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Update: Mumps Outbreak — New York and New Jersey, June 2009–January 2010

State and local health departments, in collaboration with CDC, continue to investigate a mumps outbreak that began in New York in June 2009 (*1*). The index case occurred in a boy aged 11 years who had returned on June 17 from a trip to the United Kingdom, where approximately 7,400 reports of laboratory-confirmed mumps were received by the Health Protection Agency in 2009.* He then attended a New York summer camp for tradition-observant Jewish boys, where he became symptomatic on June 28. Subsequently, other camp attendees and a staff member were reported to have mumps, and transmission continued in multiple locations when the camp attendees returned home. As of January 29, 2010, a total of 1,521 cases had been reported, with onset dates from June 28, 2009, through January 29, 2010, a substantial increase from the 179 cases reported as of October 30, 2009 (*1*). The outbreak has remained confined primarily to the tradition-observant Jewish community, with <3% of cases occurring among persons outside the community. The largest percentage of cases (61%) has occurred among persons aged 7–18 years, and 76% of the patients are male. Among the patients for whom vaccination status was reported, 88% had received at least 1 dose of mumps-containing vaccine, and 75% had received 2 doses. This is the largest mumps outbreak that has occurred in the United States since 2006 (*2*). Although mumps vaccination alone was not sufficient to prevent this outbreak, maintaining high measles, mumps, and rubella (MMR) vaccination coverage remains the most effective way to prevent outbreaks and limit their size when they occur.

Mumps cases included in this report were reported by January 29, 2010. Cases were classified according to the 2008 case definition of the Council of State and Territorial Epidemiologists†; only cases of probable and confirmed mumps are included in this report. In the United States, the Advisory Committee on Immunization Practices (ACIP) recommends that children receive 2 doses of measles, mumps, and rubella (MMR) vaccine, with the first dose administered at 12–15 months and the second dose near the time of school entry (at 4–6 years).§ Methods used to obtain the vaccination status of patients have included parental report, review of vaccination cards, and verification from health-care providers.

The 1,521 outbreak-related mumps cases have been reported from several counties in New York and New Jersey; local transmission is continuing (Figure). The majority (675 [44%]) of cases have been reported from New York City (primarily Brooklyn), followed by Orange County, New York (364 [24%]);

* Available at http://www.hpa.org.uk/hpr/archives/2010/news0210.htm#mmps.

† An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary glands, lasting at least 2 days, and without other apparent cause. Probable case: a case that meets the clinical case definition without laboratory confirmation and is epidemiologically linked to a clinically compatible case. Confirmed case: a case that 1) meets the clinical case definition or occurs in a patient with a clinically compatible illness and 2) is either laboratory confirmed or is epidemiologically linked to a confirmed case. Available at http://www.cdc.gov/ncphi/disss/nndss/casedef/mumps_2008.htm.

§ ACIP recommends 2 doses of mumps-containing vaccine for all school-aged children (i.e., grades K–12) and for adults at high risk for disease (i.e., persons who work in health-care facilities, international travelers, and students at post–high school educational institutions). Health-care workers born in or after 1957 without laboratory evidence of immunity should receive 2 doses of mumps-containing vaccine, and those born before 1957 without laboratory evidence of immunity should consider receiving 1 dose. During outbreaks, ACIP recommends offering a second dose of vaccine to children aged 1–4 years (*8*).

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Rockland County, New York (298 [20%]); and four counties in New Jersey (159 [10%]). Twenty-five (2%) cases (reported during June 28–September 8) were associated with the summer camp in Sullivan County, New York; however, no additional cases occurred in the county after the camp ended in late August. Of the 1,521 patients, 1,477 (97%) are members of the tradition-observant Jewish community. Of the 44 cases not associated with this religious community, 33 have been reported from New York City; seven from New Jersey; two from Orange County, New York; and two from Rockland County, New York. Many of these outside cases have occurred among persons who have reported regular contact with members of the affected community.

Diagnostic laboratory testing for mumps (i.e., detection of mumps immunoglobulin M antibodies by various methods, detection of mumps RNA by real-time reverse transcription–polymerase chain reaction, or isolation of mumps virus in cell culture) has been performed for 761 (50%) cases. Of these, 385 (51%) cases are laboratory confirmed.

Of the 1,518 patients whose age is known, 1,385 (91%) are aged >6 years (Figure). The median age of patients is 15 years (range 3 months–90 years) and is similar in all areas with ongoing transmission except New Jersey, where the median age is 17 years. Of the 1,489 patients whose sex is known, 1,136 (76%) are male. Sixty-five reports of complications from mumps have been received: orchitis (55 cases), pancreatitis (five cases), aseptic meningitis (two cases), transient deafness (one case), Bell's palsy (one case), and oophoritis (one case). Nineteen hospitalizations from mumps have been reported; no deaths have occurred.

Vaccination status is known for 1,115 patients: 966 (91%) of 1,062 patients aged ≤18 years and 149 (33%) of 456 patients aged ≥19 years (Table). Of these patients, 976 (88%) had received at least 1 dose of mumps-containing vaccine before the outbreak, and 839 (75%) had received 2 doses. Among patients aged 7–18 years, the age group with the majority of cases and for whom 2 doses of MMR vaccine is recommended, 93% had received at least 1 dose, and 85% had received 2 doses. The vaccination status of the

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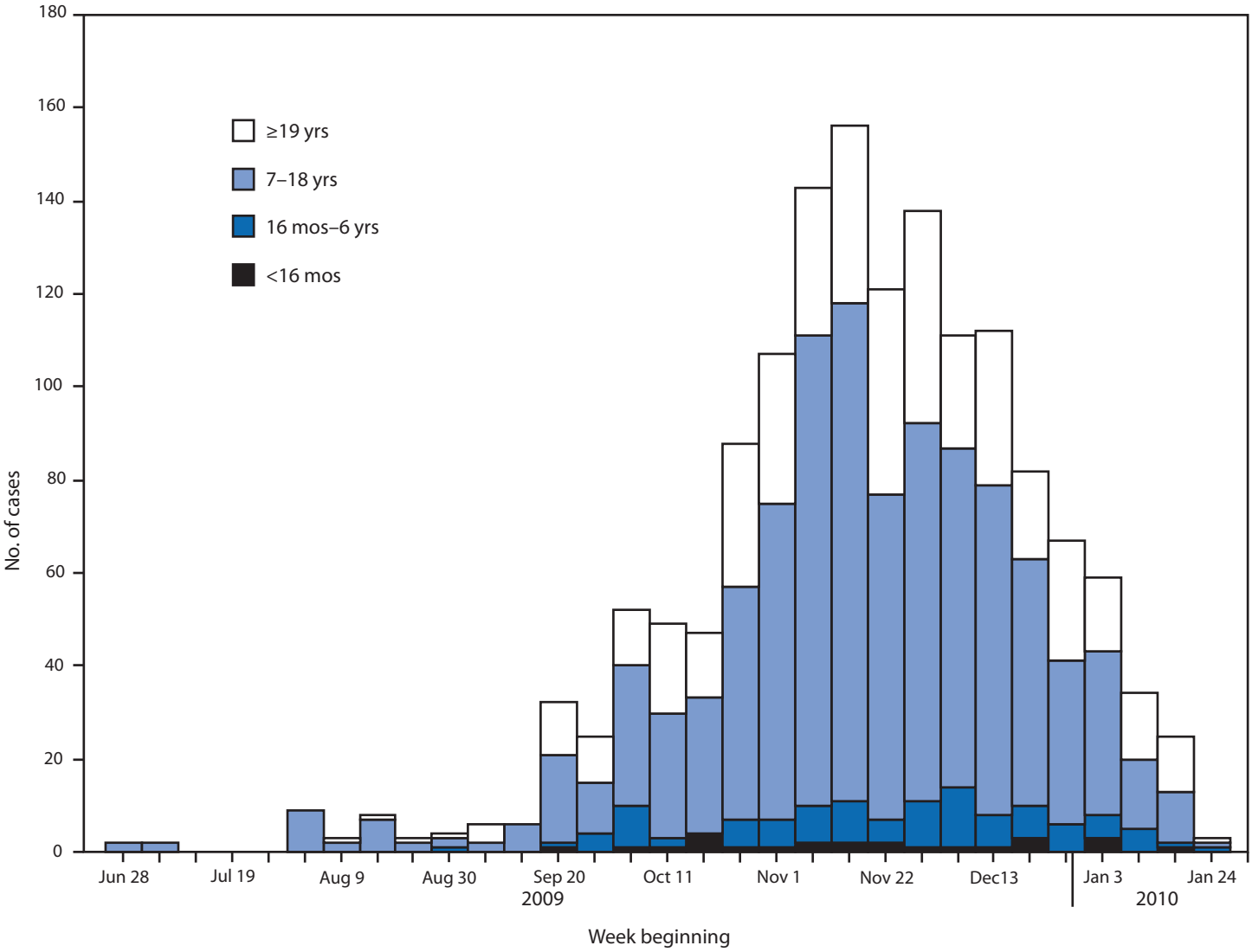
FIGURE. Number (n = 1,494*) of reported confirmed or probable mumps cases,† by week of illness onset and age group — New York and New Jersey, June 2009–January 2010§



* Total cases reported: N = 1,521. Date of illness onset or age was missing for 27 cases (date of onset missing for 25 cases, age for two cases, and both date and age for one case).
† Case definitions available at http://www.cdc.gov/ncphi/disss/nndss/casedef/mumps_2008.htm.
§ Case total with onset date through January 29, 2010. The outbreak is ongoing; the appearance of a downward trend in recent weeks is partly a result of reporting delays.

patients varies by location. The percentage of patients aged >6 years (for whom vaccination status is known) who had received 2 doses of mumps vaccine is highest in Orange County, New York (86%), followed by New York City (83%), New Jersey (76%), and Rockland County, New York (73%).

Public health response measures in all affected areas have continued throughout the outbreak. Health-care providers have been notified about the ongoing outbreak, the importance of verifying that children have received all recommended vaccinations, and the need to offer vaccinations to adults with unknown vaccination status who do not have a history of mumps. State and local health departments also have worked with affected schools to enhance vaccination policies, including policies to exclude unvaccinated children from school during outbreaks and to isolate children at home for 5 days after onset of parotitis. Certain jurisdictions have encouraged providers to offer a second dose of MMR vaccine to children aged 1–4 years; however, this strategy has not been a focus of the public health response because

TABLE. Vaccination status of patients with confirmed or probable mumps,* by age group and number of mumps-containing vaccine doses received — New York and New Jersey, June 2009–January 2010†

No. of doses	Age group										Total	
	<16 mos		16 mos–6 yrs		7–18 yrs		≥19 yrs		Unknown			
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
0	21	(80.8)	32	(29.9)	56	(6.0)	30	(6.6)	0	—	139	(9.1)
1	3	(11.5)	33	(30.8)	72	(7.8)	29	(6.4)	0	—	137	(9.0)
2	0	—	36	(33.6)	713	(76.7)	90	(19.7)	0	—	839	(55.2)
Unknown	2	(7.7)	6	(5.6)	88	(9.5)	307	(67.3)	3	(100.0)	406	(26.7)
Total	26	(100.0)	107	(100.0)	929	(100.0)	456	(100.0)	3	(100.0)	1,521	(100.0)

* Case definitions available at http://www.cdc.gov/ncphi/disss/nndss/casedef/mumps_2008.htm.
† Case total with onset date through January 29, 2010. The outbreak is ongoing.

of the small proportion (4.9%) of cases reported in this age group.

Beginning on January 19, 2010, in Orange County, New York, public health officials began offering a third dose of MMR vaccine in three schools where, despite documentation of a high level of 2-dose coverage among students, transmission had continued for >2 months. This intervention is being carried out under an Institutional Review Board–approved protocol that provides for an evaluation of the impact of the intervention.

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Editorial Note

The mumps outbreak in the New York-New Jersey area has grown substantially, and anecdotal reports from certain affected areas suggest that the rate of new cases is not decreasing; the appearance of a downward trend in recent weeks (Figure) is partly a result of reporting delays. The outbreak is occurring almost exclusively in a specific religious community, and no cases outside this community have resulted in sustained transmission.

Like the mumps outbreaks that occurred in 2006 (*2*), much of the current outbreak is occurring in congregate settings, where prolonged, close contact among persons might be facilitating transmission. Within the affected religious community, cases have occurred predominantly among school-aged boys, who attend separate schools from girls. The higher rate among boys might be a result of the additional hours that boys in this community spend in school compared with girls, including long periods in large study halls, often face-to-face with a study partner.

In addition, transmission in the community overall might be facilitated by relatively large household sizes. According to the 2000 U.S. Census, the mean household size in one of the affected communities was 5.7, compared with a mean U.S. household size of 2.6. The limited transmission to persons outside the community might be a result of the relatively less interpersonal contact between persons inside and outside the community.

Although the school settings and large household sizes might be promoting transmission, the high vaccination coverage in the affected community likely is limiting the size of the outbreak. In addition, high vaccination coverage in surrounding communities is the most plausible reason that the few cases outside of the affected community have not caused other outbreaks.

In this outbreak, as in other recent mumps outbreaks among highly vaccinated populations (*3*), most cases have occurred in vaccinated persons. The mumps vaccine has greatly reduced the incidence of mumps in the United States. From 1967, when the mumps vaccine was first licensed, to the early 2000s, the number of reported cases decreased from 186,000 to <500 annually (*2*). Nonetheless, the effectiveness of the mumps component of the MMR vaccine is lower than that of the measles and rubella components.

What is already known on this topic?

The largest U.S. mumps outbreak since 2006 began at a summer camp in New York in June 2009. By October 30, 2009, the outbreak included 179 confirmed and probable cases, primarily among members of certain highly vaccinated, tradition-observant Jewish communities.

What is added by this report?

As of January 29, 2010, the outbreak included 1,521 cases, 97% of which had occurred in members of the same tradition-observant religious community. Among patients for whom vaccination status was reported, 88% had received at least 1 dose of mumps-containing vaccine, and 75% had received 2 doses.

What are the implications for public health practice?

Although vaccination alone does not prevent all mumps outbreaks, maintaining high measles, mumps, and rubella (MMR) vaccination coverage remains the most effective way to prevent outbreaks and limit their size when they occur.

Estimates of the effectiveness of the mumps vaccine have varied in previous studies, ranging from 73% to 91% after 1 dose and from 79% to 95% after 2 doses (*3*–*5*). At least one study found 2 doses to be more effective than 1 dose (*6*).

Public health officials began offering a third dose of vaccine to students in certain schools in Orange County, New York, because mumps transmission had continued among students, despite their high rate of 2-dose coverage. Although a previous study indicated that a third dose of MMR vaccine for seronegative college students resulted in rapid seroconversion with a low rate of IgM response, which is indicative of an anamnestic immune response (*7*), ACIP has not recommended a third dose, and no data exist on the effectiveness of a third dose in either reducing the risk for mumps or altering the course of an outbreak. Data obtained from use of the third dose of MMR vaccine in Orange County might be used to guide future options for mumps outbreak control in settings with high 2-dose coverage.

This outbreak emphasizes that mumps outbreaks can occur in highly vaccinated populations. Although several factors play a role in mumps control in the United States (Box), maintenance of high 2-dose MMR vaccine coverage remains the most effective way to prevent and limit the size of mumps outbreaks.

BOX. Principles for mumps control

- Timely vaccination with 2 doses of measles, mumps, and rubella (MMR) vaccine.
- High awareness among health-care providers that mumps can occur, even in communities with high 2-dose MMR vaccination coverage.
- Ongoing surveillance and prompt reporting of mumps cases to public health officials.
- Isolation of persons with suspected and confirmed mumps for 5 days after onset of parotitis.
- In congregate settings such as colleges and schools where mumps can spread rapidly: early recognition, diagnosis, and public health intervention.
- During outbreaks: 1 dose of MMR vaccine for adults and children whose vaccination status is unknown or who have not received the number of MMR doses recommended by the Advisory Committee on Immunization Practices; consideration of a second dose of MMR vaccine for children aged 1–4 years and adults who have received 1 dose (*8*).

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Transmission of Yellow Fever Vaccine Virus Through Breast-Feeding — Brazil, 2009

In April, 2009, the state health department of Rio Grande do Sul, Brazil, was notified by the Cachoeira do Sul municipal health department of a case of meningoencephalitis requiring hospitalization in an infant whose mother recently had received yellow fever vaccine during a postpartum visit. The Field Epidemiology Training Program of the Secretariat of Surveillance in Health of the Brazilian Ministry of Health assisted state and municipal health departments with an investigation. This report summarizes the results of that investigation, which determined that the infant acquired yellow fever vaccine virus through breast-feeding. The mother reported 2 days of headache, malaise, and low fever occurring 5 days after receipt of yellow fever vaccine. The infant, who was exclusively breast-fed, was hospitalized at age 23 days with seizures requiring continuous infusion of intravenous anticonvulsants. The infant received antimicrobial and antiviral treatment for meningoencephalitis. The presence of 17DD yellow fever virus was detected by reverse transcription–polymerase chain reaction (RT-PCR) in the infant's cerebrospinal fluid (CSF); yellow fever–specific immunoglobulin M (IgM) antibodies also were present in serum and CSF. The infant recovered completely, was discharged after 24 days of hospitalization, and has had normal neurodevelopment and growth through age 6 months. The findings in this report provide documentation that yellow fever vaccine virus can be transmitted via breast-feeding. Administration of yellow fever vaccine to breast-feeding women should be avoided except in situations where exposure to yellow fever viruses cannot be avoided or postponed.

On March 23, the mother, aged 22 years, delivered a healthy female infant at 39 weeks' gestational age by elective cesarean delivery. During that same month, a yellow fever epidemic had spread to a nonendemic area in Rio Grande do Sul state where the mother resided (*1*). On April 7, when the mother was 15 days postpartum, she visited her health-care provider to have the sutures removed from her caesarean incision. While in the provider's office, she received 17DD yellow fever vaccine. She had not been vaccinated for yellow fever previously. On April 12, 5 days after receiving the vaccine, she reported a headache, malaise, and low fever, which persisted for 2 days. The mother did not seek medical care for her symptoms.

On April 15, 2009, the mother's infant, aged 23 days, developed fever, and irritability and refused to nurse. The next day, the infant exhibited seizure-like activity and was admitted to the hospital for evaluation of possible meningoencephalitis. Upon admission, the infant experienced unilateral left upper extremity clonic convulsions of increasing frequency requiring intravenous diazepam (0.15 mg). Perioral cyanosis was noted and oxygen saturation measured by arterial blood gas was pO_2 60 (normal: pO_2 80–100). A chest radiograph showed no infiltrate. Peripheral white blood cell (WBC) count was 25,400/mm^3 (normal: 5,000–20,000 WBC/mm^3) and platelet count was 393,000/mm^3 (normal: ≥150,000 platelets/mm^3). Laboratory examination of CSF was unremarkable, with a WBC count of 1/mm^3 (normal: 0–5 WBC/mm^3), slight elevation of protein (67 mg/dL [normal: 15–45 mg/dL]), and decreased glucose concentration (37 mg/dL [normal: 42–78 mg/dL]). Gram stain of the CSF specimen revealed no bacteria. The infant received oxygen therapy, intravenous dipyrone (0.1 mL every 6 hours) and phenytoin (10 mg every 12 hours), and empiric treatment for bacterial infection with ampicillin and gentamicin. On April 18, empiric acyclovir treatment was added. No specimens for bacterial or fungal cultures were obtained. Other etiologies for meningoencephalitis were ruled out by testing of serum and CSF samples for dengue-specific IgM; viral culture for herpes simplex, cytomegalovirus, and varicella; and RT-PCR for enteroviruses, all of which were negative.

The infant alternated between periods of somnolence and irritability, without clinical improvement. On April 19, convulsions became more frequent (one episode every 10 minutes) and difficult to control, with persistent perioral cyanosis, resulting in transfer to the pediatric ICU for continuous infusion of anticonvulsants and monitoring of oxygen saturation. A second CSF examination showed a WBC count of 128/mm^3, a protein concentration of 106 mg/dL, and

a glucose concentration of 24 mg/dL. Computerized tomography of the head demonstrated bilateral symmetrical areas of diffuse low density suggestive of inflammation consistent with encephalitis.

After the second CSF examination on April 19, the mother mentioned receiving yellow fever vaccine 8 days before the infant's onset of symptoms, and a serum and CSF sample from the infant were sent to the arbovirus reference laboratory at Adolfo Lutz Institute in São Paulo, Brazil, to test for the presence of 17DD yellow fever vaccine virus. Yellow fever-specific IgM antibodies were detected in serum and CSF. Yellow fever viral RNA was amplified by RT-PCR (*2,3*) from a CSF specimen collected on April 19; the nucleotide sequence of the amplified PCR product was identical to 17DD yellow fever vaccine virus. No breast milk or maternal serum was collected for yellow fever virus testing.

The infant recovered completely and was discharged from the hospital without sequelae on May 10, 2009. Follow-up of the infant showed normal neurodevelopment and growth through age 6 months. The Brazilian Committee on Vaccine-Associated Adverse Events classified the child's encephalitis as yellow fever vaccine–associated neurologic disease. To rule out the possibility that the infant had received yellow fever vaccine inadvertently, the investigators reviewed all procedures documented in the medical record performed between the infant's birth and onset of symptoms. The child had received intramuscular vitamin K and hepatitis B vaccine on the day of birth. Two other children born on the same day had received hepatitis B vaccine from the same lot of vaccine as the one registered in the child's vaccination record, and neither experienced similar symptoms.

Reported by

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Editorial Note

This report describes the first laboratory-confirmed case of yellow fever vaccine–associated neurologic disease occurring in an infant secondary to the transmission of yellow fever vaccine virus through breast milk. The infant described in this report also is the youngest reported case of yellow fever vaccine–associated neurologic disease. The presence of yellow fever-specific IgM in CSF, and 17DD yellow fever vaccine viral RNA in the CSF of the infant indicates transmission and infection with yellow fever vaccine. Following primary vaccination, IgM antibodies generally appear 4–7 days after receipt of vaccine (*4*). Maternal IgM antibodies can be excreted in breast milk and the presence of serum IgM in the infant alone is not diagnostic of yellow fever virus infection. The detection of IgM antibodies in the infant's CSF indicates intrathecal antibody production in response to a nervous system infection because IgM does not normally cross the blood brain barrier (*5*).

Based on the mother's receipt of yellow fever vaccine on April 7, and onset of symptoms in the infant on April 15, the infant's infection likely occurred during the expected peak of viremia following vaccination. Neurologic adverse events, including encephalitis, have been described previously in association with yellow fever vaccination; children aged <6 months have the highest incidence of vaccine-associated neurologic events (*6*). However, only one previous episode of encephalitis, which was not confirmed as vaccine-associated, has been described in an infant exposed to yellow fever vaccine virus through breastfeeding (Public Health Agency of Canada, personal communications, 2009).

Yellow fever vaccine is a live, attenuated virus preparation made from various strains of the 17D yellow fever virus lineage. In Brazil, yellow fever vaccine from the 17DD strain is produced by Bio-Manguinhos, a public sector vaccine manufacturer of the Oswaldo Cruz Foundation of the Brazilian Ministry of Health. Yellow fever vaccine–associated neurologic disease (YEL-AND, formerly known as postvaccinal encephalitis) is reported to occur at a rate of 0.4 cases per 100,000 persons vaccinated in the U.S. population, with highest rates reported among persons aged ≥60 years (1.6 per 100,000) (*6*). However, the incidence among infants aged <6 months has been estimated as 0.5–4.0 cases per 1,000 infants vaccinated (*4*). For this reason, administration of 17D-derived yellow

What is already known on this topic?

Administration of yellow fever vaccine is contraindicated in children aged <6 months because of increased risk for vaccine-associated encephalitis; the Advisory Committee on Immunization Practices cautions against vaccinating breast-feeding women to avoid the potential risk for transmission of yellow fever vaccine virus to breast-feeding infants.

What is added by this report?

This report describes laboratory-confirmed, breast-feeding–associated transmission of 17DD yellow fever vaccine virus from a recently vaccinated mother; the affected infant developed postvaccinal encephalitis requiring hospitalization.

What are the implications for public health practice?

Health-care personnel should be aware that yellow fever vaccine virus can be transmitted through breast-feeding, and administration of yellow fever vaccine to breast-feeding women should be avoided except in situations where exposure to circulating yellow fever viruses cannot be avoided.

fever vaccines is contraindicated in infants aged <6 months (*4,7,8*).

Yellow fever virus, either wild-type or 17D, has not been reported to have been isolated from or detected in human breast milk. West Nile virus (WNV), another flavivirus, has been detected in milk from WNV-infected, lactating women (*9*), and one case of probable WNV transmission through breast-feeding has been reported (*10*). The actual risk for 17DD virus transmission through breast-feeding cannot be characterized because the number of breast-feeding women who have been vaccinated without negative sequelae in their infants is unknown. Based on the theoretical risk for yellow fever vaccine virus transmission through breast milk, the Advisory Committee on Immunization Practices recommends that yellow fever vaccination of nursing mothers be avoided, except when travel of nursing mothers to high-risk yellow fever–endemic areas cannot be avoided or postponed (*7*). Vaccine recommendations from the World Health Organization do not include considerations for breast-feeding mothers (*8*).

In Brazil, yellow fever vaccination is recommended for all residents of municipalities considered at risk for yellow fever transmission, and for travelers to at-risk areas (*1*). As a result of this investigation, the Brazilian Ministry of Health is revising its recommendations to caution against administration of yellow fever vaccine to breast-feeding women, except in situations where the risk for contracting yellow fever is unavoidable. Further studies on excretion of 17DD virus in breast milk of vaccinated, lactating women would help to define a risk period for viral transmission in cases where vaccination of nursing mothers is necessary.

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Progress in Immunization Information Systems — United States, 2008

Immunization information systems (IISs) are confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers, generate reminder and recall notifications, and assess vaccination coverage within a defined geographic area (*1*). A CDC program goal for 2010 is to achieve >95% participation in an IIS (defined as having two or more recorded vaccinations) among children aged <6 years. To monitor progress toward this goal, CDC annually surveys immunization grantees in 50 states, five cities, and the District of Columbia, using the Immunization Information Systems Annual Report (IISAR). All 56 grantees were asked to complete the IISAR; 52 did so for 2008. This report highlights results from the 2008 IISAR, which indicated that 75% of all U.S. children aged <6 years (approximately 18 million children) participated in an IIS in 2008, an increase from 65% in 2006 (*1*). The majority of grantees (82%) reported that their IIS had the capacity to track vaccinations for persons of all ages, compared with 70% in 2006 (*1*). Data-quality measures of timeliness and completeness indicated that in 2008, 67% of IIS data were received and processed within 30 days of vaccine administration, and data were reported for six of 17 core data elements in >90% of IIS records (both measures are similar to 2006 results). Increased provider use of electronic health record systems can benefit IISs and their users by producing immunization records that are more timely and complete.

The 2008 IISAR, a self-administered, Internet-based questionnaire, was made available to state and local immunization program managers in the 50 states, five cities,* and the District of Columbia that receive funding under section 317 of the Public Health Service Act,† as part of an annual reporting requirement. As in previous years, respondents were asked about the number of children aged <6 years participating in the IIS; the number of health-care–provider sites participating; child, adolescent, and adult vaccination series completion and coverage; and programmatic and technical capabilities (e.g., data linkages with other health information systems, data quality and use, vaccine management, software and hardware capabilities, and report functions). All 56 grantees were asked to complete the IISAR, and 52 did so for 2008. The percentage of all U.S. children aged <6 years participating in each IIS was calculated by dividing the number of children aged <6 years participating in the IIS by the 2008 mid-year U.S. Census projection for all children aged <6 years.

Approximately 18 million U.S. children aged <6 years (75% of all U.S. children in that age group) participated in an IIS in 2008, compared with 15 million (65%) in 2006 (*1*). Of the 52 responding grantees, 22 grantees (42%) reported that >95% of children aged <6 years participated in the IIS (Figure), compared with 15 of 56 (27%) grantees in 2006. For 2008, a total of 11 (21%) grantees reported child participation ranging from 80% to 94%, compared with 10 of 56 (18%) in 2006.

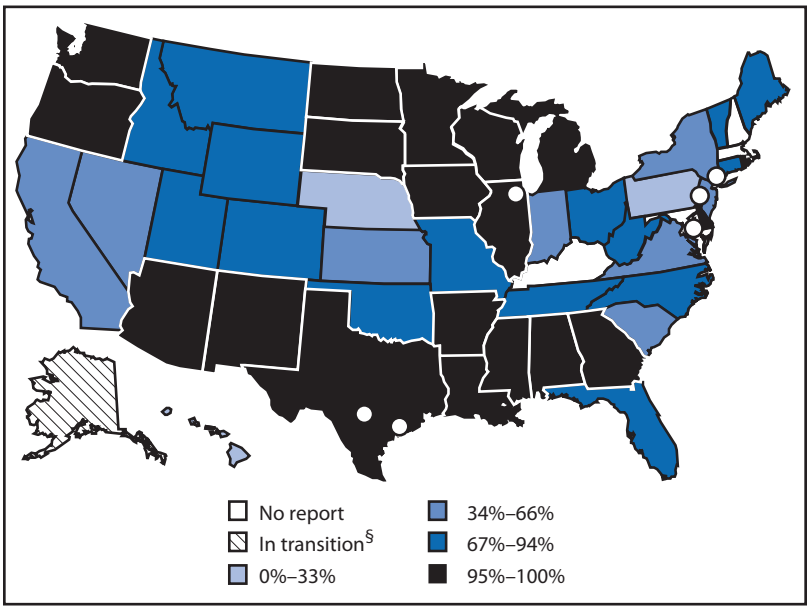
In 2008, an estimated 23 million adolescents aged 11–18 years (65% of all U.S. adolescents) participated in an IIS, compared with 22.3 million (66%) in 2006. Also in 2008, 54 million adults aged >19 years (24% of all U.S. adults aged >19 years) participated in an IIS, compared with 33.5 million (18%) in 2006. Nationally, 95 million persons of all ages (33% of the U.S. population) were participating in an IIS in 2008. Overall, IIS participation for children aged <6 years accounted for 19% of all participants in IISs, whereas adolescents and adults accounted for 25% and 57%, respectively.

IIS timeliness is measured by the interval between 1) a child's birth and the establishment of an IIS record and 2) administration of a vaccine and submission of its dose-related data to an IIS (*2*). In 2008, 71% of IISs reported that an IIS record had been established for newborn children within 6 weeks of birth (compared with 69% in 2006) (*1*). For all vaccine doses administered and recorded in 2008 to children aged <6 years, 67% of all vaccine data were received and processed in the IIS within 30 days of vaccine administration, compared with 69% in 2006.

Completeness of IIS data is measured by 1) assessing IIS records for data on National Vaccine Advisory Committee (NVAC) core data elements (*3*) and 2)

*Chicago, Illinois; Houston, Texas; New York, New York; Philadelphia, Pennsylvania; and San Antonio, Texas.
†42 USC Sect. 247b, project grants for preventive services.

FIGURE. Percentage of children aged <6 years participating in the grantee immunization information system (IIS)* — United States, 50 states, five cities, and the District of Columbia,† 2008



* The percentage of all U.S. children aged <6 years participating in each IIS was calculated by dividing the number of children aged <6 years participating in the IIS by the 2008 mid-year U.S. Census projection for all children aged <6 years.
† Chicago, Illinois (40%); District of Columbia (100%); Houston, Texas (54%); New York, New York (100%); Philadelphia, Pennsylvania (100%); and San Antonio, Texas (72%).
§ In transition is defined as a grantee implementing a new IIS product.

determining the proportion of children aged 19–35 months participating in an IIS who were recorded as having received the complete 4:3:1:3:3:1§ series of recommended vaccine doses. The first completeness measure is assessed by examining required core data elements (*4*) to determine the proportion that are >90% complete in IIS records. Core data elements are designed to standardize a set of patient demographic and vaccine event elements, which are necessary for identification and removal of duplicate records and data exchange with other health information systems (*2,3*). In 2008, very little or no change occurred in the percentage of data in IISs for nine of the 17 core data elements (compared with 2006) (*1*). (Table).

The second completeness measure indicated that of the 4.4 million children aged 19–35 months participating in an IIS, an estimated 2.0 million (47%) had documentation in the IIS of having fully completed the recommended 4:3:1:3:3:1 vaccination series in 2008, compared with 45% in 2006 (*1*). Completeness of IIS vaccination histories varied substantially by grantee. In 2008, 30% of children aged 19–35 months participating in an IIS who had an incomplete vaccination series were only 1 dose away from series completion.

§ Includes 4 doses diphtheria and tetanus toxoids and acellular pertussis vaccines, 3 doses poliovirus vaccine, 1 dose measles, mumps, and rubella vaccine, 3 doses *Haemophilus influenzae* type B vaccine, 3 doses hepatitis B vaccine, 1 dose varicella.

What is already known on this topic?

Approximately 65% of all U.S. children aged <6 years (15 million children) participated in an immunization information system (IIS) in 2006.

What is added by this report?

In 2008, 75% of all U.S. children aged <6 years (approximately 18 million children) participated in an IIS.

What are the implications for public health practice?

Enhanced interoperability between electronic health record systems and IISs can improve 1) the completeness of immunization histories available to clinicians and public health practitioners, 2) the timeliness of immunization data submission to IISs, 3) the quality of IIS coverage assessments, and 4) the data available to other public health systems.

Reported by

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Editorial Note

Grantees have made substantial progress towards CDC's 2010 goal of >95% participation in an IIS by children aged <6 years. From 2006 to 2008, participation increased from 65% to 75%. This upward trend in participation suggests that IISs might be on target to meet the CDC 2010 goal. However, although participation rates have increased, data-quality issues continue to pose challenges.

The push to include more adolescent and adult vaccination data in IISs, in addition to the complexities of receiving administrative data from multiple sources (e.g., vital records, health plans, billing systems, and Medicaid/Medicare), might have contributed to the lack of progress on data-quality measures. CDC's current efforts to improve IIS data quality include collaboration with grantees and the American Immunization Registry Association to develop best practices for IIS functionality (*5*). CDC IIS sentinel sites¶ will begin to incorporate some of these guidelines within the next year.

¶ Additional information available at http://www.cdc.gov/vaccines/programs/iis/activities/sentinel-sites.htm.

TABLE. Percentage of core data elements* that were complete† in immunization information system (IIS) records for children aged <6 years — United States, 2006 and 2008

Core data element	2006 (N = 51) (%)	2008 (N = 52) (%)	Change (%)
First name	100	100	0
Middle name	67	68	+1
Last name	100	100	0
Birth date	100	100	0
Sex	96	97	+1
Birth state	54	44	-10
Birth country	18	28	+10
Mother's first name	71	67	-4
Mother's maiden name	55	50	-5
Mother's last name	66	59	-7
Vaccine type	99	98	-1
Vaccine manufacture	37	40	+3
Vaccination date	99	98	-1
Vaccine lot number	37	38	+1
Race§	60	59	-1
Ethnicity§	42	39	-3
Patient birth order	—¶	63	—

* Recommended by the National Vaccine Advisory Committee. Additional information available at http://www.cdc.gov/vaccines/programs/iis/stds/coredata.htm.
† Calculated by number of data field completions in IIS records and the overall number of IIS records.
§ Additional required core data elements as recommended by the National Vaccine Advisory Committee in 2007.
¶ Not available.

Although not directly comparable because of the differences in methodology and sampling techniques, comparison of results from IIS 4:3:1:3:3:1 series completion with results from the National Immunization Survey (NIS) is useful. For 2008, IISAR data indicated that 47% of children participating in an IIS had complete histories for the full 4:3:1:3:3:1 series. This is lower than the estimated proportion (76%) of children reported by NIS to have received the same series (*6*).

The findings in this report are subject to at least two limitations. First, data from the 2008 IISAR were not validated by independent review. Second, because some grantees did not report data, the nationwide IIS participation rates for children aged <6 years and providers might be underestimated.

An additional CDC initiative is to implement national standards to enhance the interoperability of electronic data exchanges between electronic health record systems in immunization provider offices and IISs. Enhanced interoperability will improve the completeness of immunization histories available to clinicians and public health practitioners, the timeliness of immunization data submission to IISs, the quality of IIS coverage assessments, and the data available to other public health systems (e.g., vaccine-preventable disease surveillance units).

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Errata Vol. 59, No. 4

In the report, "Racial/Ethnic Disparities Among Children with Diagnoses of Perinatal HIV Infection — 34 States, 2004–2007," errors occurred in the fifth sentence on page 97. The sentence should read, "The average annual rate of diagnoses of perinatal HIV infection during 2004–2007 was 12.3 per 100,000 among black **infants** (69%), **2.0** per 100,000 among Hispanic **infants**, and 0.5 per 100,000 among white **infants**." Errors also occurred in the table on page 99. Under the 95% confidence intervals for the rates for Blacks/African Americans, Hispanics, and Other/Multiple, the lower confidence limits should be **11.1**, **1.6**, and **1.1**, respectively. Under the 95% confidence intervals for the rate ratio for Other/Multiple, the lower confidence limit should be **2.0**.

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 February 6, 2010 (5th week)*

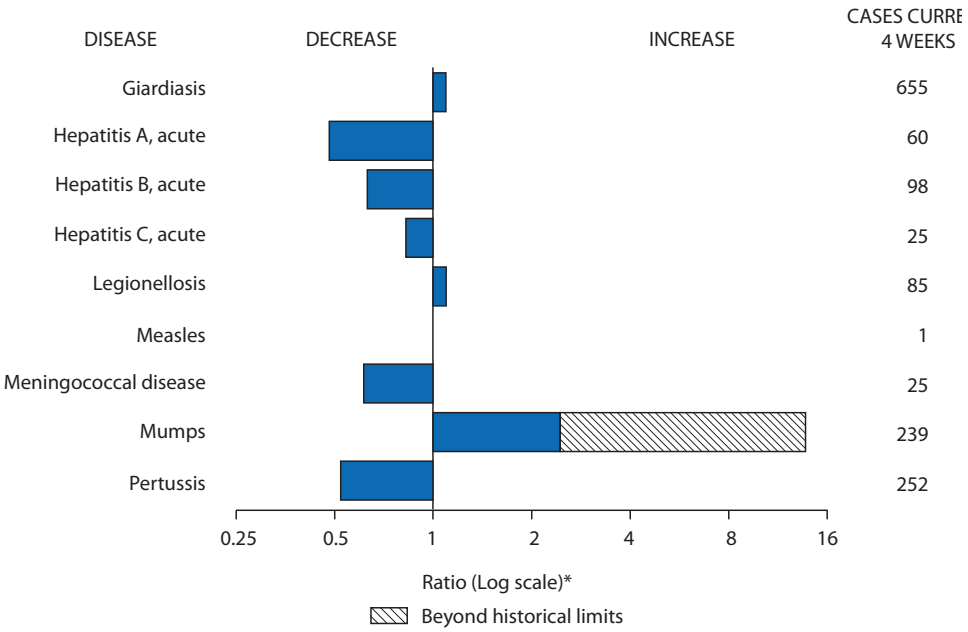
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	—	—	1	1	—	
Botulism, total	—	4	2	98	145	144	165	135	
foodborne	—	—	0	11	17	32	20	19	
infant	—	4	2	64	109	85	97	85	
other (wound and unspecified)	—	—	0	23	19	27	48	31	
Brucellosis	1	3	1	108	80	131	121	120	FL (1)
Chancroid	—	11	1	46	25	23	33	17	
Cholera	—	—	0	8	5	7	9	8	
Cyclosporiasis§	1	3	2	127	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	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	11	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	1	1	1	26	30	22	29	9	CO (1)
nonserotype b	—	14	4	215	244	199	175	135	
unknown serotype	3	27	5	230	163	180	179	217	NYC (1), GA (1), FL (1)
Hansen disease§	—	6	2	59	80	101	66	87	
Hantavirus pulmonary syndrome§	—	1	0	13	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	1	5	2	225	330	292	288	221	FL (1)
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	3	33	2	360	90	77	43	45	PA (1), GA (1), NM (1)
Listeriosis	3	29	9	780	759	808	884	896	PA (2), AZ (1)
Measles¶¶	—	1	1	63	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	3	12	7	282	330	325	318	297	OH (1), FL (1), OK (1)
serogroup B	—	5	4	148	188	167	193	156	
other serogroup	—	—	1	23	38	35	32	27	
unknown serogroup	6	41	13	477	616	550	651	765	DE (1), FL (2), AR (1), OR (1), CA (1)
Mumps	68	253	11	1,316	454	800	6,584	314	NY (65), MI (1), MD (1), WV (1)
Novel influenza A virus infections†††	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	—	8	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	1	1	99	120	171	169	136	
acute	1	1	1	83	106	—	—	—	FL (1)
chronic	—	—	0	16	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	1	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	5	3	131	157	132	125	129	NY (1)
Syphilis, congenital (age <1 yr)	—	2	7	266	431	430	349	329	
Tetanus	—	—	0	16	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	3	8	1	75	71	92	101	90	PA (1), CA (2)
Trichinellosis	—	—	0	12	39	5	15	16	
Tularemia	—	—	0	86	123	137	95	154	
Typhoid fever	5	23	7	341	449	434	353	324	NY (1), OH (1), MO (1), FL (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	2	4	0	71	63	37	6	2	NY (1), MO (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	2	7	1	659	588	549	NN	NN	FL (1), 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 February 6, 2010 (5th 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 274 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 260 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 February 6, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	9,713	23,266	27,448	72,855	119,138	77	113	261	346	412
New England	445	760	1,482	2,480	3,659	1	6	23	17	59
Connecticut	—	225	531	81	682	—	0	3	3	38
Maine†	—	47	75	184	290	1	1	4	7	3
Massachusetts	444	377	944	1,872	2,109	—	2	16	—	11
New Hampshire	1	33	50	20	232	—	1	5	2	6
Rhode Island†	—	63	244	232	268	—	0	8	—	1
Vermont†	—	23	63	91	78	—	1	9	5	—
Mid. Atlantic	2,820	3,004	4,299	14,140	14,632	5	14	37	40	45
New Jersey	270	410	630	1,237	2,591	—	0	5	—	4
New York (Upstate)	609	606	1,846	2,363	2,087	3	3	16	7	15
New York City	1,290	1,171	1,956	6,639	5,872	—	1	5	2	11
Pennsylvania	651	820	988	3,901	4,082	2	9	19	31	15
E.N. Central	1,148	3,361	4,281	8,401	19,977	10	26	54	83	99
Illinois	—	1,038	1,219	137	6,519	—	3	8	7	14
Indiana	—	410	694	685	2,036	—	4	9	—	18
Michigan	873	870	1,332	4,443	4,628	4	5	11	25	19
Ohio	93	474	1,025	1,709	4,898	4	7	16	27	24
Wisconsin	182	391	480	1,427	1,896	2	8	24	24	24
W.N. Central	541	1,317	1,699	4,194	6,555	5	18	61	27	35
Iowa	6	173	252	211	1,011	2	3	14	8	6
Kansas	24	185	561	686	746	—	2	6	5	4
Minnesota	3	259	338	412	1,444	—	4	34	1	8
Missouri	433	508	638	2,352	2,419	2	3	12	8	8
Nebraska†	75	108	236	520	494	1	2	9	5	5
North Dakota	—	31	92	13	127	—	0	5	—	—
South Dakota	—	51	80	—	314	—	1	10	—	4
S. Atlantic	1,698	4,667	6,206	13,070	22,037	44	17	45	85	98
Delaware	71	87	180	402	517	—	0	2	1	—
District of Columbia	90	123	225	472	722	—	0	1	—	1
Florida	625	1,419	1,671	5,361	6,921	15	7	24	35	32
Georgia	13	699	1,150	38	2,794	29	5	23	45	40
Maryland†	—	443	958	1,081	1,647	—	0	5	—	4
North Carolina	—	711	1,265	—	4,179	—	0	8	—	14
South Carolina†	587	523	1,421	2,623	2,467	—	1	7	2	1
Virginia†	254	602	926	2,773	2,406	—	1	7	1	5
West Virginia	58	69	136	320	384	—	0	2	1	1
E.S. Central	474	1,735	2,220	5,098	8,471	2	4	10	11	10
Alabama†	—	465	629	807	2,224	1	1	5	1	3
Kentucky	—	241	642	736	1,172	1	1	4	6	1
Mississippi	—	429	840	971	2,146	—	0	3	—	3
Tennessee†	474	580	808	2,584	2,929	—	1	5	4	3
W.S. Central	1,024	3,057	5,800	13,182	15,941	3	8	36	10	11
Arkansas†	331	269	416	1,185	1,455	3	1	5	4	1
Louisiana	227	523	928	1,924	3,529	—	0	6	—	—
Oklahoma	388	179	2,714	2,165	706	—	2	9	1	2
Texas†	78	2,020	2,684	7,908	10,251	—	5	21	5	8
Mountain	407	1,398	2,096	2,278	6,702	5	9	26	43	25
Arizona	56	493	755	479	2,127	—	0	3	2	4
Colorado	—	266	689	—	1,846	2	2	10	14	6
Idaho†	—	64	184	127	324	2	1	7	10	2
Montana†	30	55	86	229	333	1	1	4	6	2
Nevada†	83	175	478	821	892	—	0	2	1	—
New Mexico†	221	175	344	335	351	—	2	8	4	9
Utah	17	111	160	287	659	—	0	4	4	—
Wyoming†	—	34	69	—	170	—	0	2	2	2
Pacific	1,156	3,542	4,453	10,012	21,164	2	14	24	30	30
Alaska	—	98	128	391	584	—	0	1	1	1
California	564	2,680	3,475	6,910	16,697	—	8	20	14	17
Hawaii	—	119	147	272	572	—	0	1	—	—
Oregon	306	217	468	1,035	858	1	3	10	10	10
Washington	286	393	571	1,404	2,453	1	1	7	5	2
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	170	130	331	530	657	N	0	0	N	N
U.S. Virgin Islands	—	10	17	—	22	—	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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever†				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	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

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.
† 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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	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
		Med	Max				Med	Max				Med	Max		
United States	1	11	64	8	10	—	13	52	2	4	1	2	13	1	1
New England	—	0	4	—	—	—	1	21	1	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	—	1	—	0	1	—	—
Rhode Island§	—	0	4	—	—	—	0	20	—	—	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	2	14	—	—	—	3	21	—	—	—	0	2	—	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	1	14	—	—	—	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	—	—	—	3	22	—	—	—	1	9	—	—
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	8	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	—	—	3	22	—	—	—	0	3	—	—
W.N. Central	—	2	24	—	—	—	0	32	—	—	1	0	5	1	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	—	—	0	32	—	—	—	0	5	—	—
Missouri	—	1	22	—	—	—	0	1	—	—	1	0	3	1	—
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	8	8	—	0	2	1	2	—	0	2	—	—
Delaware	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	1	—	0	1	—	—	—	0	0	—	—
Georgia	1	0	2	2	—	—	0	1	1	—	—	0	0	—	—
Maryland§	—	1	4	4	4	—	0	1	—	1	—	0	1	—	—
North Carolina	—	0	4	—	3	—	0	1	—	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	—	1	—	0	6	—	1
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	—	1	—	0	6	—	1
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	—	—

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.
† 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 February 6, 2010, and February 7, 2009 (5th 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	191	331	509	1,004	1,387	2,254	5,553	6,890	18,040	30,084	35	55	121	225	355
New England	2	30	64	37	105	67	96	210	336	468	—	3	12	3	14
Connecticut	—	5	15	6	25	—	47	106	48	160	—	0	9	—	—
Maine§	1	4	13	14	13	—	3	11	25	9	—	0	2	—	2
Massachusetts	—	13	36	—	42	65	38	112	220	256	—	2	8	—	9
New Hampshire	—	3	11	6	8	2	2	6	16	11	—	0	2	3	3
Rhode Island§	—	1	6	—	6	—	6	19	23	30	—	0	2	—	—
Vermont§	1	3	14	11	11	—	1	5	4	2	—	0	1	—	—
Mid. Atlantic	40	61	100	178	260	551	590	840	3,024	3,024	12	12	25	63	62
New Jersey	—	2	12	—	47	57	88	124	363	473	—	2	7	4	9
New York (Upstate)	32	25	56	87	75	101	102	296	385	437	4	3	17	17	18
New York City	2	15	26	37	83	252	213	371	1,327	1,106	1	2	11	9	5
Pennsylvania	6	15	35	54	55	141	194	275	949	1,008	7	4	10	33	30
E.N. Central	29	44	74	154	212	278	1,043	1,352	2,414	6,391	3	11	29	27	96
Illinois	—	10	21	17	52	—	335	382	47	2,032	—	3	9	5	23
Indiana	N	0	0	N	N	—	130	209	227	737	—	1	5	—	8
Michigan	7	11	24	34	48	206	261	501	1,384	1,676	—	0	3	—	2
Ohio	18	15	28	78	72	34	160	333	457	1,447	3	2	6	18	16
Wisconsin	4	9	19	25	40	38	94	146	299	499	—	4	21	4	47
W.N. Central	13	25	145	98	116	104	273	358	895	1,568	2	2	20	12	20
Iowa	2	6	15	25	27	2	32	47	37	167	—	0	0	—	—
Kansas	1	3	14	20	13	3	43	84	110	235	—	0	2	2	2
Minnesota	—	0	124	—	—	1	40	65	57	250	—	0	16	—	4
Missouri	6	9	27	34	46	85	123	172	580	720	—	1	6	7	8
Nebraska§	4	3	9	17	20	13	23	55	110	136	—	0	4	1	5
North Dakota	—	0	8	—	—	—	2	14	1	7	2	0	2	2	1
South Dakota	—	0	5	2	10	—	4	14	—	53	—	0	0	—	—
S. Atlantic	40	70	109	232	338	539	1,352	1,784	3,891	6,826	9	13	31	51	86
Delaware	1	0	3	3	3	28	18	37	92	100	—	0	1	—	—
District of Columbia	—	0	5	—	10	27	48	88	175	315	—	0	1	—	—
Florida	30	37	59	152	176	187	409	476	1,613	2,073	3	4	10	15	27
Georgia	5	10	67	15	83	10	239	465	19	942	4	3	8	21	19
Maryland§	2	5	13	20	25	—	119	225	329	495	1	1	6	3	10
North Carolina	N	0	0	N	N	—	236	377	—	1,470	—	0	17	—	9
South Carolina§	—	2	8	9	7	173	159	412	805	756	—	1	7	11	6
Virginia§	1	8	20	29	32	112	153	272	819	598	—	1	5	—	9
West Virginia	1	1	5	4	2	2	9	18	39	77	1	0	3	1	6
E.S. Central	3	8	22	19	30	142	472	649	1,537	2,661	1	3	12	11	20
Alabama§	1	4	13	9	18	—	133	186	294	708	—	1	4	—	4
Kentucky	N	0	0	N	N	—	60	156	208	372	—	0	5	1	1
Mississippi	N	0	0	N	N	—	132	252	299	691	—	0	1	—	2
Tennessee§	2	4	18	10	12	142	153	220	736	890	1	2	10	10	13
W.S. Central	8	7	19	23	25	311	893	1,555	3,709	4,826	2	2	7	5	10
Arkansas§	5	3	9	12	5	130	86	139	374	430	—	0	3	—	2
Louisiana	—	1	7	—	16	59	166	299	603	1,198	—	0	1	—	3
Oklahoma	3	3	10	11	4	104	61	613	575	229	2	1	5	5	5
Texas§	N	0	0	N	N	18	560	757	2,157	2,969	—	0	2	—	—
Mountain	23	26	61	107	128	70	170	238	309	886	5	5	13	44	37
Arizona	—	4	7	12	19	18	58	91	75	271	1	2	9	17	18
Colorado	20	8	26	53	37	—	39	106	—	340	3	1	6	12	8
Idaho§	2	3	10	14	12	—	2	8	5	14	—	0	1	2	1
Montana§	—	2	11	6	14	1	1	5	7	7	—	0	1	—	1
Nevada§	1	1	10	4	2	15	28	94	162	129	1	0	2	3	1
New Mexico§	—	1	8	—	10	36	21	34	56	78	—	0	4	5	3
Utah	—	5	13	11	27	—	5	13	4	39	—	1	2	1	5
Wyoming§	—	1	5	7	7	—	1	7	—	8	—	0	2	4	—
Pacific	33	51	110	156	173	192	540	693	1,925	3,434	1	2	8	9	10
Alaska	—	2	7	6	4	—	19	32	81	92	—	0	3	3	2
California	24	35	61	102	130	139	442	567	1,553	2,892	—	0	4	—	2
Hawaii	—	0	2	—	2	—	12	24	40	52	—	0	3	—	4
Oregon	2	7	18	30	24	19	20	44	84	115	1	1	4	4	2
Washington	7	7	61	18	13	34	41	71	167	283	—	0	4	2	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	1	11	7	4	24	19	18	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	—	7	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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	26	36	57	94	180	25	62	89	155	333	9	17	39	40	77
New England	2	2	5	5	9	1	1	3	2	6	—	1	5	1	8
Connecticut	2	0	2	5	1	—	0	3	1	3	—	0	4	1	5
Maine†	—	0	1	—	1	1	0	2	1	—	—	0	2	—	—
Massachusetts	—	1	4	—	6	—	0	2	—	3	—	0	1	—	2
New Hampshire	—	0	1	—	1	—	0	1	—	—	—	0	0	—	—
Rhode Island†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	2	5	10	12	27	2	5	16	11	29	2	2	7	5	11
New Jersey	—	1	5	2	8	—	1	6	—	6	—	0	1	—	1
New York (Upstate)	2	1	3	3	6	1	1	7	4	10	2	1	4	5	2
New York City	—	2	5	4	7	—	1	5	1	3	—	0	0	—	—
Pennsylvania	—	1	6	3	6	1	2	8	6	10	—	0	4	—	8
E.N. Central	1	5	19	15	34	2	6	15	16	63	1	3	14	8	20
Illinois	—	2	13	—	14	—	1	7	—	11	—	0	1	—	3
Indiana	—	0	4	—	3	—	1	5	1	10	—	0	4	—	2
Michigan	—	1	4	6	9	—	2	6	5	12	1	3	12	8	10
Ohio	1	0	4	7	7	2	1	5	10	25	—	0	5	—	4
Wisconsin	—	0	4	2	1	—	0	4	—	5	—	0	2	—	1
W.N. Central	—	2	7	3	5	2	3	8	9	20	—	0	4	2	1
Iowa	—	0	3	2	—	—	0	3	1	6	—	0	4	—	—
Kansas	—	0	2	—	—	—	0	2	—	1	—	0	1	—	—
Minnesota	—	0	4	—	1	—	0	7	—	1	—	0	2	—	—
Missouri	—	0	3	1	4	1	1	5	6	8	—	0	2	2	1
Nebraska†	—	0	3	—	—	1	0	2	2	3	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	0	—	—
S. Atlantic	4	8	14	17	43	8	16	32	59	93	3	3	12	6	9
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	4	3	9	8	23	4	6	13	30	32	3	1	4	4	1
Georgia	—	1	3	2	7	—	3	7	16	22	—	0	3	—	2
Maryland†	—	0	3	1	7	2	1	5	3	12	—	0	3	2	2
North Carolina	—	0	7	—	4	2	0	19	2	18	—	0	10	—	—
South Carolina†	—	1	4	5	1	—	1	4	—	—	—	0	1	—	—
Virginia†	—	1	3	1	1	—	1	6	6	6	—	0	2	—	1
West Virginia	—	0	2	—	—	—	0	19	2	3	—	0	2	—	3
E.S. Central	1	1	3	4	5	1	7	13	30	42	2	1	5	8	14
Alabama†	—	0	2	2	1	—	1	5	7	14	—	0	2	—	—
Kentucky	1	0	2	1	—	—	2	6	13	9	1	1	5	7	9
Mississippi	—	0	1	—	3	—	0	2	—	4	—	0	0	—	—
Tennessee†	—	0	2	1	1	1	3	6	10	15	1	0	3	1	5
W.S. Central	—	3	12	5	10	2	9	18	9	36	—	1	6	2	3
Arkansas†	—	0	1	—	1	—	1	4	—	3	—	0	1	—	—
Louisiana	—	0	1	—	1	—	0	4	—	6	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	2	8	1	4	—	0	4	—	—
Texas†	—	3	12	5	7	2	6	12	8	23	—	0	4	2	3
Mountain	3	3	8	14	12	—	2	6	5	18	—	1	4	1	6
Arizona	2	1	5	10	7	—	0	3	1	7	—	0	0	—	—
Colorado	1	1	5	3	2	—	0	2	—	5	—	0	3	—	4
Idaho†	—	0	1	1	—	—	0	2	—	—	—	0	1	—	—
Montana†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	—	—	—	0	3	4	1	—	0	1	—	—
New Mexico†	—	0	1	—	1	—	0	1	—	3	—	0	2	—	2
Utah	—	0	2	—	2	—	0	1	—	2	—	0	2	1	—
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	13	5	17	19	35	7	5	17	14	26	1	1	5	7	5
Alaska	—	0	1	—	1	—	0	1	1	—	—	0	2	—	—
California	12	5	16	16	29	7	4	10	12	21	—	1	4	3	2
Hawaii	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
Oregon	—	0	2	2	2	—	1	4	1	3	—	0	3	3	2
Washington	1	1	3	1	2	—	0	7	—	2	1	0	3	1	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	1	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.
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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	17	55	163	151	175	58	350	1,984	447	750	12	22	48	73	103
New England	1	3	18	4	7	4	66	486	11	125	—	1	4	—	7
Connecticut	1	1	5	3	3	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	4	11	76	6	4	—	0	1	—	—
Massachusetts	—	1	9	—	4	—	29	327	—	72	—	0	3	—	6
New Hampshire	—	0	2	1	—	—	14	89	—	33	—	0	1	—	—
Rhode Island†	—	0	4	—	—	—	1	28	—	—	—	0	1	—	—
Vermont†	—	0	1	—	—	—	5	42	5	16	—	0	1	—	1
Mid. Atlantic	8	15	69	37	44	25	186	1,097	224	316	3	6	13	24	16
New Jersey	—	2	13	—	5	—	38	378	14	134	—	0	1	—	—
New York (Upstate)	5	5	29	16	14	12	53	283	48	36	3	1	4	8	5
New York City	—	3	20	7	2	—	2	25	—	7	—	4	11	10	8
Pennsylvania	3	6	25	14	23	13	95	637	162	139	—	1	4	6	3
E.N. Central	1	10	38	23	41	2	23	223	24	46	—	2	10	2	13
Illinois	—	1	10	1	1	—	1	11	—	1	—	1	5	—	4
Indiana	—	1	4	1	5	—	1	7	1	—	—	0	3	—	3
Michigan	—	2	11	4	9	—	1	10	2	—	—	0	3	1	2
Ohio	1	4	17	16	22	—	1	5	1	2	—	0	6	1	4
Wisconsin	—	1	5	1	4	2	20	205	20	43	—	0	1	—	—
W.N. Central	1	2	10	2	2	—	5	76	—	5	—	1	8	7	5
Iowa	—	0	2	—	1	—	1	14	—	2	—	0	1	1	2
Kansas	—	0	1	—	1	—	0	2	—	2	—	0	1	1	1
Minnesota	—	0	9	—	—	—	0	76	—	—	—	0	8	—	1
Missouri	—	1	5	1	—	—	0	1	—	—	—	0	2	2	1
Nebraska†	1	0	2	1	—	—	0	3	—	—	—	0	2	3	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	—	—
S. Atlantic	4	10	21	36	46	26	62	238	169	239	6	6	17	30	39
Delaware	—	0	5	3	—	6	13	65	45	42	—	0	1	—	1
District of Columbia	—	0	2	—	1	—	0	5	—	1	—	0	2	—	2
Florida	4	4	10	18	15	1	2	11	8	5	3	2	7	16	9
Georgia	—	1	4	3	12	—	1	6	1	1	—	1	5	2	4
Maryland†	—	3	12	7	7	18	26	126	81	166	3	1	13	8	10
North Carolina	—	0	5	—	11	—	0	14	—	5	—	0	5	—	8
South Carolina†	—	0	2	—	—	—	0	3	1	2	—	0	1	—	1
Virginia†	—	1	5	4	—	—	10	52	31	17	—	1	5	4	4
West Virginia	—	0	2	1	—	1	0	33	2	—	—	0	1	—	—
E.S. Central	—	2	12	9	11	—	1	4	6	2	1	0	3	3	5
Alabama†	—	0	2	—	2	—	0	1	—	—	—	0	3	1	1
Kentucky	—	1	3	3	2	—	0	1	1	—	1	0	3	2	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	6	7	—	1	4	5	2	—	0	2	—	4
W.S. Central	—	2	7	4	1	—	2	10	—	—	1	1	10	1	3
Arkansas†	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	—	—	0	0	—	—	1	0	1	1	—
Texas†	—	2	6	4	—	—	2	10	—	—	—	1	9	—	2
Mountain	1	3	8	9	12	—	1	4	4	2	—	0	6	1	3
Arizona	1	1	4	5	4	—	0	2	1	—	—	0	2	1	—
Colorado	—	0	4	2	—	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	1	—	0	3	1	1	—	0	1	—	—
Montana†	—	0	2	—	2	—	0	1	—	—	—	0	3	—	—
Nevada†	—	0	1	2	3	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	—	2	—	0	1	1	1	—	0	1	—	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	1	3	19	27	11	1	4	11	9	15	1	3	13	5	12
Alaska	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
California	1	3	19	27	8	—	3	10	5	13	—	2	8	3	10
Hawaii	—	0	1	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	2	—	1	1	1	4	4	1	—	0	2	—	1
Washington	—	0	4	—	1	—	0	3	—	—	1	0	4	2	1
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	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	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	9	16	33	58	75	58	269	849	480	1,214	15	62	140	132	421
New England	—	0	4	—	5	—	11	24	2	80	4	6	24	18	21
Connecticut	—	0	2	—	—	—	1	4	—	4	3	1	22	5	8
Maine§	—	0	1	—	—	—	1	10	—	16	—	1	4	6	3
Massachusetts	—	0	3	—	4	—	6	16	—	48	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	7	1	7	—	0	3	2	2
Rhode Island§	—	0	1	—	—	—	0	7	—	2	—	1	7	—	5
Vermont§	—	0	1	—	—	—	0	1	1	3	1	1	5	5	3
Mid. Atlantic	—	2	6	8	4	3	21	38	31	99	8	9	23	31	59
New Jersey	—	0	2	—	—	—	2	11	—	24	—	0	0	—	—
New York (Upstate)	—	0	3	2	—	—	4	27	6	13	8	7	22	31	25
New York City	—	0	2	3	2	—	1	11	—	—	—	0	3	—	—
Pennsylvania	—	1	4	3	2	3	11	29	25	62	—	0	16	—	34
E.N. Central	1	2	10	10	19	28	50	100	178	349	—	2	19	3	5
Illinois	—	1	4	3	4	—	11	29	—	94	—	1	9	—	1
Indiana	—	0	3	2	2	—	6	15	3	52	—	0	7	—	1
Michigan	—	0	5	2	2	8	14	40	58	78	—	1	6	1	3
Ohio	1	1	3	3	7	20	19	49	116	107	—	0	5	2	—
Wisconsin	—	0	3	—	4	—	3	12	1	18	N	0	0	N	N
W.N. Central	—	1	6	3	8	3	30	357	44	250	—	7	18	11	13
Iowa	—	0	2	1	1	—	3	10	1	24	—	0	3	—	1
Kansas	—	0	2	—	2	—	4	12	7	19	—	1	6	6	7
Minnesota	—	0	2	—	2	—	0	354	—	—	—	0	11	2	—
Missouri	—	0	3	2	3	2	16	47	28	176	—	1	5	1	—
Nebraska§	—	0	1	—	—	1	2	9	8	27	—	1	6	2	2
North Dakota	—	0	1	—	—	—	0	12	—	—	—	0	7	—	1
South Dakota	—	0	1	—	—	—	0	6	—	4	—	0	4	—	2
S. Atlantic	4	3	10	17	11	7	28	71	55	141	3	23	102	57	284
Delaware	1	0	1	2	—	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Florida	3	1	4	9	5	2	7	29	20	41	3	0	4	12	156
Georgia	—	0	2	1	1	—	3	11	5	25	—	0	72	—	61
Maryland§	—	0	2	—	—	5	2	8	11	7	—	7	15	17	25
North Carolina	—	0	10	—	3	—	0	65	—	35	N	0	4	N	N
South Carolina§	—	0	1	1	1	—	4	18	14	12	—	0	0	—	—
Virginia§	—	0	2	4	1	—	3	14	4	15	—	10	26	22	37
West Virginia	—	0	2	—	—	—	0	5	1	—	—	3	6	6	5
E.S. Central	—	0	4	2	1	2	13	30	46	81	—	1	6	—	16
Alabama§	—	0	2	—	—	—	4	19	12	13	—	0	0	—	—
Kentucky	—	0	1	2	—	—	3	15	19	44	—	1	2	—	8
Mississippi	—	0	1	—	—	—	1	6	—	11	—	0	1	—	—
Tennessee§	—	0	2	—	1	2	3	9	15	13	—	0	4	—	8
W.S. Central	2	1	8	3	6	6	63	356	49	59	—	0	13	—	3
Arkansas§	1	0	2	1	2	—	5	23	—	10	—	0	10	—	2
Louisiana	—	0	3	—	2	—	1	8	—	10	—	0	0	—	—
Oklahoma	1	0	2	1	—	—	0	32	—	4	—	0	13	—	1
Texas§	—	1	6	1	2	6	55	354	49	35	—	0	1	—	—
Mountain	—	1	4	1	5	2	17	34	55	118	—	1	6	2	10
Arizona	—	0	2	1	2	—	5	14	17	16	N	0	0	N	N
Colorado	—	0	3	—	1	2	4	10	12	29	—	0	0	—	—
Idaho§	—	0	1	—	1	—	1	19	22	9	—	0	0	—	—
Montana§	—	0	2	—	—	—	1	6	1	3	—	0	4	—	2
Nevada§	—	0	1	—	1	—	0	3	—	2	—	0	1	—	—
New Mexico§	—	0	1	—	—	—	1	6	3	10	—	0	2	—	2
Utah	—	0	1	—	—	—	3	16	—	49	—	0	2	—	—
Wyoming§	—	0	2	—	—	—	0	5	—	—	—	0	4	2	6
Pacific	2	3	9	14	16	7	22	44	20	37	—	5	13	10	10
Alaska	—	0	2	—	1	—	1	4	2	9	—	0	3	4	3
California	1	2	6	10	8	1	11	22	2	6	—	4	12	5	7
Hawaii	—	0	1	—	1	—	0	3	—	2	—	0	0	—	—
Oregon	1	0	6	4	3	4	4	14	14	17	—	0	3	1	—
Washington	—	0	6	—	3	2	5	26	2	3	—	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	5	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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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.
† 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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	283	870	1,378	1,872	3,402	11	82	152	102	310	121	280	496	819	1,499
New England	—	30	89	34	520	—	3	30	2	73	—	4	27	6	56
Connecticut	—	0	20	20	406	—	0	1	1	65	—	0	4	4	40
Maine§	—	2	7	4	9	—	0	3	—	—	—	0	2	1	2
Massachusetts	—	21	51	—	72	—	2	7	—	6	—	3	27	—	12
New Hampshire	—	3	42	9	15	—	0	3	1	2	—	0	4	1	1
Rhode Island§	—	1	11	—	12	—	0	26	—	—	—	0	7	—	1
Vermont§	—	1	5	1	6	—	0	3	—	—	—	0	1	—	—
Mid. Atlantic	33	89	206	217	342	1	6	21	12	23	21	55	87	130	290
New Jersey	—	13	46	2	64	—	0	4	—	5	—	7	27	4	104
New York (Upstate)	24	23	72	67	67	1	3	9	5	7	3	4	16	13	7
New York City	—	22	46	61	92	—	1	5	3	5	1	8	15	19	60
Pennsylvania	9	29	65	87	119	—	2	8	4	6	17	27	63	94	119
E.N. Central	24	89	152	157	475	—	15	36	12	55	8	44	78	63	403
Illinois	—	24	52	24	114	—	3	9	1	21	1	11	34	15	77
Indiana	—	5	19	—	30	—	1	8	—	5	—	1	5	—	8
Michigan	5	16	34	42	94	—	3	8	4	7	2	4	11	7	40
Ohio	19	24	52	80	149	—	2	11	4	9	5	17	46	37	220
Wisconsin	—	12	30	11	88	—	5	21	3	13	—	6	26	4	58
W.N. Central	12	47	86	101	159	2	12	39	15	25	39	27	86	272	59
Iowa	1	7	16	8	19	—	2	14	—	8	—	0	5	7	24
Kansas	—	6	22	15	26	—	1	5	3	1	1	3	13	14	20
Minnesota	—	11	30	6	40	—	2	19	1	6	—	1	7	—	7
Missouri	8	12	30	57	45	2	2	10	8	6	38	18	72	250	5
Nebraska§	3	5	41	13	14	—	1	6	3	4	—	0	3	1	2
North Dakota	—	0	21	2	2	—	0	3	—	—	—	0	2	—	—
South Dakota	—	1	22	—	13	—	0	12	—	—	—	0	1	—	1
S. Atlantic	132	276	453	827	870	5	12	22	28	51	17	43	79	138	223
Delaware	—	2	9	5	—	—	0	2	—	1	—	3	10	12	3
District of Columbia	—	0	5	2	4	—	0	0	—	1	—	0	2	1	2
Florida	78	133	278	392	356	3	3	7	11	16	11	9	18	48	63
Georgia	33	45	98	164	160	1	1	4	3	6	4	13	29	54	61
Maryland§	6	15	32	45	64	—	2	5	8	9	1	6	19	7	28
North Carolina	—	17	89	120	158	—	1	11	—	14	—	4	27	6	33
South Carolina§	9	17	67	52	60	—	0	3	—	1	1	2	8	7	13
Virginia§	3	20	48	39	62	1	2	7	6	3	—	3	12	3	19
West Virginia	3	4	23	8	6	—	0	5	—	—	—	0	3	—	1
E.S. Central	13	52	113	103	202	1	4	12	5	13	3	12	46	30	91
Alabama§	3	14	39	34	70	—	1	4	4	2	—	2	9	4	30
Kentucky	3	7	18	26	38	—	1	4	—	5	2	3	25	18	9
Mississippi	—	14	45	—	40	—	0	1	—	—	—	1	4	—	5
Tennessee§	7	14	33	43	54	1	1	10	1	6	1	6	16	8	47
W.S. Central	9	94	216	48	176	—	5	15	6	6	17	48	149	75	169
Arkansas§	1	10	25	9	33	—	1	4	2	2	1	6	14	6	16
Louisiana	—	6	43	—	37	—	0	0	—	—	—	1	8	—	25
Oklahoma	8	11	30	19	18	—	0	6	1	1	4	5	19	11	15
Texas§	—	57	184	20	88	—	4	13	3	3	12	33	123	58	113
Mountain	16	53	130	154	240	—	9	26	11	38	5	18	49	48	113
Arizona	5	19	50	50	94	—	1	4	1	1	3	13	42	24	69
Colorado	6	10	33	48	49	—	3	13	3	25	2	2	6	14	15
Idaho§	2	3	10	14	19	—	1	7	4	2	—	0	2	1	—
Montana§	1	2	7	16	9	—	0	7	—	—	—	0	5	1	—
Nevada§	2	3	11	9	16	—	0	3	1	1	—	1	7	1	14
New Mexico§	—	5	28	8	17	—	1	3	1	5	—	1	8	5	14
Utah	—	6	14	4	34	—	1	11	1	3	—	0	3	2	1
Wyoming§	—	1	9	5	2	—	0	2	—	1	—	0	1	—	—
Pacific	44	127	255	231	418	2	8	52	11	26	11	23	48	57	95
Alaska	—	1	7	6	5	—	0	0	—	—	—	0	2	—	—
California	31	95	150	180	323	1	5	15	8	23	9	19	41	51	87
Hawaii	—	4	59	—	36	—	0	2	—	1	—	0	4	—	4
Oregon	2	8	19	29	32	—	1	11	2	—	—	1	4	2	3
Washington	11	12	99	16	22	1	2	35	1	2	2	2	17	4	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	1	2	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	6	21	13	49	—	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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	2	9	4	3	—	18	74	20	65
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	—	2
Illinois	—	0	0	—	—	—	0	6	—	1
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	1
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	—	6	26	16	53
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	—	5
North Carolina	—	0	1	—	—	—	3	24	15	43
South Carolina§	—	0	1	—	—	—	0	4	1	3
Virginia§	—	0	1	—	—	—	0	5	—	2
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	—	1	—	3	15	—	7
Alabama§	—	0	2	—	—	—	1	7	—	3
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	—	—
Tennessee§	—	0	2	—	—	—	2	14	—	4
W.S. Central	—	0	3	—	—	—	1	25	1	1
Arkansas§	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	—	—
Texas§	—	0	1	—	—	—	0	3	1	—
Mountain	—	0	2	—	—	—	0	1	3	1
Arizona	—	0	1	—	—	—	0	1	3	—
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 February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	168	54	334	1,131	366	31	45	87	163	235	90	267	327	659	1,370
New England	3	1	50	34	6	—	1	23	3	8	3	6	17	26	30
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	1	3
Maine§	—	0	4	6	1	—	0	2	1	—	—	0	1	1	—
Massachusetts	—	0	1	—	—	—	0	5	—	5	3	4	9	20	22
New Hampshire	2	0	6	17	2	—	0	2	2	2	—	0	1	1	5
Rhode Island§	—	0	4	—	—	—	0	1	—	—	—	0	5	3	—
Vermont§	1	0	3	11	3	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	11	3	22	66	15	4	5	23	24	10	28	34	50	148	177
New Jersey	—	0	3	6	—	—	0	4	4	3	2	3	13	13	24
New York (Upstate)	5	2	17	19	7	4	2	13	12	7	3	2	8	5	4
New York City	—	0	1	—	—	—	0	11	—	—	17	21	39	102	120
Pennsylvania	6	1	19	41	8	—	0	5	8	—	6	6	14	28	29
E.N. Central	17	13	58	153	69	3	7	15	20	45	1	25	46	41	130
Illinois	—	0	0	—	—	—	1	4	—	9	—	12	33	3	69
Indiana	1	4	13	24	19	—	1	4	2	3	—	2	9	7	17
Michigan	4	0	22	47	4	—	1	4	6	5	1	4	13	22	23
Ohio	10	8	18	47	46	2	2	7	7	18	—	6	12	9	13
Wisconsin	2	0	10	35	—	1	1	3	5	10	—	0	3	—	8
W.N. Central	1	3	18	44	17	—	3	13	10	16	—	6	12	9	41
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	4
Kansas	—	1	5	3	10	—	0	2	—	4	—	0	3	—	1
Minnesota	—	0	13	13	—	—	0	10	4	4	—	1	4	2	13
Missouri	—	1	7	14	7	—	0	5	4	7	—	3	8	7	20
Nebraska§	1	0	5	14	—	—	0	2	2	—	—	0	3	—	3
North Dakota	—	0	3	—	—	—	0	3	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	2	—	1	—	0	1	—	—
S. Atlantic	60	26	105	386	199	13	10	22	48	77	34	63	96	165	265
Delaware	—	0	2	2	1	—	0	2	—	—	—	0	3	—	6
District of Columbia	1	0	1	4	—	—	0	1	2	—	1	3	8	11	23
Florida	32	14	54	186	109	6	4	11	17	18	—	19	32	37	118
Georgia	13	8	25	56	76	3	3	10	15	28	—	14	51	1	18
Maryland§	5	0	18	53	1	3	1	7	4	11	—	6	12	13	16
North Carolina	—	0	0	—	—	—	0	0	—	—	22	9	31	61	54
South Carolina§	6	0	24	75	—	—	1	4	8	11	1	2	6	14	8
Virginia§	—	0	0	—	—	—	0	4	—	7	10	6	15	28	21
West Virginia	3	1	13	10	12	1	0	3	2	2	—	0	2	—	1
E.S. Central	8	4	39	105	32	1	2	10	11	16	3	21	37	43	119
Alabama§	—	0	0	—	—	—	0	0	—	—	—	7	18	8	47
Kentucky	1	1	5	8	12	—	0	2	1	3	—	1	13	7	7
Mississippi	—	0	1	—	1	—	0	2	—	3	—	4	12	2	14
Tennessee§	7	2	37	97	19	1	2	9	10	10	3	8	14	26	51
W.S. Central	32	1	28	105	11	7	5	29	19	22	13	50	74	115	269
Arkansas§	4	1	5	12	6	1	0	4	4	5	9	6	16	29	2
Louisiana	—	0	5	—	5	—	0	4	—	5	2	12	27	15	105
Oklahoma	3	0	1	6	—	3	1	4	6	3	2	1	5	3	5
Texas§	25	0	25	87	—	3	3	25	9	9	—	31	46	68	157
Mountain	34	2	74	217	15	3	5	12	23	34	2	8	18	10	42
Arizona	18	0	48	125	—	1	2	6	13	19	1	3	9	3	18
Colorado	14	0	20	68	—	—	1	4	5	7	—	1	4	—	11
Idaho§	1	0	0	1	—	1	0	2	1	—	—	0	1	—	—
Montana§	—	0	1	1	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	1	4	8	4	—	0	2	2	—	1	1	10	6	8
New Mexico§	1	0	5	12	—	1	0	4	1	2	—	1	5	1	3
Utah	—	1	5	1	8	—	1	6	1	6	—	0	2	—	2
Wyoming§	—	0	2	1	3	—	0	1	—	—	—	0	1	—	—
Pacific	2	0	7	21	2	—	0	2	5	7	6	43	66	102	297
Alaska	—	0	6	13	—	—	0	2	4	5	—	0	0	—	—
California	2	0	7	8	—	—	0	1	1	—	1	39	56	87	272
Hawaii	—	0	1	—	2	—	0	2	—	2	—	0	2	1	4
Oregon	—	0	0	—	—	—	0	0	—	—	1	1	5	4	3
Washington	—	0	0	—	—	—	0	0	—	—	4	2	7	10	18
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	17	17	12
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 6, 2010, and February 7, 2009 (5th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	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	124	272	653	767	2,334	—	0	44	—	—	—	0	48	—	—
New England	2	6	19	35	47	—	0	0	—	—	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine¶	—	0	15	23	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	2	3	10	12	29	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	0	4	—	16	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	28	26	55	106	236	—	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	28	26	55	106	236	—	0	0	—	—	—	0	0	—	—
E.N. Central	59	107	223	334	964	—	0	4	—	—	—	0	3	—	—
Illinois	—	26	73	—	229	—	0	3	—	—	—	0	0	—	—
Indiana	7	7	30	25	46	—	0	1	—	—	—	0	1	—	—
Michigan	17	39	84	139	296	—	0	1	—	—	—	0	0	—	—
Ohio	35	31	86	149	308	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	8	57	21	85	—	0	1	—	—	—	0	0	—	—
W.N. Central	9	13	62	33	138	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas	—	3	19	—	23	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	3	7	51	25	96	—	0	2	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	6	0	26	8	19	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	3	—	—	—	0	2	—	—
S. Atlantic	23	24	109	130	205	—	0	4	—	—	—	0	1	—	—
Delaware	—	0	2	1	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	3	—	2	—	0	0	—	—	—	0	0	—	—
Florida	20	14	61	82	136	—	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¶	1	0	6	7	27	—	0	1	—	—	—	0	0	—	—
West Virginia	2	9	32	40	36	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	8	29	15	62	—	0	6	—	—	—	0	4	—	—
Alabama¶	—	8	27	15	62	—	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	—	71	261	29	383	—	0	17	—	—	—	0	6	—	—
Arkansas¶	—	0	23	—	26	—	0	1	—	—	—	0	0	—	—
Louisiana	—	0	7	—	6	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas¶	—	69	245	29	351	—	0	14	—	—	—	0	4	—	—
Mountain	3	20	62	82	279	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado	—	9	33	50	88	—	0	7	—	—	—	0	14	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana¶	—	0	16	—	54	—	0	1	—	—	—	0	1	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico¶	—	0	12	8	48	—	0	2	—	—	—	0	1	—	—
Utah	3	8	32	24	89	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	5	3	20	—	0	12	—	—	—	0	12	—	—
Alaska	—	1	4	3	15	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	5	—	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	7	27	—	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 February 6, 2010 (5th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	606	420	135	30	10	11	62
Boston, MA	164	100	46	8	3	7	15
Bridgeport, CT	33	25	6	1	—	1	6
Cambridge, MA	19	18	1	—	—	—	3
Fall River, MA	28	24	4	—	—	—	5
Hartford, CT	62	38	18	5	1	—	6
Lowell, MA	24	21	3	—	—	—	1
Lynn, MA	11	5	6	—	—	—	—
New Bedford, MA	19	12	4	2	1	—	1
New Haven, CT	42	29	9	4	—	—	4
Providence, RI	69	51	11	4	1	2	8
Somerville, MA	4	2	1	1	—	—	—
Springfield, MA	40	29	9	1	1	—	6
Waterbury, CT	36	30	5	1	—	—	—
Worcester, MA	55	36	12	3	3	1	7
Mid. Atlantic	1,915	1,345	413	104	32	21	92
Albany, NY	35	25	9	—	—	1	3
Allentown, PA	16	14	1	1	—	—	—
Buffalo, NY	84	60	18	3	1	2	9
Camden, NJ	U	U	U	U	U	U	U
Elizabeth, NJ	17	12	3	1	—	1	2
Erie, PA	41	30	8	3	—	—	7
Jersey City, NJ	14	7	4	2	1	—	—
New York City, NY	1,038	743	213	53	19	10	40
Newark, NJ	27	14	9	4	—	—	2
Paterson, NJ	3	—	3	—	—	—	—
Philadelphia, PA	378	249	93	25	6	5	14
Pittsburgh, PA§	U	U	U	U	U	U	U
Reading, PA	33	25	4	2	1	1	3
Rochester, NY	77	54	15	5	2	1	3
Schenectady, NY	25	19	6	—	—	—	2
Scranton, PA	33	25	7	—	1	—	1
Syracuse, NY	37	26	9	2	—	—	2
Trenton, NJ	24	17	7	—	—	—	—
Utica, NY	15	14	—	1	—	—	2
Yonkers, NY	18	11	4	2	1	—	2
E.N. Central	2,071	1,405	471	104	44	47	145
Akron, OH	61	43	14	1	2	1	9
Canton, OH	33	20	12	1	—	—	4
Chicago, IL	251	166	54	13	13	5	6
Cincinnati, OH	94	59	26	3	1	5	9
Cleveland, OH	238	181	40	12	2	3	8
Columbus, OH	181	118	48	7	4	4	17
Dayton, OH	147	97	40	4	3	3	15
Detroit, MI	204	113	63	17	5	6	10
Evansville, IN	43	29	6	7	—	1	4
Fort Wayne, IN	67	51	10	2	1	3	7
Gary, IN	7	4	2	—	1	—	2
Grand Rapids, MI	65	46	10	3	—	6	4
Indianapolis, IN	203	130	45	17	6	5	10
Lansing, MI	45	37	6	2	—	—	4
Milwaukee, WI	80	58	18	3	—	1	8
Peoria, IL	50	34	12	2	1	1	7
Rockford, IL	73	52	16	3	—	2	3
South Bend, IN	73	52	17	3	1	—	4
Toledo, OH	104	71	24	4	4	1	6
Youngstown, OH	52	44	8	—	—	—	8
W.N. Central	558	353	144	33	16	12	40
Des Moines, IA	108	78	24	4	1	1	9
Duluth, MN	32	24	7	1	—	—	3
Kansas City, KS	U	U	U	U	U	U	U
Kansas City, MO	120	70	35	5	5	5	7
Lincoln, NE	37	29	6	2	—	—	—
Minneapolis, MN	61	36	14	3	5	3	8
Omaha, NE	96	65	24	5	1	1	10
St. Louis, MO	50	12	23	11	3	1	—
St. Paul, MN	54	39	11	2	1	1	3
Wichita, KS	U	U	U	U	U	U	U
S. Atlantic	1,294	869	281	85	34	24	84
Atlanta, GA	184	110	42	17	8	7	8
Baltimore, MD	175	106	56	8	2	3	14
Charlotte, NC	125	89	28	4	2	2	14
Jacksonville, FL	169	112	28	21	6	2	10
Miami, FL	169	117	35	12	4	—	11
Norfolk, VA	52	36	12	2	1	1	5
Richmond, VA	59	39	12	5	1	2	2
Savannah, GA	85	62	15	6	—	2	2
St. Petersburg, FL	45	35	5	2	3	—	7
Tampa, FL	216	156	41	7	7	5	10
Washington, D.C.	U	U	U	U	U	U	U
Wilmington, DE	15	7	7	1	—	—	1
E.S. Central	1,080	718	265	57	24	16	95
Birmingham, AL	197	134	43	9	8	3	22
Chattanooga, TN	72	47	20	5	—	—	5
Knoxville, TN	109	77	25	6	—	1	5
Lexington, KY	112	86	21	—	2	3	14
Memphis, TN	233	146	60	14	9	4	22
Mobile, AL	109	78	25	5	—	1	8
Montgomery, AL	45	32	9	3	1	—	2
Nashville, TN	203	118	62	15	4	4	17
W.S. Central	1,411	910	356	89	31	25	100
Austin, TX	95	65	24	3	3	—	9
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	57	35	16	5	—	1	8
Dallas, TX	192	112	55	14	5	6	9
El Paso, TX	80	56	19	3	2	—	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	429	271	108	33	8	9	28
Little Rock, AR	93	56	28	5	2	2	9
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	230	150	54	13	8	5	15
Shreveport, LA	87	59	18	6	2	2	8
Tulsa, OK	148	106	34	7	1	—	10
Mountain	1,010	685	233	61	18	12	68
Albuquerque, NM	174	130	32	9	2	1	15
Boise, ID	56	42	12	1	—	1	—
Colorado Springs, CO	59	37	16	4	2	—	2
Denver, CO	90	63	19	6	2	—	6
Las Vegas, NV	294	188	78	22	2	4	25
Ogden, UT	49	30	14	5	—	—	2
Phoenix, AZ	U	U	U	U	U	U	U
Pueblo, CO	29	22	5	2	—	—	2
Salt Lake City, UT	115	68	28	8	7	4	8
Tucson, AZ	144	105	29	4	3	2	8
Pacific	1,638	1,145	340	101	21	30	158
Berkeley, CA	17	16	1	—	—	—	2
Fresno, CA	123	92	20	6	2	3	14
Glendale, CA	31	23	8	—	—	—	6
Honolulu, HI	66	50	13	1	—	2	8
Long Beach, CA	73	45	23	4	—	1	9
Los Angeles, CA	257	146	64	31	8	8	26
Pasadena, CA	32	27	3	2	—	—	3
Portland, OR	143	106	27	8	1	1	9
Sacramento, CA	198	140	44	9	3	2	22
San Diego, CA	183	122	39	12	3	6	17
San Francisco, CA	127	92	24	7	—	4	13
San Jose, CA	198	150	31	12	3	2	20
Santa Cruz, CA	20	16	4	—	—	—	3
Seattle, WA	U	U	U	U	U	U	U
Spokane, WA	61	49	9	3	—	—	2
Tacoma, WA	109	71	30	6	1	1	4
Total¶	11,583	7,850	2,638	664	230	198	844

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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