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State Medicaid Coverage for Tobacco-Dependence Treatments — United States, 2007

The prevalence of tobacco use among adults in the United States has been reduced by half since the 1960s (*1,2*). Despite this progress, low-income populations, such as Medicaid enrollees, continue to smoke at substantially higher rates than the general population (33% versus 20%) (*1*). The Public Health Service's *Clinical Practice Guideline* (*2*) and the Partnership for Prevention's *Call for ACTTION* (*3*) recommend comprehensive insurance coverage of tobacco-dependence treatments without barriers such as copayments, limitations in duration of treatment, prior authorization, and stepped-care therapy. *Healthy People 2010* aims to expand coverage of evidence-based treatments for nicotine dependency to all 51 Medicaid programs (objective 27-8b) (*4*). To monitor progress toward that objective, in 2007, the Center for Health and Public Policy Studies at the University of California, Berkeley, surveyed all 51 Medicaid programs. This report summarizes the results of that survey, which found that 43 (84%) programs offered coverage for some form of tobacco-dependence treatment to Medicaid enrollees in traditional fee-for-service (FFS) Medicaid, with four Medicaid programs adding coverage since 2006 and 20 programs adding coverage in the past decade. Only two states (New Mexico and New Jersey) reported access to tobacco-dependence treatments without any limitations or restrictions. Of the 25 states covering pharmacotherapy for Medicaid enrollees in both FFS and managed-care organizations (MCOs), only 13 covered the same tobacco-dependence treatments for enrollees in both populations. Research demonstrates that providing access to comprehensive tobacco-dependence treatments increases quit rates. Providing Medicaid coverage for these treatments would ensure that all enrollees can access and benefit from these treatments.

Medicaid coverage of tobacco-dependence treatments has been assessed regularly, since 1998, by the Center for Health and Public Policy Studies at the University of California, Berkeley. Starting in October 2007, designated Medicaid personnel for each program from all 50 states and the District of Columbia were sent a link to an online survey that included 43 questions regarding coverage of clinically effective tobacco-dependence treatments, the year coverage began, and program requirements and limitations. Programs were asked to respond regarding policies in both traditional FFS Medicaid (n = 51) and their contracts with Medicaid MCOs (n = 32).* All Medicaid programs responded with information on both programs; data for MCOs were first collected starting with the 2007 survey. Medicaid program participation in the 2007 survey was 100%. To validate survey responses, Medicaid programs were asked to submit a written copy of their coverage policies for tobacco-dependence treatments. Of the 45 programs that reported offering any coverage in 2007, supporting documentation was obtained for 41 (91%) programs, 28 (62%) with detailed documentation matching their survey responses (six were missing documentation regarding varenicline [Chantix]) and 13 (29%) providing partial benefit information (e.g., documentation for pharmacotherapy but not counseling).

Of the 51 FFS Medicaid programs, 43 (84%) reported coverage for at least one tobacco-dependence treatment

* State Medicaid programs may contract with MCOs in their state to provide services for enrollees in their Medicaid programs. The specific arrangement varies from state to state, and the services covered under that contract also vary. Additional information is available at http://www.kff.org/medicaid/20010109a-index.cfm.

INSIDE

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(medication and/or counseling); two additional programs (Arizona and Washington) reported coverage for pregnant women only (Table 1). Forty-one (80%) Medicaid FFS programs covered some form of pharmacotherapy: nicotine patches (40 programs), bupropion (Zyban or its generic equivalent) (40 programs), varenicline (Chantix) (38 programs), nicotine gum (37 programs), nicotine nasal spray (33 programs), nicotine inhalers (32 programs), and nicotine lozenges (30 programs). Twenty-six programs (51%) covered tobacco-cessation counseling, with 19 states covering some form of tobacco-cessation counseling for their FFS population and seven states covering counseling services exclusively for pregnant women (Table 1). Among these 26 states, nine states covered group counseling for FFS enrollees, six states covered group counseling for pregnant women only, and 11 states did not cover group counseling. Individual counseling was covered in all but one of the 26 states (Virginia), with 17 covering FFS enrollees and eight providing coverage exclusively to pregnant women. Only four of the 26 states (Kentucky, Oregon, Utah, and West Virginia) covered telephone counseling using Medicaid funds; however, telephone counseling is available to the public for free in every state through quitlines (accessed by dialing 1-800-QUITNOW [784-8669]).

During 2006–2007, two states began covering tobacco-dependence treatments (Idaho[†] and Wyoming), two states expanded existing coverage beyond pregnant women only (Kentucky and Iowa), and seven states expanded coverage of existing tobacco-dependence treatments. Specifically, in 2007, four states (Arkansas, California, Maine, and Mississippi) added coverage for varenicline (Chantix), Maryland added coverage for individual counseling, Ohio added coverage for nicotine nasal spray, and New Jersey reinstated coverage for all forms of nicotine replacement therapy.[§]

Data collected over the past decade on Medicaid program coverage of tobacco-dependence treatments indicate an increase in coverage levels (Figure) (*5,6*). In 1998, 23 Medicaid programs covered some form of tobacco-dependence treatment, with 22 programs covering pharmacotherapy and three programs covering tobacco-cessation counseling. As of 2007, an upward trend in both forms of coverage was observed, with 41 programs covering pharmacotherapy and 19 covering counseling.

In the 2007 survey, Medicaid programs were asked about limitations placed on tobacco-dependence treatment coverage.

[†] In Idaho, Medicaid enrollees can use a Preventive Health Assistance program, which provides up to $200 in benefits per enrollee per year to be used for weight-management programs or tobacco-dependence treatments. Additional information is available from the Idaho Department of Health and Welfare at http://healthandwelfare.idaho.gov/site/4161/default.aspx.

[§] Coverage for nicotine replacement therapy had been dropped in 2006.

TABLE 1. State Medicaid fee-for-service program coverage of tobacco-dependence treatments,* by type of coverage and year coverage began — United States, 2007†

State/Area	Year any coverage began	Medication coverage							Counseling coverage		
		Gum	Patch	Nasal spray	Inhaler	Lozenge	Varenicline (Chantix)	Bupropion hydrochloride (Zyban§)	Group	Individual	Telephone
Alaska	2006	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No
Arizona	Unknown (P¶)	No	No	No	No	No	No	No	No	Yes (P)	No
Arkansas	1999	Yes	Yes	No	No	No	Yes**	Yes	No	Yes	No
California	1996	Yes	Yes	Yes	Yes	Yes	Yes**	Yes	No††	No	No
Colorado	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)	Yes (P)	No
Delaware	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
District of Columbia	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Florida	1998	Yes	Yes	No	No	No	Yes	Yes	No	No	No
Hawaii	1999	Yes§§	Yes§§	Yes§§	Yes§§	Yes§§	Yes§§	Yes§§	No	No	No
Idaho¶¶	2007	Yes**	Yes**	Yes**	Yes**	Yes**	Yes**	Yes**	No	No	No
Illinois	2000	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Indiana	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Iowa	2007	Yes**	Yes**	No	No	No	No	Yes**	No	Yes (P)	No
Kansas	1999	No	Yes	No	No	No	Yes	Yes	No	No	No
Kentucky	2007	No	No	No	No	No	No	No	Yes (P)	Yes (P)	Yes**
Louisiana	1990	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No
Maine	1996	Yes	Yes	Yes	Yes	Yes	Yes**	No***	No	Yes	No
Maryland	1996	No	Yes†††	Yes	Yes	No	Yes	Yes	No	Yes**	No
Massachusetts	2006	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Michigan	1997	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes§§§	No
Minnesota	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Mississippi	2001	Yes	Yes	Yes	Yes	Yes	Yes**	Yes	Yes (P)	Yes (P)	No
Montana	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Nevada	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
New Hampshire	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)	Yes (P)	No
New Jersey	1996	Yes**	Yes**	Yes**	Yes**	Yes**	Yes	Yes	No	No	No
New Mexico	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes¶¶¶	Yes¶¶¶	No
New York	1999	Yes	Yes	Yes	Yes	No	Yes	Yes	No****	No††	No
North Carolina	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
North Dakota	1996	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
Ohio	1998	Yes	Yes	Yes**	Yes	Yes	Yes	Yes	No	No	No
Oklahoma	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Oregon	1998	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	2002	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Rhode Island	1994	No****	No****	No****	No****	No****	No	No	Yes	Yes	No
South Carolina	2004††	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No††	No††	No
South Dakota	2001	No	No	No	No	No	Yes	Yes	No	No	No
Texas	1996	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No
Utah††††	2001	Yes	Yes	Yes††	Yes††	Yes	Yes	Yes	Yes (P)	Yes (P)	Yes
Vermont	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Virginia	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)	No	No
Washington	2002 (P)	No	No	No	No	No	No	Yes (P)	No	Yes (P)	No
West Virginia	2000	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Wisconsin	1996	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Wyoming	2007	Yes**	Yes**	No	No	Yes**	Yes**	Yes**	Yes**	Yes**	No
Total states/areas	**45**	**37**	**40**	**33**	**32**	**30**	**38**	**41**	**15**	**25**	**4**
All Medicaid enrollees	43	37	40	33	32	30	38	40	9	17	4§§§§
Pregnant women only	2	0	0	0	0	0	0	1	6	8	0
Added in 2007	4¶¶¶¶	4	4	3	2	3	6	3	1	2	1

See Table 1 footnotes on next page.

Of the 43 programs offering coverage for tobacco-dependence treatments to their entire Medicaid FFS populations, 41 placed some form of limit on coverage by requiring copayments (32 states), limiting duration of treatment (25 states), requiring prior authorization (21 states), and requiring enrollment in behavioral modification to gain coverage for pharmacotherapy (13 states). Only two states (New Mexico and New Jersey)

TABLE 1. (*Continued*) State Medicaid fee-for-service program coverage of tobacco-dependence treatments,* by type of coverage and year coverage began — United States, 2007†

SOURCE: 2007 State Medicaid Tobacco-Dependence Treatment Survey, Center for Health and Public Policy Studies, University of California, Berkeley.

* Based on response to the following survey item: "Please indicate if your Medicaid program covered any of the following tobacco-dependence treatments in 2007: nicotine gum, nicotine patch, nicotine nasal spray, nicotine inhaler, nicotine lozenge, Chantix, Zyban, bupropion, individual face-to-face counseling, group counseling, proactive telephone counseling." Each state also was asked to provide documentation of coverage.

† N = 45. In 2007, four states with Medicaid programs (Alabama, Connecticut, Missouri, and Tennessee) covered none of the tobacco-dependence treatments recommended in the 2000 Public Health Service *Clinical Practice Guideline*. Two states (Georgia and Nebraska) covered bupropion without prior authorization; therefore, it could have been used for smoking cessation, although this was not the intention of the coverage policy.

§ Covered specifically for smoking cessation.

¶ P = Medicaid coverage exclusively for pregnant women.

** Treatment added in 2007.

†† Response differs from previous year's survey because of a previous reporting error. In most cases, this was a result of the state reporting on managed-care organization coverage policies and not Medicaid fee-for-service.

§§ Covered only after the gum or patch was used in conjunction with quitline support for 2 weeks.

¶¶ In 2007, Idaho provided a $200 per enrollee per year allowance for personal health benefits that could be applied to smoking cessation benefits.

*** Maine covered bupropion, but not specifically for smoking cessation.

††† Coverage for nicotine patches differs from the 2006 report because of a different interpretation of Maryland's coverage policy. Generally, Maryland does not cover any pharmaceuticals that are available over-the-counter; however, some prescription-only (legend) patches are still available and therefore were covered.

§§§ Covered since 2006. This was erroneously reported as "not covered" in the previous report.

¶¶¶ Fee-for-service covers when a valid behavioral health diagnosis other than tobacco dependence exists.

**** Fee-for-service Medicaid did not cover, but Medicaid managed-care organizations were required to cover.

†††† Utah's coverage will continue until Tobacco Settlement funds expire.

§§§§ Telephone counseling is available for free to the entire population in every state and the District of Columbia through quitlines (available by dialing 1-800-QUITNOW [784-8669]). Four states use some of their Medicaid funds to support quitline operations.

¶¶¶¶ Since 2006, two states (Kentucky and Iowa) expanded coverage beyond exclusively pregnant women to the general Medicaid population, and two states (Idaho and Wyoming) began new coverage for tobacco-dependence treatments.

did not report having any of these limitations on coverage for tobacco-dependence treatments.

Although the majority of the survey addressed policies related to FFS Medicaid, data also were collected on coverage for tobacco-dependence treatments in Medicaid MCOs. Of the 51 Medicaid programs surveyed, 13 indicated that they did not contract with MCOs, and six programs reported that pharmacotherapy was not included in MCO contracts but was provided by a third party through a "carve out" arrangement.¶ Of the 32 Medicaid programs that contract with MCOs, 13 reported requiring the same tobacco-dependence treatment for their MCOs and FFS populations (Table 2). Four programs required MCOs to cover some of the tobacco-dependence treatments in FFS Medicaid, and two programs (Rhode Island and New York) required more coverage in MCOs than FFS. Thirteen states reported that they did not require coverage of tobacco-dependence treatments in Medicaid MCO contracts. Of these 13 states, six covered tobacco-dependence treatments in FFS Medicaid, and seven did not. Therefore, of the 25 states covering pharmacotherapy for FFS Medicaid that also contracted with Medicaid MCOs, only 13 had the same tobacco-dependence treatment coverage requirements for both populations.

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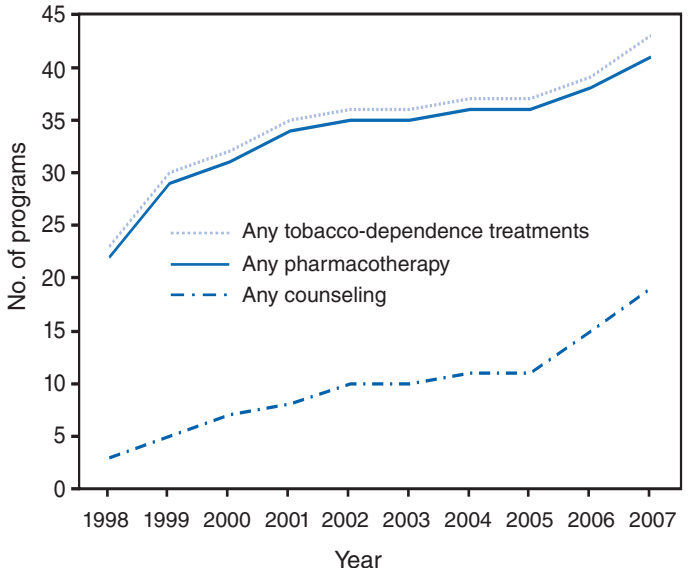
Editorial Note: This report updates previously published data on Medicaid coverage for tobacco-dependence treatments and provides additional information on coverage of tobacco-dependence treatments in Medicaid MCOs (*5,6*). The number of Medicaid FFS programs covering effective tobacco-dependence treatments has increased over time, from 23 programs in 1998 to 43 in 2007. In addition, although coverage for tobacco-cessation counseling has increased over time, it still lags far behind coverage for pharmacotherapy. Although Medicaid programs are making progress toward the *Healthy People 2010* objective (27-8b) (*4*), only six states cover all of the effective pharmacotherapies and individual and group counseling. To achieve the *Healthy People 2010* objective, 45 Medicaid programs need to expand their coverage to include all pharmacotherapies approved by the Food and Drug Administration (FDA) and behavioral therapies.

Smoking rates among Medicaid enrollees are much higher than among the general population, with 33% of enrollees reporting being current smokers in 2007 (*1*). This translates into 4.7 million smokers enrolled in Medicaid programs (*1*). Medicaid expenditures attributable to smoking total nearly $22 billion annually; representing 11% of total Medicaid expenditures (*7*). Tobacco-dependence treatments are highly cost-effective and even cost-saving (*8*). However, coverage for tobacco-dependence treatments differs widely from state to state. For example, FFS Medicaid enrollees in Oregon

¶ A "carve out" is defined as Medical services that are separated from a contract and paid under a different arrangement (Inkelas M. Incentives in a Medicaid carve-out: impact on children with special health care needs. Health Serv Res 2005;40:79–100).

FIGURE. Number of state Medicaid programs* covering tobacco-dependence treatments — United States, 1998–2007



SOURCE: 2007 State Medicaid Tobacco-Dependence Treatment Survey, Center for Health and Public Policy Studies, University of California, Berkeley.
* Of 51 Medicaid programs.

have coverage for all FDA-approved pharmacotherapies and three forms of tobacco-use cessation counseling, whereas FFS Medicaid enrollees in Alabama, Connecticut, Georgia, Missouri, Nebraska, and Tennessee have coverage for none.

Coverage not only varies among different Medicaid programs but also can differ among enrollees within the same Medicaid program, depending on their enrollment in either Medicaid FFS or a Medicaid MCO. In the 12 states where Medicaid MCOs were not required to cover the same benefits as Medicaid FFS, the coverage among the Medicaid populations in the state might differ. The survey did not examine differences between FFS and individual MCO programs; therefore, some states might be voluntarily providing the same FFS Medicaid coverage for tobacco-dependence treatments to certain Medicaid MCO enrollees. Differences in benefits between programs must be taken into account when assessing the overall progress toward the *Healthy People 2010* objective.

The findings in this report are subject to at least three limitations. First, although all but four states provided some supporting documentation regarding covered tobacco-dependence benefits, only 62% of the documentation was complete for all covered treatments. Lack of documentation for any self-reported data increases the likelihood of reporting errors. Second, updates for certain Medicaid programs described in this report might differ from previous survey years; therefore, comparison with previous survey results could differ over time (*5*,*6*). In most cases, these differences have resulted from particular states reporting data on Medicaid MCO's voluntary coverage of tobacco-dependence treatments and not on FFS Medicaid coverage policies. Finally, these data represent coverage policies in 2007 and might not reflect current coverage policies in effect in some states.

The 2008 update to the Public Health Service's *Clinical Practice Guideline* urges all insurers, including Medicaid, to provide comprehensive coverage of effective treatments (both counseling and medication) (*2*). The *Guideline* also notes that without insurance coverage, clinicians likely will not assess

TABLE 2. State Medicaid managed-care organizations (MCOs)* required coverage of tobacco-dependence treatments (TDTs) — United States, 2007

Required MCO coverage	States	No.	(%)
Cover all the same TDTs compared with fee-for-service (FFS)	California, District of Columbia, Florida, Hawaii, Illinois, Indiana, Maryland, Massachusetts, Minnesota, Ohio, South Carolina, Vermont, Wisconsin	13	(40.6)
Cover some of the same TDTs compared with FFS		4	(12.5)
Same pharmacotherapy but no counseling requirements	Pennsylvania		
Same counseling but no pharmacotherapy requirements	Michigan		
General requirements but not required to cover specific TDTs	Nevada, New Mexico		
MCOs cover more TDTs compared with FFS	Rhode Island, New York†	2	(6.3)
MCOs not required to cover TDTs		13	(40.6)
TDT coverage in FFS	Colorado, Kansas, Kentucky, New Jersey, Oregon,§ Virginia		
No TDT coverage in FFS	Alabama, Arizona, Connecticut, Georgia, Missouri, Nebraska, Washington		
Total		**32**	**(100.0)**

SOURCE: 2007 State Medicaid Tobacco-Dependence Treatment Survey, Center for Health and Public Policy Studies, University of California, Berkeley.
* Of 51 Medicaid programs, 13 programs (Alaska, Arkansas, Idaho, Louisiana, Maine, Mississippi, Montana, New Hampshire, North Carolina, North Dakota, Oklahoma, South Dakota, and Wyoming) did not contract with MCOs, and six programs (Delaware, Iowa, Tennessee, Texas, Utah, and West Virginia) "carved out" pharmacotherapy from MCO contracts (i.e., medical services separated from a contract and paid under a different arrangement). Of these six states, only Iowa covered counseling in the fee-for-service population, and Iowa's MCOs were not required to cover counseling.
† New York carved out pharmacotherapy but requires group counseling coverage in MCO contracts (and does not cover group counseling in FFS).
§ Oregon did not require that MCOs cover TDTs; however, all MCOs covered the treatments covered under FFS.

What is already known on this topic?

Low-income populations, such as Medicaid enrollees, continue to smoke at substantially higher rates than the general population (33% versus 20%), and a *Healthy People 2010* objective calls for expanding coverage for nicotine dependency treatment to all 51 Medicaid programs.

What is added by this report?

This 2007 survey of all 51 Medicaid programs found that although 43 (84%) programs offered coverage for some form of tobacco-dependence treatment to Medicaid enrollees, only six states covered all of the effective pharmacotherapies and individual and group counseling and only two states reported access to tobacco-dependence treatments without any limitations or restrictions.

What are the implications for public health practice?

Because access to comprehensive tobacco-dependence treatments has been shown to increase quit rates, providing coverage for these treatments to all Medicaid enrollees would reduce smoking in the Medicaid population.

and treat tobacco use consistently. Although 43 Medicaid programs cover some form of tobacco-dependence treatment in their FFS populations, all but two states (New Mexico and New Jersey) place restrictions on this coverage through co-payments, stepped-care requirements, enrollment in counseling to obtain medication, limitations on number of treatment courses, and not covering combined treatments. To improve cessation rates in low-income populations, Medicaid programs should remove these barriers and improve access to tobacco-dependence treatments (*2,9,10*).

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Human Vaccinia Infection After Contact with a Raccoon Rabies Vaccine Bait — Pennsylvania, 2009

Since 2003, the U.S. Department of Agriculture's Wildlife Services has coordinated a multistate oral rabies vaccination (ORV) program for wildlife in a 15-state zone extending from Maine to Alabama and in Texas. The program seeks to enhance local control and prevent the spread of epizootic rabies among raccoons and, in Texas, among gray foxes and coyotes. The program uses baits containing liquid vaccinia-rabies glycoprotein (V-RG) recombinant virus vaccine. Because contact with ruptured baits can produce vaccinia virus infection in certain persons, surveillance for human and domestic animal contact with the baits is conducted, relying largely on reports from persons who find baits and call telephone numbers printed on them. In August 2009, during the autumn baiting campaign in western Pennsylvania, a woman aged 35 years who was taking immunosuppressive medication for inflammatory bowel disease contacted the Pennsylvania Department of Health (PADOH) after handling a ruptured bait, which had leaked liquid rabies vaccine onto a patch of abraded skin on her right hand. The patient subsequently developed vaccinia virus infection and was treated with human vaccinia immune globulin intravenous (VIGIV) and an investigational antiviral agent. This report describes this case, which was the second case of human vaccinia infection related to the ORV program. Public health agencies should educate the public, and particularly pet owners, regarding potential hazards associated with handling wildlife rabies vaccine baits and should provide guidance for persons exposed to this vaccine.

The ORV program uses an orally delivered animal vaccine, Raboral V-RG (Merial, Inc., Athens, Georgia) (*1*). This vaccine consists of a partially attenuated recombinant vaccinia virus (Copenhagen strain) with a gene encoding for rabies virus glycoprotein (*2*). Persons with immunosuppressive conditions or exfoliative dermatologic conditions are at greater risk for

complications (e.g., progressive vaccinia or eczema vaccinatum) when exposed to the vaccinia virus contained in Raboral V-RG vaccine. Currently, 15 states distribute ORV baits for raccoons, and Texas distributes baits for gray foxes and coyotes. The V-RG vaccine is delivered via a bait made from a fishmeal block (or a dog food block for coyotes) encasing a sealed plastic packet containing approximately 2 mL of vaccine (Figure 1) (*1*). During August-September 2009, ORV bait distribution was conducted in nonresidential areas by airplane and in rural communities by hand, in parts of western Pennsylvania, Ohio, and West Virginia.

Case Report

In early August 2009, a woman aged 35 years was picking blackberries in a rural area of Pennsylvania where ORV baits recently had been distributed. Her dog picked up a bait in his mouth and punctured the bait with his teeth. After the dog dropped the bait, the woman picked it up, and V-RG vaccine dripped from the bait onto her right hand and wrist, including sites that had been abraded by blackberry thorns. Approximately 30 minutes passed before the woman was able to wash her hands. She telephoned the ORV helpline number printed on the bait, and her call was referred to PADOH. The woman had a history of inflammatory bowel disease, for which she was taking multiple immunosuppressive medications. These medications included a suppressor of T and B cell proliferation (taken daily) and a tumor necrosis factor-alpha (TNF-alpha) blocker (taken once every 6 weeks, with the last dose on July 13); she had no smallpox vaccination scar and reported no history of smallpox vaccination.

On day 1 after her exposure to the V-RG vaccine, her physician obtained a baseline serum specimen for analysis of rabies virus neutralizing antibody (by direct virus neutralization) and orthopoxirus (vaccinia) immunoglobulin IgG and immunoglobulin IgM antibodies (by enzyme-linked immunosorbent assay). In addition, photos were taken of her right hand abrasions, and she was instructed to watch for signs of infection in her hand. On day 4, she reported several red papules on her right hand. She visited a local hospital emergency department, where scrapings of the papules were obtained and submitted to the PADOH Bureau of Laboratories. The woman was discharged from the emergency department and advised to stop taking her immunosuppressant medications.

On day 5, a real-time polymerase chain reaction (PCR) assay of the scrapings tested positive for nonvariola *Orthopoxvirus* DNA. Subsequent testing performed at CDC confirmed the presence of vaccinia virus DNA and rabies virus G protein DNA in papule material and serologic evidence of rabies virus neutralizing antibodies. Neither *Orthopoxvirus* IgG nor IgM antibodies were detected.

FIGURE 1. Rabies vaccine delivered to raccoons via a bait consisting of a fishmeal block (left) encasing a sealed plastic packet containing the vaccine (right) — Pennsylvania, 2009

Photo/U.S. Department of Agriculture Wildlife Services

On day 6, the papules had increased in number and size, and the patient was hospitalized. Physical examination on admission showed multiple papules on erythematous bases on the patient's right hand, wrist, and arm, including three that appeared to be early vesicles. Because of the patient's immune suppression and concerns about progressive vaccinia, she was administered a single dose (6,000 IU/kg) of VIGIV (Cangene Corporation, Winnipeg, Canada) provided by CDC. Contact precautions were utilized while the patient was hospitalized.

On day 9, she had 26 classic vaccinia virus lesions, including one on a site on her right arm that might not have been in contact with the vaccine initially. The patient was afebrile and not experiencing symptoms related to her inflammatory bowel disease. However, on day 11, she experienced myalgia and headache; she had pronounced redness and edema in her right hand (Figure 2), accompanied by right axillary adenopathy. The patient remained afebrile, but was taking an antipyretic pain medication. At that time, her physician decided that to prevent exacerbation of her inflammatory bowel disease the patient soon would need to restart her immunosuppressive medications. On day 12, in an attempt to reduce viral replication and prevent progressive vaccinia, a second 6,000 IU/kg dose of VIGIV was administered along with the investigational antiviral agent, ST-246 (SIGA Technologies, Corvalis, Oregon). The ST-246 was administered orally for 14 days after a compassionate use authorization was approved by the Food and Drug Administration.

FIGURE 2. Female patient aged 35 years exhibits vaccinia virus lesions and pronounced redness and edema on her right hand on day 11 after contact with an animal rabies vaccine bait — Pennsylvania, 2009

Photo/C. Encarnacion, MD

On day 13, the patient began receiving phased reintroduction of her immunosuppressive medications. She was discharged on day 19. By day 28, all scabs from her lesions had separated and her underlying inflammatory bowel disease condition was stable. The patient remained *Orthopoxvirus* IgM negative throughout her illness.

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Editorial Note: The patient described in this report is only the second person documented with human vaccinia infection associated with the ORV baiting program, and the first infected person taking immunosuppressive medications. The one previous documented human vaccinia infection occurred in September 2000 in a pregnant woman aged 28 years with eczema who was bitten while pulling a ruptured bait from her dog's mouth (*2*). The patient in the current report was of particular concern for three reasons. First, she was immunosuppressed from medications to treat her inflammatory bowel disorder. Second, she had fresh abrasions and prolonged contact with V-RG vaccine (approximately 30 minutes) before washing her hands. Third, she did not exhibit features of a normal immune response for a person previously naive for *Orthopoxvirus* infection (i.e., an IgM antibody response was not detected.) Careful monitoring and prompt diagnostic evaluation allowed for timely medical interventions, and the vaccinia virus infection resolved. Although her treatment with 2 doses of VIGIV and ST-246 might have contributed to her recovery, the role of these agents is difficult to assess.

Since 1990, approximately 100 million doses of Raboral V-RG animal vaccine have been distributed in the United States by depositing baits by airplane or by hand in areas with dense populations of target wildlife species (e.g., raccoons in the eastern United States). Human or domestic animal contact with ORV baits has been reported rarely. In 2008, among 16 states where 10,339,969 baits were placed, 291 vaccine-related telephone calls involving human or domestic animal contact (2.8 per 100,000 baits) were reported by public health authorities (*3*).

The ORV packets containing the V-RG vaccine are durable and typically do not leak unless punctured. Both documented instances of human vaccinia virus infections caused by V-RG occurred after baits were found and punctured by dogs. Humans interacting with domestic animals (typically dogs, but occasionally cats) that find and eat baits are one of the most common sources of potential vaccine exposures (*4*). The Pennsylvania case described in this report underscores the importance of continuing to alert the public, particularly pet owners, during baiting season to the possibility of pets finding and ingesting baits, or carrying them into the home. Raboral V-RG has been tested for safety in dogs. Owners should not attempt to remove baits from a dog's mouth. Gloves or plastic bags should be used to pick up and examine baits if necessary and additional baits that might be picked up by dogs or other pets should be removed from the immediate area. Interviews with all persons who contact the ORV program helpline printed on the baits can enable early identification of persons at high risk for vaccinia virus infection. All callers should be asked about the nature of their contact with the bait and should be counseled to report any skin lesions. Persons with eye exposure should irrigate the eye with clean water for 15 minutes and should be referred promptly for an ophthalmologic examination. In the event of a documented infection, care should be taken to avoid transmission of the virus to household and other contacts of the patient (5).

Persons with a history of atopic dermatitis or other active exfoliative skin conditions and those with immune deficiencies or immunosuppressive conditions are at greater risk for adverse outcomes (e.g., eczema vaccinatum and progressive vaccinia) after infections with nonhighly attenuated variants of vaccinia virus (*6*), including Raboral V-RG (*7*). Healthcare practitioners should collect specimens promptly from the earliest signs of rash and small papules and submit them to an approved laboratory for testing for vaccinia virus by real-time PCR. Most state health department laboratories and

What is already known on this topic?

Cases of human vaccinia virus infection after contact with oral rabies vaccination (ORV) program baits are rare, but pose serious risks to persons with a history of eczema, immune deficiencies, or immunosuppressive conditions.

What is added by this report?

This report describes the second documented case in 9 years of human vaccinia virus infection related to a multistate ORV program and reinforces the need to educate the public, particularly pet owners, regarding potential hazards associated with handling wildlife rabies vaccine baits.

What are the implications for public health practice?

Public health agencies should educate persons to call the telephone number printed on any ORV bait they touch, and health-care practitioners should test such persons for vaccinia promptly if they develop signs of the disease.

others participating in the Laboratory Response Network are equipped to test clinical specimens for the presence of nonvariola *Orthopoxvirus* DNA.

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Human Rabies — Missouri, 2008

On November 24, 2008, the Missouri State Public Health Laboratory notified CDC of suspected rabies in a man aged 55 years from Missouri. The man had been bitten by a bat 4–6 weeks before symptom onset and had not sought medical care at the time of the bite. After visiting two emergency departments (EDs) with symptoms consistent with rabies, he was hospitalized on November 23 and treated using the Milwaukee protocol (*1*). On November 26, infection with a rabies virus variant associated with silver-haired bats was confirmed. The patient died on November 30. This report summarizes the patient's treatment and clinical course. The report highlights the importance of raising public awareness of rabies, particularly the risk for rabies after bat and other wildlife exposures. Health-care providers should maintain a high clinical suspicion for rabies in patients with a recent animal bite history and unexplained encephalitis.

Case Report

On November 19, a man in Missouri aged 55 years experienced pruritus on his left ear that spread to his left face and arm. On November 21, he began experiencing mild chest pain and went to a local ED. He was evaluated by electrocardiogram and cardiac enzymes; findings were negative for acute myocardial infarction. He was discharged with instructions to return if symptoms worsened. On November 22, the patient returned to the ED with panic attacks and anxiety associated with swallowing water. He reported that he had been bitten by a bat on the left earlobe 4–6 weeks earlier. He was treated with rabies post-exposure prophylaxis (PEP) consisting of 15.4 mL of rabies immune globulin and 1 mL of rabies human diploid cell vaccine, administered a tetanus-diphtheria vaccine booster, and released.

The next day, on November 23, the man visited a second ED because of continuing chest pain and new numbness of the left ear and face. He also reported difficulty in swallowing water. He told the ED physician that he had been bitten on the left ear by a bat and that he had received rabies PEP the previous day. He also reported a history of chronic neck and back pain that occasionally featured numbness. The physician told the patient that the PEP he had received was appropriate, but that it might not be helpful if it was administered late in the course of rabies disease. Before releasing him from the ED, the physician advised the patient that he should seek medical attention if his symptoms progressed.

Later the same day, the patient returned to the ED complaining of dehydration. ED staff members observed that he became anxious when he tried to drink fluids offered to him. The next day, on November 24, he was transferred to a tertiary-care facility. The differential diagnoses on admission included rabies and other causes of infectious meningitis and encephalitis. A lumbar puncture yielded cerebrospinal fluid (CSF) with glucose of 78 mg/dL (normal = 50–80 ng/dL), protein 39 mg/dL (normal = 15–45 mg/dL), six red blood cells/mm^3 (normal = 0), and one white blood cell /mm^3 (normal = 0–3 cells/mm^3); differential showed lymphocytic predominance of 68%, 26% monocytes, and 6% neutrophils.

Complete blood cell count, metabolic panel, drug screen, and computerized tomography scan of the head were unremarkable. Serum, CSF, nuchal skin biopsy, and saliva were collected and submitted on November 24 to CDC, where a rabies diagnosis was confirmed on November 26. Viral antigen and RNA were detected by CDC in the skin biopsy by direct fluorescent antibody testing and reverse transcription–polymerase chain reaction (RT-PCR), respectively. Viral RNA also was detected in the patient's saliva by RT-PCR. Serum was positive for neutralizing antibodies against rabies by rapid fluorescent focus inhibition test (RFFIT), and CSF was negative by RFFIT and indirect fluorescent antibody. Rabies viral RNA amplified by RT-PCR was typed as a variant common to silver-haired bats (*Lasionycteris noctivagans*).

On November 25, the patient began rabies treatment using the Milwaukee protocol (*1*), which included coma induction and administration of amantadine. On the following day, he became bradycardic and hypotensive and was administered atropine and dopamine. On November 28, the dopamine was replaced with norepinephrine for persistent hypotension and bradycardia. The patient received diuretics because of signs of increased intracranial pressure. On November 29, his hypotension worsened, he developed oliguric acute renal failure with lactic acidosis and was placed on dialysis. When signs of increased intracranial pressure herniation were detected on November 30, the family elected to withdraw life support, and the patient died shortly thereafter. Autopsy confirmed the suspected cerebellar tonsillar herniation and moderate bilateral uncal herniation. On histological examination, multiple neurons had eosinophilic cytoplasmic inclusion bodies, particularly in specimens from the hippocampi, nucleus basalis, and Purkinje cells.

Public Health Investigation

On November 23, the Texas County Health Department (TCHD) was notified of a suspected rabies patient and informed the Missouri Department of Health and Senior Services on November 24. After CDC confirmed on November 26 that the patient had rabies, TCHD initiated interviews with family, friends, and hospital personnel to clarify the patient's exposure history and determine whether any contacts of the patient required rabies PEP according to Advisory Committee on Immunization Practices (ACIP) criteria. The family described an encounter with a bat that had occurred at their home approximately 4–6 weeks before onset of symptoms. Family members reported that they saw the bat in the rafters of the front porch for several days before it flew into the house. The patient caught the bat and allowed it to crawl up his arm and neck, and it bit him on the left ear. At the time of the bite, he mentioned to his family the possibility of rabies transmission from bats, but did not report the incident to public health authorities or seek medical evaluation. Instead, the patient, an avid outdoorsman who had kept many wild animals as pets, left the bat unrestrained in the house for 2 days. When the bat appeared to be well after that period, he released it outside.

Four family members and friends were identified who might have been exposed to saliva from the patient or the bat. All four received rabies PEP beginning on November 26. Among approximately 40 health-care workers who had administered care to the patient in the EDs and at the tertiary-care facility, only one was deemed to meet the ACIP guidelines for PEP, because that person had not worn gloves when examining the patient's mouth. The patient owned a dog and cat, which might have been bitten by the bat. The dog, which had been vaccinated against rabies, received a rabies vaccine booster and was placed under a 45-day home quarantine. The cat, which had never been vaccinated against rabies, was immunized and placed under 6-month quarantine at a local veterinary facility. Neither the animals nor the humans who received PEP in connection with this case have developed any signs or symptoms of rabies infection.

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Editorial Note: The death described in this report illustrates the importance of promptly seeking medical evaluation after any potential bat exposure (i.e., any direct contact between a human and a bat) regardless of the health of the bat. Rabies is preventable if rabies immune globulin and vaccine are administered soon after an exposure (*4*). Bat exposures are of special concern because of the higher risk associated with bat exposures and because the wounds they inflict often are minor and easily overlooked. For bat contacts, even finding a bat in the same room might qualify as a potential exposure if the person might be unaware that a bite or direct contact had occurred (e.g., a deeply sleeping person awakens to find a bat in the room, an adult sees a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person), although such situations should not be considered exposures if rabies can be ruled out by diagnostic testing of the bat, or circumstances suggest it is unlikely that an exposure took place (*4*).

Once symptoms begin, rabies has no standard treatment and is nearly always fatal. The Milwaukee protocol is an experimental treatment for rabies that was first used in 2004 as therapy

What is already known on this topic?

Although rabies is a fatal disease that has no known cure, it is preventable with timely and proper administration of rabies postexposure prophylaxis.

What is added by this report?

In November 2008, a Missouri man aged 55 years died from rabies after handling and being bitten by a bat, and not seeking medical care.

What are the implications for public health practice?

Public education should emphasize avoiding exposure to bats and other potentially rabies-infected wildlife, and the importance of proper wound care and seeking prompt medical attention after potential exposures from such animals.

in a Wisconsin patient who recovered from the disease (*1*). Subsequent attempts to treat rabies patients have been unsuccessful in North America (*5*,*6*); however, initial recovery was noted in one patient in Equatorial Guinea, whose subsequent death was attributed to malnutrition rather than rabies (*7*).

The case described in this report is the first case of human rabies in Missouri since 1959. During 2000–2008, a total of 27 human rabies cases were reported in the United States and Puerto Rico, including six cases acquired overseas. Among the 21 domestically acquired cases, 19 (90%) were associated with bat variants of the rabies virus. In Missouri, principal reservoirs of rabies are bats and skunks (*8*). The bat that exposed the patient in this report should have been submitted for testing. All bats or wild terrestrial carnivores implicated in a possible rabies exposure should be euthanized and tested for rabies. Testing ensures that rabies PEP can be administered in time to prevent disease, if needed, or that unnecessary PEP can be avoided. The public should be educated that wild animals often mask outward signs of rabies illness, and that observation, as used in this case, is not a recommended method to rule out rabies. Health-care providers should include rabies in the differential diagnosis of any patient with a recent animal bite history and unexplained encephalitis, and laboratory diagnosis should be pursued promptly.

Five contacts of the patient in this report received PEP. Of these five persons, only one was a health-care worker. A review of human rabies cases during 1980–1996 found that a median of 54 contacts (range: 4–179) received PEP per case (*3*). According to indications for rabies PEP described by ACIP (*4*), few if any health-care workers in facilities that consistently use standard infection-control measures would be expected to require PEP.

Public education remains an important part of rabies prevention. Persons who are unvaccinated against rabies or lack appropriate training should be warned against handling bats (*4*). Campaigns aimed at elevating rabies awareness also should address misconceptions and attitudes that can lead to a lack of timely responsiveness to rabies virus exposures.

Acknowledgments

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Announcement

Vision Health Initiative Website

CDC has created a new Vision Health Initiative website with information regarding vision and eye health, projects with diverse stakeholders, journal publications and reports, and vision health–related resources for professionals and consumers. The website includes an interactive map displaying state-specific vision and eye health statistics. With this tool, states that use the Behavioral Risk Factor Surveillance System visual impairment and access to eye care module can produce reports and presentations with data specific to their states. The website can be accessed at http://www.cdc.gov/visionhealth.

In 2004, approximately 3.3 million persons aged ≥40 years had blindness or visual impairment; this number is predicted to double by 2030 because of increases in diabetes and other chronic diseases and aging of the U.S. population (*1*). With early detection and treatment, half of all blindness can be prevented or reversed (*2*).

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Announcement

Application Deadline for The CDC Experience Applied Epidemiology Fellowship — December 4, 2009

The CDC Experience is a 1-year fellowship in applied epidemiology for third- and fourth-year medical students. Nine competitively selected fellows spend 10–12 months at CDC in Atlanta, Georgia, where they conduct epidemiologic analyses in areas of public health that interest them. The fellowship provides opportunities to enhance skills in research and analytic thinking, written and oral scientific presentations, and the practices of preventive medicine and public health.

Through this training, fellows acquire practical tools for approaching population-based health problems. Graduates of The CDC Experience have an appreciation of the role of epidemiology in medicine and health and are able to apply their knowledge and skills to enhance their clinical acumen and help improve the quality of the U.S. health-care system.

Information on applying for The CDC Experience is available at http://www.cdc.gov/cdcexperiencefellowship. Applications for the class of 2010–11 must be submitted by December 4, 2009. Questions can be addressed to Virginia Watson, program coordinator, by e-mail (VWatson1@cdc.gov).

Announcement

First Global Ministerial Conference on Road Safety — November 19–20, 2009

The number of persons worldwide who die in road traffic crashes each year is estimated at 1.3 million, accounting for more than 3,000 deaths each day. Ninety percent of these road traffic deaths occur in low- and middle-income countries, where the $65 billion in costs attributed to these deaths exceeds the total amount these countries receive in development assistance (*1*).

During November 19–20, 2009, the government of the Russian Federation will host the First Global Ministerial Conference on Road Safety. The goal of this meeting is to draw attention to the growing problem of road traffic crashes worldwide and the need for immediate and sustained action. The Ministerial Conference represents a historic opportunity for ministers of health, transport, education, and foreign affairs to come together with the world's leading road safety experts to focus on this critical public health issue. Additional information regarding the conference is available at http://www.who.int/roadsafety/ministerial_conference/en/index.html.

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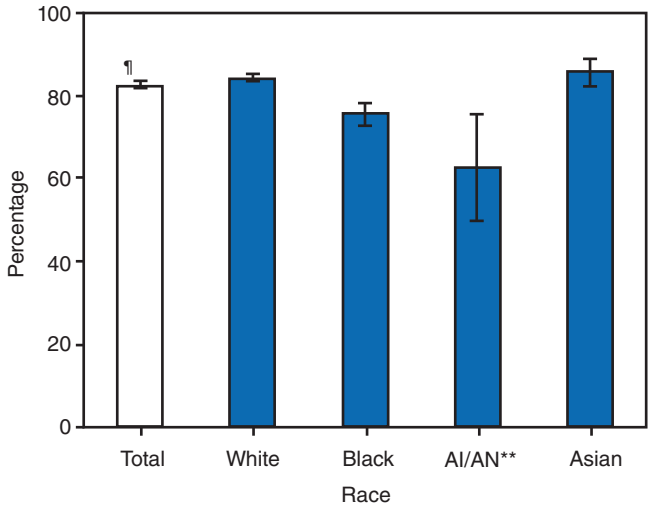
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children Aged <18 Years Who Had Excellent or Very Good Health,* by Race† — National Health Interview Survey, United States, 2008§



* In response to the question, "Would you say [subject's name]'s health in general was excellent, very good, good, fair, or poor?" Health status data were obtained by asking adult respondents to assess their own health and that of other family members living in the same household.
† Categories shown are limited to children of only a single race. Total includes other race categories not shown because of small sample sizes.
§ Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample child component. Estimates were age adjusted using the projected 2000 U.S. population as the standard population and the following age groups: 0–4 years, 5–11 years, and 12–17 years.
¶ 95% confidence interval.
** American Indian/Alaska Native.

In 2008, 82.5% of U.S. children had excellent or very good health. The percentage of children who had excellent or very good health ranged from 62.6% for AI/AN children to 85.6% for Asian children. Asian and white children had higher percentages of excellent or very good health compared with black and AI/AN children.

SOURCE: National Health Interview Survey, 2008 data. Available at http://www.cdc.gov/nchs/nhis.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 31, 2009 (43rd week)*

Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2008	2007	2006	2005	2004	
Anthrax	—	—	—	—	1	1	—	—	
Botulism:									
foodborne	—	12	0	17	32	20	19	16	
infant	—	41	2	109	85	97	85	87	
other (wound and unspecified)	—	18	0	19	27	48	31	30	
Brucellosis	1	82	2	80	131	121	120	114	VA (1)
Chancroid	—	21	1	25	23	33	17	30	
Cholera	—	8	0	5	7	9	8	6	
Cyclosporiasis§	—	113	1	139	93	137	543	160	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	33	1	62	55	67	80	112	
eastern equine	—	4	0	4	4	8	21	6	
Powassan	—	1	0	2	7	1	1	1	
St. Louis	—	8	0	13	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	10	664	12	1,137	828	578	506	338	NY (1), OH (1), MN (1), MO (1), VA (2), NC (2), TN (2)
Ehrlichia ewingii	—	6	0	9	—	—	—	—	
Anaplasma phagocytophilum	10	529	13	1,026	834	646	786	537	NY (2), MN (7), VA (1)
undetermined	—	103	3	180	337	231	112	59	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	—	22	1	30	22	29	9	19	
nonserotype b	—	155	3	244	199	175	135	135	
unknown serotype	6	192	2	163	180	179	217	177	NY (3), OH (1), MO (1), NM (1)
Hansen disease§	—	51	2	80	101	66	87	105	
Hantavirus pulmonary syndrome§	—	10	0	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	1	167	5	330	292	288	221	200	CA (1)
Hepatitis C viral, acute	13	1,637	15	878	845	766	652	720	PA (2), MI (1), MN (2), FL (2), TN (3), TX (1), CA (2)
HIV infection, pediatric (age <13 years)§§	—	—	3	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	18	210	0	90	77	43	45	—	NY (1), IN (1), VA (1), LA (2), CA (8), MS (1), OK (1), TX (2), WV (1)
Listeriosis	10	612	19	759	808	884	896	753	NY (4), KY (1), CA (5)
Measles***	—	59	0	140	43	55	66	37	
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	1	208	4	330	325	318	297	—	TX (1)
serogroup B	—	112	2	188	167	193	156	—	
other serogroup	—	22	1	38	35	32	27	—	
unknown serogroup	3	364	10	616	550	651	765	—	TX (1), CA (2)
Mumps	24	386	11	454	800	6,584	314	258	NY (6), NYC (17), FL (1)
Novel influenza A virus infections	—	§§§	—	2	4	N	N	N	
Plague	—	7	0	3	7	17	8	3	
Poliomyelitis, paralytic	—	—	—	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	—	7	0	8	12	21	16	12	
Q fever total§,¶¶¶:	2	73	2	124	171	169	136	70	
acute	2	62	1	110	—	—	—	—	OH (1), CA (1)
chronic	—	11	0	14	—	—	—	—	
Rabies, human	—	1	0	2	1	3	2	7	
Rubella****	—	4	0	16	12	11	11	10	
Rubella, congenital syndrome	—	1	—	—	—	1	1	—	
SARS-CoV§,††††	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	115	2	157	132	125	129	132	
Syphilis, congenital (age <1 yr)	—	178	7	434	430	349	329	353	
Tetanus	—	10	1	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	1	67	1	71	92	101	90	95	PA (1)
Trichinellosis	—	12	0	39	5	15	16	5	
Tularemia	—	68	2	123	137	95	154	134	
Typhoid fever	2	292	6	449	434	353	324	322	CA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	1	62	1	63	37	6	2	—	NY (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	2	1	3	1	
Vibriosis (noncholera *Vibrio* species infections)§	14	499	7	492	549	N	N	N	VA (1), FL (3), WA (5), CA (5)
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 31, 2009 (43rd week)*

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

* Incidence data for reporting year 2009 is provisional, whereas data for 2004 through 2008 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. The total sum of incident cases is then divided by 25 weeks. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).

†† Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

§§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

¶¶ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 129 influenza-associated pediatric deaths associated with 2009 pandemic influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 85 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 124 influenza-associated pediatric death occurring during the 2008-09 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.

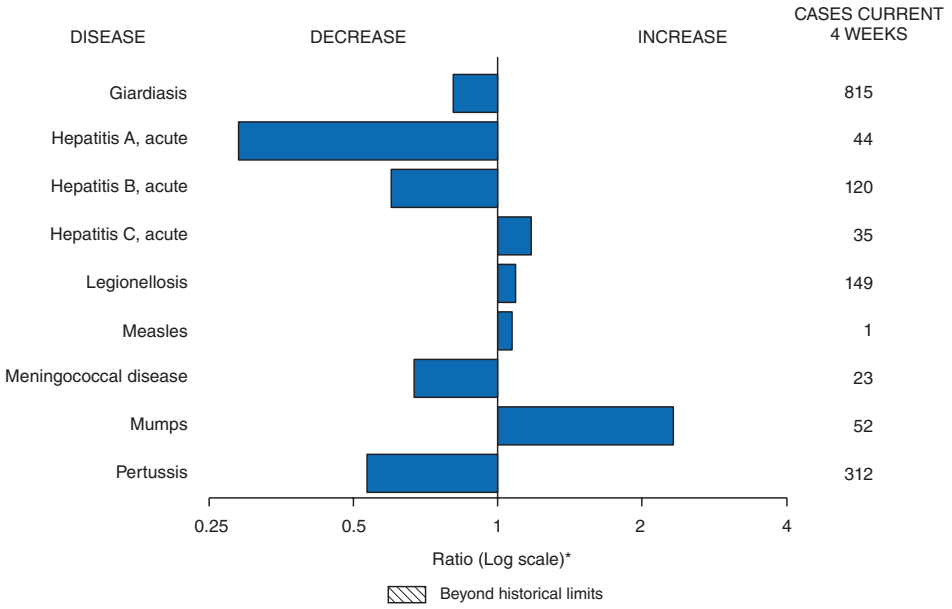
§§§ CDC discontinued reporting of individual confirmed and probable cases of novel influenza A (H1N1) viruses infections on July 24, 2009. CDC will report the total number of novel influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu).

¶¶¶ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

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

†††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 31, 2009, with historical data



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Chlamydia†					Coccidiodomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 week		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	11,243	22,267	25,700	921,504	981,546	46	180	472	9,021	5,267	61	123	369	5,708	7,507
New England	549	756	1,655	32,733	30,519	—	0	1	1	1	—	6	41	364	355
Connecticut	226	222	1,306	9,630	9,307	N	0	0	N	N	—	0	34	34	41
Maine§	—	47	75	1,915	2,114	N	0	0	N	N	—	0	4	39	42
Massachusetts	192	357	945	15,735	14,027	N	0	0	N	N	—	2	15	150	154
New Hampshire	—	38	61	1,362	1,720	—	0	1	1	1	—	1	5	61	54
Rhode Island§	102	69	244	3,109	2,379	—	0	0	—	—	—	0	8	15	7
Vermont§	29	22	64	982	972	N	0	0	N	N	—	1	7	65	57
Mid. Atlantic	2,839	2,976	6,734	127,944	121,603	—	0	0	—	—	7	13	35	657	647
New Jersey	—	388	838	16,651	18,594	N	0	0	N	N	—	0	2	8	38
New York (Upstate)	940	584	4,563	26,459	22,758	N	0	0	N	N	3	3	12	192	233
New York City	1,247	1,139	3,130	49,548	45,936	N	0	0	N	N	—	1	8	65	95
Pennsylvania	652	827	1,001	35,286	34,315	N	0	0	N	N	4	8	19	392	281
E.N. Central	904	3,426	4,080	140,406	159,802	1	0	4	30	38	4	26	54	1,222	1,918
Illinois	303	1,084	1,376	43,338	48,900	N	0	0	N	N	—	2	8	122	191
Indiana	191	418	713	18,676	17,796	N	0	0	N	N	—	4	17	175	169
Michigan	369	865	1,332	37,463	37,514	—	0	3	16	29	1	5	11	226	236
Ohio	41	803	1,177	27,315	38,108	1	0	2	14	9	3	7	16	328	622
Wisconsin	—	333	494	13,614	17,484	N	0	0	N	N	—	8	22	371	700
W.N. Central	68	1,318	1,684	54,080	55,644	—	0	1	8	2	8	18	62	902	859
Iowa	—	185	256	7,808	7,517	N	0	0	N	N	—	3	13	180	260
Kansas	2	143	555	6,731	7,686	N	0	0	N	N	—	1	6	61	77
Minnesota	1	255	342	10,493	11,865	—	0	0	—	—	6	5	34	301	188
Missouri	—	511	646	21,157	20,285	—	0	1	8	2	2	3	12	156	159
Nebraska§	65	103	219	4,431	4,433	N	0	0	N	N	—	2	9	101	100
North Dakota	—	31	75	1,323	1,469	N	0	0	N	N	—	0	10	11	6
South Dakota	—	56	80	2,137	2,389	N	0	0	N	N	—	2	10	92	69
S. Atlantic	2,444	3,916	5,448	163,180	201,994	—	0	1	5	4	12	21	45	908	861
Delaware	105	86	180	3,944	3,061	—	0	1	1	1	—	0	2	8	11
District of Columbia	—	125	226	5,440	5,738	—	0	0	—	—	—	0	1	2	13
Florida	664	1,421	1,666	60,606	59,132	N	0	0	N	N	10	8	24	387	389
Georgia	3	746	1,909	25,678	34,697	N	0	0	N	N	1	6	23	298	213
Maryland§	316	422	772	17,323	19,506	—	0	1	4	3	—	1	5	35	38
North Carolina	—	0	1,193	—	29,384	N	0	0	N	N	—	0	9	58	60
South Carolina§	474	540	1,421	20,879	22,003	N	0	0	N	N	1	1	7	46	45
Virginia§	767	609	926	26,261	25,795	N	0	0	N	N	—	1	7	60	69
West Virginia	115	70	101	3,049	2,678	N	0	0	N	N	—	0	2	14	23
E.S. Central	1,346	1,738	2,210	75,312	70,697	—	0	0	—	—	8	3	10	186	150
Alabama§	96	467	626	19,508	20,668	N	0	0	N	N	—	1	5	51	64
Kentucky	471	243	458	10,633	9,964	N	0	0	N	N	3	1	4	55	30
Mississippi	294	457	840	19,960	16,984	N	0	0	N	N	—	0	3	12	16
Tennessee§	485	582	809	25,211	23,081	N	0	0	N	N	5	1	4	68	40
W.S. Central	374	2,831	5,455	119,149	123,820	—	0	1	1	3	3	11	271	433	1,840
Arkansas§	—	272	417	11,532	11,879	N	0	0	N	N	1	1	5	45	79
Louisiana	149	392	1,134	16,267	18,305	—	0	1	1	3	—	0	6	29	56
Oklahoma	225	175	2,729	11,496	10,993	N	0	0	N	N	1	2	11	110	116
Texas§	—	1,975	2,522	79,854	82,643	N	0	0	N	N	1	7	258	249	1,589
Mountain	480	1,433	2,145	58,537	61,236	1	133	369	6,985	3,556	3	9	26	453	524
Arizona	58	460	736	18,525	20,533	1	131	365	6,897	3,469	—	1	3	27	81
Colorado	—	372	727	13,859	14,564	N	0	0	N	N	2	2	10	120	99
Idaho§	155	67	313	2,900	3,000	N	0	0	N	N	—	1	7	76	60
Montana§	—	56	88	2,402	2,543	N	0	0	N	N	1	1	4	49	41
Nevada§	99	170	477	8,147	7,929	—	1	4	51	46	—	0	2	21	16
New Mexico§	111	181	540	7,476	6,400	—	0	2	9	29	—	2	7	111	165
Utah	22	94	176	3,568	4,979	—	0	2	27	10	—	0	3	30	39
Wyoming§	35	34	97	1,660	1,288	—	0	1	1	2	—	0	2	19	23
Pacific	2,239	3,568	4,683	150,163	156,231	44	42	172	1,991	1,663	16	13	25	583	353
Alaska	—	94	199	3,210	3,881	N	0	0	N	N	—	0	1	6	3
California	1,584	2,715	3,593	116,841	121,473	44	42	172	1,991	1,663	13	7	20	350	210
Hawaii	—	118	147	4,772	4,920	N	0	0	N	N	—	0	1	1	2
Oregon§	389	198	631	8,061	8,252	N	0	0	N	N	3	3	8	154	56
Washington	266	399	571	17,279	17,705	N	0	0	N	N	—	1	9	72	82
American Samoa	—	0	0	—	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	1	8	—	115	—	0	0	—	—	—	0	0	—	—
Puerto Rico	246	132	332	6,141	5,882	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	9	17	290	542	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	195	323	497	14,487	15,363	2,490	5,309	6,918	219,247	276,983	22	60	124	2,414	2,277
New England	7	29	64	1,364	1,406	78	94	301	4,069	4,331	—	3	16	158	138
Connecticut	1	6	15	247	279	50	46	275	1,957	2,155	—	0	12	43	33
Maine§	3	3	13	180	155	—	2	9	111	80	—	0	2	17	14
Massachusetts	—	12	36	580	586	16	39	112	1,596	1,711	—	2	5	78	66
New Hampshire	—	2	11	144	139	—	2	6	86	84	—	0	2	10	9
Rhode Island§	—	1	6	44	78	11	6	19	281	273	—	0	7	6	8
Vermont§	3	3	14	169	169	1	1	4	38	28	—	0	1	4	8
Mid. Atlantic	36	63	104	2,686	2,871	481	585	1,138	25,948	27,085	8	11	25	494	428
New Jersey	—	7	17	215	438	—	87	122	3,502	4,405	—	2	7	93	74
New York (Upstate)	27	24	81	1,117	996	110	109	664	4,931	5,067	6	3	20	127	127
New York City	1	16	24	672	721	244	212	577	9,323	8,492	—	2	11	86	72
Pennsylvania	8	15	33	682	716	127	188	255	8,192	9,121	2	4	10	188	155
E.N. Central	13	45	70	1,931	2,298	315	1,081	1,436	43,646	57,164	5	12	28	508	376
Illinois	—	9	18	379	613	128	331	451	13,279	17,004	—	3	9	126	123
Indiana	N	0	11	N	N	42	142	252	6,011	7,204	—	1	22	58	64
Michigan	4	12	21	533	508	130	276	496	12,320	14,242	1	0	3	19	19
Ohio	9	16	28	685	742	15	251	431	8,614	13,568	4	2	6	86	114
Wisconsin	—	8	19	334	435	—	87	140	3,422	5,146	—	3	20	219	56
W.N. Central	13	24	141	1,254	1,719	24	282	373	11,724	14,050	3	3	15	136	170
Iowa	1	6	15	251	278	—	32	53	1,287	1,331	—	0	0	—	2
Kansas	—	2	11	96	144	2	44	83	1,889	1,888	—	0	2	13	17
Minnesota	—	0	104	250	590	—	42	63	1,722	2,568	1	0	10	48	54
Missouri	6	8	30	421	403	—	128	173	5,343	6,684	2	1	4	46	61
Nebraska§	6	3	9	151	171	22	24	55	1,144	1,198	—	0	4	23	25
North Dakota	—	0	16	23	15	—	2	14	82	102	—	0	4	6	11
South Dakota	—	1	7	62	118	—	6	20	257	279	—	0	0	—	—
S. Atlantic	50	73	109	3,096	2,432	697	1,149	1,956	47,172	70,724	2	14	31	594	578
Delaware	—	0	3	22	36	23	18	37	809	881	—	0	1	3	6
District of Columbia	—	0	5	19	57	—	50	88	2,153	2,151	—	0	1	1	7
Florida	43	38	59	1,614	1,039	255	411	486	17,546	19,606	1	4	10	192	150
Georgia	—	11	67	749	569	1	251	876	8,681	12,970	1	3	9	131	119
Maryland§	—	5	11	222	232	99	114	197	4,732	5,261	—	1	6	78	83
North Carolina	N	0	0	N	N	—	0	470	—	12,717	—	0	17	61	63
South Carolina§	1	2	8	85	101	149	167	412	6,625	8,022	—	1	5	53	52
Virginia§	6	8	31	344	334	164	147	308	6,212	8,503	—	1	6	48	77
West Virginia	—	1	5	41	64	6	10	23	414	613	—	0	3	27	21
E.S. Central	3	8	22	327	420	418	506	687	21,710	25,478	—	3	9	132	117
Alabama§	—	3	11	151	241	53	138	202	5,572	8,153	—	1	4	32	19
Kentucky	N	0	0	N	N	136	72	135	3,134	3,825	—	0	5	19	6
Mississippi	N	0	0	N	N	94	143	252	6,218	6,096	—	0	1	4	13
Tennessee§	3	4	18	176	179	135	160	230	6,786	7,404	—	2	6	77	79
W.S. Central	11	8	22	361	373	121	843	1,423	34,702	42,431	1	2	22	91	100
Arkansas§	6	2	9	125	124	—	82	134	3,543	3,877	—	0	2	13	12
Louisiana	—	2	8	96	122	44	131	420	5,203	7,810	—	0	1	12	9
Oklahoma	5	3	18	140	127	77	66	612	3,915	4,040	1	1	20	64	70
Texas§	N	0	0	N	N	—	555	696	22,041	26,704	—	0	1	2	9
Mountain	10	26	61	1,277	1,364	55	171	234	6,853	9,735	3	5	11	200	245
Arizona	—	3	9	163	117	20	53	88	2,188	2,854	—	1	7	67	92
Colorado	5	8	26	399	476	—	49	106	1,933	3,127	1	1	6	61	47
Idaho§	5	3	10	155	167	3	2	13	79	135	—	0	1	3	12
Montana§	—	2	11	117	79	—	1	5	60	105	—	0	1	1	3
Nevada§	—	2	11	95	100	13	29	93	1,439	1,844	—	0	2	16	16
New Mexico§	—	2	8	94	95	18	24	52	933	1,135	1	0	3	22	38
Utah	—	6	12	203	292	—	3	11	157	426	1	1	2	27	34
Wyoming§	—	1	4	51	38	1	1	5	64	109	—	0	1	3	3
Pacific	52	51	130	2,191	2,480	301	541	764	23,423	25,985	—	2	8	101	125
Alaska	—	2	7	94	90	—	15	24	550	452	—	0	3	15	18
California	37	34	56	1,432	1,627	232	457	657	19,734	21,343	—	0	4	25	41
Hawaii	—	0	2	14	40	—	11	24	504	521	—	0	3	23	16
Oregon§	6	7	18	330	393	39	20	42	814	1,010	—	1	3	35	48
Washington	9	7	74	321	330	30	43	71	1,821	2,659	—	0	2	3	2
American Samoa	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	72	—	0	0	—	—
Puerto Rico	—	2	10	101	191	6	4	24	200	230	—	0	1	3	1
U.S. Virgin Islands	—	0	0	—	—	—	2	7	80	106	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2009	A: Cum 2008	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2009	B: Cum 2008	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2009	Legionellosis: Cum 2008
United States	13	35	89	1,526	2,199	37	64	197	2,541	3,150	38	51	149	2,546	2,630
New England	—	2	5	82	117	—	1	4	34	70	—	3	16	142	183
Connecticut	—	0	2	18	26	—	0	3	11	25	—	1	5	48	37
Maine§	—	0	2	1	12	—	0	2	12	10	—	0	3	8	9
Massachusetts	—	1	4	47	54	—	0	1	8	21	—	1	9	59	77
New Hampshire	—	0	1	7	11	—	0	1	3	8	—	0	2	9	24
Rhode Island§	—	0	1	7	12	—	0	0	—	4	—	0	12	11	31
Vermont§	—	0	1	2	2	—	0	1	—	2	—	0	1	7	5
Mid. Atlantic	1	5	11	210	272	2	5	17	251	368	7	15	68	960	894
New Jersey	—	1	5	44	68	—	1	6	61	102	—	2	13	141	127
New York (Upstate)	1	1	3	42	57	1	1	11	47	54	5	5	29	308	296
New York City	—	2	5	66	92	—	1	4	53	82	—	2	20	188	119
Pennsylvania	—	1	6	58	55	1	2	7	90	130	2	6	25	323	352
E.N. Central	—	4	18	213	294	2	7	21	309	434	5	9	33	482	578
Illinois	—	1	12	93	99	—	1	6	58	164	—	1	10	77	102
Indiana	—	0	4	15	19	—	1	18	50	34	—	1	5	29	45
Michigan	—	1	5	57	106	—	2	8	102	119	—	2	11	121	155
Ohio	—	1	3	34	41	2	1	13	73	103	5	4	17	250	241
Wisconsin	—	0	4	14	29	—	0	4	26	14	—	0	1	5	35
W.N. Central	2	2	16	104	228	3	3	16	140	70	4	2	7	85	123
Iowa	—	0	3	31	105	—	0	3	26	19	—	0	2	19	19
Kansas	—	0	1	7	14	—	0	2	5	6	—	0	1	3	2
Minnesota	2	0	12	17	36	3	0	11	26	10	4	0	3	12	17
Missouri	—	0	3	27	29	—	1	5	63	28	—	1	4	38	63
Nebraska§	—	0	3	19	40	—	0	2	18	6	—	0	2	11	20
North Dakota	—	0	2	—	—	—	0	1	—	1	—	0	3	1	—
South Dakota	—	0	1	3	4	—	0	1	2	—	—	0	1	1	2
S. Atlantic	7	7	14	346	342	11	16	32	746	782	9	10	18	436	414
Delaware	—	0	1	3	7	U	0	1	U	U	—	0	5	16	11
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	8	15
Florida	5	4	9	159	126	6	6	11	244	275	7	3	10	154	119
Georgia	—	1	3	47	49	1	3	9	120	150	—	1	5	43	34
Maryland§	—	0	4	36	40	—	1	5	59	70	—	2	10	110	119
North Carolina	—	0	3	25	58	—	2	19	148	71	—	0	6	39	31
South Carolina§	—	1	4	44	15	1	1	4	42	58	—	0	1	8	10
Virginia§	2	1	2	29	42	3	2	10	77	88	2	1	5	50	49
West Virginia	—	0	1	3	5	—	0	19	56	70	—	0	2	8	26
E.S. Central	—	1	4	36	70	4	7	11	266	331	2	2	12	112	101
Alabama§	—	0	2	9	11	—	2	7	72	91	—	0	2	12	15
Kentucky	—	0	1	8	27	2	2	7	70	77	1	1	3	44	48
Mississippi	—	0	2	11	4	—	1	2	27	41	—	0	2	4	1
Tennessee§	—	0	2	8	28	2	2	6	97	122	1	1	9	52	37
W.S. Central	—	3	43	117	205	9	10	99	406	599	7	1	21	67	75
Arkansas§	—	0	1	8	7	—	1	5	43	56	—	0	1	7	13
Louisiana	—	0	1	3	11	—	1	4	33	78	—	0	2	4	9
Oklahoma	—	0	6	3	7	2	2	17	82	89	1	0	6	4	4
Texas§	—	3	37	103	180	7	6	76	248	376	6	1	19	52	49
Mountain	—	3	8	136	189	—	3	6	109	176	—	2	8	103	76
Arizona	—	2	6	64	94	—	1	3	38	66	—	1	4	40	17
Colorado	—	0	5	41	34	—	0	2	20	30	—	0	2	11	11
Idaho§	—	0	1	3	17	—	0	2	10	8	—	0	1	4	3
Montana§	—	0	1	6	1	—	0	0	—	2	—	0	2	5	4
Nevada§	—	0	2	10	11	—	0	3	27	42	—	0	2	11	9
New Mexico§	—	0	1	6	16	—	0	2	5	10	—	0	2	8	9
Utah	—	0	1	4	13	—	0	1	5	13	—	0	4	20	23
Wyoming§	—	0	1	2	3	—	0	2	4	5	—	0	2	4	—
Pacific	3	6	17	282	482	6	6	36	280	320	4	3	12	159	186
Alaska	—	0	1	3	4	—	0	1	2	10	—	0	1	1	1
California	3	5	16	226	395	4	4	28	203	223	2	3	9	123	145
Hawaii	—	0	1	5	16	—	0	1	4	7	—	0	1	1	8
Oregon§	—	0	2	15	24	—	0	4	34	39	—	0	2	12	16
Washington	—	0	4	33	43	2	0	8	37	41	2	0	4	22	16
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	18	22	—	0	5	18	46	—	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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All groups				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	230	438	1,821	25,196	28,928	8	22	44	971	1,030	4	16	48	706	982
New England	13	70	417	4,990	10,533	—	1	5	38	48	—	0	4	26	29
Connecticut	—	0	50	—	3,602	—	0	4	5	10	—	0	1	2	1
Maine§	12	10	76	787	696	—	0	1	2	1	—	0	1	4	5
Massachusetts	—	23	282	2,789	4,283	—	0	3	22	27	—	0	3	12	18
New Hampshire	—	11	82	898	1,478	—	0	1	3	4	—	0	1	3	4
Rhode Island§	—	0	78	188	121	—	0	1	4	2	—	0	1	4	1
Vermont§	1	4	38	328	353	—	0	1	2	4	—	0	1	1	—
Mid. Atlantic	156	249	1,401	14,559	11,436	—	6	13	243	281	—	2	6	74	109
New Jersey	—	35	322	3,536	3,179	—	0	1	1	62	—	0	2	8	14
New York (Upstate)	70	79	1,368	3,638	4,098	—	1	10	41	28	—	0	2	18	27
New York City	—	3	23	184	719	—	3	11	157	155	—	0	2	13	24
Pennsylvania	86	55	627	7,201	3,440	—	1	4	44	36	—	1	4	35	44
E.N. Central	1	17	206	1,977	2,181	1	3	10	129	133	—	3	9	120	173
Illinois	—	1	11	115	103	—	1	4	51	68	—	1	6	30	67
Indiana	—	1	6	53	39	—	0	3	15	5	—	0	3	28	23
Michigan	—	1	10	93	79	1	0	3	25	14	—	0	5	18	31
Ohio	1	0	5	49	42	—	0	6	31	28	—	1	3	34	33
Wisconsin	—	14	189	1,667	1,918	—	0	1	7	18	—	0	2	10	19
W.N. Central	15	4	336	214	831	1	1	8	56	64	—	1	9	58	85
Iowa	—	1	14	83	104	—	0	1	10	11	—	0	1	7	18
Kansas	—	0	2	14	15	—	0	1	4	9	—	0	2	8	5
Minnesota	15	0	326	90	692	1	0	8	24	23	—	0	4	11	22
Missouri	—	0	2	10	6	—	0	2	11	13	—	0	3	22	23
Nebraska§	—	0	3	16	11	—	0	1	6	8	—	0	1	7	11
North Dakota	—	0	10	—	—	—	0	0	—	—	—	0	3	1	3
South Dakota	—	0	1	1	3	—	0	1	1	—	—	0	1	2	3
S. Atlantic	40	63	222	3,176	3,652	1	6	17	284	250	—	2	9	126	139
Delaware	4	12	64	846	687	—	0	1	4	2	—	0	1	3	2
District of Columbia	—	0	5	19	64	—	0	2	5	4	—	0	0	—	—
Florida	13	1	9	96	69	—	2	7	82	49	—	1	4	46	47
Georgia	1	0	6	46	34	1	1	5	62	50	—	0	2	25	16
Maryland§	—	26	118	1,460	1,923	—	1	5	58	69	—	0	1	8	16
North Carolina	—	0	14	56	30	—	0	5	21	24	—	0	5	18	12
South Carolina§	—	0	3	28	23	—	0	1	4	9	—	0	1	11	20
Virginia§	22	11	61	483	702	—	1	5	46	41	—	0	1	10	21
West Virginia	—	0	33	142	120	—	0	1	2	2	—	0	2	5	5
E.S. Central	—	0	2	27	43	—	0	3	26	17	—	0	3	25	45
Alabama§	—	0	1	2	9	—	0	3	7	4	—	0	1	7	8
Kentucky	—	0	1	1	5	—	0	2	9	4	—	0	1	4	7
Mississippi	—	0	0	—	1	—	0	1	1	1	—	0	1	3	10
Tennessee§	—	0	2	24	28	—	0	3	9	8	—	0	1	11	20
W.S. Central	—	1	21	40	99	—	1	10	42	72	2	1	12	70	101
Arkansas§	—	0	0	—	—	—	0	1	4	—	—	0	2	8	13
Louisiana	—	0	0	—	3	—	0	1	3	3	—	0	3	11	22
Oklahoma	—	0	2	—	—	—	0	2	2	2	—	0	3	11	12
Texas§	—	1	21	40	96	—	1	9	33	67	2	1	9	40	54
Mountain	—	1	13	48	47	—	0	5	26	32	—	1	4	55	54
Arizona	—	0	2	5	8	—	0	2	8	14	—	0	2	13	9
Colorado	—	0	1	6	3	—	0	3	8	4	—	0	2	18	11
Idaho§	—	0	2	11	9	—	0	1	1	3	—	0	1	7	5
Montana§	—	0	13	3	4	—	0	3	5	—	—	0	2	4	4
Nevada§	—	0	2	12	11	—	0	1	—	4	—	0	2	4	7
New Mexico§	—	0	1	5	8	—	0	0	—	3	—	0	1	3	8
Utah	—	0	1	4	2	—	0	2	4	4	—	0	1	2	8
Wyoming§	—	0	1	2	2	—	0	0	—	—	—	0	2	4	2
Pacific	5	3	13	165	106	5	3	9	127	133	2	3	14	152	247
Alaska	—	0	1	2	6	—	0	1	2	5	—	0	2	6	8
California	5	2	10	138	60	4	2	6	94	97	2	2	8	102	179
Hawaii	N	0	0	N	N	—	0	1	1	3	—	0	1	4	5
Oregon§	—	0	3	15	30	—	0	2	11	4	—	0	6	27	31
Washington	—	0	12	10	10	1	0	3	19	24	—	0	6	13	24
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	3	2	—	0	0	—	3
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	78	282	1,697	11,452	8,190	29	65	140	3,125	3,644	6	28	179	1,252	2,043
New England	—	12	27	514	848	5	6	24	294	355	—	0	2	10	4
Connecticut	—	0	4	31	48	4	2	22	130	173	—	0	0	—	—
Maine†	—	1	10	73	33	—	1	4	47	48	—	0	2	5	1
Massachusetts	—	7	19	307	660	—	0	0	—	—	—	0	1	4	1
New Hampshire	—	1	7	65	27	—	0	7	26	42	—	0	0	—	1
Rhode Island†	—	0	7	28	69	—	1	6	42	31	—	0	2	—	1
Vermont†	—	0	1	10	11	1	1	4	49	61	—	0	1	1	—
Mid. Atlantic	12	22	64	933	931	10	12	23	527	800	—	1	29	62	116
New Jersey	—	4	12	150	182	—	0	0	—	—	—	0	2	—	78
New York (Upstate)	10	5	41	195	357	9	8	22	389	433	—	0	29	12	14
New York City	—	0	21	73	65	1	0	3	20	16	—	0	4	28	11
Pennsylvania	2	13	33	515	327	—	2	17	118	351	—	0	2	22	13
E.N. Central	23	64	238	2,509	1,337	1	2	19	213	242	—	1	6	81	140
Illinois	—	13	45	526	311	1	1	9	85	100	—	1	6	47	103
Indiana	—	5	158	248	78	—	0	6	21	9	—	0	3	12	6
Michigan	6	11	36	670	222	—	1	6	62	73	—	0	2	6	3
Ohio	17	22	57	946	587	—	0	5	45	60	—	0	4	16	28
Wisconsin	—	3	12	119	139	N	0	0	N	N	—	0	0	—	—
W.N. Central	8	35	872	1,452	814	2	7	18	313	275	1	3	27	305	420
Iowa	—	5	14	165	152	—	0	3	24	27	—	0	2	5	8
Kansas	—	4	9	142	58	—	1	6	60	59	—	0	1	2	—
Minnesota	—	0	808	165	201	—	0	11	56	53	—	0	1	2	—
Missouri	6	20	51	806	246	2	1	5	65	59	1	3	26	284	391
Nebraska†	2	3	32	130	102	—	1	6	77	32	—	0	2	12	18
North Dakota	—	0	24	17	1	—	0	9	4	24	—	0	1	—	—
South Dakota	—	0	5	27	54	—	0	4	27	21	—	0	0	—	3
S. Atlantic	11	31	71	1,386	786	6	23	111	1,340	1,446	1	10	40	407	768
Delaware	—	0	2	12	15	—	0	0	—	—	—	0	3	16	31
District of Columbia	—	0	2	2	4	—	0	0	—	—	—	0	0	—	6
Florida	6	10	32	479	239	—	0	95	140	138	—	0	2	6	13
Georgia	1	3	11	170	83	—	0	72	334	338	1	0	7	43	76
Maryland†	—	2	8	98	122	—	7	15	328	371	—	1	3	30	76
North Carolina	—	0	65	223	79	N	2	4	N	N	—	4	36	240	375
South Carolina†	3	4	18	215	102	—	0	0	—	—	—	0	5	18	52
Virginia†	1	3	24	159	131	—	10	23	436	527	—	1	8	50	131
West Virginia	—	0	5	28	11	6	2	6	102	72	—	0	1	4	8
E.S. Central	5	15	33	650	292	1	1	7	82	164	2	4	16	241	314
Alabama†	—	4	19	253	39	—	0	0	—	—	—	1	7	57	85
Kentucky	4	6	15	198	89	1	1	4	44	41	—	0	1	1	1
Mississippi	—	1	4	48	88	—	0	1	4	6	—	0	1	7	10
Tennessee†	1	3	14	151	76	—	0	4	34	117	2	3	14	176	218
W.S. Central	12	63	389	2,459	1,322	—	0	13	64	82	2	1	161	124	237
Arkansas†	7	6	38	243	88	—	0	10	33	44	—	0	61	58	44
Louisiana	—	2	8	90	72	—	0	0	—	—	—	0	1	2	6
Oklahoma	—	0	45	42	32	—	0	13	30	36	2	0	98	51	143
Texas†	5	52	304	2,084	1,130	—	0	1	1	2	—	0	6	13	44
Mountain	2	18	32	743	713	1	2	6	81	96	—	0	3	21	41
Arizona	—	3	10	171	200	N	0	0	N	N	—	0	1	5	14
Colorado	1	5	12	208	130	—	0	0	—	—	—	0	1	1	1
Idaho†	—	1	5	65	26	—	0	0	—	11	—	0	1	1	1
Montana†	—	0	6	46	77	—	0	4	25	12	—	0	2	8	3
Nevada†	1	0	6	24	26	—	0	1	6	12	—	0	1	1	3
New Mexico†	—	1	10	55	54	1	0	2	20	26	—	0	1	1	4
Utah	—	4	19	154	183	—	0	1	9	14	—	0	1	1	5
Wyoming†	—	0	5	20	17	—	0	4	21	21	—	0	1	3	10
Pacific	5	22	67	806	1,147	3	4	12	211	184	—	0	1	1	3
Alaska	—	1	21	36	188	—	0	2	11	13	N	0	0	N	N
California	—	7	19	287	451	3	4	12	185	159	—	0	1	1	—
Hawaii	—	0	3	24	11	—	0	0	—	—	N	0	0	N	N
Oregon†	—	3	17	220	152	—	0	3	15	12	—	0	0	—	3
Washington	5	6	58	239	345	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	—	—	1	3	35	55	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	618	912	2,323	36,814	40,154	45	88	255	3,625	4,346	109	313	1,268	12,238	16,753
New England	—	32	385	1,798	1,973	2	3	62	210	227	—	4	38	291	199
Connecticut	—	0	360	360	491	—	0	62	62	47	—	0	33	33	40
Maine§	—	2	7	110	131	—	0	3	16	19	—	0	2	5	19
Massachusetts	—	21	48	942	1,046	—	1	6	75	100	—	3	26	210	121
New Hampshire	—	3	42	224	126	1	1	3	32	25	—	0	4	17	5
Rhode Island§	—	2	11	108	95	—	0	1	1	8	—	0	7	21	11
Vermont§	—	1	5	54	84	1	0	3	24	28	—	0	2	5	3
Mid. Atlantic	40	94	161	4,036	4,939	7	6	21	306	408	7	57	84	2,309	2,061
New Jersey	—	12	30	458	1,126	—	1	4	32	120	—	12	27	480	745
New York (Upstate)	29	23	66	1,127	1,168	7	3	9	131	150	1	4	23	184	512
New York City	1	19	43	989	1,131	—	1	5	51	47	3	9	17	382	637
Pennsylvania	10	29	63	1,462	1,514	—	1	8	92	91	3	25	63	1,263	167
E.N. Central	27	90	148	3,938	4,381	2	13	24	581	775	7	52	132	2,063	3,329
Illinois	—	25	49	1,079	1,295	—	2	10	124	129	—	10	25	432	846
Indiana	—	6	50	291	518	—	1	7	61	78	—	1	21	52	540
Michigan	—	18	33	806	815	—	3	8	135	193	1	5	24	189	127
Ohio	27	28	52	1,254	1,096	2	3	11	119	173	6	25	80	1,002	1,335
Wisconsin	—	12	29	508	657	—	2	11	142	202	—	8	25	388	481
W.N. Central	19	51	109	2,225	2,422	1	11	37	636	726	13	18	48	826	759
Iowa	2	8	16	345	361	—	2	14	141	193	—	1	12	49	136
Kansas	—	6	18	269	407	—	0	4	33	47	—	3	11	159	49
Minnesota	5	11	51	512	618	1	2	19	205	164	—	2	10	73	267
Missouri	5	12	34	571	656	—	2	10	111	138	13	7	40	510	188
Nebraska§	7	5	41	307	207	—	2	6	81	136	—	0	3	26	10
North Dakota	—	0	30	65	40	—	0	28	6	2	—	0	9	5	33
South Dakota	—	2	22	156	133	—	0	12	59	46	—	0	1	4	76
S. Atlantic	288	262	442	10,645	10,199	6	13	30	547	703	21	45	85	1,902	2,611
Delaware	2	2	9	116	136	—	0	2	12	11	1	1	8	107	7
District of Columbia	—	0	5	22	55	—	0	1	1	6	—	0	2	6	18
Florida	199	115	279	5,207	4,186	5	3	7	145	123	3	9	24	389	700
Georgia	37	39	96	1,966	1,951	—	1	4	58	80	8	13	30	542	944
Maryland§	—	16	29	634	718	—	2	6	80	117	—	6	19	310	84
North Carolina	6	18	92	895	1,109	—	2	21	82	86	6	6	27	275	173
South Carolina§	35	15	45	779	975	—	0	3	26	39	2	3	12	97	490
Virginia§	9	20	88	843	900	1	3	16	117	209	1	5	59	168	166
West Virginia	—	4	23	183	169	—	0	5	26	32	—	0	3	8	29
E.S. Central	23	54	113	2,444	3,014	3	4	12	179	248	5	15	49	671	1,635
Alabama§	—	14	32	607	843	—	0	4	37	59	—	3	11	109	356
Kentucky	7	9	18	399	400	—	1	4	59	88	2	2	25	180	241
Mississippi	5	14	45	757	965	—	0	1	6	4	—	1	4	42	290
Tennessee§	11	15	33	681	806	3	2	10	77	97	3	9	36	340	748
W.S. Central	102	103	1,333	4,024	5,863	1	5	139	212	329	27	52	967	2,148	3,738
Arkansas§	14	12	25	547	673	1	1	4	36	52	1	7	16	268	479
Louisiana	—	10	43	599	987	—	0	1	—	8	—	2	13	108	569
Oklahoma	9	14	102	545	699	—	0	82	28	44	7	5	61	243	144
Texas§	79	56	1,204	2,333	3,504	—	3	55	148	225	19	36	889	1,529	2,546
Mountain	14	55	131	2,455	2,832	3	11	26	486	535	4	23	49	986	945
Arizona	1	19	49	845	944	—	1	4	58	57	1	16	41	713	464
Colorado	6	13	33	535	599	1	3	13	144	178	2	2	11	89	104
Idaho§	4	3	10	154	153	1	2	7	85	122	1	0	2	9	13
Montana§	—	2	7	93	101	—	0	7	32	31	—	0	5	13	6
Nevada§	3	4	13	217	196	—	0	4	31	15	—	1	7	65	203
New Mexico§	—	5	28	279	477	—	1	3	31	47	—	1	11	79	119
Utah	—	6	15	263	293	1	2	10	92	74	—	0	3	16	31
Wyoming§	—	1	8	69	69	—	0	2	13	11	—	0	1	2	5
Pacific	105	128	537	5,249	4,531	20	10	31	468	395	25	26	66	1,042	1,476
Alaska	—	1	6	59	46	—	0	0	—	6	—	0	1	2	1
California	90	96	516	3,989	3,306	9	5	15	223	185	25	20	65	853	1,262
Hawaii	1	5	13	211	221	2	0	2	8	13	—	0	4	31	39
Oregon§	4	8	17	341	362	—	1	11	69	59	—	1	3	31	86
Washington	10	11	85	649	596	9	2	17	168	132	—	2	11	125	88
American Samoa	—	0	1	—	2	—	0	0	—	—	—	1	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	13	—	0	0	—	—	—	0	1	—	14
Puerto Rico	3	8	40	356	629	—	0	0	—	—	—	0	2	8	28
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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Streptococcal diseases, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max		
United States	23	102	239	4,281	4,584	20	35	122	1,389	1,468
New England	—	5	28	249	327	—	1	12	50	73
Connecticut	—	0	21	63	91	—	0	11	—	—
Maine§	—	0	2	16	24	—	0	1	5	1
Massachusetts	—	2	10	107	152	—	1	4	30	51
New Hampshire	—	0	4	34	24	—	0	2	10	11
Rhode Island§	—	0	2	11	23	—	0	1	1	10
Vermont§	—	0	3	18	13	—	0	1	4	—
Mid. Atlantic	4	20	43	858	911	6	4	33	203	182
New Jersey	—	3	7	118	162	—	1	4	37	56
New York (Upstate)	2	7	25	281	286	5	2	17	99	83
New York City	—	4	12	162	169	1	0	31	67	43
Pennsylvania	2	6	18	297	294	N	0	2	N	N
E.N. Central	—	17	42	777	855	3	5	18	212	270
Illinois	—	5	12	219	226	—	0	5	23	79
Indiana	—	2	23	123	115	—	0	13	31	29
Michigan	—	3	11	124	156	2	1	5	56	64
Ohio	—	4	13	191	233	1	1	6	62	50
Wisconsin	—	2	11	120	125	—	1	3	40	48
W.N. Central	—	6	37	347	335	2	2	11	125	86
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	5	37	35	N	0	1	N	N
Minnesota	—	0	34	161	154	2	0	10	74	28
Missouri	—	1	8	74	81	—	0	4	30	33
Nebraska§	—	1	3	39	36	—	0	1	11	7
North Dakota	—	0	4	15	8	—	0	3	4	9
South Dakota	—	0	3	21	21	—	0	2	6	9
S. Atlantic	7	22	49	981	955	3	6	18	253	281
Delaware	—	0	1	10	7	—	0	0	—	—
District of Columbia	—	0	3	12	14	N	0	0	N	N
Florida	2	6	12	238	219	1	1	6	58	54
Georgia	1	5	13	237	213	—	2	6	63	79
Maryland§	—	3	12	163	163	—	1	7	63	49
North Carolina	2	1	12	86	125	N	0	0	N	N
South Carolina§	2	1	5	63	62	2	1	6	39	51
Virginia§	—	3	9	137	117	—	0	4	18	39
West Virginia	—	1	4	35	35	—	0	3	12	9
E.S. Central	—	3	10	159	161	—	2	7	80	77
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	5	32	34	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	18	9
Tennessee§	—	3	9	127	127	—	1	6	62	68
W.S. Central	7	8	79	383	419	2	5	46	244	233
Arkansas§	—	0	3	17	11	—	0	4	22	12
Louisiana	—	0	3	11	17	—	0	3	13	12
Oklahoma	1	3	20	121	93	—	1	7	52	58
Texas§	6	5	59	234	298	2	3	34	157	151
Mountain	5	10	22	385	481	4	4	16	193	223
Arizona	—	3	7	128	171	—	2	10	96	97
Colorado	3	3	7	120	120	4	0	4	40	51
Idaho§	2	0	2	10	14	—	0	2	7	5
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	5	11	—	0	1	—	3
New Mexico§	—	2	7	69	112	—	0	4	20	31
Utah	—	1	6	52	47	—	0	5	30	34
Wyoming§	—	0	1	1	6	—	0	0	—	2
Pacific	—	3	9	142	140	—	0	4	29	43
Alaska	—	1	4	31	32	—	0	3	22	26
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	3	8	111	108	—	0	2	7	17
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	30	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Aged <5 years									
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	23	60	276	2,264	2,505	1	8	21	354	410	100	261	452	10,623	10,722
New England	—	1	48	47	59	—	0	5	3	10	4	5	15	263	261
Connecticut	—	0	48	—	7	—	0	5	—	—	—	1	5	48	25
Maine§	—	0	2	14	17	—	0	1	1	2	—	0	1	2	10
Massachusetts	—	0	1	3	—	—	0	1	2	—	4	4	10	188	186
New Hampshire	—	0	3	5	—	—	0	0	—	—	—	0	2	13	17
Rhode Island§	—	0	6	13	21	—	0	1	—	6	—	0	5	12	15
Vermont§	—	0	2	12	14	—	0	0	—	2	—	0	2	—	8
Mid. Atlantic	3	3	14	145	260	—	0	3	21	22	22	35	50	1,522	1,408
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	13	180	181
New York (Upstate)	1	1	10	65	56	—	0	2	10	6	1	2	8	98	115
New York City	—	0	4	5	107	—	0	2	—	1	16	22	40	943	889
Pennsylvania	2	1	8	75	97	—	0	2	11	15	5	7	13	301	223
E.N. Central	8	11	41	511	512	—	1	7	71	71	26	22	43	907	1,039
Illinois	N	0	0	N	N	N	0	0	N	N	20	7	29	299	438
Indiana	—	3	32	175	172	—	0	6	25	23	3	2	10	129	111
Michigan	—	0	2	23	18	—	0	1	3	2	3	4	18	201	157
Ohio	8	7	18	313	322	—	1	4	43	46	—	6	18	248	281
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	30	52
W.N. Central	1	2	161	101	172	—	0	3	21	35	—	6	11	238	347
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	18	15
Kansas	—	1	5	38	65	—	0	2	13	5	—	0	3	26	26
Minnesota	—	0	156	—	25	—	0	3	—	25	—	1	6	41	92
Missouri	1	1	5	49	74	—	0	1	6	2	—	3	7	133	201
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	3	16	13
North Dakota	—	0	3	10	2	—	0	0	—	—	—	0	1	3	—
South Dakota	—	0	2	2	6	—	0	2	2	3	—	0	1	1	—
S. Atlantic	10	26	53	1,082	1,048	1	4	14	172	192	22	63	262	2,661	2,343
Delaware	—	0	2	18	3	—	0	2	3	—	—	0	3	25	13
District of Columbia	N	0	0	N	N	N	0	0	N	N	—	3	8	144	118
Florida	9	15	36	638	590	1	2	13	104	116	1	19	32	820	864
Georgia	1	8	25	329	360	—	1	5	57	63	8	14	227	633	551
Maryland§	—	0	1	4	4	—	0	0	—	1	2	6	16	238	276
North Carolina	N	0	0	N	N	N	0	0	N	N	8	9	21	444	230
South Carolina§	—	0	0	—	—	—	0	0	—	—	1	2	6	95	68
Virginia§	N	0	0	N	N	N	0	0	N	N	2	7	15	258	213
West Virginia	—	2	13	93	91	—	0	2	8	12	—	0	2	4	10
E.S. Central	1	4	25	209	265	—	0	3	31	51	15	23	36	960	919
Alabama§	N	0	0	N	N	N	0	0	N	N	5	8	18	366	374
Kentucky	1	1	5	62	65	—	0	2	8	11	1	1	10	55	75
Mississippi	—	0	3	4	34	—	0	1	3	11	—	5	18	186	128
Tennessee§	—	2	23	143	166	—	0	3	20	29	9	8	15	353	342
W.S. Central	—	2	6	77	79	—	0	3	15	12	1	46	80	1,887	1,883
Arkansas§	—	1	5	45	13	—	0	3	10	3	—	4	35	201	140
Louisiana	—	1	5	32	66	—	0	1	5	9	—	7	40	304	563
Oklahoma	N	0	0	N	N	N	0	0	N	N	1	1	7	54	63
Texas§	—	0	0	—	—	—	0	0	—	—	—	32	51	1,328	1,117
Mountain	—	2	7	89	108	—	0	2	18	15	2	8	18	347	514
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	9	145	267
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	4	68	119
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	3	4
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	—	1	4	34	49	—	0	2	7	5	—	1	10	85	69
New Mexico§	—	0	1	1	—	—	0	0	—	—	2	1	5	43	34
Utah	—	1	5	44	58	—	0	2	9	10	—	0	2	—	18
Wyoming§	—	0	2	10	1	—	0	1	2	—	—	0	1	3	3
Pacific	—	0	1	3	2	—	0	1	2	2	8	45	68	1,838	2,008
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
California	N	0	0	N	N	N	0	0	N	N	5	40	61	1,661	1,816
Hawaii	—	0	1	3	2	—	0	1	2	2	—	0	3	25	18
Oregon§	N	0	0	N	N	N	0	0	N	N	2	0	4	34	19
Washington	N	0	0	N	N	N	0	0	N	N	1	3	7	118	154
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	4	3	17	188	125
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 31, 2009, and October 25, 2008 (43rd week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	99	432	1,035	14,632	24,358	—	1	42	325	677	—	1	39	264	664
New England	1	8	46	285	1,395	—	0	0	—	7	—	0	0	—	3
Connecticut	—	0	21	—	721	—	0	0	—	5	—	0	0	—	3
Maine¶	—	0	12	69	218	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	2	—	—	0	0	—	1	—	0	0	—	—
New Hampshire	1	4	11	167	216	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	4	—	—	0	0	—	1	—	0	0	—	—
Vermont¶	—	1	17	43	240	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	20	36	57	1,303	1,986	—	0	2	7	48	—	0	1	1	20
New Jersey	N	0	0	N	N	—	0	1	2	4	—	0	0	—	4
New York (Upstate)	N	0	0	N	N	—	0	1	3	24	—	0	1	1	7
New York City	—	0	0	—	—	—	0	1	2	8	—	0	0	—	7
Pennsylvania	20	36	57	1,303	1,986	—	0	0	—	12	—	0	0	—	2
E.N. Central	50	154	254	5,250	6,160	—	0	3	7	44	—	0	3	3	20
Illinois	4	32	73	1,304	1,072	—	0	2	4	12	—	0	0	—	8
Indiana	—	5	30	341	—	—	0	1	2	3	—	0	1	1	1
Michigan	25	45	87	1,534	2,505	—	0	0	—	11	—	0	0	—	6
Ohio	21	38	91	1,645	1,881	—	0	0	—	14	—	0	2	2	1
Wisconsin	—	10	55	426	702	—	0	1	1	4	—	0	0	—	4
W.N. Central	2	15	114	751	1,034	—	0	5	24	51	—	0	8	58	132
Iowa	N	0	0	N	N	—	0	0	—	3	—	0	1	5	3
Kansas	—	4	22	183	374	—	0	1	4	14	—	0	2	6	16
Minnesota	—	0	0	—	—	—	0	1	1	2	—	0	1	2	8
Missouri	2	9	51	511	614	—	0	2	3	12	—	0	0	—	3
Nebraska¶	N	0	0	N	N	—	0	2	10	7	—	0	6	31	39
North Dakota	—	0	108	57	—	—	0	0	—	2	—	0	1	1	35
South Dakota	—	0	4	—	46	—	0	3	6	11	—	0	2	13	28
S. Atlantic	21	40	146	1,675	4,017	—	0	3	9	20	—	0	1	3	20
Delaware	—	0	2	8	43	—	0	0	—	—	—	0	0	—	1
District of Columbia	—	0	3	9	21	—	0	0	—	4	—	0	0	—	4
Florida	10	24	67	1,039	1,364	—	0	1	2	3	—	0	1	1	—
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	0	—	4
Maryland¶	N	0	0	N	N	—	0	0	—	6	—	0	1	2	8
North Carolina	N	0	0	N	N	—	0	0	—	2	—	0	0	—	1
South Carolina¶	—	0	54	154	750	—	0	2	3	—	—	0	0	—	1
Virginia¶	—	0	119	28	1,252	—	0	0	—	—	—	0	0	—	1
West Virginia	11	9	32	437	587	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	10	28	377	986	—	0	6	35	48	—	0	4	24	57
Alabama¶	—	10	28	372	973	—	0	0	—	11	—	0	0	—	7
Kentucky	N	0	0	N	N	—	0	1	3	3	—	0	0	—	—
Mississippi	—	0	2	5	13	—	0	5	29	22	—	0	4	20	43
Tennessee¶	N	0	0	N	N	—	0	1	3	12	—	0	1	4	7
W.S. Central	—	92	747	3,822	6,901	—	0	16	97	67	—	0	5	27	62
Arkansas¶	—	1	30	115	627	—	0	1	4	7	—	0	0	—	2
Louisiana	—	1	7	76	68	—	0	2	7	16	—	0	4	6	31
Oklahoma	N	0	0	N	N	—	0	2	6	4	—	0	2	2	5
Texas¶	—	88	721	3,631	6,206	—	0	13	80	40	—	0	3	19	24
Mountain	5	29	83	1,084	1,766	—	0	9	65	102	—	0	15	88	184
Arizona	—	0	0	—	—	—	0	4	12	61	—	0	2	6	52
Colorado	5	12	44	449	711	—	0	7	32	17	—	0	14	59	54
Idaho¶	N	0	0	N	N	—	0	1	2	4	—	0	2	6	35
Montana¶	—	1	20	105	262	—	0	1	2	—	—	0	1	2	5
Nevada¶	N	0	0	N	N	—	0	2	7	9	—	0	1	5	7
New Mexico¶	—	2	20	134	190	—	0	2	6	5	—	0	1	2	3
Utah	—	11	32	396	593	—	0	0	—	6	—	0	0	—	20
Wyoming¶	—	0	1	—	10	—	0	1	4	—	—	0	2	8	8
Pacific	—	2	7	85	113	—	0	11	81	290	—	0	11	60	166
Alaska	—	1	6	52	55	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	55	285	—	0	6	43	152
Hawaii	—	1	4	33	58	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	1	1	3	—	0	3	6	13
Washington	N	0	0	N	N	—	0	6	25	2	—	0	3	11	1
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	62	—	0	0	—	—	—	0	0	—	—
Puerto Rico	4	8	26	394	505	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2009 is provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ 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/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending October 31, 2009 (43rd week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	506	347	102	34	11	11	60
Boston, MA	129	79	36	11	—	3	14
Bridgeport, CT	29	19	7	2	1	—	2
Cambridge, MA	17	13	3	—	—	—	3
Fall River, MA	30	23	2	5	—	—	5
Hartford, CT	54	35	13	—	3	3	6
Lowell, MA	17	13	—	3	1	—	2
Lynn, MA	5	2	3	—	—	—	—
New Bedford, MA	16	12	1	3	—	—	3
New Haven, CT	18	13	5	—	—	—	8
Providence, RI	68	48	11	5	2	2	4
Somerville, MA	—	—	—	—	—	—	—
Springfield, MA	26	16	4	3	3	—	3
Waterbury, CT	16	9	7	—	—	—	1
Worcester, MA	81	65	10	2	1	3	9
Mid. Atlantic	1,983	1,419	391	99	28	44	101
Albany, NY	59	45	8	3	1	2	5
Allentown, PA	12	9	2	1	—	—	1
Buffalo, NY	64	44	11	3	3	3	2
Camden, NJ	32	22	7	1	1	1	—
Elizabeth, NJ	13	12	—	1	—	—	—
Erie, PA	50	43	7	—	—	—	5
Jersey City, NJ	27	18	9	—	—	—	2
New York City, NY	1,051	746	212	67	11	15	37
Newark, NJ	43	26	11	3	—	3	2
Paterson, NJ	6	5	1	—	—	—	—
Philadelphia, PA	264	159	67	15	7	14	15
Pittsburgh, PA§	42	33	8	—	—	1	5
Reading, PA	27	23	2	1	1	—	3
Rochester, NY	137	112	19	2	3	1	15
Schenectady, NY	25	19	5	1	—	—	2
Scranton, PA	29	24	5	—	—	—	3
Syracuse, NY	57	44	12	—	1	—	2
Trenton, NJ	19	13	2	1	—	3	1
Utica, NY	10	6	3	—	—	1	—
Yonkers, NY	16	16	—	—	—	—	1
E.N. Central	1,645	1,111	364	101	35	34	108
Akron, OH	58	38	16	2	—	2	5
Canton, OH	41	25	14	1	—	1	1
Chicago, IL	U	U	U	U	U	U	U
Cincinnati, OH	81	56	12	5	2	6	4
Cleveland, OH	228	163	45	14	4	2	14
Columbus, OH	203	132	44	13	7	7	21
Dayton, OH	125	93	23	7	2	—	14
Detroit, MI	157	95	39	15	6	2	4
Evansville, IN	50	41	8	1	—	—	3
Fort Wayne, IN	63	44	14	5	—	—	3
Gary, IN	13	5	6	1	1	—	1
Grand Rapids, MI	47	32	13	2	—	—	3
Indianapolis, IN	197	119	51	14	6	7	7
Lansing, MI	32	29	2	1	—	—	—
Milwaukee, WI	79	52	18	5	1	3	7
Peoria, IL	51	35	11	1	3	1	7
Rockford, IL	31	20	6	3	2	—	1
South Bend, IN	29	22	6	1	—	—	2
Toledo, OH	90	60	18	8	1	3	9
Youngstown, OH	70	50	18	2	—	—	2
W.N. Central	704	472	158	44	14	16	50
Des Moines, IA	138	107	26	2	2	1	10
Duluth, MN	36	30	4	2	—	—	3
Kansas City, KS	27	18	6	2	—	1	—
Kansas City, MO	89	57	26	3	2	1	6
Lincoln, NE	35	26	8	1	—	—	3
Minneapolis, MN	74	49	14	7	2	2	6
Omaha, NE	74	58	10	3	2	1	7
St. Louis, MO	93	36	35	10	3	9	5
St. Paul, MN	60	36	18	4	1	1	4
Wichita, KS	78	55	11	10	2	—	6
S. Atlantic	1,359	825	326	152	26	30	85
Atlanta, GA	147	85	44	4	3	11	5
Baltimore, MD	145	68	46	25	4	2	12
Charlotte, NC	99	66	19	9	1	4	12
Jacksonville, FL	152	99	37	13	2	1	11
Miami, FL	335	193	56	76	5	5	13
Norfolk, VA	35	23	10	—	1	1	5
Richmond, VA	55	31	18	3	3	—	4
Savannah, GA	54	34	16	1	1	2	6
St. Petersburg, FL	61	43	13	2	2	1	5
Tampa, FL	213	144	49	13	4	3	11
Washington, D.C.	45	29	12	4	—	—	—
Wilmington, DE	18	10	6	2	—	—	1
E.S. Central	961	610	258	61	18	14	77
Birmingham, AL	167	98	55	11	3	—	11
Chattanooga, TN	94	63	26	4	—	1	4
Knoxville, TN	117	79	27	7	4	—	11
Lexington, KY	65	39	18	4	—	4	4
Memphis, TN	185	115	47	15	7	1	11
Mobile, AL	147	97	35	10	2	3	18
Montgomery, AL	29	17	7	3	—	2	5
Nashville, TN	157	102	43	7	2	3	13
W.S. Central	1,263	783	307	105	43	23	99
Austin, TX	79	45	20	13	1	—	15
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	44	32	10	1	1	—	6
Dallas, TX	195	104	61	18	6	5	19
El Paso, TX	89	67	16	4	2	—	1
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	345	199	88	32	17	8	21
Little Rock, AR	70	47	17	3	2	1	5
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	260	157	59	28	9	7	22
Shreveport, LA	31	20	9	—	1	1	—
Tulsa, OK	150	112	27	6	4	1	10
Mountain	1,028	651	233	91	29	23	91
Albuquerque, NM	136	94	25	14	2	1	14
Boise, ID	46	31	6	5	1	3	4
Colorado Springs, CO	67	44	12	5	4	2	1
Denver, CO	86	48	26	6	2	4	9
Las Vegas, NV	244	154	63	23	3	1	24
Ogden, UT	27	16	6	3	—	2	2
Phoenix, AZ	155	88	37	18	5	6	13
Pueblo, CO	45	33	11	1	—	—	6
Salt Lake City, UT	116	67	25	10	11	3	12
Tucson, AZ	106	76	22	6	1	1	6
Pacific	1,687	1,112	407	95	44	29	157
Berkeley, CA	17	8	7	2	—	—	—
Fresno, CA	126	81	31	10	4	—	14
Glendale, CA	44	32	6	2	1	3	5
Honolulu, HI	65	48	9	4	1	3	6
Long Beach, CA	63	36	20	3	2	2	5
Los Angeles, CA	246	147	70	13	8	8	23
Pasadena, CA	21	15	6	—	—	—	1
Portland, OR	121	78	32	7	3	1	7
Sacramento, CA	188	123	50	7	4	4	20
San Diego, CA	184	119	49	10	4	2	17
San Francisco, CA	95	65	23	3	2	2	17
San Jose, CA	183	129	33	10	9	2	17
Santa Cruz, CA	37	26	9	2	—	—	2
Seattle, WA	125	84	29	8	3	1	4
Spokane, WA	68	51	13	3	1	—	11
Tacoma, WA	104	70	20	11	2	1	8
Total¶	**11,136**	**7,330**	**2,546**	**782**	**248**	**224**	**828**

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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