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Bacterial Meningitis After Intrapartum Spinal Anesthesia — New York and Ohio, 2008–2009

In June 2007, the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommended for the first time that surgical masks be worn by spinal procedure operators to prevent infections associated with these procedures (*1*). HICPAC made the recommendation in response to several reports of meningitis following myelography procedures. In September 2008, three bacterial meningitis cases in postpartum women were reported to the New York State Department of Health (NYSDOH); in May 2009, two similar cases were reported to the Ohio Department of Health. All five women had received intrapartum spinal anesthesia. Four were confirmed to have *Streptococcus salivarius* meningitis, and one woman subsequently died. This report summarizes the investigations of these five cases, which determined that the New York cases were associated with one anesthesiologist and the Ohio cases were associated with a second anesthesiologist. In Ohio, the anesthesiologist did not wear a mask; wearing a mask might have prevented the infections. The findings underscore the need to follow established infection-control recommendations during spinal procedures, including the use of a mask and adherence to aseptic technique.

Case Reports

New York. In September 2008, a healthy woman aged 24 years (patient A) was admitted in active labor to a New York City hospital. She received combined spinal-epidural anesthesia from anesthesiologist A, and delivered a healthy baby. Approximately 22 hours after receiving anesthesia, patient A experienced headache, back pain, rigors, nausea, vomiting, and disorientation.

Within 1 hour of patient A's admission, a second healthy woman aged 31 years (patient B) was admitted to the same hospital in active labor. Patient B also received combined spinal-epidural anesthesia from anesthesiologist A and delivered a healthy baby. Approximately 21 hours after initiation of anesthesia, patient B experienced headache, back and neck pain, and nausea. Cerebrospinal fluid (CSF) and blood cultures collected from both patients before the administration of antibiotics resulted in no growth. *S. salivarius* was identified in patient A's CSF by polymerase chain reaction (PCR) with primers used to identify various genera of bacteria by 16S rDNA sequence analysis at the NYSDOH Wadsworth Center (Table). Both women recovered without complications.

To determine whether other cases of health-care–associated bacterial meningitis had occurred, the hospital conducted a 6-month retrospective review among postpartum patients who received combined spinal-epidural anesthesia. A third case was identified in a woman aged 37 years (patient C) who received anesthesia from anesthesiologist A in July 2008. Patient C experienced headache, lethargy, confusion, and a possible seizure approximately 19 hours after initiation of anesthesia. *S. salivarius* was cultured from her CSF.

Two days after symptom onset for patients A and B, the hospital and NYSDOH conducted an investigation, which included a site visit, active case finding, cultures of two bags of anesthetic medication for epidural infusion prepared using sterile technique under a laminar flow hood by the hospital pharmacy on the same date as the medication administered to patients A and B during their procedures, onsite review of combined spinal-epidural anesthesia procedure protocols, and interviews with the pharmacist and members of the medical staff

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and labor and delivery nursing staff. Anesthesiologist A reported routine use of masks during spinal anesthesia procedures. A nasopharyngeal swab from anesthesiologist A grew coagulase-negative staphylococci. Samples of the anesthetic medication were negative for bacteria by culture and 16S rDNA sequence analysis. Staff members reported that the presence of unmasked visitors in the room during spinal anesthesia procedures was common. Subsequently, the hospital reinforced policies and procedures to enhance hand hygiene and maintenance of sterile fields, and required the use of masks, gowns, and sterile gloves for staff members performing spinal anesthesia procedures. In addition, the hospital instituted new policies to minimize visitors and require masks for all persons in the room during spinal anesthesia. The hospital also initiated a program to monitor compliance with these policies.

Ohio. In May 2009, a healthy woman aged 26 years (patient D) was admitted to a hospital in active labor. She received spinal anesthesia from anesthesiologist B and delivered a healthy baby. Approximately 15 hours after receiving the spinal injection, patient D experienced fever, nausea, and severe headache; a blood culture and diagnostic lumbar puncture were performed. The patient became lethargic and unresponsive and was airlifted to a tertiary-care hospital approximately 6 hours after symptom onset. She subsequently recovered.

A second healthy woman aged 30 years (patient E) was admitted to the same hospital in active labor 3 hours after patient D. Patient E also received spinal anesthesia from anesthesiologist B and delivered a healthy baby. Approximately 13 hours after receiving the spinal injection, patient E experienced a severe headache, fever, confusion, and lethargy, and later became unresponsive. Blood cultures were drawn. Approximately 6 hours after symptom onset, she was airlifted to the same tertiary-care hospital as patient D; she died 7 hours later. The cause of death was determined by autopsy to be suppurative meningoencephalitis caused by *Streptococcus salivarius*. CSF was collected on autopsy.

Blood and CSF cultures collected from both patient D and patient E revealed *Streptococcus salivarius* (Table). Isolates from patients D and E were

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TABLE. Clinical case characteristics for five patients who developed bacterial meningitis after receiving intrapartum spinal anesthesia, and anesthesiologists' test findings — Ohio and New York, 2008–2009

	New York (anesthesiologist A)			Ohio (anesthesiologist B)	
Characteristic	Patient A	Patient B	Patient C	Patient D	Patient E
Patient age (yrs)	24	31	37	25	30
Anesthesia type	CSE*	CSE	CSE	Spinal	Spinal
Time interval† (hrs)	22	21	19	15	13
Outcome	Recovered	Recovered	Recovered	Recovered	Died
Patient blood specimen findings					
White blood cell count (cells/mm^3)	14,900	20,300	13,600	30,370	31,670
Culture	No growth	No growth	No growth	*Streptococcus salivarius*	*S. salivarius*
Patient cerebrospinal fluid (CSF) specimen findings					
White blood cell count (cells/mm^3) (normal: 0–5 cells/mm^3)	1,450	4,750	10,000	40	Not performed
Glucose level (mg/dL) (normal: 40–70 mg/dL)	<3	<3	3	79	Not performed
Protein level (mg/dL) (normal: <40 mg/dL)	331	257	768	34	Not performed
PCR§/16S rDNA sequence analysis findings	*S. salivarius*	Negative	Not performed	Not performed	Not performed
Culture	No growth	No growth	*S. salivarius*	*S. salivarius*¶	*S. salivarius*¶**
Anesthesiologist test findings					
Specimen collected	Nasopharyngeal swab			Mouth swab	
PCR for *S. salivarius*	Not performed			Positive	
Culture	Coagulase-negative staphylococci			No growth††	

* Combined spinal-epidural anesthesia.
† Period from anesthesia injection to onset of meningitis signs.
§ Polymerase chain reaction.
¶ Ohio patients' isolates were indistinguishable by pulsed-field gel electrophoresis.
** CSF obtained during autopsy.
†† Specimen obtained after anesthesiologist B had received antimicrobial prophylaxis.

indistinguishable by pulsed-field gel electrophoresis at CDC's Streptococcal Laboratory.

On the day after symptom onset in the two Ohio patients, the hospital, the local health department, the Ohio Department of Health, and CDC initiated an investigation. Investigators cultured one opened anesthetic medication vial and three unopened vials, interviewed the hospital infection preventionist and medical director, and reviewed hospital intrapartum spinal anesthesia procedure protocols. Anesthesiologist B was found to be the only health-care provider involved in the spinal procedures for both patients D and E. As a result of initial concern that patients D and E potentially had meningococcal meningitis, anesthesiologist B had been given ciprofloxacin as postexposure prophylaxis approximately 12 hours after the patients' symptom onset. Cultures performed on swabs subsequently obtained from the oropharynx, buccal mucosa, and tongue of anesthesiologist B resulted in no growth, but *S. salivarius* was identified using PCR methods. Culture and PCR of the medication vials revealed no evidence of contamination. Interviews with staff members revealed that anesthesiologists at the hospital did not typically wear masks while performing bedside spinal procedures, despite a hospital policy requiring masks. Anesthesiologist B did not wear a mask while administering spinal anesthesia to patients D and E. Subsequently, the hospital reinforced its policy requiring all staff members to use surgical masks when performing spinal anesthesia procedures.

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Editorial Note

This report describes two clusters of meningitis among women who received spinal anesthesia during labor. Four of the cases were confirmed to be infections with *S. salivarius*, a bacterium that is part of the normal mouth flora. Features common to all five cases included rapid onset (<24 hours) of meningitis after anesthesia in previously healthy women and the association of each cluster with a single anesthesiologist who performed the procedures (anesthesiologist A in the three New York cases and anesthesiologist B in the two Ohio cases). In both clusters, *S. salivarius*

What is already known on this topic?

Bacterial meningitis is a rare complication of spinal injection procedures performed in health-care settings; normal mouth flora carried by health-care providers frequently are identified as the cause.

What is added by this report?

Two small clusters of bacterial meningitis caused by *S. salivarius* after spinal anesthesia occurred during 2008–2009, despite the release of recommendations in 2007 to prevent bacterial infections related to droplet transmission.

What are the implications for public health practice?

Health-care facilities and health departments should promote adherence to established guidelines (e.g., wearing masks) among health-care providers performing spinal injection procedures.

most likely was transmitted directly from the anesthesiologist to the patients, either by droplet transmission directly from the oropharynx or contamination of sterile equipment.

In the Ohio cluster, the anesthesiologist did not wear a mask during the procedures, making direct droplet transmission most likely. The two patients were infected with *S. salivarius* with indistinguishable PFGE patterns. A PFGE pattern could not be determined for the *S. salivarius* carried by the Ohio anesthesiologist because the bacteria were identified by PCR instead of culture. In the New York cluster, *S. salivarius* was not isolated from the anesthesiologist, so a comparison could not be made with the bacteria identified from two of the three patients. However, the anesthesiologist was the only common exposure identified in the three cases. The occurrence of meningitis caused by normal mouth flora after spinal injection procedures performed by a common provider suggests a breach in aseptic technique. Retrospective review of the procedures with the anesthesiologist did not reveal obvious breaches in aseptic technique; however, certain breaches (e.g., not wearing a mask properly during the procedure) might be difficult to identify retrospectively.

The intrathecal space is entered during several diagnostic and therapeutic spinal procedures, including lumbar puncture, myelography, and spinal anesthesia, and can occur inadvertently during epidural anesthesia. Cases of meningitis have been reported after all of these procedures, although most published cases have involved spinal anesthesia (*2*). The actual incidence of meningitis after these procedures is not known. In Sweden, one case of purulent meningitis occurred per 53,000 episodes of spinal anesthesia during 1990–1999 (*3*). A literature review identified only 179 cases of post spinal procedure meningitis reported worldwide during 1952–2005 (*2*); in contrast, approximately 300,000 diagnostic lumbar punctures were performed on inpatients in the United States in 2007 alone (*4*). Post spinal procedure meningitis causes serious infections; in one case series, one third of cases resulted in death (*5*).

Potential sources of bacterial introduction into the intrathecal space during spinal procedures include intrinsic or extrinsic contamination of needles, syringes, or injected medications; inadequately decontaminated patient skin; inadequately cleaned health-care provider hands; a contaminated sterile field; and droplet transmission from the health-care provider's upper airway. *S. salivarius* and other viridans group streptococci, which are normal mouth flora, are the most commonly identified etiologies of meningitis after spinal procedures, accounting for 49% and 60% of cases in two literature reviews (*2,6*). Droplet transmission of oral flora has been suggested as the most likely route of transmission in reports of clusters associated with a single health-care provider (*7,8*).

Although occurrence of meningitis after spinal anesthesia is not new, the cases described in this report occurred after the June 2007 release of recommendations for the prevention of such infections (*1*), in which HICPAC recommended that surgical masks be used by health-care providers who were either placing a catheter or injecting material into the spinal canal or epidural space (*1*). In 2006, the American Society of Regional Anesthesia and Pain Medicine also had recommended the use of surgical masks during regional anesthesia procedures (*9*). In addition to the wearing of masks, HICPAC also recommend that providers perform all invasive procedures, such as the ones described in this report, in accordance with safe injection practices. These practices include consistent use of aseptic technique, including using new sterile needles and syringes when accessing multidose vials and using single-dose vials whenever possible.

Health-care providers who perform spinal procedures should be familiar with and follow the recommendations for use of masks, proper aseptic technique, and safe injection practices. Facilities at which these procedures are performed should raise awareness of these recommendations among staff members and assess compliance with the recommendations by performing periodic audits. Local and state health departments are in a position to help health-care facilities identify and investigate cases or clusters of health-care–associated meningitis and ensure adherence to infection-control recommendations.

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Effects of Switching from Whole to Low-Fat/Fat-Free Milk in Public Schools — New York City, 2004–2009

In 2005, the New York City (NYC) Department of Education (DOE) began reviewing its public school food policies to determine whether changes could help address the increasing prevalence of childhood obesity in NYC (*1*). DOE determined that reducing consumption of whole milk and increasing consumption of fat-free or low-fat milk could help decrease students' fat and calorie intake while maintaining calcium consumption. However, milk industry advocates and others expressed concern that phasing out whole milk might decrease overall student demand for milk. Nevertheless, during 2005–2006, DOE removed whole milk from cafeterias in all public schools serving the city's approximately 1.1 million schoolchildren. To assess the effects of the switch on milk consumption, the NYC Department of Health and Mental Hygiene (DOHMH) analyzed systemwide school milk purchasing data. This report summarizes the results of that analysis, which indicated that DOE school milk purchases per student per year increased 1.3% in fiscal year 2009 compared with 2004 purchases. By removing whole milk and switching from low-fat to fat-free chocolate milk, NYC public school milk-drinking students were served an estimated 5,960 fewer calories and 619 fewer grams of fat in 2009 than they were in 2004. Other school systems can use these results to guide changes to their own school food policies.

Various types of milk have been available to all NYC public school students during lunch (Table 1). Milk is not available in school vending machines. The switch from whole to low-fat or fat-free milk began in the borough of the Bronx in 2004, when several elementary school principals, in response to community-based public health efforts, began limiting the availability of whole and/or sweetened, flavored (e.g., chocolate and strawberry) milk. At the same time, DOE was reevaluating its school food policies. DOE and these elementary school principals, in collaboration with the DOHMH Bronx District Public Health Office, local community organizations, and other local advocates, convened meetings to assess the feasibility and potential health impact of limiting the availability of whole milk in schools. At these meetings, milk industry advocates and others suggested that without whole and sweetened, flavored milk in cafeterias, student milk consumption would decline, thereby decreasing the amount of calcium consumed. Nevertheless, in the fall of 2005, DOE phased out whole milk products and limited sweetened milk to fat-free chocolate in all five NYC boroughs. In 2004, sweetened, flavored milk was available in low-fat varieties, and flavors other than chocolate had limited availability. After the switch, only chocolate milk was retained because of its popularity among students but was changed from low-fat to fat-free. The milk changes began in the Bronx and Manhattan in the fall of 2005, and in Queens, Brooklyn, and Staten Island in February 2006. Fiscal year 2006* was the first full school year in which whole milk was phased out in all five boroughs.

No data were available on student consumption of milk. Therefore, as a proxy, school system purchasing data provided by the DOE Office of School Food were used to approximate consumption. To calculate the annual calories and fat available from milk, the number of fat-content/flavor-specific (e.g., whole white, low-fat white, and fat-free chocolate) units purchased by DOE per year was multiplied by milk type–specific fat and calorie information (Table 1). These results were summed to yield the total number of calories and grams of fat from milk purchased by DOE. These sums were then distributed across various student types (e.g., all enrolled students or milk-

TABLE 1. Fat, calorie, sugar, and calcium content of half-pint (8-ounce) servings of milk typically available for purchase by students, by fat content/flavor — New York City public schools, fiscal years 2004–2009

	Fat content/Flavor				
Characteristic	Whole	1% white	Fat-free white	1% chocolate	Fat-free chocolate
Calories	146.0	102.0	83.0	158.0	130.0
Total fat (g)	8.0	2.0	0.2	2.5	0.0
Saturated fat (g)	5.0	1.5	0.1	1.5	0.0
Sugars (g)	11.0	11.0	11.0	26.0	22.0
Calcium (mg)	276.0	290.0	306.0	400.0	300.0

* All years refer to fiscal years which span from July 1 of the previous year through June 30 of the year indicated.

drinking students) to estimate changes in annual and daily milk fat/calorie exposure (Table 2).†

From 2004 to 2006, total DOE per student school milk purchases declined 8% (Figure). However, purchases then gradually began increasing, and by 2009, DOE per student milk purchases (adjusted for school system enrollment) had increased 1.3%, from 112 per student in 2004 to nearly 114 in 2009.

Whole milk accounted for 33% of all DOE milk purchases in 2004, whereas in 2009 it accounted for less than 2% (some whole milk was still used in special education sites and for catering). Conversely, low-fat or fat-free white milk purchases in 2009 accounted for 42% of all DOE milk purchases (35% and 7%, respectively), compared with less than 7% (4% and 2%, respectively) in 2004. The proportion of sweetened, chocolate milk purchased remained stable, accounting for 61% of DOE orders in 2004 and 57% in 2009.

In 2004, approximately 18.3 billion calories and 520 million grams of fat were purchased by DOE in the form of milk. In 2009, as a result of DOE's switch to lower-fat milk, those numbers decreased to 13.7 billion calories and 98 million grams of fat, representing a 25% and 81% decline in available calories and fat from milk, respectively. Comparing 2004 with 2009, if calorie and fat savings were distributed over all enrolled students, 3,484 fewer calories and 382 fewer grams of fat were averted each school year as a result of the milk policy change. When distribution of fat and calories from milk were limited to the percentage of students who were estimated to drink milk during the school day (62% in 2004 and 63% in 2009), these savings increased to 5,960 calories and 619 fat grams per year. The analysis also determined the calorie and fat grams averted per year for students estimated to drink white milk (7,089 calories and 922 grams of fat) and to drink chocolate milk (4,900 calories and 448 grams of fat) once per school day.

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Editorial Note

The goal of the milk policy change for NYC public schools was to reduce a key source of dietary calories and fat without reducing the total amount of milk purchased per student, recognizing that school milk provides an important source of protein, calcium, and vitamins such as A and D. The results presented in this report show that the switch from whole milk to low-fat or fat-free milk accomplished this goal. For each milk-drinking student, 5,960 calories and 619 grams of fat were averted per school year after the policy change. Although studies have shown that schools across the nation have switched from whole to lower-fat milk options in recent years (*2*) and that changes to school food policies improve the kinds of food available to students and reduce overall calories and fat available (*3,4*), this is the first published estimate of reductions in calories and fat from a policy switch in available milk products.

† The amount of milk served to students in schools was assumed to be equal to the amount of milk purchased by DOE, with no wastage. Reductions in annual milk calories and fat per student were calculated as the differences between 2004 calories/fat served per student and 2009 calories/fat served per student. Calorie and fat calculations were based on school system–wide DOE milk purchases (whole white, 1% white, fat-free white, 1% chocolate, and fat-free chocolate) in each of these years and on nutritional information for each of these milk types. In 2004, a total of 18.3 billion calories and 519 million grams of fat in the form of milk were served by DOE, and in 2009, a total of 13.7 billion calories and 98 million grams of fat were served. To arrive at per student figures, these calorie and fat amounts were divided by the total number of New York City public school students in 2004 (1,086,886) and 2009 (1,029,459).

Annual calories and fat served per milk-drinking student were calculated by first determining the percentage of students who drink milk in school. Actual DOE milk purchases (121,854,769 units in 2004 and 117,000,859 units in 2009) were divided by the 181 days in the school year to determine units purchased by DOE per school day (67,323 units in 2004 and 64,641 units in 2009). These units purchased were then divided by the total number of public school students to estimate the percent of students drinking milk once per day (62% in 2004 and 63% in 2009). Total calories and fat served (from the annual number divided by 181 school days) were then divided by these new denominators (673,869 students in 2004 and 648,559 in 2009), and differences in estimated consumption between 2004 and 2009 were calculated.

The proportion of milk purchased by DOE that was white (39% of all milk in 2004 and 43% of all milk in 2009) was assumed to equal the proportion of students who drank white milk. The number of calories and fat from DOE white milk purchases in 2004 (6.7 billion and 335 million, respectively) and 2009 (5.1 billion, and 98 million, respectively) were divided by the estimated number of white milk drinkers (262,809 in 2004 and 278,880 in 2009), and differences in consumption between 2004 and 2009 were calculated.

Calculations were identical to the calculations described previously using chocolate milk calories/fat served (11.6 billion and 184 million in 2004, respectively, and 8.6 billion and 1,750 in 2009, respectively) and number of estimated chocolate milk drinkers (411,060 in 2004 and 369,679 in 2009).

TABLE 2. Estimated reductions in annual and daily calorie and fat servings resulting from a change in milk policy, by type of student — New York City public schools, fiscal years 2004–2009

	Reductions in calories served		Reductions in fat served (g)	
Characteristic	Annual	Daily*	Annual	Daily*
Per student†	3,484	19.2	382	2.1
Per in-school milk-drinking student§	5,960	32.9	619	3.4
Per in-school white milk-drinking student¶	7,089	39.2	922	5.1
Per in-school chocolate milk-drinking student**	4,900	27.1	448	2.5

* Annual divided by 181 school days.

† The amount of milk served to students in schools was assumed to be equal to the amount of milk purchased by DOE, with no wastage. Reductions in annual milk calories and fat per student were calculated as the differences between 2004 calories/fat served per student and 2009 calories/fat served per student. Calorie and fat calculations were based on school system–wide DOE milk purchases (whole white, 1% white, fat-free white, 1% chocolate, and fat-free chocolate) in each of these years and on nutritional information for each of these milk types. In 2004, a total of 18.3 billion calories and 519 million grams of fat in the form of milk were served by DOE, and in 2009, a total of 13.7 billion calories and 98 million grams of fat were served. To arrive at per student figures, these calorie and fat amounts were divided by the total number of New York City public school students in 2004 (1,086,886) and 2009 (1,029,459).

§ Annual calories and fat served per milk-drinking student were calculated by first determining the percentage of students who drink milk in school. Actual DOE milk purchases (121,854,769 units in 2004 and 117,000,859 units in 2009) were divided by the 181 days in the school year to determine units purchased by DOE per school day (67,323 units in 2004 and 64,641 units in 2009). These units purchased were then divided by the total number of public school students to estimate the percent of students drinking milk once per day (62% in 2004 and 63% in 2009). Total calories and fat served (from the annual number divided by 181 school days) were then divided by these new denominators (673,869 students in 2004 and 648,559 in 2009), and differences in estimated consumption between 2004 and 2009 were calculated.

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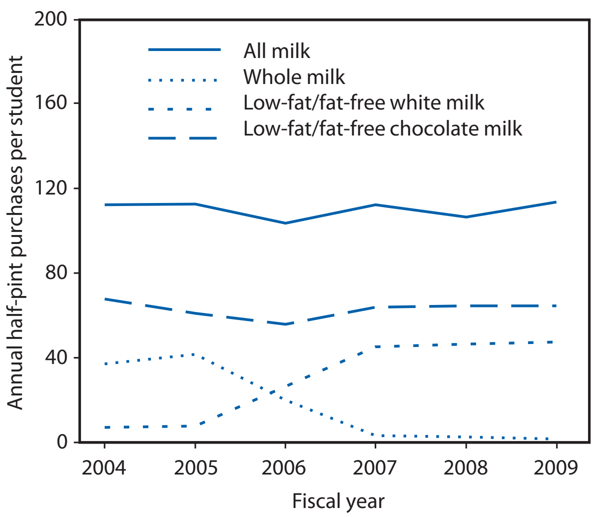
FIGURE. Annual half-pint milk purchases per student (adjusted for enrollment), by fat content/flavor — New York City public schools, fiscal years 2004–2009*



* Because no data were available on student consumption of milk, as a proxy, school system purchasing data provided by the New York City Department of Education Office of School Food were used to approximate consumption.

The amount of sweetened, chocolate milk being consumed by students is a matter of concern. Low-fat and fat-free chocolate milk have more calories than reduced-fat white milk and contain twice the amount of sugars. Limiting chocolate milk availability would reduce further the number of calories served to students by approximately 23%.§ However, chocolate milk is popular among students and accounted for approximately 60% of milk purchases both before and after the milk policy change in NYC. A study in Connecticut showed that after eliminating sweetened, flavored milk from school cafeterias, student milk consumption declined 60% (*5*). Removing chocolate milk from the cafeteria line in NYC schools might result in decreased milk consumption (and therefore decreased calcium consumption). Further research should investigate the health impact of sweetened chocolate milk restrictions in NYC.

The findings in this report are subject to at least three limitations. First, although milk purchasing certainly correlates with milk consumption, data are not available to assess the magnitude of that correlation. Some of the milk taken from the cafeteria line might be thrown away, and formal "plate waste" studies have not been conducted in NYC. Second, no data were collected on total food consumption during the school

§ Calculation based on converting 2009 fat-free chocolate milk purchases to fat-free white milk purchases. Total calories would decrease from 13.7 billion to 10.6 billion.

What is already known on this topic?

The prevalence of childhood obesity is increasing, and switching from whole milk to low-fat or fat-free milk has been suggested as one way to reduce children's intake of excess fat and calories.

What is added by this report?

Milk policy changes in New York City public schools decreased the amount of fat and calories apparently consumed by students without decreasing overall school milk purchases, thereby maintaining student consumption of calcium and important vitamins.

What are the implications for public health practice?

These results suggest that substitution of low-fat and fat-free milk for whole milk in schools can substantively reduce student consumption of calories and fat.

day, so the effect of the milk switch on overall diet is unknown. Students might compensate for the averted calories/fat from milk by changing their consumption patterns. Finally, data were not readily available to allow stratification by grade level (e.g., elementary, middle, and high school).

Changes to the physical environment often are the most effective interventions to improve population health (*6,7*). The switch to lower-fat milk likely has improved the overall nutritional environment of NYC public schoolchildren. The switch also might promote changes in children's taste preferences toward lower-fat milk.

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Outbreaks of 2009 Pandemic Influenza A (H1N1) Among Long-Term–Care Facility Residents — Three States, 2009

Hospitalization and death from seasonal influenza are more common among older adults and in long-term–care facilities (LTCFs) (*1*). Early data from the 2009 pandemic influenza A (H1N1) outbreak indicated that attack rates among persons aged ≥65 years were lower than in other age groups, and anti-influenza A antibodies that cross-react with 2009 H1N1 could be detected in up to one third of healthy adults aged >60 years (*2*). Based on these early data and anticipation of limited initial supplies of 2009 H1N1 vaccine, the Advisory Committee on Immunization Practices (ACIP) identified priority groups for vaccination (*3*), which did not include persons aged ≥65 years who did not have higher risk for influenza or its complications (*3*). During October and November 2009, CDC received reports of 2009 H1N1 outbreaks in LTCFs in Colorado, Maine, and New York. This report summarizes the three outbreaks, which involved facilities primarily housing older patients. These outbreaks illustrate that, despite the lower risk for infection with 2009 H1N1 among persons aged ≥65 years compared with seasonal influenza, 2009 H1N1 outbreaks still can occur in LTCFs. These outbreaks also underscore the importance of respiratory illness surveillance and recommended infection-control procedures in LTCFs. All health-care personnel should be vaccinated against seasonal influenza and 2009 H1N1. LTCF residents should receive seasonal influenza vaccination, and should be vaccinated against 2009 H1N1 after assessment of vaccine availability at the local level indicates that demand for vaccine among younger age groups is being met (*3*).

Outbreak Reports

Colorado. Beginning on October 14, 2009, the Colorado Department of Public Health and Environment assisted with the control of an outbreak of influenza-like illness (ILI)* in a 39-bed LTCF. During October 12–14, 2009, 11 residents (age range: 76–106 years) developed ILI (resident attack rate = 28%). Among the 11 residents, four tested positive by rapid influenza diagnostic test (RIDT), and three of these were positive by real-time reverse transcription–polymerase chain reaction (rRT-PCR) for 2009 H1N1. All of the ill residents lived in the same care unit. One of the 11 residents was hospitalized because of his ILI symptoms; no deaths occurred. Among 25 staff members at the facility, 10 reported experiencing ILI (staff attack rate = 40%); one worked while ill on October 10, which was 2 days before the onset of ILI in residents. Interventions implemented by the facility on October 14 included use of droplet precautions (*4*) and oseltamivir treatment for all residents with ILI, oseltamivir prophylaxis for all other residents and all staff members, restriction of exposed residents to their care unit, ill visitor restriction, and vaccination of staff members with 2009 H1N1 vaccine. Seasonal influenza vaccine had been offered to all residents and staff members before the outbreak, but 2009 H1N1 vaccine was not available at that time. No new ILI cases occurred after October 14.

Maine. On November 12, 2009, the Maine Center for Disease Control and Prevention conducted an investigation of a 2009 H1N1–related death in a patient from a 125-bed LTCF with 175 staff members. The patient was an ambulatory man aged 72 years who became ill on November 9, 2009, and died on November 10 of respiratory failure; 2009 H1N1 infection was confirmed by rRT-PCR. Absenteeism among health-care personnel at the facility had increased from a baseline average of two employee absences per day to seven employee absences per day in the week before the patient's illness, and to 11 employee absences per day the week of the patient's illness onset; eight staff members reported ILI symptoms (staff attack rate = 5%). No residents or staff members had been vaccinated for 2009 H1N1 or seasonal influenza. Because of concerns that more influenza infections might develop among residents, on November 13 the facility was closed to new admissions and visitors. Hand hygiene and cough etiquette were reinforced, droplet precautions were instituted for the care of infected residents, ill staff members were excluded from work, resident movement among the three wings of the

* In all three outbreaks, ILI was defined as presence of fever with cough or sore throat.

facility was restricted, and oseltamivir prophylaxis was offered to all residents and staff members. All 125 residents and 159 of 175 staff members (91%) accepted the 2-week prophylaxis regimen. Six other residents (aged 72–89 years) developed ILI and were tested during November 13–17 (resident attack rate = 6%); two of these residents tested positive for 2009 H1N1 infection by rRT-PCR. Vaccination for 2009 H1N1 was not administered. No additional persons with ILI were identified after November 17.

New York. Starting on October 28, 2009, the New York State Department of Health (NYSDOH) assisted a 368-bed LTCF that had an outbreak of ILI among residents and staff members. From October 26 through November 6, a total of 41 of 368 residents (resident attack rate = 11%) and 135 of 615 staff members (staff attack rate = 22%) developed ILI. The first resident became ill on October 27. Ill residents were aged 66–96 years; none were hospitalized, and none died. A phlebotomist with onset of ILI on October 26 had worked on that day, drawing blood from 39 residents on all nine units in the facility. A nasopharyngeal swab collected from the phlebotomist tested positive for influenza A by RIDT and was later confirmed by rRT-PCR to be 2009 H1N1. Nasopharyngeal swabs were collected from six ill residents; one tested positive for 2009 H1N1 by rRT-PCR, and one tested positive for influenza A by culture.

Beginning on October 26, oseltamivir treatment was prescribed for all ill residents, and oseltamivir prophylaxis was offered to all unaffected residents and staff members. Enhanced surveillance for ILI was implemented, including contacting all absent employees to identify the reason for their absence. Staff members and visitors received education on standard precautions and droplet precautions and were excluded from the facility if ill. Children aged <12 years were restricted from visiting, and hand hygiene stations were placed outside of each unit. Ill residents were placed on droplet precautions. All residents and approximately 68% of staff members had been vaccinated for seasonal influenza at the time of the outbreak. No additional cases were reported after November 6. The facility offered 2009 H1N1 vaccine to all staff members on November 9.

Reported by

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Editorial Note

This report describes three outbreaks of 2009 H1N1 infection in LTCFs. Anecdotal reports to CDC have indicated that these are not the only outbreaks of 2009 H1N1 in LTCFs that have occurred since the beginning of the pandemic; however, data on the incidence of influenza in LTCFs are not collected systematically at the national level. When the outbreak in Colorado was reported to CDC on October 21, 2009, CDC and the state of Colorado informally solicited reports of other outbreaks in LTCFs during a weekly Council of State and Territorial Epidemiologists teleconference. New York and Maine responded with information about similar outbreaks described in this report.

Several states conduct regular surveillance of outbreaks (including influenza) in LTCFs, and this information is shared with CDC. For example, by October 30, 2009, New York had identified a large number of 2009 H1N1 outbreaks in such facilities. The NYSDOH has required reporting of influenza and respiratory illness[†] from LTCFs since the late 1990s. In New York, from September 1 through December 15, 2009, reports of LTCFs with laboratory-confirmed influenza outbreaks increased by approximately tenfold to 50 (peak week was 17), compared with the same period during the 4 previous years (average: 5; range: 4–6 outbreaks). This increase early in the influenza season might reflect high levels of 2009 H1N1 circulating earlier in 2009 compared with past seasons when influenza activity typically peaked in January, February, or March (the average number of outbreaks for the peak week during the past three seasons has been 24). CDC has not solicited further LTCF outbreak reports since November 2009 and has not received additional reports since that time.

[†] A sudden increase of acute febrile respiratory illness cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term–care facility resident is considered an outbreak.

Seasonal influenza attack rates among residents of LTCFs have varied widely. The rates have ranged from 20% to 30% in more recent studies, but were as high as 70% in earlier studies (*4*). The 2009 H1N1 influenza outbreaks described in this report generally had lower resident attack rates (6% to 28%) and limited numbers of severe cases; however, because this was a convenience sample of facilities with outbreaks of 2009 H1N1 influenza where antiviral medications were started early in the outbreak, these examples might not be representative of other 2009 H1N1 influenza outbreaks**.**

All three outbreaks ended after initiation or reinforcement of recommended infection control practices (*6,7*) (Box). Although the extent to which measures used in these three outbreaks stopped transmission is uncertain, previous studies have found that use of antivirals with other control measures have effectively halted similar outbreaks. Likewise, the way in which influenza virus was introduced into these LTCFs is unknown. Influenza virus often is introduced into LTCFs via ill health-care personnel or visitors. In two of these outbreaks, ill health-care personnel worked while ill and might have served as a source of infection for at least some of the symptomatic residents. The possibility that transmission occurred between health-care personnel and patients underscores the importance of excluding ill health-care personnel from work and providing immunization with 2009 H1N1 vaccine to all LTCF staff members.

BOX. Influenza prevention and control measures for long-term–care facilities

- Vaccinate health-care personnel against seasonal influenza and 2009 pandemic influenza A (H1N1). Vaccinate residents of long-term–care facilities for seasonal influenza and offer 2009 H1N1 as this vaccine becomes widely available.
- Instruct all residents and staff members to use respiratory hygiene and cough etiquette.
- Restrict ill visitors and ill health-care personnel from the facility.
- Continue active surveillance and use influenza testing for new cases of acute respiratory illness and influenza-like illness.
- To the extent possible, segregate ill residents from unaffected residents and maintain appropriate levels of isolation.
- When influenza is detected in the facility, administer influenza antiviral treatment to ill residents and influenza antiviral prophylaxis to unaffected residents. Unaffected health-care personnel should be offered influenza antiviral prophylaxis.

SOURCES: CDC. Interim guidance on infection control measures for 2009 H1N1 influenza in healthcare settings, including protection of healthcare personnel; October 14, 2009. Available at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm. Carman WF, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. Lancet 2000;355:93–7.

On April 26, 2009 (updated October 14, 2009), CDC released guidelines for general 2009 H1N1 infection-control recommendations for all health-care facilities, including LTCFs[§]. LTCFs should have surveillance in place to recognize respiratory illness outbreaks early, mechanisms to implement control measures, and the ability to collect and test respiratory specimens for influenza (*7*).

Vaccination of health-care personnel has been associated with lower rates of health-care–related seasonal influenza (*8,9*). Immunization of health-care personnel in LTCFs also has been linked to significant reductions in all-cause patient mortality (from 17% to 10%) and ILI (*8*). Health-care personnel in LTCFs are a priority group for 2009 H1N1 vaccination.

The use of antivirals for treatment and chemoprophylaxis of influenza in LTCFs has been recommended for seasonal influenza (*6*). In general, antiviral chemoprophylaxis for influenza is recommended for at least 2 weeks, and as long as 1 week after the last resident case has occurred (*6*). Oseltamivir or zanamivir also should be used for chemoprophylaxis during recognized outbreaks of 2009 H1N1 in LTCFs. In addition, LTCF residents who develop an illness suspected to be 2009 H1N1 should receive empiric treatment with either oseltamivir or zanamivir (*10*). Rapid influenza diagnostic testing should not be used to exclude the diagnosis of influenza because these tests have low sensitivity, and negative results on testing of persons with ILI should be followed up with rRT-PCR testing (*7,10*).

[§] Available at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

What is already known on this topic?

Seasonal influenza is a recognized cause of morbidity and mortality in long-term–care facilities (LTCFs).

What is added by this report?

Outbreaks of 2009 pandemic influenza A (H1N1) in LTCFs in three states during October and November 2009 demonstrate that such outbreaks can occur; attack rates among residents varied between 6% and 28%.

What are the implications for public health practice?

All health-care personnel, including those who work in LTCFs, should be vaccinated against seasonal and 2009 H1N1 influenza. As vaccination efforts are expanded to include adults aged ≥65 years, LTCF residents should be vaccinated against 2009 H1N1 influenza in addition to seasonal influenza. LTCFs should monitor for influenza-like illness, and have plans in place for testing and treating of patients and staff members in the event of an outbreak.

Acknowledgments

This report is based, in part, on contributions by M Miller, MS, Otero County Health Dept; A Pelletier, MD, B Bernier, MS, MPH, Maine Center for Disease Control and Prevention; and C Elliott, nursing home A, DJ Operario, PhD, M Fuschino, MS, and K St. George, PhD, New York State Dept of Health.

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Announcement

Epidemiology in Action Course

CDC and Rollins School of Public Health at Emory University will cosponsor the course, Epidemiology in Action, April 26–May 7, 2010, at Emory University in Atlanta, Georgia. This course is designed for state and local public health professionals. The course emphasizes practical application of epidemiology to public health problems and consists of lectures, workshops, classroom exercises that include actual epidemiologic problems, and roundtable discussions. Topics covered during the course include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, Epi Info training, and discussions of selected prevalent diseases.

Tuition is charged to attend the course. Additional information and applications are available at http://www.sph.emory.edu/epicourses; or by mail (Emory University, Hubert Department of Global Health, 1518 Clifton Rd. NE, Rm. 746, Atlanta, GA 30322), telephone (404-727-3485), fax (404-727-4590), or e-mail (pvaleri@emory.edu).

Erratum

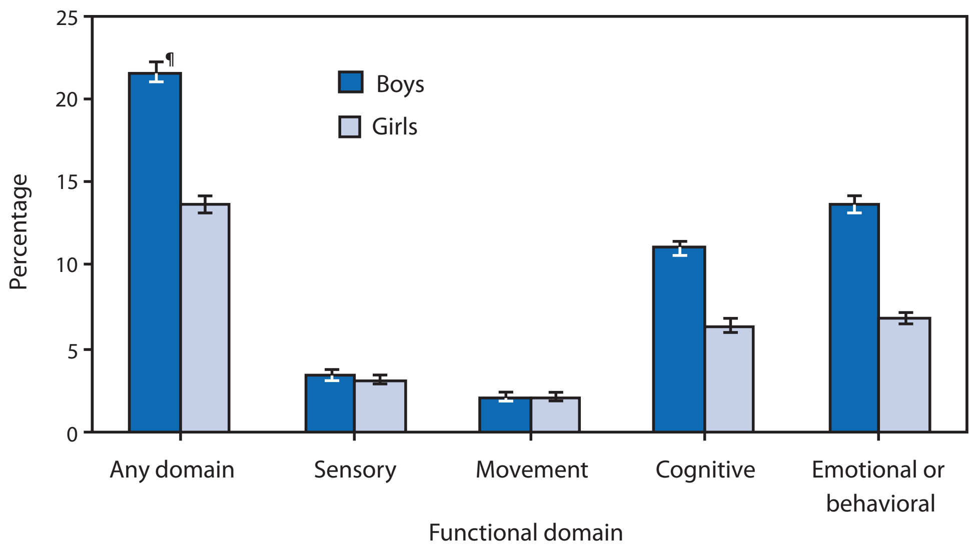
Vol. 59, No. 2

In the report “Prevalence of Abnormal Lipid Levels Among Youths — United States, 1999–2006,” the first footnote of Table 2 on page 32 should read as follows: * Low-density lipoprotein (high = LDL-C ≥130 mg/dL); high-density lipoprotein (low = HDL-C ≤35 mg/dL); high triglycerides (≥150 mg/dL) levels.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Prevalence of Functional Difficulties* Among Children Aged 5–17 Years, by Functional Domain† and Sex — National Health Interview Survey,§ United States, 2001–2007



* Functional difficulty in children is defined as difficulty in any of the following four functional domains: sensory, movement, cognitive, or emotional or behavioral.

† Based on responses to multiple questions, which can be found in Table 1 of the source publication. Sensory difficulty represents difficulty with seeing or hearing. Movement difficulty is difficulty walking, running, or playing. Cognitive difficulty represents difficulty remembering or having mental retardation, Down syndrome, autism, or learning disability. Emotional or behavioral difficulty represents attention deficit hyperactivity disorder or difficulty with emotions, concentration, behavior, or being able to get along with other persons.

§ 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. Responses for children were obtained from a knowledgeable adult residing in the household, usually a parent.

¶ 95% confidence interval.

During 2001–2007, approximately 18% of children aged 5–17 years had functional difficulty in one or more of the following four domains: sensory, movement, cognitive, or emotional or behavioral functioning. Overall, approximately 22% of boys and 14% of girls were reported to have functional difficulty. Rates of functional difficulty were similar among boys and girls for the sensory and movement domains; however, boys were more likely than girls to have difficulty in the cognitive and emotional or behavioral domains.

SOURCE: Pastor PN, Reuben CA, Loeb M. Functional difficulties among school-aged children: United States, 2001–2007. National health statistics reports; no. 19. Hyattsville, MD: National Center for Health Statistics; 2009. Available at http://www.cdc.gov/nchs/data/nhsr/nhsr019.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 23, 2010 (3rd week)*

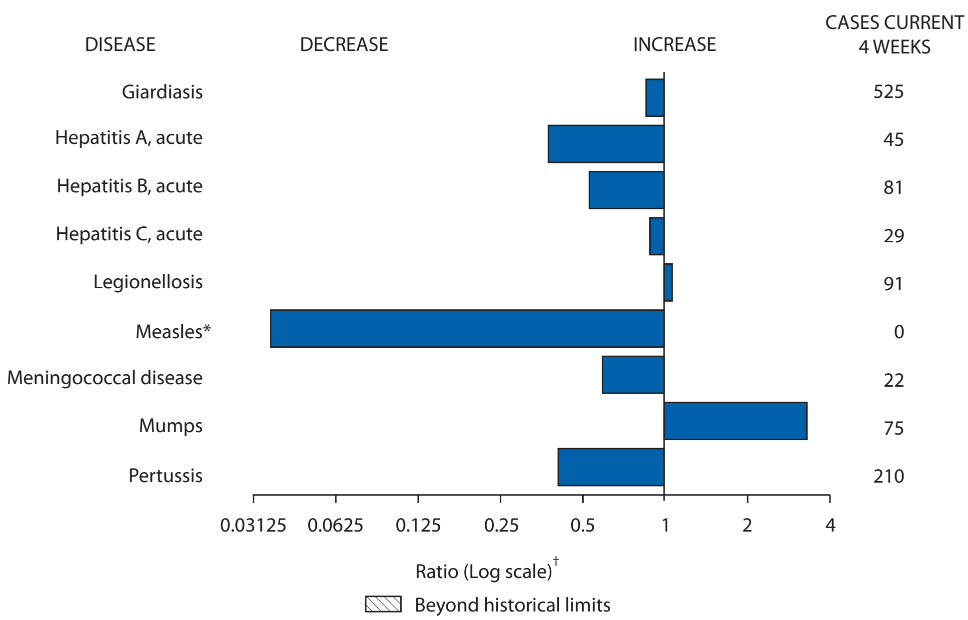
Disease	Current week	Cum 2010	5-year weekly average[†]	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	—	—	1	1	—	
Botulism, total	—	2	2	99	145	144	165	135	
foodborne	—	—	0	12	17	32	20	19	
infant	—	2	1	64	109	85	97	85	
other (wound and unspecified)	—	—	0	23	19	27	48	31	
Brucellosis	1	1	1	105	80	131	121	120	FL (1)
Chancroid	—	1	1	39	25	23	33	17	
Cholera	—	—	0	8	5	7	9	8	
Cyclosporiasis[§]	1	1	3	126	139	93	137	543	MD (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases[§,¶]:									
California serogroup virus disease	—	—	—	43	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	—	1	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	10	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,[**] invasive disease (age <5 yrs):									
serotype b	—	—	1	26	30	22	29	9	
nonserotype b	—	4	4	213	244	199	175	135	
unknown serotype	1	14	4	224	163	180	179	217	NY (1)
Hansen disease[§]	—	1	1	59	80	101	66	87	
Hantavirus pulmonary syndrome[§]	—	—	0	13	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal[§]	—	3	1	224	330	292	288	221	
HIV infection, pediatric (age <13 yrs)[††]	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality[§,§§]	5	21	1	360	90	77	43	45	NY (4), WI (1)
Listeriosis	7	16	13	772	759	808	884	896	OH (1), MI (1), SC (1), FL (2), CO (1), OR (1)
Measles[¶¶]	—	—	0	61	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	—	5	5	277	330	325	318	297	
serogroup B	—	—	3	147	188	167	193	156	
other serogroup	—	—	1	23	38	35	32	27	
unknown serogroup	1	17	13	472	616	550	651	765	FL (1)
Mumps	44	73	10	1,153	454	800	6,584	314	NY (43), FL (1)
Novel influenza A virus infections[†††]	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	0	7	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus Infection, nonparalytic[§]	—	—	—	—	—	—	NN	NN	
Psittacosis[§]	—	1	0	9	8	12	21	16	
Q fever, total[§,§§§]	—	—	1	101	120	171	169	136	
acute	—	—	0	85	106	—	—	—	
chronic	—	—	0	16	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella[¶¶¶]	—	—	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV[§,****]	—	—	—	—	—	—	—	—	
Smallpox[§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome[§]	—	—	2	132	157	132	125	129	
Syphilis, congenital (age <1 yr)	—	—	6	268	431	430	349	329	
Tetanus	—	—	0	14	19	28	41	27	
Toxic-shock syndrome (staphylococcal)[§]	1	2	1	76	71	92	101	90	NE (1)
Trichinellosis	—	—	0	12	39	5	15	16	
Tularemia	—	—	0	86	123	137	95	154	
Typhoid fever	3	9	7	334	449	434	353	324	FL (1), CO (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*[§]	1	1	0	71	63	37	6	2	NE (1)
Vancomycin-resistant *Staphylococcus aureus*[§]	—	—	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)[§]	1	3	2	655	588	549	NN	NN	CA (1)
Viral Hemorrhagic Fever[††††]	—	—	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 23, 2010 (3rd week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 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. 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.
** 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 263 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 248 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 132 influenza-associated pediatric deaths 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 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† There were no cases of Viral Hemorrhagic Fever during week one. See Table II for Dengue Hemorrhagic Fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 23, 2010, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 3 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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Lenee Blanton

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	9,266	23,331	27,450	34,128	66,724	51	113	261	161	250
New England	463	759	1,482	1,491	1,439	1	6	23	5	52
Connecticut	42	225	531	81	93	—	0	1	1	38
Maine†	58	47	75	131	175	1	1	4	3	1
Massachusetts	267	377	944	1,037	788	—	2	16	—	9
New Hampshire	—	33	61	10	135	—	1	5	1	4
Rhode Island†	73	61	244	170	176	—	0	8	—	—
Vermont†	23	21	63	62	72	—	1	9	—	—
Mid. Atlantic	2,543	3,006	4,299	7,792	7,820	4	14	37	18	30
New Jersey	248	416	838	681	1,276	—	1	5	—	2
New York (Upstate)	562	607	1,606	1,149	853	1	3	16	3	8
New York City	1,216	1,162	1,956	3,972	3,393	—	1	5	—	10
Pennsylvania	517	816	986	1,990	2,298	3	9	19	15	10
E.N. Central	1,119	3,408	4,282	4,661	11,799	11	26	54	39	61
Illinois	22	1,044	1,378	77	3,931	—	2	8	1	6
Indiana	275	399	695	685	1,061	—	4	9	—	13
Michigan	537	870	1,332	2,421	2,631	3	5	11	13	10
Ohio	70	570	1,026	751	3,000	6	7	16	17	14
Wisconsin	215	386	478	727	1,176	2	8	24	8	18
W.N. Central	314	1,325	1,698	1,738	3,603	3	18	61	19	14
Iowa	10	173	256	184	537	1	3	14	7	2
Kansas	6	177	561	205	336	1	2	6	4	1
Minnesota	—	254	338	17	880	—	4	34	—	3
Missouri	201	508	638	1,030	1,349	—	3	12	5	3
Nebraska†	90	104	237	289	265	1	2	9	3	2
North Dakota	7	32	92	13	57	—	0	5	—	—
South Dakota	—	52	80	—	179	—	1	10	—	3
S. Atlantic	1,736	4,674	6,207	7,233	11,869	11	19	45	28	48
Delaware	88	88	180	244	292	1	0	2	1	—
District of Columbia	—	122	225	87	357	—	0	1	—	—
Florida	434	1,421	1,671	2,515	3,905	7	8	24	15	16
Georgia	1	699	1,150	3	1,433	3	5	23	10	19
Maryland†	275	430	914	782	863	—	1	5	—	4
North Carolina	—	716	1,265	—	2,419	—	0	9	—	5
South Carolina†	446	523	1,421	1,538	1,018	—	1	7	1	1
Virginia†	444	602	926	1,933	1,372	—	1	7	—	2
West Virginia	48	70	136	131	210	—	0	2	1	1
E.S. Central	983	1,734	2,222	2,732	5,300	1	4	10	6	5
Alabama†	13	469	629	240	1,281	—	1	5	—	2
Kentucky	—	222	642	—	859	—	1	4	2	—
Mississippi	520	429	840	971	1,433	—	0	3	—	1
Tennessee†	450	580	810	1,521	1,727	1	1	5	4	2
W.S. Central	381	2,942	5,803	2,366	8,864	1	8	36	5	4
Arkansas†	—	270	416	533	925	—	1	5	—	1
Louisiana	40	518	1,130	113	1,547	—	0	6	—	—
Oklahoma	341	167	2,714	1,720	494	—	2	9	—	1
Texas†	—	1,998	2,519	—	5,898	1	5	21	5	2
Mountain	324	1,423	2,093	1,078	4,021	11	9	26	25	15
Arizona	128	499	755	302	996	—	1	3	2	3
Colorado	—	266	689	—	1,490	8	2	10	10	2
Idaho†	11	68	184	44	153	3	1	7	6	2
Montana†	—	56	86	85	199	—	1	4	4	2
Nevada†	161	170	477	434	528	—	0	2	1	—
New Mexico†	—	175	344	42	166	—	2	8	—	5
Utah	24	110	160	171	375	—	0	3	2	—
Wyoming†	—	36	69	—	114	—	0	2	—	1
Pacific	1,403	3,560	4,706	5,037	12,009	8	14	25	16	21
Alaska	—	98	137	134	333	—	0	1	—	1
California	961	2,694	3,609	3,548	9,616	5	8	20	9	10
Hawaii	—	119	147	54	333	—	0	1	—	—
Oregon	189	217	468	484	405	—	3	9	4	8
Washington	253	397	571	817	1,322	3	1	7	3	2
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	92	133	331	260	306	N	0	0	N	N
U.S. Virgin Islands	—	10	17	—	4	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever†				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2010	2009	week	Med	Max	2010	2009
United States	—	0	0	—	NN	—	0	0	—	NN
New England	—	0	0	—	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine§	—	0	0	—	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island§	—	0	0	—	NN	—	0	0	—	NN
Vermont§	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	0	—	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	0	—	NN	—	0	0	—	NN
Pennsylvania	—	0	0	—	NN	—	0	0	—	NN
E.N. Central	—	0	0	—	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	0	—	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska§	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	0	—	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	0	—	NN	—	0	0	—	NN
Georgia	—	0	0	—	NN	—	0	0	—	NN
Maryland§	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina§	—	0	0	—	NN	—	0	0	—	NN
Virginia§	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama§	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee§	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas§	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas§	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	0	—	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho§	—	0	0	—	NN	—	0	0	—	NN
Montana§	—	0	0	—	NN	—	0	0	—	NN
Nevada§	—	0	0	—	NN	—	0	0	—	NN
New Mexico§	—	0	0	—	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming§	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	0	—	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	0	—	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	0	—	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	0	—	NN	—	0	0	—	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
Reporting area		Med	Max				Med	Max				Med	Max		
United States	1	11	64	3	6	—	13	52	2	—	—	2	12	—	—
New England	—	0	4	—	—	—	1	21	1	—	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Maine§	—	0	1	—	—	—	0	3	1	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Rhode Island§	—	0	4	—	—	—	0	20	—	—	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	2	9	—	—	—	3	21	—	—	—	0	2	—	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	1	9	—	—	—	3	20	—	—	—	0	1	—	—
New York City	—	0	3	—	—	—	0	1	—	—	—	0	2	—	—
Pennsylvania	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	—	—	2	22	—	—	—	1	8	—	—
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	7	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	4	—	—	—	2	22	—	—	—	0	3	—	—
W.N. Central	—	1	24	—	—	—	0	24	—	—	—	0	5	—	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	24	—	—	—	0	5	—	—
Missouri	—	1	22	—	—	—	0	1	—	—	—	0	3	—	—
Nebraska§	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	3	24	3	4	—	0	2	1	—	—	0	2	—	—
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	1	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	—	—	—	0	1	1	—	—	0	0	—	—
Maryland§	1	1	4	2	1	—	0	1	—	—	—	0	1	—	—
North Carolina	—	0	4	—	2	—	0	1	—	—	—	0	0	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Virginia§	—	0	14	—	—	—	0	1	—	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	2	—	0	1	—	—	—	0	6	—	—
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	11	—	2	—	0	1	—	—	—	0	6	—	—
W.S. Central	—	0	9	—	—	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	—	—	0	1	—	—	—	0	0	—	—
Texas§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	154	332	509	498	763	2,090	5,562	6,890	8,412	17,550	25	57	94	113	204
New England	7	30	65	23	63	71	97	210	195	157	—	3	12	—	11
Connecticut	2	5	15	6	16	32	48	106	48	27	—	0	9	—	—
Maine§	5	3	13	9	7	6	3	9	14	4	—	0	2	—	2
Massachusetts	—	13	36	—	25	26	38	112	102	105	—	2	6	—	8
New Hampshire	—	3	11	1	4	1	2	6	10	5	—	0	1	—	1
Rhode Island§	—	1	6	—	2	5	6	19	17	14	—	0	2	—	—
Vermont§	—	3	14	7	9	1	1	5	4	2	—	0	1	—	—
Mid. Atlantic	24	60	100	85	158	570	586	840	1,744	1,706	8	11	25	28	33
New Jersey	—	3	12	—	32	86	88	124	217	277	—	2	7	—	6
New York (Upstate)	15	25	54	37	36	93	106	251	199	219	3	3	12	9	7
New York City	2	15	26	19	52	266	210	369	796	654	1	2	11	4	2
Pennsylvania	7	15	35	29	38	125	191	272	532	556	4	4	10	15	18
E.N. Central	15	45	74	70	133	272	1,066	1,342	1,297	3,823	5	11	29	15	60
Illinois	—	10	21	5	36	7	336	399	30	1,278	—	3	9	3	18
Indiana	N	0	0	N	N	81	130	206	227	405	—	1	5	—	3
Michigan	1	11	24	16	26	148	267	501	793	941	—	0	3	—	2
Ohio	13	15	28	42	44	—	200	333	106	881	5	2	6	11	10
Wisconsin	1	8	19	7	27	36	91	146	141	318	—	4	21	1	27
W.N. Central	23	25	145	60	71	90	274	356	418	912	—	3	12	9	10
Iowa	6	6	15	22	15	—	31	47	22	96	—	0	0	—	—
Kansas	2	3	14	12	10	—	43	84	28	103	—	0	2	1	—
Minnesota	—	0	124	—	—	—	40	65	4	150	—	0	9	—	3
Missouri	8	9	27	13	24	65	124	172	300	454	—	1	6	7	4
Nebraska§	7	3	9	11	13	25	23	55	63	72	—	0	4	1	2
North Dakota	—	0	8	—	—	—	2	14	1	4	—	0	2	—	1
South Dakota	—	1	5	2	9	—	5	14	—	33	—	0	0	—	—
S. Atlantic	43	71	109	118	144	490	1,351	1,784	2,143	3,825	6	13	31	30	48
Delaware	—	0	3	1	1	11	18	37	37	46	—	0	1	—	—
District of Columbia	—	0	5	—	4	—	48	88	38	185	—	0	1	—	—
Florida	36	37	59	94	78	132	409	476	846	1,211	4	4	10	10	17
Georgia	—	10	67	—	19	1	234	465	2	520	1	3	7	11	13
Maryland§	5	5	13	12	15	78	114	216	228	250	—	1	6	1	5
North Carolina	N	0	0	N	N	—	240	377	—	868	—	0	17	—	3
South Carolina§	1	2	8	4	5	128	159	412	474	368	1	1	6	8	1
Virginia§	1	8	20	7	21	132	150	272	493	333	—	1	5	—	5
West Virginia	—	1	5	—	1	8	9	21	25	44	—	0	3	—	4
E.S. Central	—	8	22	4	14	253	492	649	823	1,771	1	3	11	7	10
Alabama§	—	4	13	2	5	3	135	186	83	448	—	1	4	—	1
Kentucky	N	0	0	N	N	—	60	156	—	293	—	0	5	—	1
Mississippi	N	0	0	N	N	144	132	252	299	466	—	0	1	—	—
Tennessee§	—	4	18	2	9	106	156	220	441	564	1	2	9	7	8
W.S. Central	5	7	19	10	14	104	860	1,556	652	2,758	—	2	7	1	5
Arkansas§	2	2	9	4	2	—	86	139	166	274	—	0	3	—	1
Louisiana	—	1	7	—	9	10	166	418	24	524	—	0	1	—	2
Oklahoma	3	3	10	6	3	94	59	613	462	170	—	1	5	1	2
Texas§	N	0	0	N	N	—	548	695	—	1,790	—	0	2	—	—
Mountain	14	27	61	51	74	34	175	236	117	498	4	5	10	19	18
Arizona	1	4	7	7	12	15	58	91	37	142	—	2	8	8	9
Colorado	11	8	26	24	19	—	39	106	—	201	1	1	6	5	5
Idaho§	1	3	10	5	7	—	2	8	2	6	1	0	1	1	—
Montana§	—	2	11	2	9	—	1	5	1	5	—	0	1	—	—
Nevada§	1	1	10	3	—	19	28	93	73	65	2	0	2	2	—
New Mexico§	—	1	8	—	7	—	21	34	4	52	—	0	3	3	2
Utah	—	5	13	6	15	—	6	12	—	21	—	1	2	—	2
Wyoming§	—	1	5	4	5	—	1	7	—	6	—	0	1	—	—
Pacific	23	51	98	77	92	206	546	693	1,023	2,100	1	2	8	4	9
Alaska	—	2	7	4	2	—	18	32	23	50	—	0	3	2	2
California	16	35	61	44	68	170	445	567	849	1,795	—	0	4	—	2
Hawaii	—	0	2	—	1	—	11	24	11	32	—	0	3	—	3
Oregon	3	7	18	21	18	11	20	44	46	54	1	1	4	2	2
Washington	4	7	50	8	3	25	42	71	94	169	—	0	3	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	10	—	2	4	4	24	6	6	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	—	1	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
Reporting area		Med	Max				Med	Max				Med	Max		
United States	8	36	57	37	85	20	61	89	71	191	4	17	36	18	51
New England	—	2	5	2	3	—	1	3	2	3	—	1	5	3	5
Connecticut	—	0	2	2	—	—	0	3	2	2	—	1	4	3	4
Maine†	—	0	1	—	—	—	0	2	—	—	—	0	2	—	—
Massachusetts	—	1	4	—	3	—	0	2	—	1	—	0	2	—	—
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Rhode Island†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	1	—	1
Mid. Atlantic	1	5	10	6	13	1	5	16	3	17	1	2	7	2	6
New Jersey	—	1	5	—	4	—	1	6	—	5	—	0	1	—	1
New York (Upstate)	—	1	3	—	2	1	1	4	1	5	1	1	4	2	1
New York City	—	2	5	3	4	—	1	5	1	3	—	0	0	—	—
Pennsylvania	1	1	6	3	3	—	2	8	1	4	—	0	4	—	4
E.N. Central	—	4	19	5	23	4	7	15	7	46	1	3	14	4	16
Illinois	—	2	13	—	10	—	1	7	—	5	—	0	1	—	2
Indiana	—	0	4	—	2	—	1	5	—	6	—	0	4	—	—
Michigan	—	1	4	2	5	—	2	6	1	11	1	3	12	4	9
Ohio	—	0	3	2	5	4	1	5	6	23	—	0	5	—	4
Wisconsin	—	0	4	1	1	—	0	4	—	1	—	0	2	—	1
W.N. Central	—	2	7	1	4	2	3	8	4	11	—	0	4	—	—
Iowa	—	0	3	—	—	—	0	3	—	3	—	0	4	—	—
Kansas	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
Minnesota	—	0	4	—	—	—	0	4	—	—	—	0	2	—	—
Missouri	—	0	3	1	4	2	1	5	3	6	—	0	1	—	—
Nebraska†	—	0	3	—	—	—	0	2	1	2	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	2	8	14	8	18	8	16	32	28	46	—	3	12	1	4
Delaware	—	0	1	—	—	U	0	0	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	—	3	9	3	10	6	5	13	19	13	—	1	4	—	1
Georgia	1	1	3	1	3	2	3	7	8	18	—	0	3	—	1
Maryland†	1	0	3	1	5	—	1	5	—	4	—	1	3	1	2
North Carolina	—	0	7	—	—	—	0	19	—	7	—	0	10	—	—
South Carolina†	—	1	4	3	—	—	1	4	—	—	—	0	1	—	—
Virginia†	—	1	3	—	—	—	1	6	1	3	—	0	2	—	—
West Virginia	—	0	2	—	—	—	0	19	—	1	—	0	2	—	—
E.S. Central	—	1	3	1	4	4	7	11	15	22	1	1	5	2	12
Alabama†	—	0	2	1	1	—	1	7	4	5	—	0	2	—	—
Kentucky	—	0	2	—	—	2	2	6	8	6	1	1	5	2	7
Mississippi	—	0	1	—	2	—	1	2	—	1	—	0	0	—	—
Tennessee†	—	0	2	—	1	2	2	5	3	10	—	0	3	—	5
W.S. Central	1	3	12	2	2	—	10	18	5	17	1	1	4	2	—
Arkansas†	—	0	1	—	—	—	1	4	—	—	—	0	1	—	—
Louisiana	—	0	1	—	1	—	0	4	—	6	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	2	8	1	3	—	0	4	—	—
Texas†	1	3	12	2	1	—	6	12	4	8	1	0	3	2	—
Mountain	2	3	8	9	7	—	2	6	4	8	—	1	4	1	4
Arizona	—	1	5	6	4	—	0	3	—	4	—	0	0	—	—
Colorado	2	1	5	2	2	—	0	2	—	2	—	0	3	—	2
Idaho†	—	0	1	1	—	—	0	2	—	—	—	0	1	—	—
Montana†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	—	—	—	0	3	4	—	—	0	1	—	—
New Mexico†	—	0	1	—	—	—	0	2	—	1	—	0	2	—	2
Utah	—	0	2	—	1	—	0	1	—	1	—	0	2	1	—
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	2	5	17	3	11	1	5	15	3	21	—	1	4	3	4
Alaska	—	0	1	—	—	—	0	1	1	—	—	0	2	—	—
California	2	5	16	3	10	1	4	10	2	19	—	1	4	2	1
Hawaii	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
Oregon	—	0	2	—	—	—	1	4	—	2	—	0	3	1	2
Washington	—	1	3	—	—	—	0	7	—	—	—	0	3	—	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	—	2	—	0	5	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	22	54	161	88	121	39	338	1,958	171	395	13	22	48	37	54
New England	2	2	17	2	4	—	64	479	4	73	—	1	4	—	6
Connecticut	2	1	5	2	2	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	—	11	76	1	—	—	0	1	—	—
Massachusetts	—	1	9	—	2	—	26	321	—	46	—	0	3	—	5
New Hampshire	—	0	2	—	—	—	14	89	—	18	—	0	1	—	—
Rhode Island†	—	0	4	—	—	—	1	28	—	—	—	0	1	—	—
Vermont†	—	0	1	—	—	—	5	42	3	9	—	0	1	—	1
Mid. Atlantic	2	15	69	13	34	27	182	1,083	93	179	2	6	13	11	8
New Jersey	—	2	13	—	4	—	38	378	5	73	—	0	1	—	—
New York (Upstate)	2	5	29	7	12	11	53	272	15	15	—	1	4	4	2
New York City	—	3	20	—	2	—	2	25	—	5	—	4	11	3	5
Pennsylvania	—	6	25	6	16	16	91	633	73	86	2	1	4	4	1
E.N. Central	7	9	37	13	27	—	20	218	5	29	1	3	10	2	7
Illinois	—	1	10	—	1	—	1	11	—	—	—	1	5	—	3
Indiana	—	1	4	—	2	—	1	6	1	—	—	0	3	—	1
Michigan	—	2	11	—	5	—	1	10	—	—	—	0	3	—	1
Ohio	7	4	17	13	16	—	1	5	—	1	1	1	6	2	2
Wisconsin	—	1	4	—	3	—	17	200	4	28	—	0	1	—	—
W.N. Central	—	2	10	1	1	—	5	40	—	3	2	1	8	4	5
Iowa	—	0	2	—	—	—	1	14	—	2	—	0	1	1	2
Kansas	—	0	1	—	1	—	0	2	—	1	—	0	1	1	1
Minnesota	—	0	9	—	—	—	0	40	—	—	—	0	8	—	1
Missouri	—	1	5	1	—	—	0	1	—	—	1	0	2	1	1
Nebraska†	—	0	2	—	—	—	0	3	—	—	1	0	1	1	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
S. Atlantic	8	10	21	22	31	10	59	238	60	102	8	6	17	18	15
Delaware	—	0	5	2	—	2	12	65	15	23	—	0	1	—	1
District of Columbia	—	0	2	—	1	—	0	5	—	—	—	0	2	—	—
Florida	6	3	10	9	11	3	2	11	6	1	6	2	7	10	4
Georgia	—	1	4	1	7	—	1	6	—	1	—	1	5	1	2
Maryland†	—	3	12	7	6	3	25	126	15	68	2	1	13	5	4
North Carolina	—	0	5	—	6	—	0	14	—	—	—	0	5	—	2
South Carolina†	—	0	2	—	—	—	0	3	—	2	—	0	1	—	1
Virginia†	1	1	5	2	—	2	10	49	23	7	—	1	5	2	1
West Virginia	1	0	2	1	—	—	0	33	1	—	—	0	1	—	—
E.S. Central	1	2	12	9	10	—	1	4	5	—	—	0	3	1	2
Alabama†	—	0	2	—	2	—	0	1	—	—	—	0	3	1	1
Kentucky	—	1	3	3	2	—	0	1	—	—	—	0	3	—	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	1	1	9	6	6	—	1	4	5	—	—	0	3	—	1
W.S. Central	—	2	7	2	1	—	1	9	—	—	—	1	10	—	—
Arkansas†	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Texas†	—	2	6	2	—	—	1	9	—	—	—	1	9	—	—
Mountain	1	3	8	6	8	—	1	4	2	—	—	0	6	—	1
Arizona	—	1	3	4	4	—	0	2	—	—	—	0	2	—	—
Colorado	—	0	4	—	—	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	—	—	0	3	—	—	—	0	1	—	—
Montana†	—	0	2	—	—	—	0	1	—	—	—	0	3	—	—
Nevada†	1	0	1	2	2	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	—	2	—	0	1	1	—	—	0	2	—	—
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	1	3	19	20	5	2	3	11	2	9	—	2	11	1	10
Alaska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
California	1	3	19	20	5	2	2	10	2	8	—	2	7	1	9
Hawaii	—	0	1	—	—	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	2	—	—	—	0	4	—	1	—	0	2	—	1
Washington	—	0	4	—	—	—	0	3	—	—	—	0	3	—	—
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	1	—	—	N	0	0	N	N	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
Reporting area	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	1	17	33	22	42	71	269	490	199	702	11	65	140	43	246
New England	—	0	4	—	1	—	11	24	1	47	2	6	24	8	12
Connecticut	—	0	2	—	—	—	1	4	—	2	2	1	22	2	4
Maine§	—	0	1	—	—	—	1	10	—	9	—	1	4	1	1
Massachusetts	—	0	3	—	1	—	7	14	—	29	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	1	7	1	5	—	0	3	1	2
Rhode Island§	—	0	1	—	—	—	0	7	—	1	—	1	7	—	3
Vermont§	—	0	1	—	—	—	0	1	—	1	—	1	5	4	2
Mid. Atlantic	—	2	6	5	3	9	21	38	20	56	5	10	23	16	30
New Jersey	—	0	2	—	—	—	3	11	—	15	—	0	0	—	—
New York (Upstate)	—	0	3	1	—	1	4	22	3	7	5	7	22	16	12
New York City	—	0	2	2	2	—	0	11	—	—	—	0	3	—	—
Pennsylvania	—	1	4	2	1	8	11	29	17	34	—	0	16	—	18
E.N. Central	—	3	10	4	11	37	52	100	85	209	—	2	19	1	2
Illinois	—	1	4	1	2	—	11	29	—	69	—	1	9	—	1
Indiana	—	0	3	1	1	—	6	15	—	30	—	0	6	—	1
Michigan	—	0	5	1	—	2	14	40	16	39	—	1	6	—	—
Ohio	—	1	3	1	5	35	18	49	69	61	—	0	5	1	—
Wisconsin	—	0	3	—	3	—	3	12	—	10	N	0	0	N	N
W.N. Central	—	2	6	1	5	5	31	224	19	165	1	7	18	5	7
Iowa	—	0	2	—	1	—	3	10	—	13	—	0	3	—	—
Kansas	—	0	2	—	1	—	4	12	1	9	—	1	6	4	4
Minnesota	—	0	2	—	1	—	0	221	—	—	—	0	11	—	—
Missouri	—	0	3	1	2	3	17	47	12	123	1	1	5	1	—
Nebraska§	—	0	1	—	—	2	2	11	6	16	—	1	6	—	1
North Dakota	—	0	1	—	—	—	0	12	—	—	—	0	7	—	1
South Dakota	—	0	1	—	—	—	0	6	—	4	—	0	4	—	1
S. Atlantic	1	2	10	7	7	5	29	71	21	83	3	25	102	8	167
Delaware	—	0	1	1	—	—	0	2	—	3	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	—	1	—	0	0	—	—
Florida	1	1	4	5	3	3	7	29	13	27	1	0	38	5	133
Georgia	—	0	2	1	1	—	3	11	2	13	—	0	72	—	—
Maryland§	—	0	1	—	—	2	2	8	3	4	—	7	15	—	16
North Carolina	—	0	10	—	2	—	0	65	—	19	N	0	4	N	N
South Carolina§	—	0	1	—	—	—	4	18	2	10	—	0	0	—	—
Virginia§	—	0	2	—	1	—	3	13	—	6	—	10	26	—	16
West Virginia	—	0	2	—	—	—	0	5	1	—	2	2	6	3	2
E.S. Central	—	0	4	1	1	2	13	30	18	52	—	1	6	—	12
Alabama§	—	0	1	—	—	—	4	19	1	5	—	0	0	—	—
Kentucky	—	0	1	1	—	1	3	15	10	33	—	1	2	—	6
Mississippi	—	0	1	—	—	—	1	5	—	5	—	0	1	—	—
Tennessee§	—	0	2	—	1	1	3	9	7	9	—	0	4	—	6
W.S. Central	—	1	8	—	4	—	63	152	3	22	—	0	13	—	2
Arkansas§	—	0	2	—	1	—	5	23	—	3	—	0	10	—	1
Louisiana	—	0	3	—	2	—	1	8	—	7	—	0	0	—	—
Oklahoma	—	0	2	—	—	—	0	32	—	1	—	0	13	—	1
Texas§	—	1	5	—	1	—	53	150	3	11	—	0	1	—	—
Mountain	—	1	4	—	2	12	17	32	30	54	—	1	6	—	7
Arizona	—	0	2	—	—	—	5	11	13	8	N	0	0	N	N
Colorado	—	0	3	—	—	7	4	12	9	15	—	0	0	—	—
Idaho§	—	0	1	—	1	5	1	19	8	4	—	0	0	—	—
Montana§	—	0	2	—	—	—	1	6	—	—	—	0	4	—	—
Nevada§	—	0	1	—	1	—	0	3	—	—	—	0	1	—	—
New Mexico§	—	0	1	—	—	—	1	6	—	4	—	0	2	—	1
Utah	—	0	1	—	—	—	3	16	—	23	—	0	2	—	—
Wyoming§	—	0	2	—	—	—	0	5	—	—	—	0	4	—	6
Pacific	—	3	10	4	8	1	21	43	2	14	—	4	12	5	7
Alaska	—	0	2	—	1	—	1	4	1	6	—	0	3	3	3
California	—	2	6	3	3	—	10	22	—	4	—	4	12	2	4
Hawaii	—	0	1	—	1	—	0	3	—	—	—	0	0	—	—
Oregon	—	0	6	1	2	1	3	14	1	4	—	0	3	—	—
Washington	—	0	7	—	1	—	5	26	—	—	—	0	0	—	—
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	0	—	—	—	0	1	—	—	2	1	3	4	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are 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 January 23, 2010, and January 24, 2009 (3rd week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	263	833	1,377	1,023	2,185	13	82	152	47	194	134	285	495	406	900
New England	—	30	89	14	470	—	3	30	—	71	—	4	27	2	51
Connecticut	—	0	7	7	406	—	0	0	—	65	—	0	2	2	40
Maine§	—	2	7	2	7	—	0	3	—	—	—	0	2	—	—
Massachusetts	—	23	51	—	37	—	2	6	—	5	—	3	27	—	10
New Hampshire	—	3	42	4	11	—	0	3	—	1	—	0	4	—	1
Rhode Island§	—	1	11	—	7	—	0	26	—	—	—	0	7	—	—
Vermont§	—	1	5	1	2	—	0	3	—	—	—	0	1	—	—
Mid. Atlantic	31	89	206	123	189	1	6	21	4	12	21	57	87	67	178
New Jersey	—	13	46	—	34	—	0	4	—	5	—	8	27	—	72
New York (Upstate)	20	23	66	32	28	1	3	9	1	3	4	4	14	8	4
New York City	3	23	46	42	52	—	1	5	1	2	—	8	15	13	42
Pennsylvania	8	29	65	49	75	—	2	8	2	2	17	27	63	46	60
E.N. Central	18	91	152	73	312	1	15	36	5	21	8	45	91	30	247
Illinois	—	25	52	3	79	—	3	10	—	4	—	11	34	3	46
Indiana	—	5	19	—	21	—	1	8	—	4	—	1	5	—	6
Michigan	2	17	34	17	64	1	3	8	2	3	—	4	11	1	28
Ohio	16	27	52	49	88	—	2	11	2	2	8	17	51	25	134
Wisconsin	—	12	30	4	60	—	5	21	1	8	—	6	26	1	33
W.N. Central	21	47	86	66	90	4	12	39	11	17	44	25	86	150	32
Iowa	3	7	16	9	11	—	2	14	—	5	—	0	8	—	14
Kansas	5	6	22	13	16	—	1	5	3	1	2	3	13	8	11
Minnesota	—	12	30	—	18	—	2	19	—	4	—	1	7	—	3
Missouri	13	12	30	35	28	2	2	10	5	5	42	17	72	142	2
Nebraska§	—	5	41	9	7	2	1	6	3	2	—	0	3	—	1
North Dakota	—	0	21	—	—	—	0	3	—	—	—	0	2	—	—
South Dakota	—	1	22	—	10	—	0	12	—	—	—	0	1	—	1
S. Atlantic	102	276	453	486	545	4	12	22	16	39	29	42	79	76	137
Delaware	—	2	9	1	—	—	0	2	—	1	1	3	10	5	1
District of Columbia	—	0	5	—	2	—	0	1	—	—	—	0	2	—	1
Florida	68	133	278	245	201	2	3	7	5	10	11	8	24	24	31
Georgia	22	43	98	90	81	—	1	4	2	5	8	13	29	34	33
Maryland§	8	16	32	27	40	2	2	5	7	8	1	6	19	2	17
North Carolina	—	16	89	88	143	—	1	11	—	12	6	3	27	6	30
South Carolina§	4	17	67	23	33	—	0	3	—	1	2	2	8	5	8
Virginia§	—	20	48	12	41	—	2	7	2	2	—	3	12	—	16
West Virginia	—	4	23	—	4	—	0	5	—	—	—	0	3	—	—
E.S. Central	4	52	113	40	135	—	4	12	2	7	3	13	46	10	55
Alabama§	—	14	39	8	40	—	1	4	2	2	—	2	9	—	19
Kentucky	3	7	18	15	31	—	1	4	—	2	3	2	25	6	6
Mississippi	—	14	45	—	28	—	0	1	—	—	—	1	4	—	2
Tennessee§	1	13	33	17	36	—	1	10	—	3	—	6	16	4	28
W.S. Central	4	92	216	12	75	—	5	15	1	2	11	48	149	23	73
Arkansas§	2	10	25	6	18	—	1	4	1	1	—	6	14	4	4
Louisiana	—	6	43	—	17	—	0	0	—	—	—	1	8	—	12
Oklahoma	2	11	30	6	6	—	0	6	—	—	2	5	19	2	7
Texas§	—	54	150	—	34	—	3	11	—	1	9	33	123	17	50
Mountain	22	53	129	75	135	1	9	26	6	8	7	18	49	22	70
Arizona	2	19	50	15	47	—	1	4	1	1	—	13	42	5	41
Colorado	10	10	33	27	29	—	3	13	2	1	5	2	6	12	10
Idaho§	2	3	10	8	10	—	1	7	2	—	—	0	2	—	—
Montana§	5	2	7	13	5	—	0	7	—	—	—	0	5	—	—
Nevada§	2	3	11	5	10	1	0	3	1	—	1	1	7	1	10
New Mexico§	—	5	29	3	7	—	1	3	—	3	1	1	8	2	9
Utah	1	6	15	3	25	—	1	11	—	2	—	0	3	2	—
Wyoming§	—	1	9	1	2	—	0	2	—	1	—	0	1	—	—
Pacific	61	126	223	134	234	2	8	44	2	17	11	23	48	26	57
Alaska	—	1	7	1	4	—	0	0	—	—	—	0	2	—	—
California	52	95	151	112	185	2	4	15	2	16	9	18	41	23	53
Hawaii	—	4	59	—	22	—	0	2	—	1	—	0	4	—	1
Oregon	5	8	20	17	19	—	1	11	—	—	—	1	3	1	2
Washington	4	12	86	4	4	—	2	28	—	—	2	2	12	2	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	1	2	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	6	21	5	17	—	0	0	—	—	—	0	2	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Spotted Fever Rickettsiosis (including RMSF)[†]									
	Confirmed					Probable				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2010	2009	week	Med	Max	2010	2009
United States	—	2	9	4	3	15	18	73	17	32
New England	—	0	1	—	—	—	0	2	—	1
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine[§]	—	0	0	—	—	—	0	2	—	1
Massachusetts	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island[§]	—	0	0	—	—	—	0	0	—	—
Vermont[§]	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	—	—	—	1	6	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	—	0	3	—	—
New York City	—	0	1	—	—	—	0	4	—	—
Pennsylvania	—	0	2	—	—	—	0	2	—	—
E.N. Central	—	0	2	—	1	—	1	7	—	1
Illinois	—	0	0	—	—	—	0	6	—	1
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	—	—	3	27	—	—
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	—	3	26	—	—
Nebraska[§]	—	0	2	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	4	1	15	6	26	16	24
Delaware	—	0	0	—	—	—	0	3	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	—	—
Georgia	—	0	7	4	1	—	0	0	—	—
Maryland[§]	—	0	2	—	—	—	0	3	—	4
North Carolina	—	0	1	—	—	15	3	24	15	16
South Carolina[§]	—	0	1	—	—	—	0	4	1	2
Virginia[§]	—	0	1	—	—	—	0	5	—	2
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	—	1	—	3	15	—	4
Alabama[§]	—	0	2	—	—	—	1	7	—	2
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	1	—	1	—	0	1	—	—
Tennessee[§]	—	0	2	—	—	—	2	14	—	2
W.S. Central	—	0	3	—	—	—	1	25	—	1
Arkansas[§]	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	—	—
Texas[§]	—	0	1	—	—	—	0	3	—	—
Mountain	—	0	2	—	—	—	0	1	1	1
Arizona	—	0	0	—	—	—	0	1	1	—
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho[§]	—	0	0	—	—	—	0	1	—	—
Montana[§]	—	0	1	—	—	—	0	1	—	—
Nevada[§]	—	0	0	—	—	—	0	0	—	—
New Mexico[§]	—	0	0	—	—	—	0	1	—	—
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming[§]	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Streptococcus pneumoniae,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2010	2009	week	Med	Max	2010	2009	week	Med	Max	2010	2009
United States	107	55	174	454	212	8	45	79	66	124	75	269	327	294	778
New England	4	1	50	13	3	—	1	22	1	2	5	6	15	13	15
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	1	2
Maine§	1	0	2	3	1	—	0	2	1	—	—	0	1	—	—
Massachusetts	—	0	1	—	—	—	0	5	—	1	4	4	10	10	10
New Hampshire	—	0	4	7	—	—	0	2	—	—	—	0	2	—	3
Rhode Island§	—	0	4	—	—	—	0	1	—	—	1	0	5	2	—
Vermont§	3	0	2	3	2	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	3	3	14	17	9	1	4	19	9	7	27	34	50	78	107
New Jersey	—	0	0	—	—	—	0	4	—	3	3	3	13	10	14
New York (Upstate)	2	2	14	10	4	1	2	11	5	4	1	2	8	1	1
New York City	—	0	1	—	—	—	0	11	—	—	18	22	39	54	70
Pennsylvania	1	1	8	7	5	—	0	4	4	—	5	6	14	13	22
E.N. Central	9	13	31	56	42	1	7	15	7	26	8	24	44	29	75
Illinois	—	0	0	—	—	—	1	4	—	4	—	11	31	2	46
Indiana	—	4	11	11	8	—	1	4	1	2	2	2	10	7	8
Michigan	—	0	2	1	3	—	1	4	—	4	6	4	13	15	13
Ohio	5	8	18	26	31	1	2	7	5	10	—	6	12	5	4
Wisconsin	4	0	8	18	—	—	1	3	1	6	—	0	3	—	4
W.N. Central	4	3	9	14	9	—	3	13	3	7	—	6	12	1	21
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	1
Kansas	—	1	5	1	4	—	0	2	—	2	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	10	—	2	—	1	4	—	7
Missouri	1	1	6	9	5	—	0	5	2	3	—	3	8	1	12
Nebraska§	3	0	1	4	—	—	0	2	1	—	—	0	3	—	1
North Dakota	—	0	3	—	—	—	0	3	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
S. Atlantic	41	26	64	165	104	3	11	22	19	44	23	62	97	81	145
Delaware	1	0	2	2	—	—	0	2	—	—	—	0	3	—	2
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	3	8	2	17
Florida	19	14	45	100	61	1	3	11	6	10	1	19	32	13	66
Georgia	7	8	25	28	34	1	3	10	5	14	—	14	37	—	1
Maryland§	8	0	14	24	1	—	1	7	1	7	—	6	12	10	8
North Carolina	—	0	0	—	—	—	0	0	—	—	20	9	31	35	36
South Carolina§	4	0	2	7	—	—	1	4	6	6	2	2	6	10	5
Virginia§	—	0	0	—	—	—	0	3	—	5	—	6	15	11	10
West Virginia	2	1	13	4	8	1	0	3	1	2	—	0	2	—	—
E.S. Central	13	4	27	36	27	—	2	11	7	10	3	21	37	23	69
Alabama§	—	0	0	—	—	—	0	0	—	—	—	7	18	7	31
Kentucky	2	1	5	7	8	—	0	2	1	1	—	1	13	—	5
Mississippi	—	0	1	—	1	—	0	2	—	2	1	4	12	2	5
Tennessee§	11	2	25	29	18	—	2	10	6	7	2	8	15	14	28
W.S. Central	10	1	19	34	8	2	5	22	4	8	1	51	79	15	146
Arkansas§	4	1	5	4	5	1	0	4	1	2	—	6	16	12	2
Louisiana	—	0	5	—	3	—	0	4	—	4	—	12	41	2	45
Oklahoma	—	0	0	—	—	—	1	4	2	—	1	1	5	1	4
Texas§	6	0	19	30	—	1	3	18	1	2	—	31	48	—	95
Mountain	20	2	47	107	8	1	5	16	12	15	2	8	18	5	19
Arizona	11	0	46	81	—	1	2	10	9	7	1	3	9	2	7
Colorado	8	0	10	18	—	—	1	4	2	4	—	1	4	—	6
Idaho§	—	0	0	—	—	—	0	2	—	—	—	0	1	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Nevada§	1	1	4	4	1	—	0	2	1	—	1	1	10	3	1
New Mexico§	—	0	4	4	—	—	0	4	—	—	—	1	5	—	3
Utah	—	1	5	—	4	—	1	6	—	4	—	0	2	—	2
Wyoming§	—	0	2	—	3	—	0	1	—	—	—	0	1	—	—
Pacific	3	0	7	12	2	—	0	4	4	5	6	44	66	49	181
Alaska	—	0	4	6	—	—	0	3	3	3	—	0	0	—	—
California	3	0	3	6	—	—	0	1	1	—	2	40	59	41	165
Hawaii	—	0	1	—	2	—	0	2	—	2	—	0	2	1	4
Oregon	—	0	0	—	—	—	0	0	—	—	2	1	5	2	2
Washington	—	0	0	—	—	—	0	0	—	—	2	2	7	5	10
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	3	3	17	8	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 23, 2010, and January 24, 2009 (3rd week)*

	Varicella (chickenpox)					West Nile virus disease† Neuroinvasive					West Nile virus disease† Nonneuroinvasive§				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2010	Cum 2009	Current week	Med	Max	Cum 2010	Cum 2009	Current week	Med	Max	Cum 2010	Cum 2009
United States	102	279	653	372	1,269	—	0	44	—	—	—	0	48	—	—
New England	—	6	19	6	24	—	0	0	—	—	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine¶	—	0	12	—	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	3	10	6	18	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	0	7	—	5	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	18	28	55	52	138	—	0	2	—	—	—	0	1	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	18	28	55	52	138	—	0	0	—	—	—	0	0	—	—
E.N. Central	42	111	232	152	510	—	0	4	—	—	—	0	3	—	—
Illinois	—	29	73	—	117	—	0	3	—	—	—	0	0	—	—
Indiana	—	5	30	—	27	—	0	1	—	—	—	0	1	—	—
Michigan	10	40	84	53	162	—	0	1	—	—	—	0	0	—	—
Ohio	28	33	88	89	162	—	0	0	—	—	—	0	2	—	—
Wisconsin	4	8	57	10	42	—	0	1	—	—	—	0	0	—	—
W.N. Central	4	13	62	16	84	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas	—	3	19	—	9	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	4	8	51	16	67	—	0	2	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	—	8	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	3	—	—	—	0	2	—	—
S. Atlantic	23	25	109	66	118	—	0	4	—	—	—	0	1	—	—
Delaware	—	0	2	—	1	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Florida	19	14	61	42	78	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	0	54	—	2	—	0	2	—	—	—	0	0	—	—
Virginia¶	—	0	9	—	15	—	0	1	—	—	—	0	0	—	—
West Virginia	4	9	32	24	22	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	8	29	—	34	—	0	6	—	—	—	0	4	—	—
Alabama¶	—	8	27	—	34	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	—	—	—	0	5	—	—	—	0	4	—	—
Tennessee¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	—	75	261	29	179	—	0	17	—	—	—	0	6	—	—
Arkansas¶	—	0	23	—	18	—	0	1	—	—	—	0	0	—	—
Louisiana	—	1	7	—	4	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas¶	—	71	245	29	157	—	0	14	—	—	—	0	4	—	—
Mountain	15	18	62	51	171	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado	15	9	33	41	52	—	0	7	—	—	—	0	14	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana¶	—	0	16	—	25	—	0	1	—	—	—	0	1	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico¶	—	0	12	—	40	—	0	2	—	—	—	0	1	—	—
Utah	—	8	32	10	54	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	6	—	11	—	0	12	—	—	—	0	12	—	—
Alaska	—	1	5	—	9	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	2	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	6	26	2	12	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are 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 January 23, 2010 (3rd week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	577	395	124	29	7	22	62
Boston, MA	159	99	43	9	1	7	17
Bridgeport, CT	32	23	5	4	—	—	8
Cambridge, MA	18	10	7	1	—	—	2
Fall River, MA	30	23	6	1	—	—	3
Hartford, CT	55	35	12	3	4	1	1
Lowell, MA	27	20	6	1	—	—	5
Lynn, MA	13	10	3	—	—	—	2
New Bedford, MA	28	25	1	2	—	—	—
New Haven, CT	29	23	5	1	—	—	5
Providence, RI	59	40	10	4	—	5	6
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	40	25	12	1	1	1	3
Waterbury, CT	28	23	3	1	1	—	3
Worcester, MA	55	36	10	1	—	8	7
Mid. Atlantic	1,860	1,315	398	90	25	32	110
Albany, NY	44	33	7	1	—	3	—
Allentown, PA	25	22	3	—	—	—	1
Buffalo, NY	72	44	22	1	2	3	7
Camden, NJ	67	40	19	5	1	2	—
Elizabeth, NJ	17	11	3	2	1	—	—
Erie, PA	46	33	8	4	—	1	3
Jersey City, NJ	12	9	—	1	2	—	2
New York City, NY	1,100	790	236	48	11	15	70
Newark, NJ	37	17	14	3	2	1	1
Paterson, NJ	1	—	—	—	1	—	—
Philadelphia, PA	148	87	40	13	3	5	10
Pittsburgh, PA§	32	26	4	2	—	—	—
Reading, PA	35	29	5	—	—	1	1
Rochester, NY	68	50	14	4	—	—	4
Schenectady, NY	36	27	8	1	—	—	1
Scranton, PA	32	25	3	2	1	1	2
Syracuse, NY	51	46	5	—	—	—	7
Trenton, NJ	8	7	1	—	—	—	—
Utica, NY	13	7	5	1	—	—	1
Yonkers, NY	16	12	1	2	1	—	—
E.N. Central	1,602	1,108	345	89	28	32	113
Akron, OH	57	39	11	3	1	3	4
Canton, OH	25	22	3	—	—	—	2
Chicago, IL	U	U	U	U	U	U	U
Cincinnati, OH	122	83	27	7	1	4	22
Cleveland, OH	275	193	66	11	2	3	20
Columbus, OH	U	U	U	U	U	U	U
Dayton, OH	145	103	35	4	2	1	13
Detroit, MI	141	71	46	11	4	9	4
Evansville, IN	48	35	7	4	—	2	7
Fort Wayne, IN	51	39	9	1	1	1	—
Gary, IN	17	8	5	3	1	—	—
Grand Rapids, MI	54	40	8	3	1	2	3
Indianapolis, IN	240	156	57	18	7	2	4
Lansing, MI	43	31	8	2	2	—	4
Milwaukee, WI	89	61	15	9	1	3	3
Peoria, IL	38	28	7	2	1	—	8
Rockford, IL	57	49	5	2	1	—	7
South Bend, IN	57	43	8	5	1	—	—
Toledo, OH	85	63	17	3	2	—	7
Youngstown, OH	58	44	11	1	—	2	5
W.N. Central	675	449	156	41	14	13	82
Des Moines, IA	83	66	13	1	—	3	4
Duluth, MN	32	22	9	1	—	—	3
Kansas City, KS	30	21	6	2	1	—	2
Kansas City, MO	104	68	31	2	2	1	16
Lincoln, NE	43	31	9	2	—	1	5
Minneapolis, MN	57	31	15	7	3	1	7
Omaha, NE	100	69	23	6	1	1	12
St. Louis, MO	90	39	23	15	6	5	11
St. Paul, MN	58	44	12	1	—	1	11
Wichita, KS	78	58	15	4	1	—	11
S. Atlantic	1,244	829	290	72	23	30	85
Atlanta, GA	79	43	24	2	3	7	3
Baltimore, MD	139	76	44	15	3	1	14
Charlotte, NC	125	86	31	4	2	2	11
Jacksonville, FL	165	111	43	7	1	3	15
Miami, FL	125	91	22	10	2	—	10
Norfolk, VA	68	47	16	2	1	2	2
Richmond, VA	75	45	22	7	—	1	4
Savannah, GA	64	40	19	5	—	—	7
St. Petersburg, FL	51	39	5	3	1	3	3
Tampa, FL	236	176	37	10	5	8	12
Washington, D.C.	103	65	25	6	5	2	3
Wilmington, DE	14	10	2	1	—	1	1
E.S. Central	1,002	705	219	51	10	17	86
Birmingham, AL	206	150	45	5	2	4	22
Chattanooga, TN	136	97	33	5	1	—	6
Knoxville, TN	122	86	25	7	3	1	12
Lexington, KY	73	43	19	6	—	5	1
Memphis, TN	182	119	44	14	1	4	15
Mobile, AL	68	53	11	4	—	—	2
Montgomery, AL	42	34	4	2	2	—	9
Nashville, TN	173	123	38	8	1	3	19
W.S. Central	1,449	953	331	99	39	27	106
Austin, TX	91	49	29	5	4	4	7
Baton Rouge, LA	72	62	—	5	5	—	—
Corpus Christi, TX	76	51	21	3	—	1	9
Dallas, TX	231	133	71	14	6	7	20
El Paso, TX	117	89	21	7	—	—	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	298	201	63	21	4	9	23
Little Rock, AR	116	76	23	12	2	3	8
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	266	168	60	23	12	3	22
Shreveport, LA	41	29	9	—	3	—	5
Tulsa, OK	141	95	34	9	3	—	8
Mountain	982	681	207	54	17	23	82
Albuquerque, NM	137	90	33	10	2	2	18
Boise, ID	55	45	7	3	—	—	4
Colorado Springs, CO	71	58	8	1	1	3	2
Denver, CO	98	69	21	7	—	1	9
Las Vegas, NV	272	180	67	14	4	7	24
Ogden, UT	38	24	11	3	—	—	1
Phoenix, AZ	U	U	U	U	U	U	U
Pueblo, CO	25	16	8	1	—	—	1
Salt Lake City, UT	106	66	23	4	7	6	6
Tucson, AZ	180	133	29	11	3	4	17
Pacific	1,767	1,238	383	86	31	29	194
Berkeley, CA	22	15	7	—	—	—	1
Fresno, CA	118	83	26	4	3	2	18
Glendale, CA	46	35	11	—	—	—	8
Honolulu, HI	71	53	12	3	—	3	10
Long Beach, CA	71	49	17	2	1	2	11
Los Angeles, CA	258	167	56	17	9	9	34
Pasadena, CA	37	27	5	5	—	—	1
Portland, OR	135	89	37	3	3	3	17
Sacramento, CA	209	155	40	8	2	4	20
San Diego, CA	150	111	30	5	4	—	20
San Francisco, CA	115	80	20	11	1	3	12
San Jose, CA	196	152	35	8	—	1	24
Santa Cruz, CA	13	8	4	1	—	—	2
Seattle, WA	138	77	48	7	5	1	9
Spokane, WA	51	37	8	4	1	1	5
Tacoma, WA	137	100	27	8	2	—	2
Total¶	11,158	7,673	2,453	611	194	225	920

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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