care Survey, United States, 1999–2009



* Includes visits to a physician assistant or advance practice nurse (e.g., nurse practitioner, nurse midwife, or other advance practice nurse), with or without a physician present. Estimates are based on sampled visits to hospital outpatient departments.

The percent of hospital outpatient department visits in which a patient saw a physician assistant or advance practice nurse increased from 11% in 1999 to 17% in 2009.

Sources: Hing E, Uddin S. Physician assistant and advance practice nurse care in hospital outpatient departments. NCHS Data Brief no. 77. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2011. Available at http://www.cdc.gov/nchs/data/databriefs/db77.htm.

National Hospital Ambulatory Medical Care Survey public use data file. Available at http://www.cdc.gov/nchs/ahcd.htm.

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 January 14, 2012 (2nd week)*

Disease	Current week	Cum 2012	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2011	2010	2009	2008	2007	
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	—	—	127	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	0	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	—	5	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	—	—	1	642	NN	NN	NN	NN	
Botulism, total	—	—	2	114	112	118	145	144	
foodborne	—	—	0	10	7	10	17	32	
infant	—	—	2	74	80	83	109	85	
other (wound and unspecified)	—	—	0	30	25	25	19	27	
Brucellosis	1	1	2	78	115	115	80	131	FL (1)
Chancroid	—	2	1	28	24	28	25	23	
Cholera	—	—	1	30	13	10	5	7	
Cyclosporiasis§	—	—	3	145	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	—	1	8	23	35	30	22	
nonserotype b	1	1	5	110	200	236	244	199	OH (1)
unknown serotype	2	5	5	241	223	178	163	180	NY (1), PA (1)
Hansen disease§	—	1	2	50	98	103	80	101	
Hantavirus pulmonary syndrome§	—	—	0	20	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal§	1	2	5	213	266	242	330	292	OH (1)
Influenza-associated pediatric mortality§,††	—	—	2	118	61	358	90	77	
Listeriosis	9	12	16	768	821	851	759	808	KY (1), AL (1), AR (1), CA (6)
Measles§§	—	—	1	215	63	71	140	43	
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	1	6	181	280	301	330	325	
serogroup B	—	—	4	108	135	174	188	167	
other serogroup	—	—	0	15	12	23	38	35	
unknown serogroup	3	8	12	384	406	482	616	550	OH (1), FL (1), CA (1)
Novel influenza A virus infections***	—	—	0	8	4	43,774	2	4	
Plague	—	—	0	2	2	8	3	7	
Poliomyelitis, paralytic	—	—	0	—	—	1	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	—	
Psittacosis§	—	—	0	2	4	9	8	12	
Q fever, total§	—	—	3	117	131	113	120	171	
acute	—	—	2	88	106	93	106	—	
chronic	—	—	1	29	25	20	14	—	
Rabies, human	—	—	0	2	2	4	2	1	
Rubella†††	—	—	0	4	5	3	16	12	
Rubella, congenital syndrome	—	—	—	—	—	2	—	—	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	1	4	117	142	161	157	132	
Syphilis, congenital (age <1 yr)§§§	—	—	8	255	377	423	431	430	
Tetanus	—	—	0	8	26	18	19	28	
Toxic-shock syndrome (staphylococcal)§	—	—	2	74	82	74	71	92	
Trichinellosis	—	—	0	10	7	13	39	5	
Tularemia	—	—	1	137	124	93	123	137	
Typhoid fever	2	3	9	320	467	397	449	434	OH (1), FL (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	1	68	91	78	63	37	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	2	1	—	2	
Vibriosis (noncholera *Vibrio* species infections)§	7	8	9	733	846	789	588	549	MD (2), GA (1), FL (1), CA (3)
Viral hemorrhagic fever¶¶¶	—	—	0	—	1	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 January 14, 2012 (2nd week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts.

* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/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/osels/ph_surveillance/nndss/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the 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/osels/ph_surveillance/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 2, 2011, no influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

§§ No measles cases were reported for the current week.

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

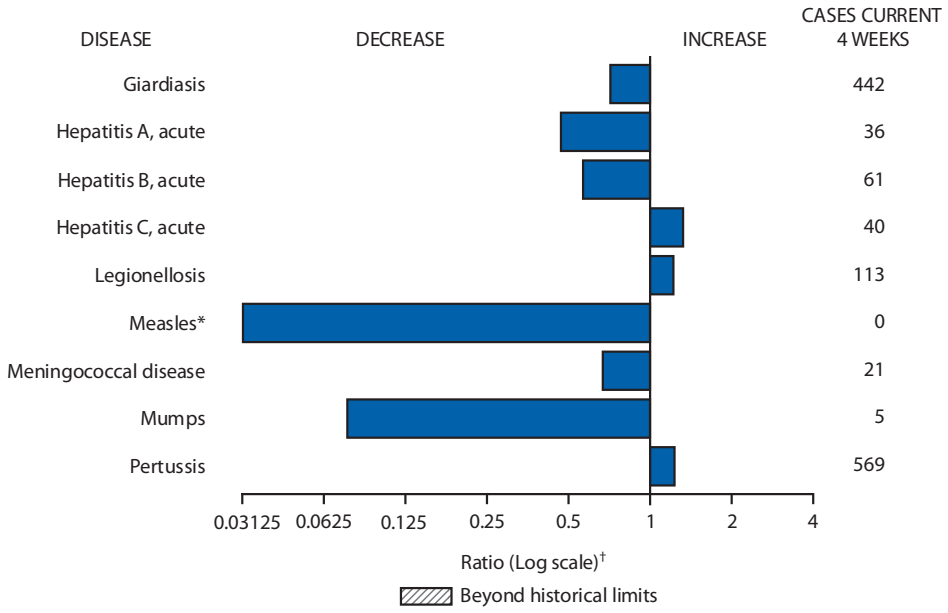
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the eight cases 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 are provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).

††† No rubella cases were reported for the current week.

§§§ Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

¶¶¶ There were no cases of viral hemorrhagic fever reported during the current week. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 14, 2012, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 2 of zero (0).

† 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 January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	8,893	26,696	30,779	19,877	49,928	70	383	586	164	795	46	128	394	93	193
New England	—	868	1,594	—	1,205	—	0	1	—	—	—	6	22	1	12
Connecticut	—	227	474	—	25	—	0	0	—	—	—	1	9	—	4
Maine	—	58	99	—	87	—	0	0	—	—	—	1	4	1	1
Massachusetts	—	434	860	—	867	—	0	0	—	—	—	2	8	—	6
New Hampshire	—	56	90	—	98	—	0	1	—	—	—	1	5	—	1
Rhode Island	—	79	170	—	73	—	0	0	—	—	—	0	1	—	—
Vermont	—	27	84	—	55	—	0	0	—	—	—	1	5	—	—
Mid. Atlantic	1,715	3,216	3,954	3,993	5,769	—	0	1	—	—	7	15	42	10	16
New Jersey	156	540	1,004	600	686	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	482	715	1,339	653	772	—	0	0	—	—	3	4	16	3	1
New York City	268	1,084	1,315	1,212	2,373	—	0	0	—	—	—	1	6	—	2
Pennsylvania	809	995	1,236	1,528	1,938	—	0	1	—	—	4	9	26	7	13
E.N. Central	836	4,095	4,979	2,339	10,168	1	1	5	1	—	13	32	146	29	61
Illinois	23	1,127	1,347	226	2,576	—	0	0	—	—	—	3	26	—	8
Indiana	117	540	714	322	1,941	—	0	0	—	—	—	3	14	—	12
Michigan	509	943	1,429	991	2,477	—	0	3	—	—	1	6	14	3	9
Ohio	187	1,002	1,124	681	2,186	1	0	3	1	—	12	11	95	24	21
Wisconsin	—	468	553	119	988	—	0	0	—	—	—	8	64	2	11
W.N. Central	7	1,485	1,809	248	3,028	—	0	2	—	—	2	16	87	5	22
Iowa	7	212	253	238	455	—	0	0	—	—	—	6	19	1	7
Kansas	—	210	288	—	392	—	0	0	—	—	—	0	11	—	—
Minnesota	—	312	396	—	703	—	0	0	—	—	—	0	0	—	—
Missouri	—	539	759	—	1,072	—	0	0	—	—	1	5	63	2	5
Nebraska	—	119	215	—	186	—	0	2	—	—	1	2	12	2	5
North Dakota	—	39	64	—	54	—	0	0	—	—	—	0	12	—	—
South Dakota	—	62	89	10	166	—	0	0	—	—	—	2	13	—	5
S. Atlantic	3,695	5,401	7,458	7,730	9,762	—	0	2	—	—	12	21	50	26	45
Delaware	68	86	182	96	133	—	0	0	—	—	—	0	1	—	1
District of Columbia	124	109	190	259	212	—	0	0	—	—	—	0	1	—	—
Florida	793	1,507	1,700	1,686	2,884	—	0	0	—	—	11	8	17	15	20
Georgia	659	1,021	1,569	1,252	1,388	—	0	0	—	—	—	5	11	2	7
Maryland	—	468	790	—	643	—	0	2	—	—	1	1	7	8	2
North Carolina	1,431	997	1,688	2,956	2,059	—	0	0	—	—	—	0	34	—	—
South Carolina	—	530	1,343	—	674	—	0	0	—	—	—	2	6	1	9
Virginia	575	665	1,574	1,385	1,563	—	0	1	—	—	—	2	8	—	6
West Virginia	45	81	120	96	206	—	0	0	—	—	—	0	5	—	—
E.S. Central	584	1,894	2,804	1,038	2,855	—	0	0	—	—	4	7	25	7	5
Alabama	—	536	1,566	—	1,078	—	0	0	—	—	3	2	7	4	3
Kentucky	242	299	557	340	54	—	0	0	—	—	—	1	17	—	1
Mississippi	—	398	696	—	578	—	0	0	—	—	—	1	4	—	—
Tennessee	342	599	750	698	1,145	—	0	0	—	—	1	2	6	3	1
W.S. Central	66	3,372	4,327	215	6,294	—	0	1	—	—	1	8	43	3	4
Arkansas	—	309	440	—	568	—	0	0	—	—	1	0	2	1	—
Louisiana	—	377	1,071	113	638	—	0	1	—	—	—	0	9	—	—
Oklahoma	66	153	675	102	328	—	0	0	—	—	—	2	6	—	1
Texas	—	2,419	3,129	—	4,760	—	0	0	—	—	—	5	39	2	3
Mountain	1,038	1,767	2,369	1,621	2,759	61	303	459	117	593	5	10	30	6	14
Arizona	594	548	782	1,017	942	59	297	456	115	585	—	1	4	—	1
Colorado	394	421	847	440	495	—	0	0	—	—	—	3	12	—	1
Idaho	—	82	235	—	93	—	0	0	—	—	1	1	9	1	3
Montana	—	65	88	—	136	—	0	2	—	—	3	1	6	3	2
Nevada	25	205	380	31	409	2	2	5	2	6	1	0	2	2	1
New Mexico	—	202	481	—	381	—	1	4	—	—	—	3	9	—	3
Utah	25	133	190	133	249	—	0	4	—	2	—	1	5	—	3
Wyoming	—	34	67	—	54	—	0	2	—	—	—	0	5	—	—
Pacific	952	3,966	5,412	2,693	8,088	8	89	145	46	202	2	11	21	6	14
Alaska	39	109	157	132	245	—	0	0	—	—	—	0	3	—	—
California	624	2,978	4,483	1,743	6,215	8	89	145	46	201	1	6	16	3	3
Hawaii	—	114	141	—	202	—	0	0	—	—	—	0	1	—	—
Oregon	—	273	412	246	547	—	0	1	—	1	1	2	8	3	11
Washington	289	431	672	572	879	—	0	0	—	—	—	1	6	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	14	44	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	14	104	349	49	287	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	—	17	27	—	19	—	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max		
United States	—	2	16	—	10	—	0	1	—	—
New England	—	0	1	—	—	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	—	—	0	0	—	—
Vermont	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	6	—	2	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	0	—	—	—	0	0	—	—
New York City	—	0	4	—	1	—	0	0	—	—
Pennsylvania	—	0	2	—	1	—	0	0	—	—
E.N. Central	—	0	2	—	1	—	0	1	—	—
Illinois	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	1	—	1	—	0	0	—	—
Michigan	—	0	1	—	—	—	0	0	—	—
Ohio	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	2	—	—	—	0	0	—	—
W.N. Central	—	0	2	—	—	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	0	—	—
Missouri	—	0	1	—	—	—	0	0	—	—
Nebraska	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	8	—	4	—	0	1	—	—
Delaware	—	0	2	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	—	3	—	0	0	—	—
Georgia	—	0	1	—	—	—	0	0	—	—
Maryland	—	0	2	—	—	—	0	0	—	—
North Carolina	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—
Virginia	—	0	1	—	1	—	0	1	—	—
West Virginia	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	3	—	—	—	0	0	—	—
Alabama	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee	—	0	2	—	—	—	0	0	—	—
W.S. Central	—	0	2	—	—	—	0	0	—	—
Arkansas	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	1	—	—	—	0	0	—	—
Oklahoma	—	0	0	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	1	—	1	—	0	0	—	—
Arizona	—	0	1	—	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho	—	0	0	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada	—	0	1	—	—	—	0	0	—	—
New Mexico	—	0	1	—	—	—	0	0	—	—
Utah	—	0	1	—	—	—	0	0	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	—	2	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	2	—	1	—	0	0	—	—
Hawaii	—	0	4	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	—	1	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	18	83	—	46	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	—	7	93	1	3	1	17	57	1	6	—	2	9	—	1
New England	—	0	1	—	—	1	3	28	1	3	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine	—	0	1	—	—	1	0	3	1	1	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	4	—	—	—	0	1	—	—
Rhode Island	—	0	1	—	—	—	0	15	—	2	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	—	—	—	6	31	—	2	—	0	2	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	—	3	27	—	1	—	0	2	—	—
New York City	—	0	2	—	—	—	0	5	—	1	—	0	0	—	—
Pennsylvania	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
E.N. Central	—	0	5	—	—	—	0	2	—	—	—	0	6	—	1
Illinois	—	0	4	—	—	—	0	2	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	—	1
Michigan	—	0	2	—	—	—	0	0	—	—	—	0	2	—	—
Ohio	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	1	19	1	—	—	0	8	—	—	—	0	7	—	—
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Missouri	—	1	19	1	—	—	0	7	—	—	—	0	7	—	—
Nebraska	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	—	2	33	—	3	—	1	8	—	1	—	0	2	—	—
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	—	—	—	0	3	—	—	—	0	0	—	—
Georgia	—	0	3	—	1	—	0	2	—	—	—	0	1	—	—
Maryland	—	0	3	—	1	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	17	—	1	—	0	6	—	1	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Virginia	—	1	13	—	—	—	0	3	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	8	—	—	—	0	2	—	—	—	0	3	—	—
Alabama	—	0	2	—	—	—	0	1	—	—	N	0	0	N	N
Kentucky	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee	—	0	5	—	—	—	0	2	—	—	—	0	3	—	—
W.S. Central	—	0	30	—	—	—	0	3	—	—	—	0	0	—	—
Arkansas	—	0	13	—	—	—	0	3	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	25	—	—	—	0	1	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Cumulative total *E. ewingii* cases reported for year 2011 = 13 and 0 case reports for 2012.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	90	282	436	197	477	2,329	5,978	6,713	5,270	12,138	35	64	86	80	165
New England	3	27	64	5	41	—	107	178	—	125	—	4	12	2	17
Connecticut	—	4	10	—	9	—	45	101	—	32	—	1	4	—	4
Maine	3	3	10	3	4	—	5	18	—	2	—	0	2	2	3
Massachusetts	—	12	29	—	23	—	47	80	—	83	—	2	6	—	8
New Hampshire	—	2	8	—	4	—	2	7	—	4	—	0	2	—	1
Rhode Island	—	0	10	—	1	—	6	35	—	2	—	0	1	—	—
Vermont	—	3	19	2	—	—	0	6	—	2	—	0	2	—	1
Mid. Atlantic	16	54	92	25	82	411	744	916	1,015	1,309	15	15	25	29	29
New Jersey	—	0	0	—	—	39	150	232	179	205	—	2	6	—	4
New York (Upstate)	9	22	51	10	16	86	115	235	127	126	3	3	12	3	2
New York City	—	16	29	4	36	45	242	315	280	501	—	3	10	4	3
Pennsylvania	7	15	29	11	30	241	258	361	429	477	12	5	11	22	20
E.N. Central	13	47	82	35	105	258	1,059	1,427	692	2,912	3	11	22	11	32
Illinois	—	10	19	—	19	7	290	382	67	682	—	3	11	—	9
Indiana	—	6	12	—	13	21	133	168	79	558	—	2	6	—	5
Michigan	2	10	21	8	21	172	237	499	305	775	—	1	4	2	4
Ohio	11	15	31	23	34	58	311	398	200	698	3	4	7	9	9
Wisconsin	—	8	18	4	18	—	89	118	41	199	—	1	4	—	5
W.N. Central	15	19	52	26	40	—	310	375	51	612	—	2	10	1	2
Iowa	5	4	15	9	8	—	37	55	51	83	—	0	1	—	—
Kansas	—	2	9	—	5	—	42	65	—	73	—	0	2	—	—
Minnesota	—	0	0	—	—	—	44	61	—	85	—	0	0	—	—
Missouri	4	8	23	9	15	—	150	204	—	291	—	1	5	—	2
Nebraska	6	3	11	8	9	—	27	51	—	46	—	0	2	1	—
North Dakota	—	0	12	—	—	—	4	8	—	7	—	0	6	—	—
South Dakota	—	1	8	—	3	—	11	20	—	27	—	0	1	—	—
S. Atlantic	26	50	101	51	83	1,087	1,486	1,947	2,271	2,713	13	14	31	25	34
Delaware	—	0	3	—	—	16	15	35	23	35	—	0	2	—	—
District of Columbia	—	1	5	—	—	52	38	105	123	80	—	0	1	—	—
Florida	20	23	69	27	60	259	377	472	512	811	5	5	12	11	14
Georgia	—	10	51	10	5	172	312	461	400	452	1	2	6	3	9
Maryland	3	6	13	6	4	—	117	176	—	179	4	2	5	6	3
North Carolina	N	0	0	N	N	446	331	548	892	655	1	1	7	1	3
South Carolina	2	2	8	4	2	—	162	421	—	194	2	1	5	4	—
Virginia	1	5	12	4	12	133	116	352	307	266	—	2	8	—	5
West Virginia	—	0	8	—	—	9	15	29	14	41	—	0	5	—	—
E.S. Central	2	3	9	3	5	147	515	789	277	830	1	3	12	3	16
Alabama	2	3	9	3	5	—	164	408	—	352	—	1	3	—	6
Kentucky	N	0	0	N	N	64	76	151	102	16	—	1	4	—	3
Mississippi	N	0	0	N	N	—	103	191	—	176	—	0	3	—	2
Tennessee	N	0	0	N	N	83	148	222	175	286	1	2	6	3	5
W.S. Central	—	5	15	—	8	11	881	1,177	43	1,805	2	2	10	2	6
Arkansas	—	2	8	—	2	—	86	138	—	184	—	0	3	—	—
Louisiana	—	2	10	—	6	—	120	255	23	190	—	0	4	—	4
Oklahoma	—	0	0	—	—	11	36	196	20	105	2	1	9	2	2
Texas	N	0	0	N	N	—	592	837	—	1,326	—	0	1	—	—
Mountain	3	25	45	14	43	153	202	321	262	434	1	5	10	4	19
Arizona	—	2	6	—	5	110	82	130	205	130	—	1	6	—	9
Colorado	—	11	25	10	15	37	40	89	44	112	—	1	5	—	2
Idaho	—	3	9	1	7	—	3	13	—	8	—	0	2	—	2
Montana	1	2	5	1	2	—	1	4	—	5	—	0	1	—	1
Nevada	2	1	7	2	2	6	39	103	8	99	—	0	2	2	1
New Mexico	—	1	6	—	3	—	34	73	—	71	1	1	3	2	4
Utah	—	2	9	—	8	—	5	10	5	9	—	0	3	—	—
Wyoming	—	0	5	—	1	—	0	3	—	—	—	0	1	—	—
Pacific	12	47	117	38	70	262	631	745	659	1,398	—	3	9	3	10
Alaska	1	2	7	4	4	8	20	31	25	34	—	0	3	—	1
California	7	32	51	25	46	212	519	607	535	1,189	—	1	5	—	—
Hawaii	—	0	3	—	—	—	12	24	—	27	—	0	3	—	2
Oregon	3	7	20	8	17	—	27	60	13	57	—	1	6	3	7
Washington	1	6	95	1	3	42	49	79	86	91	—	0	1	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	5	—	—	—	0	0	—	—
Puerto Rico	—	0	4	—	—	1	6	14	2	15	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	3	10	—	5	—	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	6	21	40	12	38	11	46	95	28	86	7	19	35	16	31
New England	—	1	5	—	4	—	1	8	—	4	—	1	5	—	—
Connecticut	—	0	3	—	2	—	0	4	—	—	—	0	5	—	—
Maine	—	0	2	—	—	—	0	2	—	—	—	0	2	—	—
Massachusetts	—	0	3	—	1	—	1	6	—	3	—	0	2	—	—
New Hampshire	—	0	0	—	—	—	0	1	—	1	N	0	0	N	N
Rhode Island	—	0	1	—	—	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	1	—	0	0	—	—	—	0	1	—	—
Mid. Atlantic	1	3	7	1	3	—	5	8	1	6	—	1	5	1	1
New Jersey	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
New York (Upstate)	—	1	4	—	—	—	1	4	—	1	—	1	4	—	1
New York City	—	1	5	—	2	—	1	5	—	1	—	0	1	—	—
Pennsylvania	1	1	3	1	1	—	2	4	1	4	—	1	4	1	—
E.N. Central	2	4	8	2	7	1	6	37	2	15	—	2	8	1	10
Illinois	—	1	4	—	1	—	1	6	—	4	—	0	2	—	1
Indiana	—	0	3	—	—	—	1	4	—	1	—	0	5	—	7
Michigan	2	1	6	2	3	—	1	6	—	7	—	1	4	1	2
Ohio	—	1	3	—	2	1	1	30	2	2	—	0	1	—	—
Wisconsin	—	0	1	—	1	—	0	3	—	1	—	0	1	—	—
W.N. Central	—	1	7	—	1	—	2	9	1	9	—	0	4	—	—
Iowa	—	0	1	—	1	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	2	—	2	—	0	1	—	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	—	0	1	—	—	—	2	5	—	3	—	0	0	—	—
Nebraska	—	0	1	—	—	—	0	2	1	3	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	—	—	—	0	0	—	1	—	0	0	—	—
S. Atlantic	—	4	11	1	10	5	12	57	9	22	1	5	12	4	8
Delaware	—	0	1	—	1	—	0	2	—	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	1	8	1	2	3	4	7	5	10	—	1	3	1	3
Georgia	—	1	5	—	3	—	2	7	1	1	—	1	3	—	1
Maryland	—	0	4	—	2	1	1	4	2	2	—	0	3	—	2
North Carolina	—	0	3	—	—	1	2	9	1	3	1	1	7	3	2
South Carolina	—	0	2	—	1	—	1	3	—	2	—	0	1	—	—
Virginia	—	0	3	—	1	—	1	4	—	4	—	0	3	—	—
West Virginia	—	0	2	—	—	—	0	43	—	—	—	0	7	—	—
E.S. Central	—	1	6	—	1	5	10	15	12	14	4	4	10	8	3
Alabama	—	0	2	—	—	1	2	6	2	3	1	0	3	1	—
Kentucky	—	0	2	—	1	2	3	7	4	5	2	2	8	3	1
Mississippi	—	0	1	—	—	—	1	4	—	—	U	0	0	U	U
Tennessee	—	0	5	—	—	2	4	8	6	6	1	1	5	4	2
W.S. Central	—	3	7	1	1	—	5	15	2	4	1	2	5	1	5
Arkansas	—	0	2	—	—	—	1	4	—	—	—	0	0	—	—
Louisiana	—	0	2	—	—	—	1	4	—	1	—	0	2	—	4
Oklahoma	—	0	2	—	—	—	1	9	—	1	—	1	4	—	—
Texas	—	2	7	1	1	—	3	7	2	2	1	0	3	1	1
Mountain	1	1	5	4	5	—	1	4	1	7	1	1	5	1	3
Arizona	1	0	2	1	2	—	0	3	1	1	U	0	0	U	U
Colorado	—	0	2	2	2	—	0	2	—	1	—	0	2	—	1
Idaho	—	0	1	—	—	—	0	1	—	1	—	0	2	—	2
Montana	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	3	1	—	—	0	2	—	3	1	0	2	1	—
New Mexico	—	0	1	—	1	—	0	2	—	—	—	0	2	—	—
Utah	—	0	1	—	—	—	0	1	—	1	—	0	2	—	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	2	3	11	3	6	—	3	8	—	5	—	1	8	—	1
Alaska	—	0	1	—	—	—	0	1	—	—	U	0	0	U	U
California	2	3	7	3	5	—	2	7	—	4	—	1	4	—	—
Hawaii	—	0	2	—	—	—	0	1	—	—	U	0	0	U	U
Oregon	—	0	2	—	1	—	0	4	—	1	—	0	2	—	—
Washington	—	0	4	—	—	—	0	3	—	—	—	0	4	—	1
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	—	—	—	2	8	—	—	—	0	3	—	—
Puerto Rico	—	0	1	—	—	—	0	2	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	27	64	161	52	73	119	349	1,517	278	345	10	25	48	17	47
New England	—	4	39	—	3	1	78	500	5	120	—	1	7	—	3
Connecticut	—	1	10	—	—	—	33	232	—	64	—	0	2	—	1
Maine	—	0	3	—	—	—	12	67	2	—	—	0	2	—	—
Massachusetts	—	3	24	—	2	—	18	106	—	36	—	1	6	—	2
New Hampshire	—	0	3	—	—	—	10	90	—	16	—	0	1	—	—
Rhode Island	—	0	9	—	—	—	1	31	—	—	—	0	2	—	—
Vermont	—	0	2	—	1	1	6	68	3	4	—	0	1	—	—
Mid. Atlantic	7	16	72	9	18	98	185	746	234	142	—	6	13	—	11
New Jersey	—	0	0	—	—	81	1	107	172	—	—	0	0	—	—
New York (Upstate)	6	6	27	7	3	4	56	212	4	4	—	1	4	—	2
New York City	—	3	14	—	8	—	1	13	—	4	—	4	11	—	5
Pennsylvania	1	5	37	2	7	13	104	522	58	134	—	1	5	—	4
E.N. Central	10	12	51	18	15	2	15	211	3	27	1	3	10	2	5
Illinois	—	2	11	—	2	—	1	18	—	2	—	1	5	—	1
Indiana	1	2	7	2	3	—	1	12	—	—	—	0	2	—	—
Michigan	—	2	15	—	4	1	1	12	1	—	—	0	4	1	—
Ohio	9	7	34	16	6	1	1	6	2	—	1	1	4	1	3
Wisconsin	—	0	1	—	—	—	12	172	—	25	—	0	2	—	1
W.N. Central	—	1	8	1	1	—	1	16	—	1	—	1	5	1	—
Iowa	—	0	2	—	—	—	0	13	—	—	—	0	3	1	—
Kansas	—	0	2	—	—	—	0	2	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	5	1	1	—	0	2	—	1	—	0	2	—	—
Nebraska	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	9	—	—	—	0	0	—	—
South Dakota	—	0	1	—	—	—	0	2	—	—	—	0	1	—	—
S. Atlantic	5	10	29	13	6	15	59	178	31	54	8	8	24	12	20
Delaware	—	0	4	—	—	5	12	48	8	20	—	0	3	—	—
District of Columbia	—	0	3	—	—	—	0	3	1	2	—	0	1	—	1
Florida	4	3	13	7	2	1	3	8	4	1	4	2	6	5	4
Georgia	—	1	3	3	1	—	0	5	—	—	—	1	6	—	3
Maryland	—	1	14	—	3	6	20	114	13	18	3	2	14	3	7
North Carolina	1	1	7	2	—	—	0	12	—	1	—	0	6	—	3
South Carolina	—	0	5	—	—	—	0	6	—	—	—	0	1	—	—
Virginia	—	1	7	1	—	1	14	75	3	12	1	1	8	4	2
West Virginia	—	0	5	—	—	2	0	13	2	—	—	0	0	—	—
E.S. Central	1	2	11	2	3	—	1	5	—	—	—	1	4	—	—
Alabama	—	0	2	—	1	—	0	2	—	—	—	0	3	—	—
Kentucky	—	1	4	—	1	—	0	1	—	—	—	0	2	—	—
Mississippi	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
Tennessee	1	1	8	2	1	—	0	4	—	—	—	0	3	—	—
W.S. Central	—	3	8	1	4	—	1	3	—	—	—	1	4	—	—
Arkansas	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	3	—	1	—	0	1	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	0	—	—	—	0	1	—	—
Texas	—	2	7	1	3	—	1	3	—	—	—	0	4	—	—
Mountain	—	2	8	—	2	—	0	5	2	1	—	1	5	—	4
Arizona	—	1	4	—	1	—	0	4	1	—	—	0	4	—	1
Colorado	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
Idaho	—	0	1	—	—	—	0	2	1	—	—	0	1	—	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Nevada	—	0	2	—	1	—	0	1	—	—	—	0	2	—	2
New Mexico	—	0	2	—	—	—	0	2	—	1	—	0	1	—	1
Utah	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	4	5	14	8	21	3	2	8	3	—	1	3	11	2	4
Alaska	—	0	0	—	—	—	0	3	—	—	—	0	2	—	—
California	4	4	13	7	20	3	1	5	3	—	1	2	7	1	3
Hawaii	—	0	2	—	—	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	1	1	—	0	2	—	—	—	0	4	1	1
Washington	—	0	3	—	—	—	0	6	—	—	—	0	2	—	—
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	N	0	0	N	N	—	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	3	12	30	9	37	1	7	19	4	12	85	309	495	200	714
New England	—	0	3	—	2	—	0	2	—	1	2	14	32	7	18
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	5	—	3
Maine	—	0	1	—	—	—	0	2	—	—	—	3	19	1	1
Massachusetts	—	0	2	—	1	—	0	1	—	1	—	4	10	—	10
New Hampshire	—	0	1	—	—	—	0	0	—	—	—	2	13	—	2
Rhode Island	—	0	1	—	—	—	0	2	—	—	—	0	4	1	2
Vermont	—	0	3	—	—	—	0	1	—	—	2	0	16	5	—
Mid. Atlantic	—	1	4	—	7	—	0	6	—	2	35	32	110	61	44
New Jersey	—	0	0	—	—	—	0	2	—	2	—	4	10	—	3
New York (Upstate)	—	0	4	—	—	—	0	3	—	—	25	12	90	27	13
New York City	—	0	2	—	5	—	0	6	—	—	—	2	42	—	—
Pennsylvania	—	0	2	—	2	—	0	1	—	—	10	13	40	34	28
E.N. Central	1	2	6	2	5	—	2	12	—	3	16	66	198	37	192
Illinois	—	0	3	—	—	—	1	10	—	1	—	18	121	1	44
Indiana	—	0	2	—	—	—	0	2	—	—	—	4	21	—	18
Michigan	—	0	1	—	1	—	0	2	—	—	1	10	38	6	46
Ohio	1	0	2	2	2	—	0	2	—	2	15	13	37	29	64
Wisconsin	—	0	2	—	2	—	0	1	—	—	—	12	44	1	20
W.N. Central	—	1	3	1	3	—	0	3	—	2	12	21	119	27	47
Iowa	—	0	1	—	1	—	0	2	—	—	—	4	9	—	8
Kansas	—	0	1	—	—	—	0	1	—	1	—	2	10	—	2
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	3	1	1	—	0	3	—	—	11	7	27	26	28
Nebraska	—	0	2	—	1	—	0	1	—	1	1	1	5	1	8
North Dakota	—	0	1	—	—	—	0	3	—	—	—	0	10	—	—
South Dakota	—	0	1	—	—	—	0	0	—	—	—	0	7	—	1
S. Atlantic	1	2	8	3	2	—	0	4	—	—	9	25	67	24	63
Delaware	—	0	1	—	—	—	0	0	—	—	—	0	5	—	2
District of Columbia	—	0	1	—	—	—	0	1	—	—	1	0	2	1	1
Florida	1	1	5	1	1	—	0	2	—	—	1	6	17	6	8
Georgia	—	0	1	—	—	—	0	2	—	—	3	3	8	6	9
Maryland	—	0	2	2	—	—	0	1	—	—	2	2	8	6	8
North Carolina	—	0	3	—	—	—	0	2	—	—	1	3	35	4	—
South Carolina	—	0	1	—	1	—	0	1	—	—	—	2	9	—	19
Virginia	—	0	2	—	—	—	0	4	—	—	1	6	25	1	16
West Virginia	—	0	3	—	—	—	0	1	—	—	—	0	15	—	—
E.S. Central	—	0	3	—	2	1	0	1	1	1	5	9	25	12	33
Alabama	—	0	2	—	1	—	0	1	—	1	—	2	11	—	5
Kentucky	—	0	2	—	—	—	0	0	—	—	2	3	16	7	20
Mississippi	—	0	1	—	1	—	0	1	—	—	—	0	4	—	3
Tennessee	—	0	2	—	—	1	0	1	1	—	3	2	7	5	5
W.S. Central	—	1	5	—	2	—	1	12	—	1	1	19	38	2	7
Arkansas	—	0	2	—	1	—	0	2	—	—	—	1	5	—	1
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	3	—	1
Oklahoma	—	0	2	—	—	—	0	2	—	—	—	0	11	—	—
Texas	—	0	2	—	—	—	1	12	—	1	1	17	38	2	5
Mountain	—	1	4	—	4	—	0	2	1	1	1	37	79	24	96
Arizona	—	0	1	—	2	—	0	0	—	—	—	12	28	3	34
Colorado	—	0	1	—	1	—	0	1	1	—	—	8	25	17	26
Idaho	—	0	1	—	1	—	0	2	—	—	—	3	12	1	6
Montana	—	0	2	—	—	—	0	0	—	—	1	1	32	3	5
Nevada	—	0	1	—	—	—	0	0	—	—	—	0	4	—	2
New Mexico	—	0	1	—	—	—	0	1	—	1	—	3	23	—	1
Utah	—	0	2	—	—	—	0	0	—	—	—	6	16	—	22
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Pacific	1	2	10	3	10	—	0	11	2	1	4	62	124	6	214
Alaska	—	0	1	—	—	—	0	1	—	—	2	0	4	2	4
California	1	2	9	2	8	—	0	11	2	—	2	36	102	4	200
Hawaii	—	0	1	—	1	—	0	1	—	—	—	1	9	—	1
Oregon	—	0	3	1	1	—	0	1	—	1	—	5	23	—	9
Washington	—	0	2	—	—	—	0	1	—	—	—	11	88	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	—	—	—	2	14	—	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	—	0	1	—	1
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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	14	58	113	26	49	220	855	1,824	437	979	17	87	204	37	87
New England	2	5	16	8	4	2	37	107	8	43	—	3	13	—	3
Connecticut	—	2	10	—	1	—	8	30	—	9	—	1	4	—	2
Maine	1	1	6	7	1	2	2	8	5	1	—	0	3	—	—
Massachusetts	—	0	0	—	—	—	19	44	—	24	—	1	9	—	1
New Hampshire	—	0	3	—	—	—	3	8	—	4	—	0	3	—	—
Rhode Island	—	0	6	—	—	—	1	62	—	1	—	0	2	—	—
Vermont	1	0	2	1	2	—	1	8	3	4	—	0	3	—	—
Mid. Atlantic	6	15	35	7	23	12	71	171	30	84	1	8	30	3	8
New Jersey	—	0	0	—	—	—	0	3	—	—	—	0	0	—	—
New York (Upstate)	6	7	20	7	11	7	26	67	9	11	—	3	13	—	4
New York City	—	0	3	—	—	—	19	42	3	24	—	1	6	—	1
Pennsylvania	—	8	21	—	12	5	31	112	18	49	1	3	18	3	3
E.N. Central	—	2	17	1	2	19	84	162	31	131	3	14	51	5	24
Illinois	—	0	6	—	1	—	27	80	—	51	—	3	14	—	4
Indiana	—	0	7	—	—	—	7	24	—	7	—	1	10	—	6
Michigan	—	1	6	1	1	3	14	42	7	23	2	3	19	4	7
Ohio	—	1	5	—	—	16	21	46	24	39	1	3	10	1	2
Wisconsin	N	0	0	N	N	—	6	45	—	11	—	2	21	—	5
W.N. Central	—	1	7	—	—	11	40	103	22	52	3	11	40	7	3
Iowa	—	0	0	—	—	—	8	19	3	10	—	2	15	1	—
Kansas	—	0	4	—	—	—	8	27	—	11	—	2	8	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	0	1	—	—	10	16	46	15	24	2	5	32	4	—
Nebraska	—	0	3	—	—	1	4	13	3	5	1	1	7	1	3
North Dakota	—	0	3	—	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	3	10	1	2	—	1	4	1	—
S. Atlantic	5	19	93	7	20	115	254	724	194	301	6	12	28	12	17
Delaware	—	0	0	—	—	—	3	11	2	4	—	0	2	—	—
District of Columbia	—	0	0	—	—	—	1	6	—	—	—	0	1	—	—
Florida	3	0	84	5	—	77	107	203	123	111	4	3	9	4	2
Georgia	—	0	0	—	—	19	40	128	31	47	1	2	8	1	5
Maryland	—	6	13	—	—	18	18	43	26	28	—	1	3	1	3
North Carolina	—	0	0	—	—	—	30	251	—	54	—	2	11	—	3
South Carolina	N	0	0	N	N	—	26	70	2	18	—	0	4	—	—
Virginia	—	11	27	—	20	1	20	52	9	39	1	3	9	6	4
West Virginia	2	0	30	2	—	—	0	18	1	—	—	0	1	—	—
E.S. Central	1	3	11	3	—	9	63	190	34	78	—	4	18	2	6
Alabama	1	2	7	3	—	4	20	70	13	30	—	0	15	2	2
Kentucky	—	0	2	—	—	—	11	30	6	11	—	1	5	—	1
Mississippi	—	0	1	—	—	—	22	66	6	18	—	0	4	—	—
Tennessee	—	1	6	—	—	5	16	52	9	19	—	1	11	—	3
W.S. Central	—	0	21	—	—	9	122	250	15	65	—	10	39	—	2
Arkansas	—	0	10	—	—	7	13	52	9	13	—	1	6	—	1
Louisiana	—	0	0	—	—	—	14	44	1	23	—	0	1	—	—
Oklahoma	—	0	21	—	—	2	12	31	2	5	—	1	10	—	—
Texas	—	0	0	—	—	—	82	156	3	24	—	7	39	—	1
Mountain	—	0	4	—	—	8	46	93	34	79	—	10	25	3	7
Arizona	N	0	0	N	N	7	15	34	15	22	—	1	7	—	2
Colorado	—	0	0	—	—	—	10	24	11	23	—	2	7	1	3
Idaho	—	0	1	—	—	—	3	8	—	6	—	1	8	1	2
Montana	N	0	0	N	N	—	2	10	3	—	—	1	4	—	—
Nevada	—	0	2	—	—	1	3	7	1	11	—	1	7	—	—
New Mexico	—	0	2	—	—	—	6	22	2	10	—	1	3	1	—
Utah	—	0	2	—	—	—	6	15	1	7	—	1	7	—	—
Wyoming	—	0	0	—	—	—	1	9	1	—	—	0	7	—	—
Pacific	—	4	13	—	—	35	91	174	69	146	4	15	34	5	17
Alaska	—	0	2	—	—	3	1	6	3	2	—	0	1	—	—
California	—	3	12	—	—	30	73	142	60	111	3	9	19	4	14
Hawaii	—	0	0	—	—	—	7	14	2	17	—	0	2	—	—
Oregon	—	0	1	—	—	1	5	12	3	16	1	1	11	1	3
Washington	—	0	0	—	—	1	9	29	1	—	—	2	13	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	—	—	—	0	0	—	—
Puerto Rico	—	0	6	—	—	—	3	12	—	2	—	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	105	235	346	193	318	—	3	15	2	4	3	26	140	11	9
New England	—	5	21	—	6	—	0	1	—	—	—	0	1	—	—
Connecticut	—	0	4	—	1	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	—	—	—	0	0	—	—	—	0	1	—	—
Massachusetts	—	3	20	—	4	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island	—	0	3	—	—	—	0	0	—	—	—	0	1	—	—
Vermont	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	3	14	50	10	18	—	0	2	—	—	—	1	4	1	1
New Jersey	—	0	4	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	1	5	30	3	3	—	0	1	—	—	—	0	2	—	—
New York City	—	7	28	4	9	—	0	0	—	—	—	0	3	—	1
Pennsylvania	2	2	6	3	6	—	0	2	—	—	—	0	3	1	—
E.N. Central	27	14	40	52	30	—	0	2	1	—	—	2	10	—	1
Illinois	—	4	16	—	10	—	0	1	—	—	—	1	4	—	1
Indiana	—	0	4	—	1	—	0	1	1	—	—	0	4	—	—
Michigan	2	3	11	2	7	—	0	1	—	—	—	0	1	—	—
Ohio	25	5	27	50	12	—	0	2	—	—	—	0	2	—	—
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	1	5	18	5	30	—	0	4	—	—	—	4	29	1	—
Iowa	—	0	3	—	1	—	0	0	—	—	—	0	2	—	—
Kansas	—	1	5	—	5	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	3	14	4	23	—	0	3	—	—	—	4	29	1	—
Nebraska	1	0	2	1	1	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	40	73	134	59	101	—	1	8	—	1	2	6	56	6	2
Delaware	—	0	2	—	—	—	0	1	—	—	1	0	4	1	—
District of Columbia	—	0	5	—	2	—	0	1	—	—	—	0	1	—	—
Florida	28	50	98	46	65	—	0	1	—	—	1	0	2	3	—
Georgia	10	10	24	11	14	—	1	6	—	—	—	0	0	—	—
Maryland	2	1	7	2	3	—	0	1	—	1	—	0	2	—	—
North Carolina	—	3	19	—	11	—	0	4	—	—	—	0	49	—	1
South Carolina	—	1	54	—	3	—	0	2	—	—	—	0	2	—	—
Virginia	—	2	7	—	3	—	0	1	—	—	—	3	14	2	1
West Virginia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	13	17	47	32	22	—	0	2	—	—	1	4	25	2	2
Alabama	2	5	21	12	10	—	0	1	—	—	—	1	8	—	1
Kentucky	10	4	22	19	1	—	0	1	—	—	1	0	2	1	—
Mississippi	—	4	24	—	4	—	0	0	—	—	—	0	2	—	—
Tennessee	1	4	11	1	7	—	0	2	—	—	—	4	20	1	1
W.S. Central	13	54	103	15	40	—	0	3	—	—	—	2	51	—	—
Arkansas	—	2	7	—	2	—	0	3	—	—	—	1	51	—	—
Louisiana	—	4	21	—	11	—	0	0	—	—	—	0	2	—	—
Oklahoma	5	2	28	5	2	—	0	1	—	—	—	0	25	—	—
Texas	8	43	98	10	25	—	0	1	—	—	—	0	4	—	—
Mountain	2	14	42	5	30	—	0	2	—	3	—	1	7	—	3
Arizona	—	5	27	2	16	—	0	2	—	3	—	0	6	—	3
Colorado	—	1	8	1	9	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	—	1	—	0	0	—	—	—	0	1	—	—
Montana	1	1	15	1	—	—	0	0	—	—	—	0	1	—	—
Nevada	1	0	4	1	—	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	7	—	2	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	—	2	—	0	0	—	—	—	0	1	—	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	6	20	44	15	41	—	0	2	1	—	—	0	1	1	—
Alaska	2	0	2	2	—	N	0	0	N	N	N	0	0	N	N
California	4	16	41	13	36	—	0	2	1	—	—	0	1	1	—
Hawaii	—	1	3	—	2	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	—	3	—	0	0	—	—	—	0	0	—	—
Washington	—	1	9	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	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	0	—	—	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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	209	250	464	443	868	13	20	41	28	46	53	263	316	101	461
New England	5	12	31	14	46	—	1	4	—	1	—	7	21	—	18
Connecticut	—	4	20	—	25	—	0	2	—	—	—	0	12	—	—
Maine	2	2	8	9	5	—	0	1	—	—	—	0	2	—	1
Massachusetts	—	0	3	—	3	—	0	2	—	1	—	5	10	—	12
New Hampshire	—	1	8	—	6	—	0	1	—	—	—	0	3	—	—
Rhode Island	—	2	6	—	6	—	0	1	—	—	—	0	7	—	5
Vermont	3	1	6	5	1	—	0	2	—	—	—	0	2	—	—
Mid. Atlantic	27	15	48	49	60	—	1	9	1	—	9	30	53	17	69
New Jersey	1	0	6	7	—	—	0	1	1	—	—	4	13	—	5
New York (Upstate)	26	1	30	31	1	—	1	7	—	—	5	4	9	6	5
New York City	—	12	26	11	59	—	0	9	—	—	—	14	24	5	44
Pennsylvania	N	0	0	N	N	N	0	0	N	N	4	6	16	6	15
E.N. Central	33	61	123	94	188	3	3	10	6	9	3	30	48	4	58
Illinois	N	0	0	N	N	—	0	0	—	—	3	11	24	3	25
Indiana	—	14	36	—	39	—	1	4	—	1	—	3	8	—	7
Michigan	4	13	26	18	36	1	0	3	1	2	—	5	12	1	12
Ohio	29	27	43	70	86	2	2	7	5	3	—	8	17	—	13
Wisconsin	—	8	24	6	27	—	0	3	—	3	—	1	5	—	1
W.N. Central	4	2	28	9	9	—	0	2	—	1	—	6	13	—	16
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	—	—
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	8	—	9
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	6	—	6
Nebraska	4	2	9	9	9	—	0	2	—	1	—	0	2	—	1
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	81	65	157	160	302	3	6	15	9	21	27	68	100	50	97
Delaware	—	1	5	1	7	—	0	0	—	—	1	0	4	1	1
District of Columbia	—	1	5	1	1	—	0	1	1	—	4	3	8	6	5
Florida	47	21	55	71	118	2	3	8	4	8	2	23	36	8	50
Georgia	16	20	40	47	84	1	2	5	4	8	10	14	31	14	9
Maryland	8	9	33	17	58	—	1	3	—	4	—	8	20	—	7
North Carolina	N	0	0	N	N	N	0	0	N	N	3	8	21	12	16
South Carolina	10	8	25	23	34	—	0	3	—	1	—	4	11	—	5
Virginia	N	0	0	N	N	—	0	0	—	—	7	4	12	9	4
West Virginia	—	0	48	—	—	—	0	4	—	—	—	0	1	—	—
E.S. Central	21	23	45	46	72	2	2	4	5	7	2	14	30	3	19
Alabama	N	0	0	N	N	N	0	0	N	N	—	4	11	—	9
Kentucky	2	4	12	9	15	—	0	3	—	3	2	2	8	2	—
Mississippi	N	0	0	N	N	—	0	0	—	—	—	3	14	—	—
Tennessee	19	19	37	37	57	2	1	4	5	4	—	5	11	1	10
W.S. Central	21	32	87	25	63	4	3	10	4	1	—	36	50	2	62
Arkansas	5	4	14	6	14	1	0	4	1	1	—	4	10	—	5
Louisiana	—	2	11	1	16	—	0	2	—	—	—	7	25	2	6
Oklahoma	N	0	0	N	N	—	0	0	—	—	—	1	6	—	2
Texas	16	25	76	18	33	3	2	9	3	—	—	23	37	—	49
Mountain	13	26	72	41	121	—	2	8	1	6	—	12	20	1	19
Arizona	13	11	45	27	62	—	1	5	—	2	—	4	10	—	10
Colorado	—	8	23	10	27	—	0	4	—	1	—	2	6	1	2
Idaho	N	0	0	N	N	—	0	0	—	—	—	0	4	—	—
Montana	N	0	0	N	N	N	0	0	N	N	—	0	1	—	2
Nevada	N	0	0	N	N	N	0	0	N	N	—	2	9	—	5
New Mexico	—	4	12	4	17	—	0	2	1	—	—	1	4	—	—
Utah	—	2	8	—	12	—	0	3	—	3	—	0	2	—	—
Wyoming	—	0	3	—	3	—	0	0	—	—	—	0	0	—	—
Pacific	4	3	11	5	7	1	0	2	2	—	12	55	74	24	103
Alaska	4	2	11	5	7	1	0	1	2	—	—	0	2	—	—
California	N	0	0	N	N	N	0	0	N	N	7	43	62	18	88
Hawaii	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
Oregon	N	0	0	N	N	N	0	0	N	N	1	4	14	1	2
Washington	N	0	0	N	N	N	0	0	N	N	4	5	11	5	13
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	4	4	15	4	2
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 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† 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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 14, 2012, and January 15, 2011 (2nd week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	130	253	330	247	539	—	0	60	—	—	—	0	31	—	—
New England	4	22	50	8	68	—	0	3	—	—	—	0	1	—	—
Connecticut	—	5	16	—	13	—	0	2	—	—	—	0	1	—	—
Maine	—	4	11	—	14	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	9	18	—	21	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	1	7	—	5	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	6	—	1	—	0	1	—	—	—	0	0	—	—
Vermont	4	1	9	8	14	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	25	19	42	63	45	—	0	11	—	—	—	0	6	—	—
New Jersey	16	0	22	38	—	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	4	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	1	—	—
Pennsylvania	9	19	39	25	45	—	0	2	—	—	—	0	1	—	—
E.N. Central	53	66	114	102	178	—	0	13	—	—	—	0	6	—	—
Illinois	2	17	38	18	29	—	0	6	—	—	—	0	5	—	—
Indiana	4	5	20	14	6	—	0	2	—	—	—	0	1	—	—
Michigan	13	18	44	17	60	—	0	7	—	—	—	0	1	—	—
Ohio	34	21	58	53	83	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	11	32	1	50	—	0	9	—	—	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	—	24	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	3	14	—	25	—	0	2	—	—	—	0	2	—	—
Nebraska	—	0	2	—	—	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	1	1	—	0	0	—	—	—	0	1	—	—
S. Atlantic	20	35	66	34	46	—	0	10	—	—	—	0	5	—	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	1	—	0	3	—	—	—	0	3	—	—
Florida	20	17	42	28	21	—	0	5	—	—	—	0	2	—	—
Georgia	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Maryland	N	0	0	N	N	—	0	5	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	9	—	—	—	0	0	—	—	—	0	0	—	—
Virginia	—	8	26	6	12	—	0	2	—	—	—	0	0	—	—
West Virginia	—	6	32	—	11	—	0	1	—	—	—	0	0	—	—
E.S. Central	5	5	15	8	16	—	0	11	—	—	—	0	5	—	—
Alabama	3	5	14	6	13	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	2	0	2	2	3	—	0	5	—	—	—	0	4	—	—
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	15	50	136	16	35	—	0	4	—	—	—	0	3	—	—
Arkansas	—	5	20	1	2	—	0	1	—	—	—	0	0	—	—
Louisiana	—	1	6	—	2	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	15	43	131	15	31	—	0	3	—	—	—	0	3	—	—
Mountain	8	17	65	15	88	—	0	11	—	—	—	0	5	—	—
Arizona	1	4	50	1	34	—	0	6	—	—	—	0	4	—	—
Colorado	6	4	31	13	9	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	—	1	11	—	30	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	—	1	4	—	3	—	0	1	—	—	—	0	0	—	—
Utah	—	3	26	—	12	—	0	1	—	—	—	0	1	—	—
Wyoming	1	0	1	1	—	—	0	1	—	—	—	0	1	—	—
Pacific	—	3	9	—	13	—	0	18	—	—	—	0	7	—	—
Alaska	—	1	4	—	6	—	0	0	—	—	—	0	0	—	—
California	—	0	4	—	4	—	0	18	—	—	—	0	7	—	—
Hawaii	—	1	4	—	3	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	3	10	—	8	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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† 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 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.

TABLE III. Deaths in 122 U.S. cities,* week ending January 14, 2012 (2nd week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	596	427	122	24	12	11	52
Boston, MA	145	87	40	9	3	6	12
Bridgeport, CT	38	31	4	1	2	—	5
Cambridge, MA	14	11	3	—	—	—	2
Fall River, MA	29	25	3	—	1	—	2
Hartford, CT	53	35	12	2	2	2	10
Lowell, MA	27	22	4	1	—	—	2
Lynn, MA	12	12	—	—	—	—	1
New Bedford, MA	32	26	5	—	1	—	2
New Haven, CT	25	17	6	1	—	1	2
Providence, RI	75	54	17	2	—	2	—
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	47	32	12	2	1	—	—
Waterbury, CT	26	21	5	—	—	—	2
Worcester, MA	69	51	10	6	2	—	12
Mid. Atlantic	1,961	1,370	456	83	29	23	112
Albany, NY	45	39	5	1	—	—	4
Allentown, PA	37	26	7	2	1	1	5
Buffalo, NY	97	64	26	6	—	1	2
Camden, NJ	23	10	7	4	1	1	2
Elizabeth, NJ	9	7	2	—	—	—	1
Erie, PA	58	40	15	1	1	1	4
Jersey City, NJ	17	10	7	—	—	—	1
New York City, NY	1,091	772	251	44	11	13	50
Newark, NJ	66	30	27	3	3	3	2
Paterson, NJ	23	14	6	2	—	1	—
Philadelphia, PA	160	107	40	9	4	—	13
Pittsburgh, PA§	46	35	8	—	3	—	5
Reading, PA	46	38	6	—	1	1	3
Rochester, NY	101	70	19	8	4	—	5
Schenectady, NY	18	14	4	—	—	—	2
Scranton, PA	32	25	5	1	—	1	3
Syracuse, NY	42	31	11	—	—	—	4
Trenton, NJ	8	7	1	—	—	—	1
Utica, NY	20	15	5	—	—	—	1
Yonkers, NY	22	16	4	2	—	—	4
E.N. Central	2,138	1,449	502	112	39	35	158
Akron, OH	37	25	8	2	—	2	4
Canton, OH	33	28	3	1	1	—	5
Chicago, IL	246	164	68	8	6	—	21
Cincinnati, OH	108	68	22	8	7	3	9
Cleveland, OH	339	240	81	9	4	5	23
Columbus, OH	172	117	38	14	1	2	11
Dayton, OH	167	122	36	4	—	4	15
Detroit, MI	191	106	59	16	7	3	3
Evansville, IN	54	41	10	2	1	—	2
Fort Wayne, IN	79	61	12	4	—	2	11
Gary, IN	13	8	4	—	—	1	—
Grand Rapids, MI	65	48	12	3	—	2	7
Indianapolis, IN	195	121	49	16	4	5	12
Lansing, MI	54	36	13	3	1	1	5
Milwaukee, WI	90	60	22	6	1	1	9
Peoria, IL	58	34	18	2	2	2	3
Rockford, IL	51	41	5	4	—	1	4
South Bend, IN	75	52	15	5	2	1	7
Toledo, OH	111	77	27	5	2	—	7
Youngstown, OH	U	U	U	U	U	U	U
W.N. Central	975	631	235	58	28	20	74
Des Moines, IA	208	153	34	13	3	5	13
Duluth, MN	45	37	6	2	—	—	5
Kansas City, KS	23	13	6	4	—	—	1
Kansas City, MO	129	75	38	10	3	3	6
Lincoln, NE	48	35	11	1	1	—	2
Minneapolis, MN	79	58	15	3	2	—	12
Omaha, NE	121	78	27	8	6	2	14
St. Louis, MO	175	76	66	12	10	9	9
St. Paul, MN	56	42	10	2	1	1	3
Wichita, KS	91	64	22	3	2	—	9

Reporting area (*Continued*)	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
S. Atlantic	1,051	656	280	65	31	19	76
Atlanta, GA	195	114	58	16	4	3	16
Baltimore, MD	174	102	49	15	6	2	13
Charlotte, NC	138	89	39	6	3	1	12
Jacksonville, FL	17	10	5	—	1	1	—
Miami, FL	51	36	8	4	2	1	4
Norfolk, VA	55	36	11	3	2	3	1
Richmond, VA	67	45	15	3	4	—	3
Savannah, GA	72	44	22	6	—	—	5
St. Petersburg, FL	52	36	12	2	2	—	6
Tampa, FL	90	57	24	6	1	2	4
Washington, D.C.	121	69	36	4	6	6	8
Wilmington, DE	19	18	1	—	—	—	4
E.S. Central	1,017	672	262	47	22	14	81
Birmingham, AL	164	100	53	7	2	2	16
Chattanooga, TN	111	77	29	4	—	1	8
Knoxville, TN	117	81	29	3	3	1	10
Lexington, KY	83	59	16	3	4	1	2
Memphis, TN	230	140	63	17	4	6	17
Mobile, AL	87	63	19	2	2	1	6
Montgomery, AL	43	31	7	3	—	2	8
Nashville, TN	182	121	46	8	7	—	14
W.S. Central	1,358	886	285	112	48	26	75
Austin, TX	91	54	28	5	3	1	2
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	74	51	12	7	1	3	14
Dallas, TX	222	132	58	18	8	5	11
El Paso, TX	118	87	21	4	3	3	1
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	144	73	20	30	17	4	7
Little Rock, AR	127	83	30	9	2	3	8
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	327	226	64	25	7	5	13
Shreveport, LA	70	48	16	1	3	2	2
Tulsa, OK	185	132	36	13	4	—	17
Mountain	1,223	817	299	60	28	19	81
Albuquerque, NM	110	75	25	5	3	2	9
Boise, ID	44	27	12	3	1	1	3
Colorado Springs, CO	86	60	19	1	4	2	4
Denver, CO	83	47	24	10	1	1	4
Las Vegas, NV	311	227	64	13	5	2	26
Ogden, UT	49	35	8	3	1	2	7
Phoenix, AZ	182	107	50	13	7	5	6
Pueblo, CO	43	32	10	1	—	—	3
Salt Lake City, UT	139	80	47	5	3	4	14
Tucson, AZ	176	127	40	6	3	—	5
Pacific	1,901	1,325	418	93	36	28	213
Berkeley, CA	13	11	2	—	—	—	1
Fresno, CA	156	119	26	8	2	1	28
Glendale, CA	46	35	9	2	—	—	10
Honolulu, HI	83	57	18	4	2	2	18
Long Beach, CA	78	42	25	8	1	2	10
Los Angeles, CA	300	181	84	17	11	7	35
Pasadena, CA	25	20	4	1	—	—	3
Portland, OR	169	118	39	5	4	3	8
Sacramento, CA	249	179	54	11	3	2	27
San Diego, CA	199	144	38	9	3	4	17
San Francisco, CA	142	102	28	10	—	2	19
San Jose, CA	240	174	52	7	3	4	21
Santa Cruz, CA	42	27	12	1	1	1	5
Seattle, WA	U	U	U	U	U	U	U
Spokane, WA	64	48	11	4	1	—	6
Tacoma, WA	95	68	16	6	5	—	5
Total¶	**12,220**	**8,233**	**2,859**	**654**	**273**	**195**	**922**

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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