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Congenital Syphilis — United States, 2003–2008

Untreated syphilis during pregnancy, especially early syphilis, can lead to stillbirth, neonatal death, or infant disorders such as deafness, neurologic impairment, and bone deformities. Congenital syphilis (CS) can be prevented by early detection of maternal infection and treatment at least 30 days before delivery. Changes in the population incidence of primary and secondary (P&S) syphilis among women usually are followed by similar changes in the incidence of CS. To assess recent trends in CS rates, CDC analyzed national surveillance data from the period 2003–2008. This report summarizes the results of that analysis, which indicated that, after declining for 14 years, the CS rate among infants aged <1 year increased 23%, from 8.2 cases per 100,000 live births in 2005 to 10.1 during 2008. That increase followed a 38% increase in the P&S syphilis rate among females aged ≥10 years from 2004 to 2007. During 2005–2008, CS rates increased primarily in the South (from 9.6 per 100,000 live births to 15.7) and among infants born to black mothers (from 26.6 per 100,000 live births to 34.6). Reversing the upward trend in CS rates will require collaboration among health-care providers, health departments, health insurers, policymakers, and the public to reduce syphilis among women and to increase early prenatal care access and syphilis screening during pregnancy.

Syphilis, including congenital syphilis, is reportable in all 50 states and the District of Columbia (DC). CS case definitions are developed by the Council of State and Territorial Epidemiologists in collaboration with CDC.* CDC analyzed national surveillance data from the period 2003–2008 for CS cases reported to state and local health departments. Case data were reported to CDC through the National Electronic Telecommunication System for Surveillance (NETSS) (with the exception of a few mailed reports). Rates of CS per 100,000 live births were calculated using denominators from U.S. natality data.† P&S syphilis rates among females aged ≥10 years were calculated using denominators from bridged race population estimates for 2000–2007 based on 2000 U.S. Census counts.§

From 2003 to 2005, the number of CS cases reported annually in the United States decreased from 432 to 339; the corresponding national CS incidence rate decreased from 10.6 cases per 100,000 live births in 2003 to 8.2 in 2005. Subsequently, the number of CS cases increased from 339 in 2005 to 431 in 2008, and the CS rate increased 23% from 8.2 per 100,000 live births to 10.1 during the same period. This increase followed a 38% increase in the P&S syphilis rate among females aged ≥10 years, from 0.8 per 100,000 in 2004 to 1.1 in 2007 (Figure). In 2008, the P&S syphilis rate among females continued to increase, to 1.5 per 100,000 (*1*). Nearly all of the national increase in CS cases from 2005 to 2008 occurred in the South¶ (Table 1), where

*A case of CS was defined as illness in an infant from whom lesional, placental, umbilical cord, or autopsy material specimens demonstrated *Treponema pallidum* by darkfield microscopy, fluorescent antibody, or other specific stain; an infant whose mother had untreated or inadequately treated syphilis at delivery (i.e., any nonpenicillin therapy or penicillin administered <30 days before delivery); or an infant or child who has a reactive treponemal test for syphilis and any of the following: 1) evidence of CS on physical examination; 2) evidence of congenital syphilis on radiographs of long bones; 3) a reactive cerebrospinal fluid (CSF) venereal disease research laboratory test; 4) an elevated CSF cell count or protein (without other causes); or 5) a reactive fluorescent treponemal antibody absorbed–19S-immunoglobulin M (IgM) antibody test or IgM enzyme-linked immunosorbent assay. This definition includes infants who are stillborn to women with untreated syphilis.

†Available at http://www.cdc.gov/nchs/births.htm.

§Available at http://wonder.cdc.gov/wonder/help/bridged-race.html.

¶*Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. *Midwest*: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South*: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

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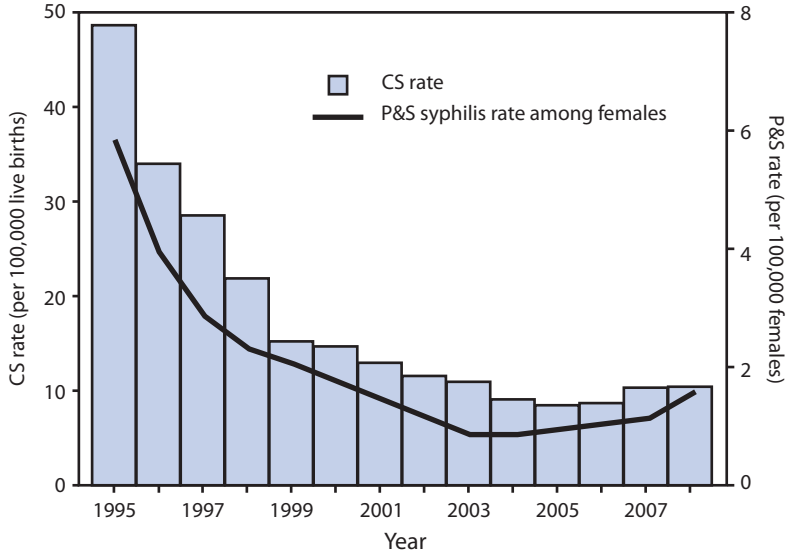
FIGURE. Congenital syphilis (CS) rate* among infants aged <1 year and rate of primary and secondary syphilis (P&S) among females aged ≥10 years† — National Electronic Telecommunication System for Surveillance, United States, 1995–2008



* CS rates from 1995 to 2006 were calculated using yearly live birth data as denominators. Rates for 2007 and 2008 were calculated using live birth data for 2006. Available at http://www.cdc.gov/nchs/births.htm.

† P&S syphilis rates were calculated using bridged race population estimates for 2000–2007 based on 2000 U.S. Census counts. Available at http://wonder.cdc.gov/wonder/help/bridged-race.html.

the number of cases increased from 148 to 253 and the CS rate increased 64%, from 9.6 per 100,000 live births to 15.7. In the Northeast, the number of cases increased from 28 to 37, and the CS rate increased 29%, from 4.2 per 100,000 live births to 5.4.

From 2005 to 2008, most of the increase in CS cases and CS rate occurred among infants born to black mothers. The number of cases in this population increased from 156 in 2005 to 215 in 2008, and the CS rate increased 30%, from 26.6 per 100,000 live births in 2005 to 34.6 in 2008 (Table 1). The increase in rates among infants born to black mothers was observed primarily in the South. In 2005, 79 (51%) of the 156 infants with CS born to black mothers were born in the South; that percentage increased to 75% (162 of 215 infants) in 2008.

From 2005 to 2008, the CS rate among infants born to Hispanic mothers increased 2%, from 12.6 per 100,000 live births to 12.8. The rate among infants born to white mothers increased 115%, from 1.3 per 100,000 live births to 2.8; however, the number of cases was small (31 in 2005 and 65 in 2008). In 2008, infants of black mothers accounted for 50%

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TABLE 1. Number and rate* of congenital syphilis (CS) cases among infants aged <1 year, by race/ethnicity of mother and region of birth of infant — National Electronic Telecommunication System for Surveillance, United States, 2003–2008

	2003		2004		2005		2006		2007		2008	
Characteristic	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Race/Ethnicity of mother												
White, non-Hispanic	35	1.5	41	1.8	31	1.3	39	1.7	53	2.3	65	2.8
Black, non-Hispanic	201	34.7	168	28.8	156	26.6	151	24.3	191	30.7	215	34.6
Hispanic	166	18.2	145	15.3	124	12.6	151	14.5	144	13.9	133	12.8
Asian/Pacific Islander	14	6.5	6	2.7	15	6.8	10	4.3	20	8.6	7	3.0
American Indian/Alaska Native	2	5.1	2	5.0	5	12.2	5	11.7	8	18.7	6	14.0
Other	3	—	1	—	2	—	5	—	4	—	1	—
Unknown	11	—	12	—	6	—	11	—	11	—	4	—
Region† of birth for infants												
Northeast	66	9.6	36	5.3	28	4.2	42	6.2	37	5.4	37	5.4
Midwest	74	8.3	62	7.0	52	5.9	33	3.7	31	3.4	36	4.0
South	184	12.2	173	11.3	148	9.6	185	11.5	227	14.1	253	15.7
West	108	10.7	104	10.2	111	10.8	112	10.5	136	12.7	105	9.8
Total	**432**	**10.6**	**375**	**9.1**	**339**	**8.2**	**372**	**8.7**	**431**	**10.1**	**431**	**10.1**

* CS rates from 2003 to 2006 were calculated using yearly live birth data as denominators. Rates for 2007 and 2008 were calculated using live birth data for 2006. Available at http://www.cdc.gov/nchs/births.htm.

† *Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

of CS cases, infants of Hispanic mothers accounted for 31% of cases, and infants of white, Asian/Pacific Islander, and American Indian/Alaskan Native mothers accounted for 15%, 2%, and 1%, respectively.

Of 431 CS cases reported in 2008, mothers of 125 (29%) infants did not receive prenatal care, and syphilis infection was detected at delivery (Table 2). Among 276 CS cases in which the mother received prenatal care, in 75 (27%) cases mothers were first screened for syphilis ≤30 days of delivery, and in 67 (24%) cases mothers screened positive >30 days before delivery but were untreated. These 2008 data were similar to those reported for 2003 and 2005.

In 2008, 25 (6%) infants with CS were stillborn, and three (1%) died ≤30 days of delivery, for a case fatality ratio of 6.5%. In 2003, 29 (7%) infants with CS were stillborn, and four (1%) died ≤30 days of delivery, for a case fatality ratio of 7.6%.

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Editorial Note

The increase in the CS incidence rate from 2005 to 2008 reflects an increase in the P&S syphilis rate among women in the United States. After declining from 17.3 cases per 100,000 in 1990 to 0.8 in 2004, the P&S syphilis rate among females increased, particularly in the South (*1*). In the South, CS rates increased among infants born to black mothers, reflecting the increase in P&S syphilis rates among black women. Recent increases in P&S syphilis among black women in the South have been linked to crack cocaine use and commercial sex work (*2*). Prevention of CS must rely on prevention of P&S syphilis among women.

In 2008, only 64% of mothers of infants with CS received prenatal care, a percentage virtually unchanged from 2003 and 2005. In contrast, 84% of all live births in the United States in 2005 were to mothers who received early (first trimester) prenatal

What is already known on this topic?

The congenital syphilis (CS) rate declined in the United States from 1991 to 2005.

What is added by this report?

From 2005 to 2008, the CS rate increased 23%, which followed a 38% increase in the primary and secondary syphilis rate among U.S. females from 2004 to 2007.

What are the implications for public health practice?

The increase in the CS rate warrants giving CS prevention high priority in geographic areas with high syphilis morbidity and evidence of heterosexual syphilis transmission.

TABLE 2. Characteristics of mothers of infants with congenital syphilis (CS) and infants with CS — National Electronic Telecommunication System for Surveillance, United States, 2003, 2005, and 2008

Characteristic	2003		2005		2008	
	No.	(%*)	No.	(%*)	No.	(%*)
Race/Ethnicity of mother						
White, non-Hispanic	35	8.1	31	9.1	65	15.1
Black, non-Hispanic	201	46.5	156	46.9	215	49.9
Hispanic	166	38.4	124	36.6	133	30.9
Asian/Pacific Islander	14	3.2	15	4.4	7	1.6
American Indian/Alaska Native	2	0.4	5	1.5	6	1.4
Other	3	0.7	2	0.6	1	0.2
Unknown	11	2.5	6	1.8	4	0.9
Age group (yrs) of mother						
10–19	46	10.6	48	14.2	56	12.9
20–29	236	54.6	171	50.4	253	58.7
30–39	133	30.8	104	30.7	103	23.9
40–49	15	3.5	13	3.8	18	4.2
Unknown	2	0.5	3	0.9	1	0.2
Mother received prenatal care						
Yes	270	62.5	205	60.5	276	64.0
No	132	30.5	103	30.4	125	29.0
Unknown	30	6.9	31	9.1	30	6.9
Syphilis screening and treatment among mothers who received prenatal care						
Total	270	100.0	205	100.0	276	100.0
Not screened	3	1.1	0	0.0	4	1.4
Screened positive ≤30 days before delivery†	80	29.6	45	21.9	75	27.2
Screened positive >30 days before delivery, but untreated	60	22.2	50	24.4	67	24.3
Screened positive >30 days before delivery, but inadequate treatment	31	11.5	24	11.7	33	11.9
Screened positive >30 days before delivery, adequate treatment, but inadequate or equivocal serologic response to treatment	61	22.6	63	30.7	70	25.4
Other	35	12.2	23	11.2	27	9.8
Vital status of infant						
Born alive	398	92.1	317	93.5	403	93.5
Born alive, died within 30 days of delivery	4	12.9	3	0.9	3	0.7
Stillborn	29	6.7	19	5.6	25	5.8
Unknown	1	0.2	0	0.0	0	0.0
Symptom status of infants born alive						
Total	402	100.0	320	100.0	406	100.0
Signs of CS§	22	5.4	26	8.1	25	6.2
Asymptomatic	348	86.6	267	83.4	358	88.2
Unknown	32	7.9	27	8.4	23	5.7
Case classification						
Confirmed	3	0.7	5	1.5	4	0.9
Probable	400	92.6	316	93.2	402	93.3
Syphilitic stillbirth	29	6.7	18	5.3	25	5.8
Total	**432**	**100.0**	**339**	**100.0**	**431**	**100.0**

* Percentages might not add to 100% because of rounding.
† Screening ≤30 days before delivery does not allow sufficient time for effective treatment. An infant is classified as having probable congenital syphilis if the mother is treated ≤30 days before delivery.
§ Signs of CS (usually in an infant or child aged <2 years) include the following: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice from syphilitic hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child can include the following: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.

care (*6*). Early prenatal care is an essential component of CS prevention because it facilitates early detection and treatment of maternal syphilis. CDC recommends serologic syphilis testing for all pregnant women at the first prenatal visit (*7*). As of 2003, syphilis screening of pregnant women during the first trimester or at the first prenatal care visit was required by law in 43 states and DC (*8*). In communities and populations in which the risk for congenital syphilis is high, serologic testing and a sexual history also should be obtained at 28 weeks' gestation and at delivery (*7*). Any woman who delivers a stillborn infant should be tested for syphilis.

Pregnant women with untreated or inadequately treated syphilis should receive a penicillin regimen appropriate for the stage of syphilis and should be monitored for serologic response to treatment (*7*). Many pregnant women will deliver before their serologic response to treatment can be assessed definitively. In partnership with prenatal care providers, health departments should explore strategies to coordinate and monitor syphilis care for pregnant women.

The findings in this report are subject to at least two limitations. First, infants who are not infected with syphilis might be included among those with probable CS because a case can be defined solely based on the mother's history of diagnosis, treatment, and follow-up. Second, incomplete reporting or inconsistent application of the case definition might have occurred in some localities or states (e.g., because all mothers of stillborn infants might not have been tested for syphilis, reporting of stillborn CS cases likely is incomplete). A recent report demonstrated that innovative surveillance strategies, such as cross-matching syphilis laboratory reports with live birth and fetal death registries, can enhance CS case detection and increase the number of cases reported (*9*).

The increase in the P&S syphilis rate from 1.1 per 100,000 females in 2007 to 1.5 in 2008 (*1*) might portend a larger increase in the CS rate in 2009 and future years. The increase in the CS rate, the substantial burden of P&S syphilis among black women in the South, and the high case-fatality ratio associated with CS require that CS prevention be given high priority in areas with high syphilis morbidity and evidence of heterosexual syphilis transmission.

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Preliminary FoodNet Data on the Incidence of Infection with Pathogens Transmitted Commonly Through Food — 10 States, 2009

The Foodborne Diseases Active Surveillance Network (FoodNet) of CDC's Emerging Infections Program conducts active, population-based surveillance in 10 U.S. states for all laboratory-confirmed infections with select enteric pathogens transmitted commonly through food (*1*). This report describes preliminary surveillance data for 2009 and trends in incidence since 1996. In 2009, a total of 17,468 laboratory-confirmed cases of infection were identified. In comparison with the first 3 years of surveillance (1996–1998), sustained declines in the reported incidence of infections caused by *Campylobacter*, *Listeria*, *Salmonella*, Shiga toxin-producing *Escherichia coli* (STEC) O157, *Shigella*, and *Yersinia* were observed. The incidence of *Vibrio* infection continued to increase. Compared with the preceding 3 years (2006–2008), significant decreases in the reported incidence of *Shigella* and STEC O157 infections were observed. For most infections, reported incidence was highest among children aged <4 years; the percentage of persons hospitalized and the case fatality rate (CFR) were highest among persons aged ≥50 years. In 2009, the *Healthy People 2010* target of ≤1.0 case per 100,000 population for STEC O157 infection (objective 10-1b) was met (*2*). Further collaborative efforts with regulatory agencies and industry are needed to sustain and extend recent declines and to improve prevention of foodborne infections.

Surveillance Methods

FoodNet* is a collaborative program among CDC, 10 state health departments,† the U.S. Department of Agriculture's Food Safety and Inspection Service, and the Food and Drug Administration (FDA). It has conducted active, population-based surveillance for laboratory-confirmed cases of infection caused by *Campylobacter*, *Listeria*, *Salmonella*, STEC O157, *Shigella*, *Vibrio*, and *Yersinia* since 1996; *Cryptosporidium* and *Cyclospora* since 1997; and STEC non-O157 since 2000. FoodNet personnel regularly contact clinical laboratories to ascertain laboratory-confirmed cases of infection occurring within the surveillance sites (*1*). Hospitalizations occurring within 7 days of specimen collection date are recorded, as is the patient's status at hospital discharge or at 7 days after the specimen collection date if not hospitalized. Deaths and hospitalizations are attributed to the pathogen if they occur within 7 days of the specimen collection date, regardless of actual cause.

FoodNet also conducts surveillance for hemolytic uremic syndrome (HUS), a complication of STEC infection characterized by renal failure and microangiopathic hemolytic anemia, through a network of pediatric nephrologists and infection-control practitioners. Hospital discharge data are reviewed to validate HUS diagnoses and verify the presence of diarrhea in the 21 days before HUS onset. This report contains preliminary postdiarrheal HUS data for 2008, rather than for 2009, because additional time is needed to review hospital records (*1*).

Incidence rates for 2009 were calculated by dividing the number of laboratory-confirmed infections by U.S. Census Bureau population estimates for 2008. Final incidence rates will be reported when population estimates for 2009 are available. Case fatality rates (CFRs) were calculated by dividing the number of deaths by the number of laboratory-confirmed infections and multiplying by 100.

Surveillance Results

In 2009, a total of 17,468 laboratory-confirmed cases of infection were identified. The number of reported infections and incidence per 100,000 population, by pathogen, were as follows: *Salmonella* (7,039; 15.19), *Campylobacter* (6,033; 13.02), *Shigella* (1,849; 3.99), *Cryptosporidium* (1,325; 2.86), STEC O157 (459; 0.99), STEC non-O157 (264; 0.57), *Vibrio* (160; 0.35), *Listeria* (158; 0.34), *Yersinia* (150; 0.32), and *Cyclospora* (31; 0.07). Incidence varied among FoodNet sites (Table 1). Incidence was highest in children aged <4 years for *Salmonella* (72.93), *Campylobacter* (28.70), *Shigella* (16.61), *Cryptosporidium* (5.36), STEC O157 (3.84), STEC non-O157 (2.72), and *Yersinia* (2.36) infections, and in persons aged ≥50 years for *Listeria* (0.82), *Vibrio* (0.62), and *Cyclospora* (0.11) infections (Table 2).

* Additional information about FoodNet is available at http://www.cdc.gov/foodnet.

† In Connecticut, Georgia, Maryland, Minnesota, New Mexico, Oregon, Tennessee, and in selected counties in California, Colorado, and New York.

TABLE 1. Incidence* of laboratory-confirmed bacterial and parasitic infections in 2009 and postdiarrheal hemolytic uremic syndrome (HUS) in 2008, by surveillance site and pathogen, compared with national health targets§ — Foodborne Diseases Active Surveillance Network (FoodNet), United States, 2009†

Pathogen	California	Colorado	Connecticut	Georgia	Maryland	Minnesota	New Mexico	New York	Oregon	Tennessee	Overall 2009	National health target§
Bacteria												
Campylobacter	29.37	14.09	15.25	7.58	8.34	17.24	16.88	11.33	18.63	8.22	13.02	12.30
Listeria	0.45	0.25	0.74	0.31	0.25	0.06	0.15	0.61	0.50	0.24	0.34	0.24
Salmonella	17.87	11.76	12.34	24.57	13.56	11.05	16.88	9.97	10.95	12.81	15.19	6.80
Shigella	5.49	2.37	1.23	6.71	4.90	1.51	4.64	1.08	1.13	6.00	3.99	N/A¶
STEC** O157	1.15	2.29	1.26	0.20	0.43	2.49	0.45	0.66	1.74	0.61	0.99	1.00
STEC non-O157	0.12	1.46	0.63	0.31	0.57	1.21	1.21	0.38	0.29	0.35	0.57	N/A
Vibrio	0.60	0.33	0.77	0.28	0.53	0.17	0.05	0.26	0.47	0.13	0.35	N/A
Yersinia	0.33	0.15	0.63	0.36	0.18	0.25	0.10	0.30	0.45	0.37	0.32	N/A
Parasites												
Cryptosporidium	1.66	1.64	1.11	3.26	0.71	6.65	7.36	1.62	5.01	1.26	2.86	N/A
Cyclospora	0.00	0.00	0.51	0.06	0.04	0.02	0.05	0.02	0.00	0.03	0.07	N/A
HUS††	0.47	0.48	0.95	0.95	0.00	1.39	–	1.31	3.29	3.60	1.40	0.90
Surveillance population (millions)	3.13	2.75	3.50	9.69	5.63	5.22	1.98	4.26	3.79	6.21	46.35	

* Per 100,000 population.
† Data for 2009 are preliminary.
§ Current *Healthy People 2010* objective 10-1 targets for incidence of *Campylobacter, Salmonell*a, Shiga toxin-producing *Escherichia coli* O157, and *Listeria* infections, and HUS. Available at http://www.healthypeople.gov/document/html/volume1/10food.htm.
¶ No national health objective exists for these pathogens.
** Shiga toxin-producing *Escherichia coli*.
†† Incidence of postdiarrheal HUS in children aged <5 years; denominator is surveillance population aged <5 years in sites that conduct hospital discharge data review (New Mexico excluded).

The percentage of patients hospitalized ranged from 12.9% for *Cyclospora* infections to 89.2% for *Listeria* infections. The percentage hospitalized was highest among those aged ≥50 years for STEC O157 (59.4%), *Salmonella* (45.2%), *Yersinia* (43.2%), *Vibrio* (40.7%), STEC non-O157 (34.2%), *Shigella* (29.4%), *Cyclospora* (26.7%), *Cryptosporidium* (24.7%), and *Campylobacter* (21.3%) infections, and in children aged <4 years for *Listeria* (94.1%) infections. CFRs ranged from 0.05% for *Shigella* infections to 12.7% for *Listeria* infections. The CFR was highest in persons aged ≥50 years for *Listeria* (17.5%), *Vibrio* (8.1%), *Yersinia* (5.4%), STEC non-O157 (2.6%), STEC O157 (1.5%), *Salmonella* (1.2%), *Cryptosporidium* (1.1%), and *Campylobacter* (0.5%) infections. No deaths were reported for *Cyclospora* infections.

Among 6,371 (90.5%) *Salmonella* isolates serotyped, 10 serotypes accounted for 73.1% of infections: Enteritidis, 1,226 (19.2%); Typhimurium, 1,024 (16.1%); Newport, 772 (12.1%); Javiana, 544 (8.5%); Heidelberg, 230 (3.6%); Montevideo, 206 (3.2%); I 4,[5],12:i:-, 197 (3.1%); Muenchen, 170 (2.7%); Saintpaul, 157 (2.5%); and Oranienburg, 132 (2.1%).§ Among 154 (96.3%) *Vibrio* isolates with species information, 80 (52.0%) were *parahaemolyticus*, 22 (14.3%) were *vulnificus*, and 22 (14.3%) were *alginolyticus* . Among 264 STEC non-O157 isolates tested for O antigen, 235 (89.0%) had O antigen identified; the most common were O26 (28.9%), O103 (20.0%), and O111 (14.9%).

In 2008, FoodNet identified 64 cases of postdiarrheal HUS in persons aged <18 years (0.60 cases per 100,000). Among those, 42 (65.6%) occurred in children aged <5 years (1.40 cases per 100,000).

§ Additional data about hospitalizations, case-fatality rates for different age groups and Salmonella serotype trends are available at http://www.cdc.gov/foodnet/factsandfigures.htm.

TABLE 2. Incidence* of laboratory-confirmed bacterial and parasitic infections, by age group — Foodborne Diseases Active Surveillance Network (FoodNet), United States, 2009†

Pathogen	Age group (yrs)				
	<4	4–11	12–19	20–49	≥50
Bacteria					
Campylobacter	28.70	11.46	8.34	12.48	13.51
Listeria	0.68	—§	0.08	0.12	0.82
Salmonella	72.93	19.68	10.13	10.10	12.67
Shigella	16.61	12.39	2.14	2.75	1.35
STEC¶ O157	3.84	2.15	1.67	0.53	0.50
STEC non-O157	2.72	0.83	0.77	0.40	0.27
Vibrio	0.08	0.08	0.14	0.31	0.62
Yersinia	2.36	0.27	0.12	0.18	0.27
Parasites					
Cryptosporidium	5.36	2.71	2.01	2.92	2.74
Cyclospora	0.04	—	0.04	0.07	0.11

* Per 100,000 population.
† Data for 2009 are preliminary.
§ No cases reported.
¶ Shiga toxin-producing Escherichia coli.

What is already known on this topic?

The incidence of foodborne illnesses has changed little in recent years; foodborne illness continues to be an important public health problem in the United States.

What is added by this report?

Preliminary surveillance data show that the Healthy People 2010 target for reduction of Shiga toxin–producing *Escherichia coli* O157 infection (≤1.0 case per 100,000 population) was met in 2009; for many pathogens under surveillance, reductions in incidence have occurred since the start of surveillance in 1996, but little or no additional progress has occurred in recent years.

What are the implications for public health practice?

To reduce the incidence of foodborne infections further, multifaceted approaches involving public health, regulatory agencies, industry, and consumers are required.

Comparison with Previous Years

A main effects, log-linear Poisson regression model (negative binomial) was used to estimate changes in incidence of infections in 2009 compared with previous years. This model accounts for site-to-site variation and changes in the size of the population under surveillance in FoodNet over time (*1*). The average annual incidence during 1) the first 3 years of surveillance (1996–1998) and 2) the preceding 3 years (2006–2008) were used for comparison. The estimated change in incidence between 2009 and the comparison periods was calculated with 95% confidence intervals (CI). For HUS surveillance, the average annual incidence for 2005–2007 was used as the comparison period. Changes over time were not evaluated for STEC non-O157 and *Cyclospora*.

In comparison with 1996–1998, rates of infection in 2009 were lower for *Shigella* (55% decrease, CI = 37%–68%), *Yersinia* (53% decrease, CI = 41%–63%), STEC O157 (41% decrease, CI = 27%–52%), *Campylobacter* (30% decrease, CI = 24%–35%), *Listeria* (26% decrease, CI = 8%–40%), and *Salmonella* (10% decrease CI = 3%–16%); rates were higher for *Vibrio* (85% increase, CI = 36%–150%). The incidence of infection with *Cryptosporidium* did not change significantly. The incidence of *Vibrio* infection has been increasing since approximately 2001 and the most marked decreases in *Campylobacter*, *Listeria*, and *Salmonella* infections occurred before 2004. The incidence of STEC O157 infection in 2009 was similar to that in 2004 (Figure 1). In comparison with 2006–2008, the rates of *Shigella* (27% decrease, CI = 4%–44%) and STEC O157 (25% decrease, CI = 10%–37%) infection were significantly lower (Figure 2).

The incidence of infections with specific *Salmonella* serotypes in 2009, compared with 1996–1998, was lower for Typhimurium (51% decrease, CI = 44%–56%), Agona (48% decrease, CI = 26%–63%), Heidelberg (33% decrease, CI = 13%–48%), and Thompson (33% decrease, CI = 2%–55%), and higher for Javiana (120% increase, CI = 44%–235%), Newport (64% increase, CI = 27%–113%), Oranienburg (39% increase, CI = 2%–90%), and Enteritidis (32% increase, CI = 8%–61%). Compared with 2006–2008, only Oranienburg (35% increase, CI = 6%–73%) and I 4,[5],12,i:- (42% decrease, CI = 18%–59%) were significantly different. The incidence of postdiarrheal HUS in children aged <5 years and in persons aged <18 years did not change significantly in 2008 compared with 2005–2007.

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Editorial Note

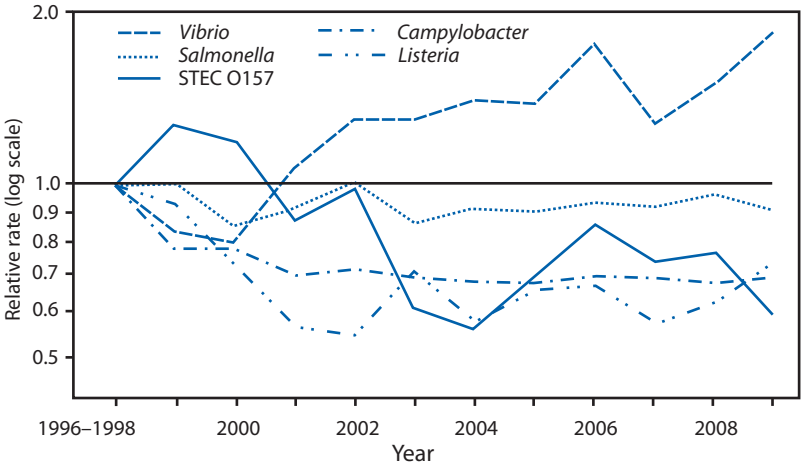
FoodNet surveillance data for 2009 show reductions in the incidence of STEC O157 and *Shigella* infections, but little or no recent progress for other pathogens. Of the four infections with *Healthy People 2010* targets (*Campylobacter*, *Listeria*, *Salmonella*, and STEC O157), only the target for STEC O157 was met in 2009. *Salmonella* infections declined slightly in 2009. A modest increase in the incidence of *Listeria* infection is a concern; however, the incidence of *Listeria* infection continues to be substantially

lower than at the start of FoodNet surveillance in 1996. Continued increase in the incidence of *Vibrio* infection points to a need for improved prevention measures. *Shigella* is often transmitted directly from person-to-person, so food safety measures might not relate to the decrease in shigellosis.¶

To optimally prevent foodborne illness, the routes of exposure to these pathogens must be understood better so that additional targeted control measures can be developed, even as U.S. food consumption patterns and food industry processes evolve. FoodNet studies have demonstrated associations between illness and consumption of foods such as undercooked ground beef, chicken, and eggs (*1*). Recent outbreak investigations have identified novel food and nonfood vehicles, including jalapeno peppers (*3*), peanut butter–containing products (*4*), raw cookie dough (*5*), and direct contact with baby chicks, turtles, and African dwarf frogs (*6*–*8*).

Efforts to reduce contamination of meat, poultry, produce, and other foods are ongoing. Data from the U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) initiative to reduce *Salmonella* contamination of meat and poultry during processing show that fewer cultures of raw broiler chicken samples yielded *Salmonella* in 2009 (7.2%) than in 2006 (11.4%).** In addition, the percentage of broiler chicken slaughter establishments meeting FSIS's rigorous category 1 *Salmonella* contamination criteria increased from 49% in 2006 to 82% in 2009. Similarly, the recent decrease in STEC O157 infection might reflect, in part, control efforts in ground beef processing and produce growing practices. In 2009, the Food and Drug Administration issued a final regulation on egg safety†† and draft commodity-specific guidance for leafy greens, tomatoes, and melons§§ to help identify and implement measures to minimize the risk for microbial contamination throughout the supply chain.

FIGURE 1. Relative rates of laboratory-confirmed infections with *Campylobacter*, STEC* O157, *Listeria*, *Salmonella*, and *Vibrio* compared with 1996–1998 rates, by year — Foodborne Diseases Active Surveillance Network (FoodNet), United States, 1996–2009†



* Shiga toxin-producing *Escherichia coli*.
† The position of each line indicates the relative change in the incidence of that pathogen compared with 1996–1998. The absolute incidences of these infections cannot be determined from this graph. Data from 2009 are preliminary.

FoodNet surveillance relies on isolation of the pathogen by culture of clinical specimens; therefore, changes in laboratory practices, such as increasing use of nonculture tests for STEC (*9*) and *Campylobacter*, might affect the reported incidence of infection. Monitoring of the use of such tests for STEC suggests that in 2009, the total number of STEC (O157 and non-O157) cases would not have been substantially greater than that reported (CDC, unpublished data, 2010). No data exist regarding the effect of nonculture-based *Campylobacter* testing.

The findings in this report are subject to at least two limitations. First, differences in health-care seeking behaviors among age groups, rather than true differences in the actual incidence of illness, can contribute to the observed differences between age groups (*10*). In addition, although the FoodNet population is similar demographically to the U.S. population, findings within FoodNet might not be representative of the entire U.S. population (*1*).

To reduce the incidence of foodborne infections further, multifaceted approaches involving public health, regulatory agencies, industry, and consumers are required. More detailed information on food safety issues and practices, including steps consumers can take to protect themselves, is available at http://www.

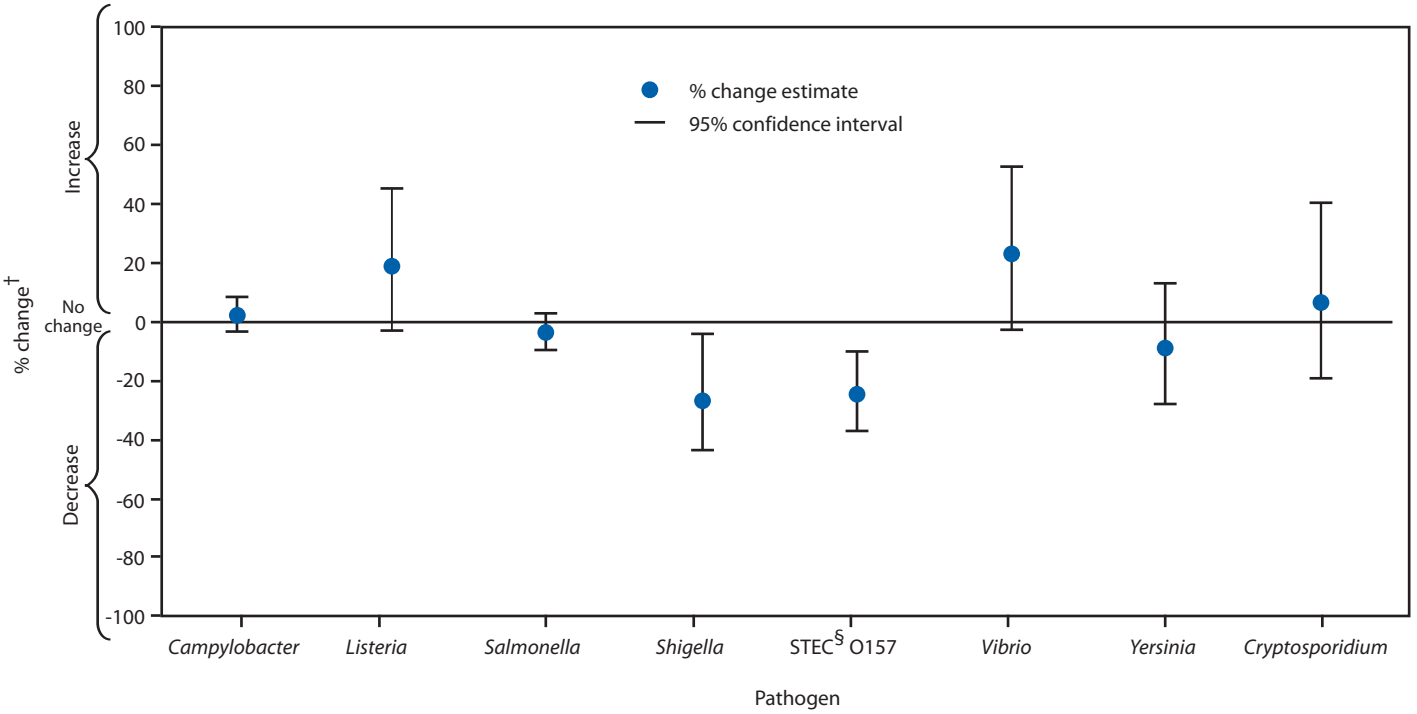
¶ Additional information on causes of infection with these pathogens and recommended prevention measures, is available at http://www.cdc.gov/foodnet/mmwr/2010.

** Additional information about the *Salmonella* verification testing program for raw meat and poultry is available at http://www.fsis.usda.gov/science/microbiology/index.asp.

†† Additional information about the FDA egg safety regulation (Prevention of *Salmonella* Enteritidis in shell eggs during production, storage, and transportation; final rule – July 9, 2009) is available at http://edocket.access.gpo.gov/2009/pdf/e9-16119.pdf.

§§ The 2009 FDA guides for industry to minimize microbial food safety hazards for leafy greens, tomatoes, and melons are available at http://www.fda.gov/food/guidancecomplianceregulatoryinformation/guidancedocuments/default.htm.

FIGURE 2. Percent change in incidence of laboratory-confirmed bacterial and parasitic infections in 2009* compared with average annual incidence during 2006–2008, by pathogen — Foodborne Diseases Active Surveillance Network (FoodNet), United States



* Data for 2009 are preliminary.
† *No significant change* = 95% confidence interval is both above and below the no change line; *significant increase* = estimate and entire 95% confidence interval are above the no change line; *significant decrease* = estimate and entire 95% confidence interval are below the no change line.
§ Shiga toxin-producing *Escherichia coli*.

foodsafetyworkinggroup.gov, http://www.foodsafety.gov, and http://www.fightbac.org.

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Update: Influenza Activity — United States, August 30, 2009–March 27, 2010, and Composition of the 2010–11 Influenza Vaccine

The emergence and spread of 2009 pandemic influenza A (H1N1) virus resulted in substantial influenza activity in the United States throughout the summer and fall months of 2009, with activity peaking in late October. Activity declined beginning in November 2009 (*1*) but continued at lower levels through March 2010. The 2009 H1N1 virus remained the dominant circulating influenza virus throughout the season; <1% of characterized viruses were seasonal influenza A (H1), A (H3), and influenza B viruses. This report summarizes U.S. influenza activity* from August 30, 2009, the start of the 2009–10 influenza season, through March 27, 2010, and also reports on the 2010–11 Northern Hemisphere influenza vaccine strain selection.

Viral Surveillance

From August 30, 2009, through March 27, 2010, World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in the United States tested 422,648 specimens. Of these, 89,585 (21.1%) were positive: 89,298 (99.7%) were positive for influenza A, and 287 (0.3%) were positive for influenza B. Among 66,978 influenza A viruses for which subtyping was performed, almost all (66,589 [99.4%]) were 2009 H1N1 viruses.

Of the 37,260 specimens reported during February 14–March 27, 2010, a total of 2,020 (5.4%) tested positive for influenza, of which 1,999 (98.9%) were positive for influenza A and 21 (1.0%) were positive for influenza B. Of the 1,510 influenza A viruses reported since mid-February for which subtyping was performed, almost all (1,506 [99.7%]) were 2009 H1N1 viruses. No seasonal influenza A (H1) viruses and only three influenza A (H3) viruses were reported. During February 14–March 27, states in the Southeast (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) accounted for approximately 55% of the influenza positives reported but only 20% of the specimens tested.

Antigenic Characterization

States are requested to submit a subset of their influenza virus isolates to CDC for antigenic characterization. From August 30, 2009, through March 27, 2010, CDC antigenically characterized 1,647 influenza viruses submitted by WHO collaborating laboratories in the United States. These consisted of two seasonal influenza A (H1N1) viruses, 13 influenza A (H3N2), 23 influenza B, and 1,609 2009 influenza A (H1N1) viruses. Both seasonal influenza A (H1N1) viruses tested were related to the influenza A (H1N1) component of the 2009–10 Northern Hemisphere influenza vaccine (A/Brisbane/59/2007). The 13 influenza A (H3N2) viruses tested showed reduced titers with antisera produced against A/Brisbane/10/2007, the 2009–10 Northern Hemisphere influenza A (H3N2) vaccine component, and were antigenically related to A/Perth/16/2009, the WHO-recommended influenza A (H3N2) component of the 2010 Southern Hemisphere and 2010–11 Northern Hemisphere vaccine formulations.

Globally circulating influenza B viruses can be divided into two distinct lineages represented by the B/Yamagata/16/88 and B/Victoria/02/87 viruses. The influenza B component of the 2009–10 and 2010–11 Northern Hemisphere vaccines belongs to the B/Victoria lineage. The 23 influenza B viruses characterized to date this season belong to the B/Victoria lineage and are related to the influenza vaccine component for the 2009–10 and 2010–11 Northern Hemisphere influenza B vaccine strain (B/Brisbane/60/2008). Of the 1,609 2009 H1N1 viruses tested, nearly all (1,604 [99.7%]) were related to the A/California/07/2009 (H1N1) reference virus selected by WHO as the 2009 H1N1 virus vaccine component for the 2010–11 Northern Hemisphere vaccine. Five viruses (0.3%) tested showed reduced titers with antiserum produced

*The CDC influenza surveillance system collects five categories of information from eight data sources: 1) viral surveillance (World Health Organization collaborating U.S. laboratories, the National Respiratory and Enteric Virus Surveillance System, and novel influenza A virus case reporting); 2) outpatient illness surveillance (U.S. Outpatient ILI Surveillance Network); 3) mortality (122 Cities Mortality Reporting System and influenza-associated pediatric mortality reports); 4) hospitalizations (Emerging Infections Program); and 5) summary of geographic spread of influenza (state and territorial epidemiologist reports).

What is already known on this topic?

The 2009 pandemic influenza A (H1N1) virus emerged in April 2009 and caused substantial disease in the United States and worldwide.

What is added by this report?

Although recent declines in influenza activity have been observed, 2009 H1N1 viruses continue to circulate, particularly in the southeastern United States, and influenza-associated hospitalizations and deaths continue to be reported.

What are the implications for public health practice?

Epidemiologic data in this report support recommendations by CDC that the 2009 H1N1 vaccine continue to be offered to all persons aged ≥6 months, with children aged <10 years requiring 2 doses of the vaccine approximately 1 month apart.

against A/California/07/2009; these were collected in September (two), October (one), November (one), and December (one) 2009.

Antiviral Resistance of Influenza Virus Isolates

CDC conducts surveillance for resistance of circulating influenza viruses to both classes of influenza antiviral medications: adamantanes (amantadine and rimantadine) and neuraminidase inhibitors (zanamivir and oseltamivir). A total of 64 oseltamivir-resistant 2009 H1N1 viruses have been identified in the United States since April 2009, with 55 identified from specimens collected after August 30, 2009. This number of oseltamivir-resistant 2009 H1N1 viruses might overestimate the prevalence of oseltamivir-resistant 2009 H1N1 viruses in the United States because most cases were selected for testing because of clinical suspicion for oseltamivir resistance. In 52 (81.3%) of the 64 identified cases of oseltamivir resistance, patients had documented exposure to oseltamivir through either treatment or chemoprophylaxis; eight patients have yet to have their exposure to oseltamivir determined, three patients had no known exposure, and oseltamivir exposure for one patient could not be determined. One seasonal influenza A (H1N1) virus was tested and found to be resistant to oseltamivir, whereas none of the 12 influenza A (H3N2) or 11 influenza B viruses tested was resistant to oseltamivir. All tested viruses were sensitive to the neuraminidase inhibitor zanamivir. The single seasonal influenza A (H1N1) virus tested was collected on September 8, 2009, and found to have sensitivity to the adamantanes. However, all 12 influenza A (H3N2) virus isolates and 1,491 (99.7%) of 1,495 2009 H1N1 virus isolates tested were found to have resistance to the adamantanes.

Outpatient Illness Surveillance

The weekly percentage of outpatient visits for influenza-like-illness (ILI)[†] reported by the U.S. Outpatient ILI Surveillance Network (ILINet) exceeded baseline levels[§] (2.3%) for 18 weeks during the 2009–10 season and peaked at 7.7% in the week ending October 24, 2009. Since that time, ILI has declined and was at 1.6% in the week ending March 27, 2010 (Figure 1). On a regional level, the percentage of outpatient visits for ILI ranged from 0.4% to 3.3% during the week ending March 27, 2010. One of the 10 U.S. Department of Health and Human Services (HHS) regions (Region 9, comprised of Arizona, California, Hawaii, Nevada, American Samoa, Guam, Los Angeles County, the Commonwealth of Northern Mariana Islands, the Federal States of Micronesia, the Republic of Marshall Islands, and Palau) reported ILI at or above its region-specific baseline during that week.

Influenza-Associated Hospitalizations

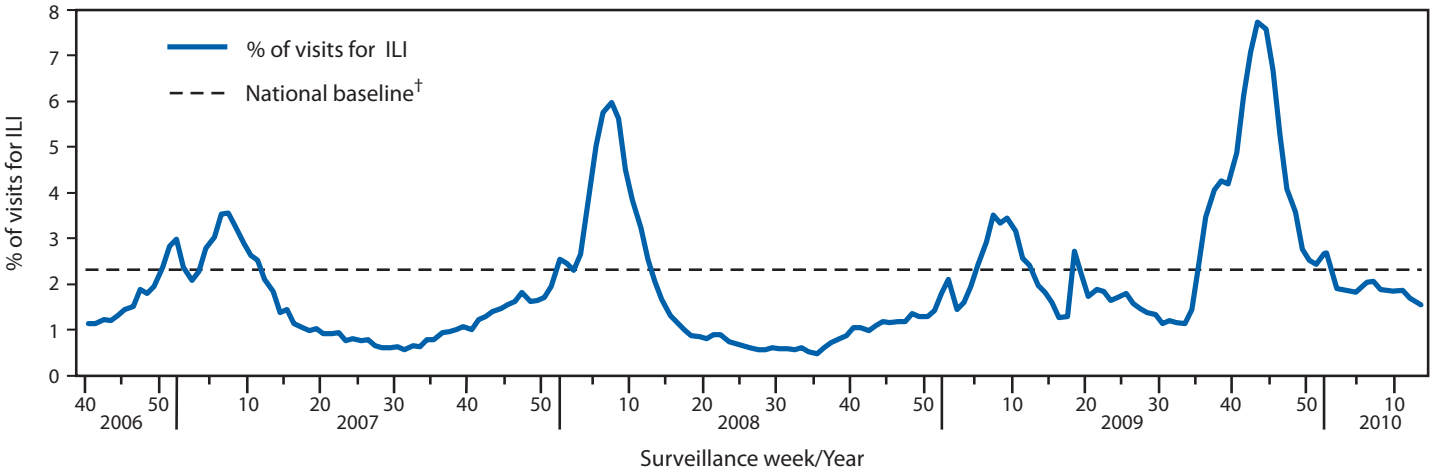
Laboratory-confirmed influenza-associated hospitalizations are monitored using a population-based surveillance network that includes the 13 Emerging Infections Program (EIP) sites in 10 states and six new sites added during 2009.[¶] This season's cumulative hospitalization rates from August 30, 2009, through the week ending March 27, 2010, remain highest in children aged 0–4 years and generally decline

[†] Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat, in the absence of a known cause other than influenza.

[§] The national and regional baselines are the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. National and regional percentages of patient visits for ILI are weighted on the basis of state population. Use of the national baseline for regional data is not appropriate.

[¶] EIP currently conducts surveillance for laboratory-confirmed, influenza-related hospitalizations in 61 counties and Baltimore, Maryland. The EIP catchment area includes 13 metropolitan areas located in 10 states. Beginning in September 2009, six new EIP sites covering 40 counties began reporting influenza-related hospitalization surveillance. Hospital laboratory, admission, and discharge databases, and infection-control logs are reviewed to identify persons with a positive influenza test (i.e., viral culture, direct fluorescent antibody assays, real-time reverse transcription–polymerase chain reaction, serology, or a commercial rapid antigen test) from testing conducted as part of their routine care.

FIGURE 1. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet), by surveillance week — United States, 2006–07, 2007–08, 2008–09, and 2009–10* influenza seasons



* Through March 27, 2010.
† The national baseline is the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. Use of the national baseline for regional data is not appropriate.

with increasing age. Cumulative rates of laboratory-confirmed, influenza-associated hospitalizations reported for children aged 0–4 years were 6.6 per 10,000 population in EIP sites and 10.5 per 10,000 population in the new sites (Figure 2). Rates for other age groups were as follows: 5–17 years, 2.5 in EIP and 3.6 in the new sites; 18–49 years, 2.4 in EIP and 1.7 in the new sites; 50–64 years, 3.2 in EIP and 2.0 in the new sites; and ≥65 years, 2.7 in EIP and 1.8 in the new sites.

In response to the emergence and widespread circulation of the 2009 H1N1 virus, the Council of State and Territorial Epidemiologists (CSTE) implemented reporting of influenza-associated hospitalizations and deaths to CDC. On August 30, CDC and CSTE instituted modified case definitions for aggregate reporting of influenza-associated hospitalizations and deaths. This cumulative jurisdiction-level reporting is referred to as the Aggregate Hospitalization and Death Reporting Activity (AHDRA).** During August 30, 2009–March 27, 2010, a median of 34 states each week reported a total of 41,689 hospitalizations associated with laboratory-confirmed influenza virus infections to CDC through AHDRA. Rates of hospitalization through AHDRA were highest among children aged 0–4 years (71.5 per 100,000) and ranged from 23.2 to 30.00 per 100,000 for older children and adults. Overall, weekly reported rates have declined consistently since January 2, 2010.

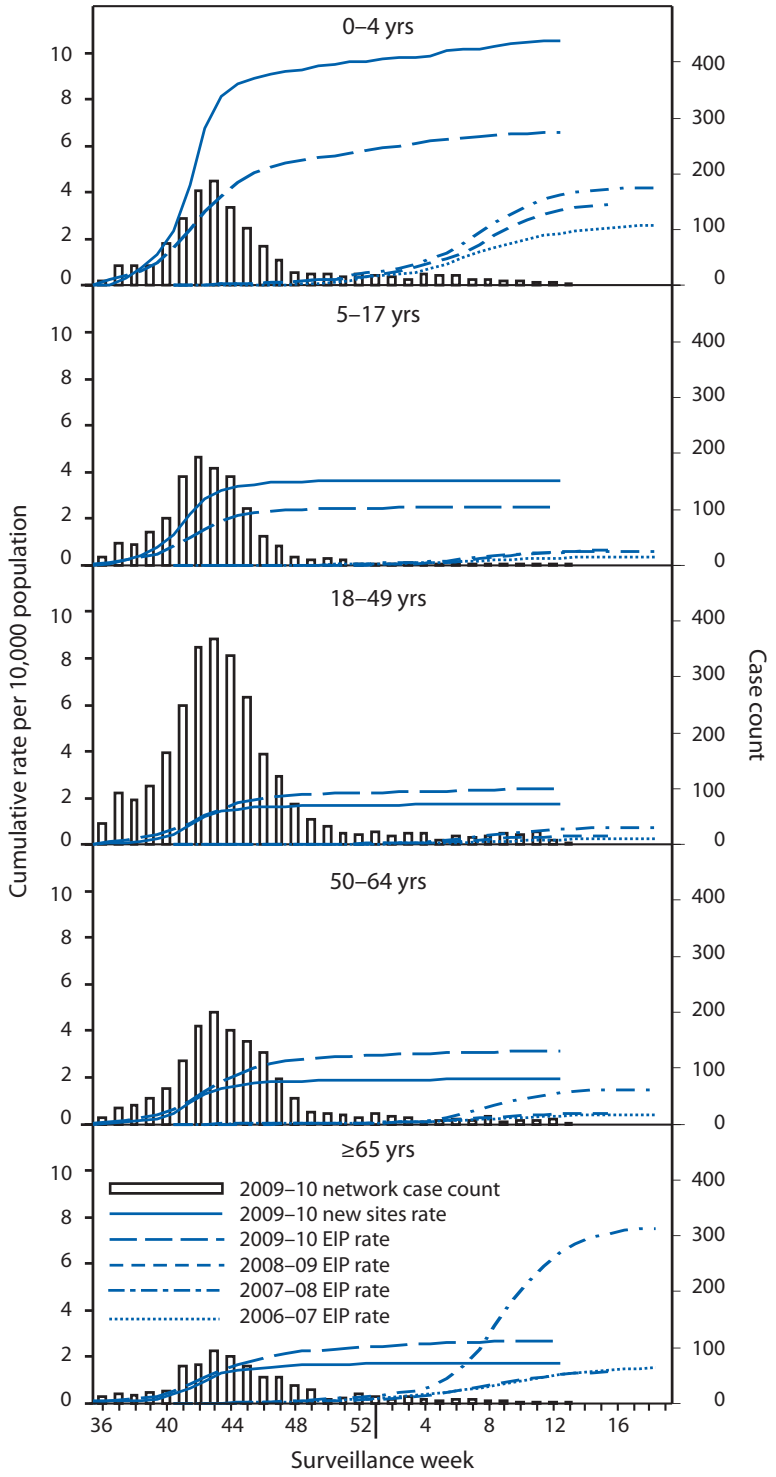
Pneumonia- and Influenza-Related Mortality

Pneumonia- and influenza-associated deaths are monitored by the 122 Cities Mortality Reporting System and AHDRA. For the week ending March 27, 2010, pneumonia or influenza was reported as an underlying or contributing cause of death for 7.9% of all deaths reported through the 122 Cities Mortality Reporting System, slightly above the week-specific epidemic threshold of 7.8%†† but below the threshold for the preceding 7 weeks (Figure 3). Pneumonia- and influenza-related mortality was above the epidemic threshold for 13 consecutive weeks from the week ending October 3, 2009, through the week ending December 12, 2009, was below threshold for 2 weeks, and above the threshold again during January 10–30, 2010 (epidemiologic weeks 2–4).

** States report weekly to CDC either 1) laboratory-confirmed influenza hospitalizations and deaths, or 2) pneumonia and influenza syndrome-based cases of hospitalization and death resulting from all types or subtypes of influenza. Although only the laboratory-confirmed cases are included in this report, CDC continues to analyze data both from laboratory-confirmed and syndromic hospitalizations and deaths.

†† The seasonal baseline proportion of pneumonia and influenza deaths is projected using a robust regression procedure, in which a periodic regression model is applied to the observed percentage of deaths from pneumonia and influenza that were reported by the 122 Cities Mortality Reporting System during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

FIGURE 2. Number of laboratory-confirmed influenza-associated hospitalizations and cumulative hospitalization rates per 10,000 population, by age group and surveillance week — Emerging Infections Program (EIP) and new sites,* 2006–07, 2007–08, 2008–09,† and 2009–10§ U.S. influenza seasons



* In 2009, new sites in six additional states were added to the sites in the 10 states already participating in EIP. During August 30, 2009–March 27, 2010, total influenza-associated hospitalization rates were reported for EIP and the new sites for all types of influenza, including influenza A, influenza B, and 2009 pandemic influenza A (H1N1).
† Ending April 14, 2009, with reports of cases of 2009 H1N1.
§ Through March 27, 2010.

During August 30, 2009–March 27, 2010, a total of 2,096 deaths associated with laboratory-confirmed influenza virus infections were reported to CDC through AHDRA. The median number of states reporting laboratory-confirmed deaths each week to AHDRA was 36. Cumulative influenza-associated death rates since August 30, 2009, were highest among persons aged 50–64 years (1.56 per 100,000) and lowest in children (0.43 per 100,000 for children aged 0–4 years and 0.36 for children aged 5–18 years). Among persons aged 19–24 years, 25–49 years, and ≥65 years, cumulative influenza-associated mortality rates per 100,000 persons were 0.54, 0.87, and 0.95, respectively. Weekly reported death rates have declined steadily since November 2009 and are at their lowest level since the implementation of AHDRA in August 2009.

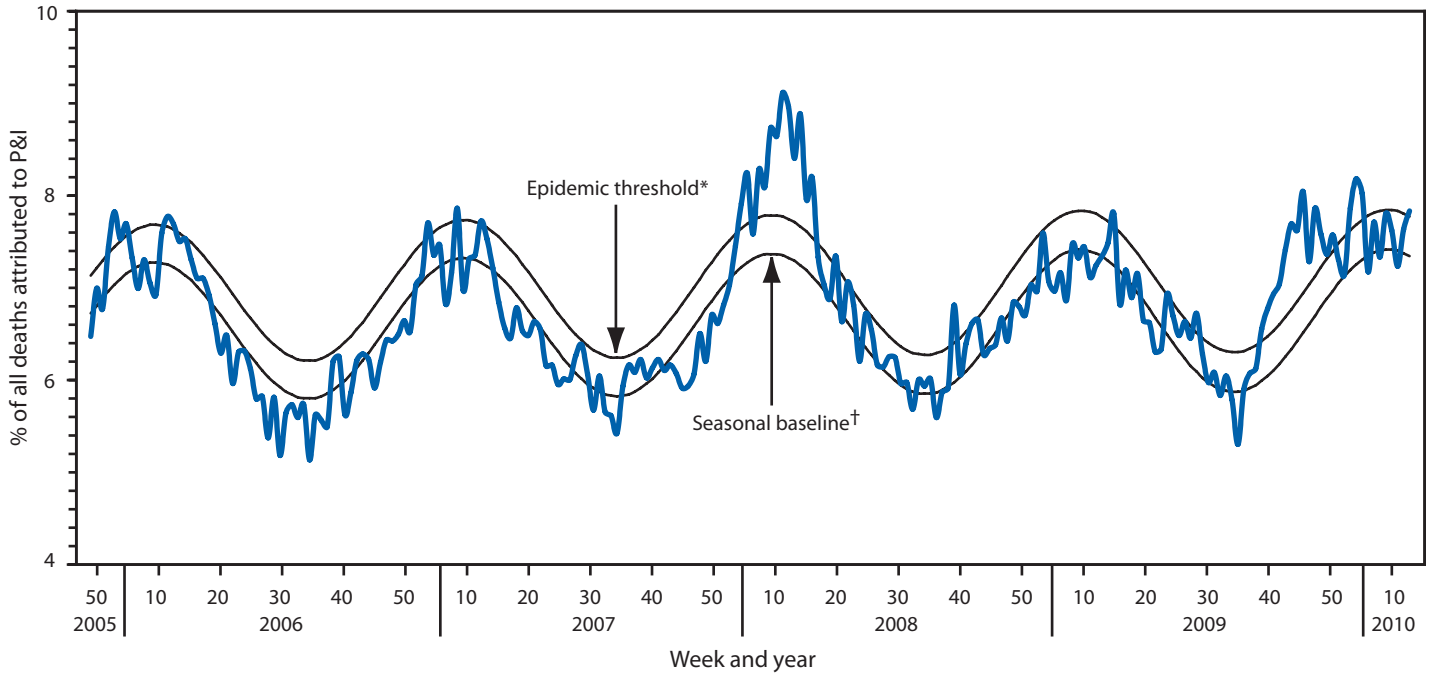
Influenza-Associated Pediatric Mortality

CDC has received 269 reports of pediatric deaths associated with laboratory-confirmed influenza infection that occurred since August 30, 2009, the start of the 2009–10 influenza season (Figure 4). A total of 219 (81%) cases were associated with infection with laboratory-confirmed 2009 H1N1 virus, and 49 (18%) were associated with an influenza A infection for which the subtype was undetermined. These deaths occurred during times when approximately 99% of subtyped influenza A viruses were 2009 H1N1 and were therefore likely to be associated with 2009 H1N1 because of the predominance of this virus. One death was associated with an influenza B virus infection.

Of the 269 reported pediatric deaths that occurred since August 30, 2009, a total of 48 (18%) were among children aged <2 years, 30 (11%) were among children aged 2–4 years, 100 (37%) were among children aged 5–11 years, and 91 (34%) were among children aged 12–17 years. A medical history was reported for 263 of the 269 decedents (98%). Of these 263 decedents, 182 (69%) had one or more medical conditions associated with an increased risk for influenza-related complications (*2*).

Since the week ending April 26, 2009, CDC has received 280 reports of pediatric deaths associated with laboratory-confirmed 2009 H1N1 virus. CDC also has received reports of 51 deaths with laboratory-confirmed influenza A for which subtype information was not available.

FIGURE 3. Percentage of all deaths attributed to pneumonia and influenza (P&I), by surveillance week and year — 122 Cities Mortality Reporting Sytem, United States, 2005–2010



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline.
† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

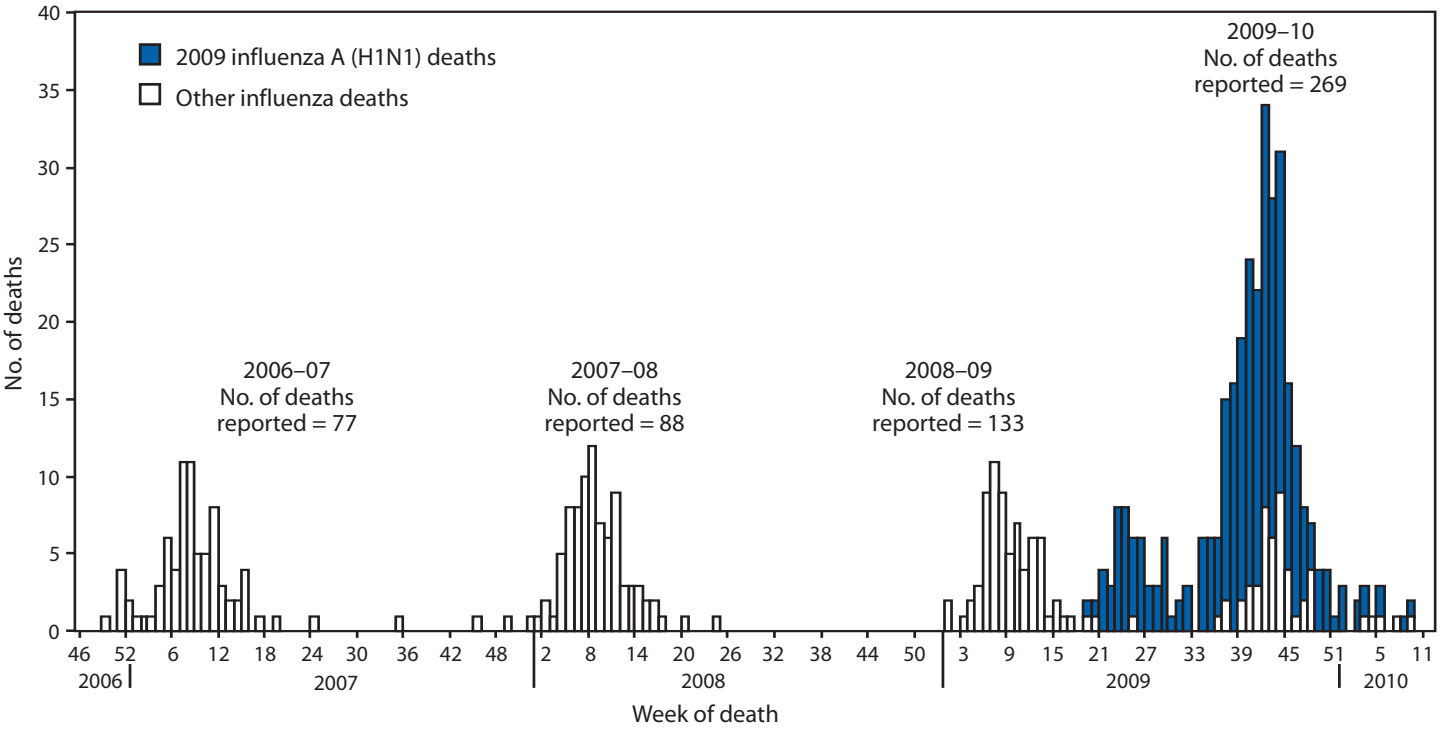
State-Specific Activity Levels

The largest number of states to date reporting widespread activity occurred during the week ending October 24, 2009, when 49 jurisdictions reported widespread activity.[§§] During the week ending March 27, 2010, no states reported widespread influenza activity; three states reported regional influenza activity (Alabama, Georgia, and South Carolina); Puerto Rico and seven states (Arkansas, Hawaii, Louisiana, Maine, North Carolina, Tennessee, and Virginia) reported local influenza activity; the District of Columbia, Guam, and 30 states reported sporadic influenza activity; and 10 states reported no influenza activity. During the 2009–10 season, regional or widespread influenza activity has been reported during at least 1 week from all 50 states.

Although most states have experienced steady declines in influenza activity since November 2009, sustained activity has been observed in some parts of the United States. In HHS Region 4 (consisting of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee), the proportion of ILINet provider visits for ILI was at or above the regional baseline level (2%) for 12 of the 17 preceding weeks. From early December 2009 through the week ending March 27, 2010, while influenza activity in most of the rest of the country declined to sporadic or none, several southeastern states continued to report local or regional activity. Beginning February 2010, the number of influenza-associated hospitalizations increased in Alabama, Georgia, Arkansas, Louisiana, Mississippi, and South Carolina, compared with the immediately preceding weeks. Georgia, in particular, had a moderate but steady increase in the number of hospitalizations reported

[§§] Levels of activity are 1) no activity; 2) sporadic: isolated laboratory-confirmed influenza cases or a laboratory-confirmed outbreak in one institution, with no increase in ILI activity; 3) local: increased ILI, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region with recent laboratory evidence of influenza in that region, with virus activity no greater than sporadic in other regions; 4) regional: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least two but less than half of the regions in the state, with recent laboratory evidence of influenza in those regions; and 5) widespread: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state, with recent laboratory evidence of influenza in the state.

FIGURE 4. Number of influenza-associated pediatric deaths, by week of death — United States, 2006–07, 2007–08, 2008–09, and 2009–10* influenza seasons



* Through March 27, 2010.

to AHDRA from mid-February through March 27. During the week ending March 27, Georgia reported 16 hospitalizations, a decrease from a median of 38 per week during the preceding 5 weeks.

Composition of the 2010–11 Influenza Vaccine

WHO has recommended vaccine strains for the 2010–11 Northern Hemisphere trivalent influenza vaccine, and the Food and Drug Administration has made the same recommendations for influenza vaccine composition for the United States. Both agencies recommend that vaccines contain A/California/7/2009-like (2009 H1N1), A/Perth/16/2009-like (H3N2), and B/Brisbane/60/2008-like (B/Victoria lineage) viruses. A seasonal influenza A (H1N1) component is not included in the 2010–11 formulation, and the A (H3N2) component has been changed from A/Brisbane/59/2007 in the 2009–10 Northern Hemisphere vaccine formulation. This recommendation was based on surveillance data related to epidemiology and antigenic characteristics, serologic responses to 2009–10 trivalent seasonal and 2009 H1N1 monovalent vaccines, and the availability of candidate strains and reagents (*3*).

Reported by

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Editorial Note

With the emergence of the 2009 H1N1 virus in April 2009, influenza activity increased and remained at higher than normal levels during the spring and summer until peaking in late October and early November 2009. Since that time, influenza activity has declined nationwide and currently is below epidemic thresholds or baseline levels across most influenza surveillance systems. In contrast to seasonal influenza, which usually peaks once during the first few months of the calendar year, the overall course of

the 2009 H1N1 pandemic occurred in two distinct waves, a spring 2009 wave peaking in June and a second, larger, fall 2009 wave, peaking in late October. Similar two-wave patterns were observed in the 1918–19 H1N1 and the 1957–58 H2N2 pandemics in the United States (*4*). The magnitude and timing of ILI activity during the current season also were substantially different from those observed in previous years. ILI activity for the 2009–10 H1N1 influenza season peaked in late October at 7.7%, whereas activity typically peaks in February and in previous seasons has been much lower (3.5% in the 2008–09 season, 6% in the 2007–08 season, 3.6% in the 2006–07 season, and 3.3% in the 2005–06 season).

The magnitude and age distribution of influenza-associated hospitalizations during the 2009–10 H1N1 season were different compared with previous seasons. Hospitalization rates reported to EIP sites during the current season were much higher than previous seasons across most age groups. In 2008–09, when seasonal H1N1 was the predominant strain, hospitalizations occurred at approximately one sixth the 2009–10 rate for persons aged 18–49 years and one half the 2009–10 rate for those aged 0–4 years and ≥65 years. Similarly, in 2007–08, when H3N2 virus was predominant, hospitalizations occurred at approximately one quarter the 2009–10 rate for persons aged 5–17 years and one half the 2009–10 rate for those aged 0–4 years; however, the hospitalization rate for persons aged ≥65 years in 2007–08 was 2.6 times that of the rate reported for the current season. Moreover, although during typical influenza seasons the majority of influenza-associated hospitalizations occur among adults aged ≥65 years (*5,6*), hospitalizations among younger persons accounted for the majority of hospitalizations during the 2009 H1N1 pandemic (*7*). The relatively higher burden of disease borne by younger age groups might be due, in part, to previous exposure of older persons to viruses antigenically similar to 2009 H1N1 virus (*8*).

By March 27, 2010, national influenza activity had decreased to the lowest level measured during the 2009–10 season; however, isolated areas experienced sustained transmission during recent winter months. Notably, states in the southeastern United States (Alabama, Georgia, Mississippi, and South Carolina) continued to report elevated rates of influenza activity, influenza-associated hospitalizations, and increased prevalence of ILI compared with baseline. Although continued focal transmission of 2009 H1N1 influenza during the winter months is not unexpected, trends in the southeast region and particularly Georgia highlight the need to maintain public health surveillance and continue to offer 2009 H1N1 vaccine. The basis for sustained activity in the southeast is unclear but might be related, in part, to lower community attack rates in the spring and summer and lower vaccination rates, leading to an overall more susceptible population in the region (*9*).

Vaccination with 2009 H1N1 vaccine remains the key strategy for prevention of 2009 H1N1 influenza infection (*2*). Although national influenza activity has decreased substantially since peak activity in October 2009, the persistence of sustained transmission in some areas (resulting in additional cases, hospitalizations, and deaths) emphasizes the importance of a continued focus on vaccination of initial target groups as well as the rest of the susceptible population.

Changes in the geographic spread, type, subtype, and severity of the circulating influenza viruses will continue to be monitored and reported weekly in the online national influenza surveillance summary, FluView.¶¶ Additional information regarding prevention and treatment of the 2009 H1N1 influenza infection also is available online.***

¶¶ Available at http://www.cdc.gov/flu/weekly.
*** Available at http://www.cdc.gov/h1n1flu.

Acknowledgments

This report is based, in part, on contributions by participating state and territorial health departments and state public health laboratories, World Health Organization collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Outpatient ILI Surveillance Network, the Emerging Infections Program, the Aggregate Hospitalization and Death Reporting Activity, the Influenza Associated Pediatric Mortality Surveillance System, and the 122 Cities Mortality Reporting System.

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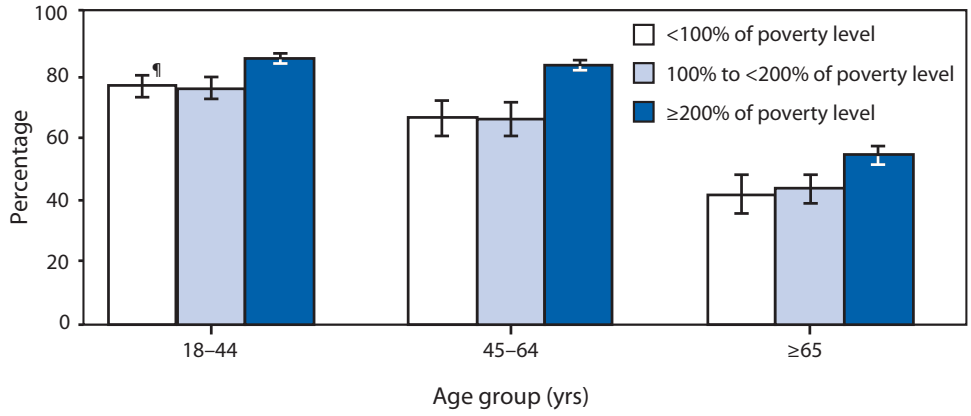
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Women Aged ≥18 Years Who had a Papanicolaou (Pap) Smear Test* During the Preceding 3 Years, by Age Group and Poverty Status† — National Health Interview Survey, United States, 2008



* Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population. Responses are based on a series of questions in the cancer screening supplement of the 2008 National Health Interview Survey, including "Have you ever had a Pap smear or Pap test?" and "When did you have your most recent Pap smear or Pap test?" All women were included, regardless of whether they had had a hysterectomy.

† Poverty status is family income as a percentage of the federal poverty level and takes into account family size and composition.

¶ 95% confidence interval.

In all age groups, women with a family income of ≥200% of the poverty level were more likely to have had a Pap test in the preceding 3 years than those who were poor (income <100% of poverty) or near poor (income 100% to <200% of poverty). Women who were poor or near poor were equally likely to have had a Pap test in the preceding 3 years, in all age groups. Women aged ≥65 years were less likely to have had a Pap test in the preceding 3 years than were younger women, regardless of poverty status.

SOURCE: National Center for Health Statistics. Health, United States, 2009, with special feature on medical technology; table 87. Available at http://www.cdc.gov/nchs/hus.htm.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 10, 2010 (14th week)*

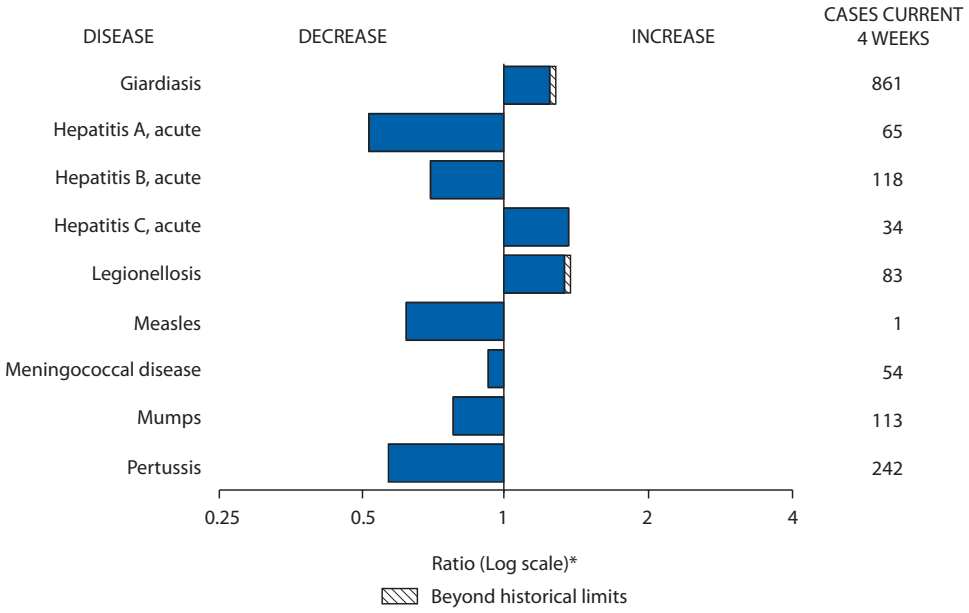
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	12	3	102	145	144	165	135	
foodborne	—	—	0	12	17	32	20	19	
infant	—	11	2	66	109	85	97	85	
other (wound and unspecified)	—	1	1	24	19	27	48	31	
Brucellosis	—	17	2	119	80	131	121	120	
Chancroid	—	20	1	35	25	23	33	17	
Cholera	—	—	0	9	5	7	9	8	
Cyclosporiasis§	—	19	2	132	139	93	137	543	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	54	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	2	0	27	30	22	29	9	
nonserotype b	1	47	4	218	244	199	175	135	OK (1)
unknown serotype	3	70	4	233	163	180	179	217	NYC (1), MO (1), FL (1)
Hansen disease§	1	11	1	76	80	101	66	87	CA (1)
Hantavirus pulmonary syndrome§	—	1	0	14	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	3	30	3	241	330	292	288	221	OH (1), MD (1), FL (1)
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	3	47	3	360	90	77	43	45	NYC (1), TX (2)
Listeriosis	4	121	11	803	759	808	884	896	NY (1), OH (1), VA (1), CO (1)
Measles¶¶	—	7	3	66	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	72	8	291	330	325	318	297	OH (1), FL (1)
serogroup B	—	29	4	150	188	167	193	156	
other serogroup	—	3	1	23	38	35	32	27	
unknown serogroup	4	120	15	479	616	550	651	765	PA (1), FL (1), AR (1), CO (1)
Mumps	12	720	93	1,885	454	800	6,584	314	NY (5), PA (1), OH (1), MN (1), MD (1), FL (3)
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	3	0	9	8	12	21	16	PA (1)
Q fever, total§,§§§	—	15	2	97	120	171	169	136	
acute	—	10	1	79	106	—	—	—	
chronic	—	5	—	18	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§	—	34	5	149	157	132	125	129	
Syphilis, congenital (age <1 yr)	—	24	8	366	431	430	349	329	
Tetanus	—	—	0	17	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	24	1	75	71	92	101	90	CA (1)
Trichinellosis	—	—	0	11	39	5	15	16	
Tularemia	1	3	1	90	123	137	95	154	OH (1)
Typhoid fever	2	74	6	363	449	434	353	324	WA (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	3	16	1	76	63	37	6	2	NY (1), PA (1), OH (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	0	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	6	36	3	720	588	549	NN	NN	MD (1), FL (2), CA (3)
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 April 10, 2010 (14th 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 281 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 272 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 134 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 April 10, 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 April 10, 2010, and April 11, 2009 (14th 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	9,426	23,238	27,391	239,920	339,247	61	118	262	1,163	1,202
New England	456	722	1,398	7,798	10,817	—	6	25	59	107
Connecticut	—	210	736	859	2,878	—	0	21	21	40
Maine†	—	49	75	636	712	—	1	4	14	7
Massachusetts	411	368	767	4,980	5,577	—	1	15	—	34
New Hampshire	2	37	60	164	587	—	1	5	5	14
Rhode Island†	28	67	244	835	743	—	0	8	5	1
Vermont†	15	24	63	324	320	—	1	9	14	11
Mid. Atlantic	2,693	3,088	4,435	42,253	43,212	13	14	38	132	142
New Jersey	348	430	601	4,603	7,164	—	0	5	—	8
New York (Upstate)	801	607	2,415	8,327	7,954	2	3	16	23	38
New York City	1,067	1,184	2,289	17,848	16,393	—	1	5	10	24
Pennsylvania	477	820	1,019	11,475	11,701	11	9	19	99	72
E.N. Central	814	3,431	4,020	23,995	55,640	13	29	55	248	301
Illinois	—	1,003	1,428	146	16,561	—	3	8	34	30
Indiana	—	379	602	685	6,331	—	4	10	14	67
Michigan	684	880	1,376	13,395	13,592	1	6	11	72	58
Ohio	130	806	1,014	6,975	13,639	12	8	16	86	72
Wisconsin	—	384	480	2,794	5,517	—	8	24	42	74
W.N. Central	474	1,311	1,715	15,617	19,618	5	19	59	161	142
Iowa	—	175	252	2,306	2,755	—	3	13	33	36
Kansas	—	186	573	2,070	2,825	3	2	6	21	14
Minnesota	—	269	337	2,575	4,108	—	5	31	55	24
Missouri	426	504	638	7,021	7,173	2	3	12	29	30
Nebraska†	36	95	236	1,240	1,502	—	2	9	16	15
North Dakota	12	31	92	405	453	—	0	5	1	1
South Dakota	—	2	80	—	802	—	0	10	6	22
S. Atlantic	2,213	4,615	6,224	42,824	67,662	14	18	50	231	232
Delaware	123	87	180	1,158	1,306	—	0	2	1	—
District of Columbia	—	118	178	1,249	1,991	—	0	1	—	2
Florida	531	1,408	1,671	18,396	20,369	5	8	24	90	74
Georgia	47	645	1,322	571	11,568	7	5	31	97	93
Maryland†	293	460	1,031	5,154	5,767	1	0	5	7	10
North Carolina	—	746	1,291	—	11,701	—	0	8	11	26
South Carolina†	616	514	1,421	7,436	6,410	—	1	7	9	13
Virginia†	550	620	926	7,887	7,422	1	1	7	12	11
West Virginia	53	67	137	973	1,128	—	0	2	4	3
E.S. Central	34	1,705	2,264	19,946	25,506	—	4	10	49	36
Alabama†	34	453	629	5,180	7,072	—	1	5	14	12
Kentucky	—	241	642	3,323	3,195	—	2	4	17	8
Mississippi	—	462	640	4,813	6,934	—	0	3	4	4
Tennessee†	—	569	734	6,630	8,305	—	1	5	14	12
W.S. Central	495	2,966	5,780	30,838	44,322	3	8	39	65	52
Arkansas†	282	269	416	3,821	4,181	1	1	5	11	5
Louisiana	—	482	1,055	2,922	8,675	—	0	6	9	6
Oklahoma	213	218	2,713	4,327	2,042	1	2	9	10	10
Texas†	—	2,008	3,214	19,768	29,424	1	6	28	35	31
Mountain	934	1,397	2,089	15,764	19,121	5	10	25	106	86
Arizona	262	480	742	3,409	6,596	2	0	3	5	7
Colorado	277	375	689	5,208	3,189	2	2	10	29	22
Idaho†	—	69	185	713	1,000	—	2	7	19	9
Montana†	15	56	79	749	927	—	1	4	14	8
Nevada†	127	169	478	2,342	3,019	—	0	2	4	—
New Mexico†	199	168	257	1,400	2,047	—	2	8	17	27
Utah	50	112	162	1,457	1,800	1	1	4	13	4
Wyoming†	4	36	69	486	543	—	0	2	5	9
Pacific	1,313	3,443	5,291	40,885	53,349	8	13	27	112	104
Alaska	—	101	131	1,453	1,504	—	0	1	1	1
California	1,313	2,590	4,383	32,928	40,965	3	7	18	66	56
Hawaii	—	120	147	1,399	1,624	—	0	1	—	—
Oregon	—	195	468	1,367	2,898	1	3	10	27	38
Washington	—	377	501	3,738	6,358	4	1	13	18	9
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	—	—	0	0	—	—
Puerto Rico	75	126	331	1,729	2,113	N	0	0	N	N
U.S. Virgin Islands	—	9	21	52	116	—	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 April 10, 2010, and April 11, 2009 (14th 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	4	11	NN	—	0	0	—	NN
New England	—	0	1	2	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine§	—	0	1	2	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	2	4	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	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	1	1	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	1	1	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	1	1	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	1	1	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	1	1	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	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming§	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	2	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	2	2	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 April 10, 2010, and April 11, 2009 (14th 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	57	26	46	—	13	66	8	27	—	2	13	3	4
New England	—	0	4	1	3	—	2	21	4	12	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	11	—	—	—	0	1	—	—
Maine§	—	0	1	1	—	—	0	3	2	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	1	—	0	1	—	—
Rhode Island§	—	0	4	—	3	—	0	20	2	11	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	1	15	6	8	—	3	23	1	3	—	0	2	1	—
New Jersey	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	1	1	15	3	3	—	3	22	1	2	—	0	1	1	—
New York City	—	0	3	2	3	—	0	1	—	1	—	0	2	—	—
Pennsylvania	—	0	1	1	1	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	3	—	3	22	1	5	—	1	9	—	1
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	8	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	2	—	3	22	1	5	—	0	3	—	1
W.N. Central	—	2	23	1	3	—	0	44	—	—	—	0	5	1	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	2	—	0	44	—	—	—	0	5	—	—
Missouri	—	1	22	1	1	—	0	2	—	—	—	0	4	1	—
Nebraska§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	4	19	17	23	—	0	2	2	6	—	0	2	1	—
Delaware	—	0	2	1	2	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	2	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	5	—	0	1	1	1	—	0	0	—	—
Maryland§	—	1	4	5	4	—	0	1	—	1	—	0	1	—	—
North Carolina	—	0	4	7	9	—	0	1	1	4	—	0	0	—	—
South Carolina§	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	—	—	—	0	1	—	—	—	0	2	1	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	3	—	0	1	—	1	—	0	5	—	3
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	10	—	3	—	0	1	—	1	—	0	5	—	3
W.S. Central	—	0	9	1	1	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	1	—	0	1	—	—	—	0	0	—	—
Texas§	—	0	2	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	—	2	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	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 April 10, 2010, and April 11, 2009 (14th 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	247	335	607	3,741	4,119	2,240	5,509	6,907	53,698	81,424	30	56	145	748	961
New England	3	28	66	172	348	55	90	188	922	1,324	—	3	19	13	47
Connecticut	—	6	15	51	69	—	45	122	245	560	—	0	13	4	10
Maine§	3	4	13	51	48	—	3	11	61	43	—	0	2	1	6
Massachusetts	—	12	36	—	151	46	37	81	496	588	—	1	8	—	26
New Hampshire	—	3	12	24	28	1	2	6	33	31	—	0	2	4	4
Rhode Island§	—	1	6	10	14	8	6	19	78	89	—	0	2	3	—
Vermont§	—	4	14	36	38	—	1	5	9	13	—	0	1	1	1
Mid. Atlantic	27	60	103	596	804	564	616	915	8,532	8,397	6	12	27	177	156
New Jersey	—	0	10	—	123	87	93	134	1,119	1,337	—	2	7	19	21
New York (Upstate)	17	24	81	267	275	162	97	397	1,317	1,455	2	4	19	49	40
New York City	6	15	28	163	228	201	217	417	3,393	3,018	1	2	11	33	25
Pennsylvania	4	15	37	166	178	114	197	275	2,703	2,587	3	4	10	76	70
E.N. Central	25	44	75	537	622	351	1,048	1,438	6,685	17,300	4	9	29	102	223
Illinois	—	11	21	106	131	—	318	417	48	5,166	—	3	11	27	46
Indiana	N	0	7	N	N	—	105	209	227	2,101	—	1	5	19	24
Michigan	5	13	25	158	163	317	250	503	3,864	4,422	—	0	4	9	8
Ohio	20	16	28	224	210	34	259	362	1,973	4,193	4	2	6	34	32
Wisconsin	—	7	17	49	118	—	88	146	573	1,418	—	2	21	13	113
W.N. Central	75	25	156	337	336	91	270	361	3,071	4,147	2	2	21	46	51
Iowa	—	6	15	63	68	—	30	46	318	453	—	0	0	—	—
Kansas	2	3	14	56	36	—	40	85	375	734	1	0	2	6	7
Minnesota	61	0	135	61	45	—	41	64	390	624	—	0	17	12	11
Missouri	4	9	27	85	126	78	123	172	1,692	1,840	1	1	6	21	21
Nebraska§	8	4	9	63	36	12	22	54	272	378	—	0	3	3	9
North Dakota	—	0	8	3	3	1	2	14	24	18	—	0	2	4	3
South Dakota	—	0	5	6	22	—	0	14	—	100	—	0	0	—	—
S. Atlantic	41	72	107	944	960	685	1,372	1,798	11,932	19,879	10	13	31	185	252
Delaware	—	1	3	9	5	27	18	37	261	223	—	0	1	2	1
District of Columbia	—	0	2	6	13	—	47	88	483	795	—	0	1	—	1
Florida	29	37	59	467	496	195	398	476	4,957	5,785	6	4	10	55	84
Georgia	—	11	67	225	235	8	209	494	275	3,879	3	3	9	51	57
Maryland§	6	5	12	74	70	100	126	241	1,446	1,566	—	1	6	10	29
North Carolina	N	0	0	N	N	—	243	386	—	3,855	—	0	17	17	20
South Carolina§	2	2	7	28	29	165	160	412	2,154	1,898	—	1	7	27	20
Virginia§	4	9	36	126	99	182	160	272	2,229	1,718	1	1	5	18	28
West Virginia	—	1	5	9	13	8	9	18	127	160	—	0	5	5	12
E.S. Central	2	7	22	60	104	16	470	649	5,472	7,385	2	3	12	47	57
Alabama§	1	4	13	32	51	16	131	187	1,528	2,073	—	0	4	5	16
Kentucky	N	0	0	N	N	—	66	156	894	913	—	0	5	4	6
Mississippi	N	0	0	N	N	—	137	198	1,356	2,115	—	0	2	4	3
Tennessee§	1	4	18	28	53	—	149	206	1,694	2,284	2	2	10	34	32
W.S. Central	9	7	19	86	86	126	887	1,553	8,169	12,744	2	2	10	42	40
Arkansas§	7	3	9	29	28	74	86	139	1,071	1,240	—	0	3	5	8
Louisiana	—	1	7	30	40	—	154	343	910	2,842	—	0	2	8	7
Oklahoma	2	3	10	27	18	52	65	613	1,139	710	1	1	7	26	23
Texas§	N	0	0	N	N	—	562	951	5,049	7,952	1	0	2	3	2
Mountain	25	29	61	390	314	94	162	256	1,744	2,399	2	5	15	105	88
Arizona	3	4	11	40	48	39	58	108	429	718	1	2	9	43	31
Colorado	19	10	26	191	93	14	40	99	622	710	1	1	6	26	23
Idaho§	—	4	10	51	33	—	2	8	22	28	—	0	2	4	1
Montana§	2	2	11	30	26	—	1	6	34	27	—	0	1	—	1
Nevada§	—	1	10	15	8	25	26	94	403	542	—	0	2	4	7
New Mexico§	1	1	8	16	27	16	21	36	170	270	—	1	5	14	13
Utah	—	5	13	33	64	—	6	13	56	90	—	1	4	9	12
Wyoming§	—	1	5	14	15	—	1	7	8	14	—	0	2	5	—
Pacific	40	53	163	619	545	258	527	638	7,171	7,849	2	2	9	31	47
Alaska	—	2	7	21	17	—	21	36	357	226	—	0	3	8	3
California	29	33	60	394	389	258	436	544	6,063	6,406	—	0	4	—	11
Hawaii	—	0	2	—	6	—	13	24	175	167	—	0	3	—	16
Oregon	1	9	17	122	87	—	17	43	106	329	2	1	4	21	14
Washington	10	7	106	82	46	—	39	64	470	721	—	0	4	2	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	2	10	3	41	9	4	24	67	53	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	8	35	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 April 10, 2010, and April 11, 2009 (14th 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	10	35	61	329	515	31	55	120	632	1,003	8	16	43	178	238
New England	1	2	5	13	31	—	1	4	9	16	—	1	5	6	15
Connecticut	1	0	2	8	7	—	0	3	3	4	—	1	4	6	11
Maine†	—	0	1	1	1	—	0	2	4	3	—	0	1	—	—
Massachusetts	—	1	4	—	18	—	0	2	—	8	—	0	1	—	3
New Hampshire	—	0	1	—	2	—	0	2	2	1	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	2	4	10	49	66	1	5	16	60	112	1	2	7	18	24
New Jersey	—	0	5	3	16	—	1	6	9	31	—	0	1	—	2
New York (Upstate)	2	1	3	14	12	1	1	5	13	18	—	1	4	11	9
New York City	—	2	5	19	17	—	1	5	22	23	—	0	0	—	—
Pennsylvania	—	1	6	13	21	—	1	6	16	40	1	0	4	7	13
E.N. Central	—	4	19	39	83	3	7	15	90	150	—	4	12	34	54
Illinois	—	2	13	8	31	—	1	7	15	27	—	0	1	—	3
Indiana	—	0	4	2	7	—	1	5	15	22	—	0	4	4	2
Michigan	—	1	4	14	23	1	2	6	30	42	—	3	8	29	34
Ohio	—	0	4	10	15	2	1	4	30	43	—	0	3	1	13
Wisconsin	—	0	2	5	7	—	0	3	—	16	—	0	2	—	2
W.N. Central	2	2	7	13	23	1	2	14	43	36	2	0	10	8	5
Iowa	—	0	3	4	5	—	0	3	5	9	—	0	4	—	3
Kansas	—	0	2	4	2	—	0	2	2	2	—	0	0	—	1
Minnesota	1	0	7	1	5	—	0	13	2	6	2	0	9	3	—
Missouri	1	0	2	3	5	1	1	5	26	10	—	0	2	4	—
Nebraska†	—	0	3	1	6	—	0	2	8	8	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
S. Atlantic	3	8	14	76	129	7	15	35	177	312	1	3	12	40	51
Delaware	—	0	1	3	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	1	3	9	29	65	3	5	13	72	94	1	1	4	14	6
Georgia	1	1	4	10	20	1	3	7	43	53	—	0	2	2	11
Maryland†	1	0	3	3	14	3	1	6	20	38	—	1	3	7	13
North Carolina	—	0	7	8	12	—	0	12	2	90	—	0	10	9	8
South Carolina†	—	1	4	14	10	—	1	4	9	5	—	0	1	—	—
Virginia†	—	1	3	8	7	—	2	13	23	17	—	0	2	4	5
West Virginia	—	0	2	1	—	—	0	19	8	15	—	0	3	4	8
E.S. Central	—	1	3	11	12	—	7	13	76	111	1	2	5	27	35
Alabama†	—	0	2	3	1	—	1	5	19	31	—	0	2	1	4
Kentucky	—	0	2	5	1	—	2	6	26	25	1	1	5	22	19
Mississippi	—	0	1	—	6	—	0	3	5	7	—	0	0	—	—
Tennessee†	—	0	2	3	4	—	2	6	26	48	—	0	3	4	12
W.S. Central	—	3	18	33	48	11	9	25	73	143	1	1	6	13	14
Arkansas†	—	0	2	—	4	—	1	4	2	13	—	0	1	—	1
Louisiana	—	0	1	1	2	—	0	3	12	17	—	0	1	1	3
Oklahoma	—	0	3	—	1	2	2	8	12	27	1	0	4	6	1
Texas†	—	3	18	32	41	9	6	19	47	86	—	0	4	6	9
Mountain	1	3	9	39	31	1	2	5	23	44	—	1	4	12	20
Arizona	1	1	5	24	13	—	0	3	8	21	—	0	0	—	—
Colorado	—	1	5	6	8	—	0	2	1	9	—	0	3	1	12
Idaho†	—	0	1	2	—	—	0	2	1	1	—	0	2	4	1
Montana†	—	0	1	1	2	—	0	1	—	—	—	0	0	—	—
Nevada†	—	0	2	4	1	1	0	3	9	5	—	0	1	1	—
New Mexico†	—	0	1	2	4	—	0	1	2	4	—	0	1	3	5
Utah	—	0	2	—	3	—	0	1	2	4	—	0	1	3	2
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	1	5	16	56	92	7	5	29	81	79	2	1	7	20	20
Alaska	—	0	1	—	3	—	0	1	1	—	—	0	2	—	—
California	1	4	15	48	70	3	4	17	58	62	—	1	4	5	9
Hawaii	—	0	1	—	4	—	0	1	—	1	—	0	0	—	—
Oregon	—	0	2	4	5	1	1	4	13	9	1	0	3	9	6
Washington	—	0	4	4	10	3	0	12	9	7	1	0	7	6	5
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	1	5	8	—	—	0	3	4	—
Puerto Rico	—	0	2	2	11	—	0	5	4	7	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2010, and April 11, 2009 (14th 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	23	56	167	428	448	76	445	2,432	1,829	2,976	7	22	77	249	257
New England	—	2	18	8	21	4	137	850	151	935	—	1	4	1	10
Connecticut	—	0	5	3	5	—	51	295	—	430	—	0	3	—	—
Maine†	—	0	3	—	—	4	12	76	59	32	—	0	1	—	—
Massachusetts	—	1	9	—	15	—	42	397	—	330	—	0	3	—	8
New Hampshire	—	0	2	1	—	—	18	93	74	118	—	0	1	1	—
Rhode Island†	—	0	4	3	—	—	1	28	4	2	—	0	1	—	1
Vermont†	—	0	1	1	1	—	5	42	14	23	—	0	1	—	1
Mid. Atlantic	4	16	72	94	118	46	209	1,143	1,084	1,210	2	7	13	64	53
New Jersey	—	1	13	—	20	1	39	389	187	404	—	0	1	—	—
New York (Upstate)	3	5	29	32	39	31	52	430	247	277	1	1	4	17	14
New York City	—	3	19	23	11	—	5	32	1	49	—	4	12	35	33
Pennsylvania	1	6	25	39	48	14	107	652	649	480	1	1	4	12	6
E.N. Central	2	10	39	78	95	—	24	223	54	135	—	2	11	21	34
Illinois	—	1	10	7	10	—	1	11	—	2	—	1	5	7	12
Indiana	—	1	5	6	13	—	1	7	7	5	—	0	4	2	5
Michigan	—	3	13	17	14	—	1	9	1	1	—	0	3	3	5
Ohio	2	5	17	46	44	—	1	5	5	3	—	0	6	9	10
Wisconsin	—	1	5	2	14	—	20	205	41	124	—	0	1	—	2
W.N. Central	1	2	14	14	12	3	4	251	10	34	1	1	8	15	9
Iowa	—	0	2	—	5	—	0	14	—	6	—	0	1	2	4
Kansas	—	0	1	1	3	—	0	2	1	4	—	0	1	3	1
Minnesota	—	0	13	4	—	2	0	251	6	23	—	0	8	3	1
Missouri	1	1	5	6	2	—	0	1	1	—	1	0	1	3	3
Nebraska†	—	0	2	2	1	1	0	3	2	—	—	0	2	4	—
North Dakota	—	0	1	1	1	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	—	—
S. Atlantic	8	11	22	92	96	20	68	254	457	618	3	6	16	74	103
Delaware	—	0	5	3	—	5	13	65	127	122	—	0	1	1	1
District of Columbia	—	0	2	—	2	—	0	5	1	2	—	0	1	1	5
Florida	6	3	10	41	41	3	2	11	19	7	3	2	7	40	28
Georgia	—	1	4	10	17	—	0	5	2	13	—	1	5	2	16
Maryland†	2	3	12	21	17	4	29	135	184	352	—	1	13	13	29
North Carolina	—	0	5	1	13	—	0	14	12	15	—	0	3	5	14
South Carolina†	—	0	2	1	1	1	1	3	6	5	—	0	1	1	1
Virginia†	—	1	6	14	5	7	11	79	90	85	—	1	5	11	8
West Virginia	—	0	2	1	—	—	0	33	16	17	—	0	2	—	1
E.S. Central	—	2	12	21	19	—	1	4	7	4	—	0	3	4	10
Alabama†	—	0	2	3	3	—	0	1	—	—	—	0	3	1	2
Kentucky	—	1	3	6	8	—	0	1	1	—	—	0	3	2	1
Mississippi	—	0	2	2	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	10	8	—	1	4	6	4	—	0	1	1	7
W.S. Central	—	2	9	14	21	—	4	43	5	8	—	1	30	36	6
Arkansas†	—	0	1	1	1	—	0	0	—	—	—	0	1	1	—
Louisiana	—	0	2	1	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	1	—	0	0	—	—	—	0	1	2	—
Texas†	—	1	9	12	18	—	4	43	5	8	—	1	30	33	5
Mountain	—	3	8	27	27	—	1	4	4	5	—	0	6	7	3
Arizona	—	1	5	12	9	—	0	1	—	—	—	0	2	2	—
Colorado	—	0	4	2	3	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	1	—	0	3	1	2	—	0	1	—	—
Montana†	—	0	1	1	4	—	0	1	—	1	—	0	3	—	—
Nevada†	—	0	2	8	4	—	0	1	1	1	—	0	1	2	—
New Mexico†	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	3	6	—	0	1	1	1	—	0	1	3	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	8	4	20	80	39	3	4	10	57	27	1	2	20	27	29
Alaska	—	0	0	—	1	—	0	1	1	2	—	0	1	—	1
California	8	3	19	73	31	3	2	9	39	19	1	2	13	19	20
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	—	3	—	1	4	17	6	—	0	1	2	4
Washington	—	0	5	7	3	—	0	3	—	—	—	0	6	6	3
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2010, and April 11, 2009 (14th 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	6	16	40	224	320	58	271	1,526	2,159	3,394	23	61	139	543	938
New England	—	0	2	1	14	—	10	25	11	169	3	6	24	58	75
Connecticut	—	0	2	—	2	—	1	4	—	7	2	1	22	24	31
Maine§	—	0	1	—	1	—	0	10	3	28	1	1	4	17	13
Massachusetts	—	0	1	—	8	—	5	17	—	107	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	7	2	16	—	0	3	3	7
Rhode Island§	—	0	1	—	1	—	0	8	4	5	—	0	5	1	7
Vermont§	—	0	1	1	1	—	0	1	2	6	—	1	5	13	17
Mid. Atlantic	1	2	6	24	31	1	20	40	152	270	12	11	23	158	167
New Jersey	—	0	2	7	3	—	2	8	18	68	—	0	0	—	—
New York (Upstate)	—	0	3	3	6	1	5	27	67	45	12	8	22	116	79
New York City	—	0	2	6	5	—	0	11	—	20	—	0	11	42	1
Pennsylvania	1	1	3	8	17	—	9	29	67	137	—	0	16	—	87
E.N. Central	1	2	7	29	68	23	54	100	558	745	—	2	19	6	9
Illinois	—	0	4	7	16	—	11	29	66	184	—	1	9	1	2
Indiana	—	0	3	7	13	—	6	15	29	94	—	0	7	—	1
Michigan	—	0	5	3	10	1	16	41	176	157	—	1	6	3	6
Ohio	1	1	2	9	18	22	20	49	282	271	—	0	5	2	—
Wisconsin	—	0	1	3	11	—	1	12	5	39	N	0	0	N	N
W.N. Central	—	1	6	16	22	9	29	599	166	658	5	6	18	44	79
Iowa	—	0	2	3	1	—	3	10	24	44	—	0	3	—	6
Kansas	—	0	2	1	6	—	4	12	34	58	1	1	6	18	33
Minnesota	—	0	2	2	5	—	0	585	—	126	1	0	11	9	7
Missouri	—	0	3	8	8	7	13	47	86	367	1	1	5	4	5
Nebraska§	—	0	1	2	2	2	2	9	19	55	2	1	6	13	17
North Dakota	—	0	1	—	—	—	0	12	—	2	—	0	7	—	3
South Dakota	—	0	1	—	—	—	0	6	3	6	—	0	4	—	8
S. Atlantic	2	3	10	51	57	7	27	66	221	446	1	22	103	214	470
Delaware	—	0	1	1	1	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	1	3	—	0	0	—	—
Florida	2	1	5	26	27	2	7	29	50	115	—	0	15	36	156
Georgia	—	0	2	4	8	—	4	11	53	91	—	0	72	—	88
Maryland§	—	0	1	2	1	—	3	8	35	30	—	8	15	84	76
North Carolina	—	0	10	5	9	—	0	21	—	125	N	0	4	N	N
South Carolina§	—	0	1	4	5	—	4	18	52	39	—	0	0	—	—
Virginia§	—	0	2	8	5	4	3	15	24	36	—	10	26	76	127
West Virginia	—	0	2	1	1	1	0	6	6	3	1	2	6	18	23
E.S. Central	—	0	4	9	14	5	14	30	202	185	—	1	5	3	46
Alabama§	—	0	2	1	3	—	5	19	53	43	—	0	1	3	—
Kentucky	—	0	1	3	2	4	3	15	73	82	—	0	2	—	19
Mississippi	—	0	1	2	2	—	1	6	14	19	—	0	1	—	—
Tennessee§	—	0	2	3	7	1	4	9	62	41	—	0	3	—	27
W.S. Central	1	1	9	30	28	1	68	706	540	387	—	0	13	10	15
Arkansas§	1	0	2	3	5	1	5	30	19	47	—	0	10	6	11
Louisiana	—	0	3	5	9	—	0	8	8	33	—	0	0	—	—
Oklahoma	—	0	7	12	2	—	0	32	3	9	—	0	13	4	4
Texas§	—	1	7	10	12	—	61	676	510	298	—	0	1	—	—
Mountain	1	1	4	16	28	8	16	39	193	299	—	1	8	13	31
Arizona	—	0	2	5	6	3	6	16	70	56	N	0	5	N	N
Colorado	1	0	3	4	10	4	4	13	30	74	—	0	0	—	—
Idaho§	—	0	1	1	5	1	1	19	44	27	—	0	1	1	—
Montana§	—	0	2	1	3	—	1	6	5	7	—	0	4	—	10
Nevada§	—	0	1	2	1	—	0	3	1	2	—	0	1	—	—
New Mexico§	—	0	1	2	1	—	1	6	26	29	—	0	3	3	11
Utah	—	0	1	1	1	—	2	11	16	101	—	0	2	—	—
Wyoming§	—	0	2	—	1	—	0	5	1	3	—	0	3	9	10
Pacific	—	4	19	48	58	4	22	46	116	235	2	4	12	37	46
Alaska	—	0	2	—	2	—	0	4	5	24	—	0	2	8	12
California	—	2	12	37	32	—	11	25	13	89	2	4	11	25	34
Hawaii	—	0	1	—	1	—	0	3	—	8	—	0	0	—	—
Oregon	—	0	5	7	17	2	4	12	67	59	—	0	2	4	—
Washington	—	0	6	4	6	2	4	39	31	55	—	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	1	—	—	—	0	0	—	1	1	1	3	16	12
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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† 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 April 10, 2010, and April 11, 2009 (14th 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	302	915	1,468	6,059	8,648	32	84	190	433	762	95	278	504	2,914	3,969
New England	2	30	91	147	748	—	3	30	11	90	—	4	27	19	89
Connecticut	—	0	80	80	429	—	0	6	6	67	—	0	12	12	43
Maine§	2	2	7	18	24	—	0	3	—	—	—	0	2	2	2
Massachusetts	—	19	47	—	215	—	2	7	—	12	—	2	27	—	37
New Hampshire	—	3	44	24	40	—	0	3	5	9	—	0	4	3	1
Rhode Island§	—	2	12	17	28	—	0	26	—	—	—	0	7	1	4
Vermont§	—	1	5	8	12	—	0	3	—	2	—	0	1	1	2
Mid. Atlantic	28	98	207	712	977	5	7	22	45	84	10	43	89	418	811
New Jersey	—	17	47	63	186	—	1	5	1	22	—	5	23	46	258
New York (Upstate)	19	23	77	184	223	3	3	12	19	23	1	4	19	44	46
New York City	2	21	48	201	235	—	1	4	7	20	2	8	16	72	136
Pennsylvania	7	28	66	264	333	2	2	8	18	19	7	25	63	256	371
E.N. Central	21	91	159	632	1,170	5	13	36	50	142	4	33	225	542	897
Illinois	—	24	52	190	342	—	2	6	5	50	—	10	221	423	189
Indiana	—	9	24	35	92	—	1	9	2	15	—	1	5	1	27
Michigan	3	16	34	144	222	1	3	8	23	21	—	3	10	39	92
Ohio	18	24	52	229	298	4	2	11	14	20	4	11	46	67	462
Wisconsin	—	11	30	34	216	—	4	21	6	36	—	5	22	12	127
W.N. Central	23	44	86	391	613	2	11	39	66	71	27	37	87	680	124
Iowa	—	6	16	41	84	—	2	14	9	18	—	0	5	11	32
Kansas	5	6	22	66	69	—	1	5	8	6	1	3	13	52	46
Minnesota	7	11	31	108	133	1	2	17	18	21	—	1	6	14	15
Missouri	10	13	30	129	90	—	2	10	20	15	26	29	75	598	21
Nebraska§	1	4	12	36	150	1	1	6	10	10	—	0	3	5	8
North Dakota	—	0	21	4	9	—	0	3	—	—	—	0	2	—	1
South Dakota	—	1	9	7	78	—	0	12	1	1	—	0	1	—	1
S. Atlantic	92	282	453	1,895	2,097	8	12	23	98	139	21	41	78	411	578
Delaware	—	3	9	16	8	—	0	2	—	3	—	3	10	26	5
District of Columbia	—	0	3	7	15	—	0	0	—	1	—	0	1	3	6
Florida	58	133	278	915	845	4	3	8	45	40	14	10	18	157	116
Georgia	9	45	98	282	337	1	1	4	10	12	4	13	29	143	135
Maryland§	13	15	32	153	162	2	1	6	13	20	1	4	17	21	110
North Carolina	—	11	90	223	388	—	0	8	4	41	—	2	27	15	101
South Carolina§	4	17	65	106	144	—	0	3	2	4	1	2	6	22	48
Virginia§	8	20	68	156	164	1	3	12	24	15	1	3	15	24	52
West Virginia	—	4	23	37	34	—	0	5	—	3	—	0	2	—	5
E.S. Central	8	52	113	330	489	2	4	10	31	43	3	12	46	98	218
Alabama§	2	14	39	108	158	—	1	4	11	8	—	2	9	11	57
Kentucky	2	7	18	63	99	—	1	4	2	11	2	3	25	44	31
Mississippi	—	14	45	48	109	—	0	1	3	4	—	1	4	4	9
Tennessee§	4	14	33	111	123	2	1	8	15	20	1	5	16	39	121
W.S. Central	35	105	499	537	770	—	5	41	25	43	17	49	158	412	693
Arkansas§	5	10	25	50	89	—	1	4	5	7	—	5	15	11	62
Louisiana	—	9	43	109	98	—	0	1	3	—	—	1	7	19	58
Oklahoma	4	11	30	60	96	—	0	6	1	4	5	6	19	74	35
Texas§	26	59	480	318	487	—	4	41	16	32	12	35	142	308	538
Mountain	20	52	120	474	599	3	7	27	49	81	3	17	43	135	276
Arizona	5	20	57	162	224	—	1	5	9	7	2	13	37	77	196
Colorado	7	11	33	135	135	1	2	11	8	49	1	2	6	23	25
Idaho§	4	3	10	30	34	1	1	7	10	6	—	0	1	3	—
Montana§	1	2	7	25	28	—	0	7	8	1	—	0	4	3	3
Nevada§	3	3	11	34	34	1	0	3	2	2	—	1	7	5	22
New Mexico§	—	5	27	48	55	—	1	3	6	9	—	1	8	21	24
Utah	—	5	14	26	72	—	1	11	6	6	—	0	4	3	6
Wyoming§	—	1	9	14	17	—	0	2	—	1	—	0	1	—	—
Pacific	73	124	370	941	1,185	7	8	84	58	69	10	21	74	199	283
Alaska	—	1	7	17	14	—	0	0	—	—	—	0	2	—	1
California	55	93	225	733	913	6	4	34	38	51	9	16	51	172	232
Hawaii	—	5	61	—	64	—	0	2	—	3	—	0	4	—	6
Oregon	2	8	19	88	95	—	1	11	6	3	—	1	4	15	17
Washington	16	11	133	103	99	1	2	48	14	12	1	2	19	12	27
American Samoa	—	1	1	1	—	—	0	0	—	—	—	0	0	—	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	9	39	54	137	—	0	0	—	—	—	0	2	—	3
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 April 10, 2010, and April 11, 2009 (14th 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	10	15	13	3	16	71	72	211
New England	—	0	1	—	—	1	0	2	1	2
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	1	0	2	1	1
Massachusetts	—	0	1	—	—	—	0	1	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	2	—	1	1	6	5	5
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	1	0	3	1	—
New York City	—	0	1	—	—	—	0	4	4	4
Pennsylvania	—	0	2	2	—	—	0	2	—	1
E.N. Central	—	0	2	—	1	—	0	7	—	10
Illinois	—	0	1	—	—	—	0	6	—	6
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	4
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	2	—	2	23	5	5
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	1	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	—	2	22	5	5
Nebraska§	—	0	2	—	1	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	8	7	5	—	4	25	38	147
Delaware	—	0	1	1	—	—	0	3	3	1
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	1	1
Georgia	—	0	7	5	5	—	0	0	—	—
Maryland§	—	0	1	—	—	—	0	3	3	11
North Carolina	—	0	1	1	—	—	1	24	27	119
South Carolina§	—	0	1	—	—	—	0	4	2	5
Virginia§	—	0	1	—	—	—	0	5	2	9
West Virginia	—	0	0	—	—	—	0	1	—	1
E.S. Central	—	0	2	2	1	1	4	15	6	20
Alabama§	—	0	1	—	—	—	1	7	1	8
Kentucky	—	0	1	1	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	1	—
Tennessee§	—	0	2	1	—	1	2	14	4	12
W.S. Central	—	0	3	1	—	—	1	25	5	8
Arkansas§	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	1	1
Texas§	—	0	1	1	—	—	0	11	4	6
Mountain	—	0	2	3	4	—	0	6	12	14
Arizona	—	0	2	3	4	—	0	6	12	12
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	1	—	—	—	0	2	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	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 April 10, 2010, and April 11, 2009 (14th 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	231	55	386	4,448	1,197	31	47	128	734	838	71	249	386	2,377	3,694
New England	2	1	50	158	25	—	1	23	12	27	3	6	21	92	91
Connecticut	—	0	50	45	—	—	0	22	2	—	—	0	9	11	21
Maine§	2	1	4	33	4	—	0	2	4	—	—	0	3	8	1
Massachusetts	—	0	1	—	1	—	0	5	—	20	3	4	12	59	58
New Hampshire	—	0	6	37	5	—	0	2	3	5	—	0	1	3	7
Rhode Island§	—	0	5	15	9	—	0	1	2	—	—	0	5	9	4
Vermont§	—	0	6	28	6	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	14	4	25	233	65	4	5	48	78	81	26	34	50	459	500
New Jersey	—	0	4	24	—	—	1	3	15	17	6	3	13	60	66
New York (Upstate)	5	2	12	58	29	4	2	19	44	42	2	2	11	24	27
New York City	—	0	1	—	3	—	0	28	—	16	16	21	39	285	322
Pennsylvania	9	2	19	151	33	—	0	5	19	6	2	7	14	90	85
E.N. Central	29	13	73	640	246	3	8	16	119	139	—	25	54	141	367
Illinois	—	0	7	37	—	—	1	5	31	15	—	11	36	7	181
Indiana	—	5	20	147	89	—	1	4	14	24	—	2	9	7	46
Michigan	14	1	26	218	11	—	2	6	32	24	—	3	13	55	61
Ohio	15	8	18	147	146	3	2	7	33	51	—	7	13	72	61
Wisconsin	—	0	20	91	—	—	1	3	9	25	—	0	3	—	18
W.N. Central	8	3	60	307	64	1	3	12	65	62	—	5	12	53	87
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	10
Kansas	6	1	6	41	32	—	0	2	7	11	—	0	3	1	3
Minnesota	—	0	45	163	—	—	0	10	30	16	—	1	3	9	23
Missouri	—	1	8	45	25	—	1	3	20	26	—	3	8	41	49
Nebraska§	2	0	7	50	—	1	0	2	7	2	—	0	2	2	1
North Dakota	—	0	4	4	7	—	0	1	—	3	—	0	1	—	1
South Dakota	—	0	2	4	—	—	0	2	1	4	—	0	1	—	—
S. Atlantic	79	26	140	1,293	585	10	11	26	203	222	30	62	200	624	813
Delaware	—	0	3	8	10	—	0	2	—	—	1	0	3	2	8
District of Columbia	1	0	3	13	—	—	0	1	3	—	—	2	8	26	54
Florida	44	14	89	656	347	5	4	18	92	79	2	19	28	202	321
Georgia	9	8	24	172	178	3	3	9	49	65	—	14	151	55	119
Maryland§	9	0	25	171	4	—	1	7	22	29	5	6	12	74	74
North Carolina	—	0	0	—	—	—	0	0	—	—	11	9	31	140	135
South Carolina§	13	0	25	216	—	—	1	4	18	20	4	2	6	40	26
Virginia§	2	0	2	18	—	2	1	3	16	22	7	6	22	85	74
West Virginia	1	1	20	39	46	—	0	3	3	7	—	0	2	—	2
E.S. Central	16	4	50	435	113	3	2	9	43	46	1	20	38	184	331
Alabama§	—	0	0	—	—	—	0	0	—	—	1	6	18	47	136
Kentucky	1	1	8	43	36	—	0	2	4	4	—	1	13	24	18
Mississippi	—	0	5	24	3	—	0	2	5	6	—	5	17	36	53
Tennessee§	15	2	44	368	74	3	2	7	34	36	—	7	14	77	124
W.S. Central	45	2	61	561	43	5	6	38	90	121	3	46	74	334	765
Arkansas§	5	1	8	58	22	—	0	4	9	15	3	6	16	66	49
Louisiana	—	0	8	29	21	—	0	3	8	16	—	10	27	64	256
Oklahoma	—	0	5	21	—	—	1	5	21	17	—	1	6	12	28
Texas§	40	0	56	453	—	5	3	34	52	73	—	29	46	192	432
Mountain	34	2	68	731	54	5	5	11	110	127	4	8	18	76	141
Arizona	16	0	42	366	—	2	2	7	51	60	—	4	11	17	61
Colorado	16	0	20	201	—	3	1	4	27	22	1	2	5	33	29
Idaho§	—	0	1	5	—	—	0	2	2	2	—	0	1	1	2
Montana§	—	0	1	4	—	—	0	0	—	—	—	0	1	—	—
Nevada§	1	1	4	28	16	—	0	2	3	2	3	1	10	22	28
New Mexico§	1	0	8	60	—	—	0	4	12	12	—	1	4	3	14
Utah	—	1	9	61	31	—	1	5	13	28	—	0	2	—	7
Wyoming§	—	0	2	6	7	—	0	1	2	1	—	0	1	—	—
Pacific	4	0	14	90	2	—	0	7	14	13	4	39	55	414	599
Alaska	—	0	9	38	—	—	0	5	11	8	—	0	0	—	—
California	4	0	12	52	—	—	0	2	3	—	4	35	54	380	529
Hawaii	—	0	1	—	2	—	0	2	—	5	—	0	3	10	12
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	6	10
Washington	—	0	0	—	—	—	0	0	—	—	—	2	7	18	48
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	53	47
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2010, and April 11, 2009 (14th 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	231	55	386	4,448	1,197	31	47	128	734	838	71	249	386	2,377	3,694
New England	2	1	50	158	25	—	1	23	12	27	3	6	21	92	91
Connecticut	—	0	50	45	—	—	0	22	2	—	—	0	9	11	21
Maine§	2	1	4	33	4	—	0	2	4	—	—	0	3	8	1
Massachusetts	—	0	1	—	1	—	0	5	—	20	3	4	12	59	58
New Hampshire	—	0	6	37	5	—	0	2	3	5	—	0	1	3	7
Rhode Island§	—	0	5	15	9	—	0	1	2	—	—	0	5	9	4
Vermont§	—	0	6	28	6	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	14	4	25	233	65	4	5	48	78	81	26	34	50	459	500
New Jersey	—	0	4	24	—	—	1	3	15	17	6	3	13	60	66
New York (Upstate)	5	2	12	58	29	4	2	19	44	42	2	2	11	24	27
New York City	—	0	1	—	3	—	0	28	—	16	16	21	39	285	322
Pennsylvania	9	2	19	151	33	—	0	5	19	6	2	7	14	90	85
E.N. Central	29	13	73	640	246	3	8	16	119	139	—	25	54	141	367
Illinois	—	0	7	37	—	—	1	5	31	15	—	11	36	7	181
Indiana§	—	5	20	147	89	—	1	4	14	24	—	2	9	7	46
Michigan	14	1	26	218	11	—	2	6	32	24	—	3	13	55	61
Ohio	15	8	18	147	146	3	2	7	33	51	—	7	13	72	61
Wisconsin	—	0	20	91	—	—	1	3	9	25	—	0	3	—	18
W.N. Central	8	3	60	307	64	1	3	12	65	62	—	5	12	53	87
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	10
Kansas§	6	1	6	41	32	—	0	2	7	11	—	0	3	1	3
Minnesota	—	0	45	163	—	—	0	10	30	16	—	1	3	9	23
Missouri	—	1	8	45	25	—	1	3	20	26	—	3	8	41	49
Nebraska§	2	0	7	50	—	1	0	2	7	2	—	0	2	2	1
North Dakota	—	0	4	4	7	—	0	1	—	3	—	0	1	—	1
South Dakota	—	0	2	4	—	—	0	2	1	4	—	0	1	—	—
S. Atlantic	79	26	140	1,293	585	10	11	26	203	222	30	62	200	624	813
Delaware§	—	0	3	8	10	—	0	2	—	—	1	0	3	2	8
District of Columbia	1	0	3	13	—	—	0	1	3	—	—	2	8	26	54
Florida§	44	14	89	656	347	5	4	18	92	79	2	19	28	202	321
Georgia	9	8	24	172	178	3	3	9	49	65	—	14	151	55	119
Maryland§	9	0	25	171	4	—	1	7	22	29	5	6	12	74	74
North Carolina	—	0	0	—	—	—	0	0	—	—	11	9	31	140	135
South Carolina§	13	0	25	216	—	—	1	4	18	20	4	2	6	40	26
Virginia§	2	0	2	18	—	2	1	3	16	22	7	6	22	85	74
West Virginia	1	1	20	39	46	—	0	3	3	7	—	0	2	—	2
E.S. Central	16	4	50	435	113	3	2	9	43	46	1	20	38	184	331
Alabama§	—	0	0	—	—	—	0	0	—	—	1	6	18	47	136
Kentucky	1	1	8	43	36	—	0	2	4	4	—	1	13	24	18
Mississippi	—	0	5	24	3	—	0	2	5	6	—	5	17	36	53
Tennessee§	15	2	44	368	74	3	2	7	34	36	—	7	14	77	124
W.S. Central	45	2	61	561	43	5	6	38	90	121	3	46	74	334	765
Arkansas§	5	1	8	58	22	—	0	4	9	15	3	6	16	66	49
Louisiana	—	0	8	29	21	—	0	3	8	16	—	10	27	64	256
Oklahoma	—	0	5	21	—	—	1	5	21	17	—	1	6	12	28
Texas§	40	0	56	453	—	5	3	34	52	73	—	29	46	192	432
Mountain	34	2	68	731	54	5	5	11	110	127	4	8	18	76	141
Arizona	16	0	42	366	—	2	2	7	51	60	—	4	11	17	61
Colorado§	16	0	20	201	—	3	1	4	27	22	1	2	5	33	29
Idaho§	—	0	1	5	—	—	0	2	2	2	—	0	1	1	2
Montana§	—	0	1	4	—	—	0	0	—	—	—	0	1	—	—
Nevada§	1	1	4	28	16	—	0	2	3	2	3	1	10	22	28
New Mexico§	1	0	8	60	—	—	0	4	12	12	—	1	4	3	14
Utah	—	1	9	61	31	—	1	5	13	28	—	0	2	—	7
Wyoming§	—	0	2	6	7	—	0	1	2	1	—	0	1	—	—
Pacific	4	0	14	90	2	—	0	7	14	13	4	39	55	414	599
Alaska	—	0	9	38	—	—	0	5	11	8	—	0	0	—	—
California	4	0	12	52	—	—	0	2	3	—	4	35	54	380	529
Hawaii	—	0	1	—	2	—	0	2	—	5	—	0	3	10	12
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	6	10
Washington	—	0	0	—	—	—	0	0	—	—	—	2	7	18	48
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	53	47
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE III. Deaths in 122 U.S. cities,* week ending April 10, 2010 (14th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	572	413	109	27	12	11	48
Boston, MA	154	108	28	11	5	2	13
Bridgeport, CT	34	18	13	3	—	—	1
Cambridge, MA	17	14	3	—	—	—	1
Fall River, MA	21	17	3	1	—	—	—
Hartford, CT	59	36	17	2	4	—	2
Lowell, MA	29	25	3	1	—	—	5
Lynn, MA	7	5	2	—	—	—	—
New Bedford, MA	25	21	3	1	—	—	—
New Haven, CT	23	18	1	1	1	2	4
Providence, RI	72	49	15	4	2	2	7
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	40	35	4	1	—	—	4
Waterbury, CT	30	23	6	—	—	1	3
Worcester, MA	60	43	11	2	—	4	8
Mid. Atlantic	2,092	1,438	494	102	37	21	127
Albany, NY	41	28	11	—	2	—	4
Allentown, PA	21	14	4	1	1	1	1
Buffalo, NY	82	44	24	7	5	2	7
Camden, NJ	28	17	8	2	1	—	3
Elizabeth, NJ	19	8	9	2	—	—	1
Erie, PA	48	38	9	1	—	—	13
Jersey City, NJ	39	27	7	4	1	—	4
New York City, NY	868	612	191	40	14	11	43
Newark, NJ	28	14	11	2	1	—	1
Paterson, NJ	27	17	7	2	1	—	2
Philadelphia, PA	492	300	145	32	9	6	22
Pittsburgh, PA§	43	33	9	1	—	—	4
Reading, PA	34	27	7	—	—	—	5
Rochester, NY	140	110	26	3	1	—	6
Schenectady, NY	21	16	5	—	—	—	2
Scranton, PA	27	25	1	1	—	—	—
Syracuse, NY	57	49	6	1	—	1	5
Trenton, NJ	36	27	7	2	—	—	1
Utica, NY	15	10	3	1	1	—	—
Yonkers, NY	26	22	4	—	—	—	3
E.N. Central	1,881	1,332	399	83	33	34	122
Akron, OH	50	33	11	3	2	1	6
Canton, OH	33	23	10	—	—	—	1
Chicago, IL	295	188	75	21	6	5	10
Cincinnati, OH	77	49	17	4	3	4	4
Cleveland, OH	267	217	42	5	2	1	15
Columbus, OH	178	120	39	9	2	8	19
Dayton, OH	129	93	29	4	1	2	9
Detroit, MI	58	36	16	3	2	1	2
Evansville, IN	45	30	14	1	—	—	3
Fort Wayne, IN	74	50	18	6	—	—	4
Gary, IN	5	—	2	1	1	1	—
Grand Rapids, MI	42	28	6	3	3	2	2
Indianapolis, IN	188	119	51	13	3	2	18
Lansing, MI	37	30	6	1	—	—	4
Milwaukee, WI	79	62	11	2	3	1	5
Peoria, IL	59	51	5	1	—	2	3
Rockford, IL	43	31	9	1	2	—	1
South Bend, IN	58	39	13	3	1	2	3
Toledo, OH	94	74	15	2	1	2	3
Youngstown, OH	70	59	10	—	1	—	10
W.N. Central	604	417	137	21	15	14	33
Des Moines, IA	69	42	22	3	1	1	4
Duluth, MN	54	39	10	3	1	1	4
Kansas City, KS	28	15	10	2	—	1	—
Kansas City, MO	86	59	17	4	3	3	9
Lincoln, NE	28	24	4	—	—	—	2
Minneapolis, MN	73	46	17	3	2	5	—
Omaha, NE	99	69	22	3	3	2	5
St. Louis, MO	U	U	U	U	U	U	U
St. Paul, MN	66	48	14	2	2	—	6
Wichita, KS	101	75	21	1	3	1	3
S. Atlantic	1,095	712	267	66	36	14	76
Atlanta, GA	120	70	32	10	7	1	7
Baltimore, MD	119	76	32	7	4	—	12
Charlotte, NC	113	78	25	6	4	—	9
Jacksonville, FL	142	102	31	4	5	—	7
Miami, FL	96	64	25	6	1	—	3
Norfolk, VA	54	41	13	—	—	—	2
Richmond, VA	69	46	15	5	2	1	4
Savannah, GA	60	39	12	6	2	1	11
St. Petersburg, FL	64	39	17	4	1	3	5
Tampa, FL	151	107	29	9	4	2	6
Washington, D.C.	89	36	35	7	5	6	6
Wilmington, DE	18	14	1	2	1	—	4
E.S. Central	894	583	205	70	18	18	60
Birmingham, AL	148	94	34	11	5	4	16
Chattanooga, TN	99	74	18	5	1	1	2
Knoxville, TN	121	82	29	5	1	4	4
Lexington, KY	84	54	20	5	2	3	6
Memphis, TN	168	101	41	22	2	2	17
Mobile, AL	93	62	19	9	1	2	6
Montgomery, AL	38	31	4	1	1	1	1
Nashville, TN	143	85	40	12	5	1	8
W.S. Central	1,298	824	317	93	33	31	86
Austin, TX	89	57	20	7	1	4	9
Baton Rouge, LA	72	40	15	12	—	5	—
Corpus Christi, TX	57	37	16	1	3	—	12
Dallas, TX	176	104	46	15	4	7	10
El Paso, TX	159	119	31	5	4	—	11
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	161	97	43	15	4	2	12
Little Rock, AR	83	51	18	8	3	3	1
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	260	167	63	16	8	6	17
Shreveport, LA	101	67	22	6	3	3	6
Tulsa, OK	140	85	43	8	3	1	8
Mountain	1,263	889	274	62	23	11	90
Albuquerque, NM	146	106	30	6	3	1	12
Boise, ID	79	56	17	3	3	—	6
Colorado Springs, CO	62	48	12	—	1	1	2
Denver, CO	86	58	21	5	2	—	12
Las Vegas, NV	300	215	64	14	3	4	25
Ogden, UT	35	25	7	3	—	—	1
Phoenix, AZ	188	119	49	10	4	2	10
Pueblo, CO	36	31	3	1	1	—	1
Salt Lake City, UT	149	100	31	12	5	1	11
Tucson, AZ	182	131	40	8	1	2	10
Pacific	1,564	1,101	314	79	33	37	149
Berkeley, CA	17	16	—	1	—	—	1
Fresno, CA	128	95	26	6	—	1	8
Glendale, CA	51	43	4	2	—	2	10
Honolulu, HI	74	56	13	3	—	2	8
Long Beach, CA	68	46	18	2	—	2	10
Los Angeles, CA	267	167	54	23	13	10	36
Pasadena, CA	31	23	6	2	—	—	5
Portland, OR	108	76	19	8	2	3	10
Sacramento, CA	207	151	39	9	4	4	23
San Diego, CA	185	128	39	4	8	6	13
San Francisco, CA	116	66	39	6	2	3	13
San Jose, CA	U	U	U	U	U	U	U
Santa Cruz, CA	29	21	6	2	—	—	1
Seattle, WA	111	74	25	7	3	2	6
Spokane, WA	48	39	5	1	1	2	—
Tacoma, WA	124	100	21	3	—	—	5
Total¶	11,263	7,709	2,516	603	240	191	791

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.

TABLE IV. Provisional cases of selected notifiable disease,* United States, quarter ending April 3, 2010 (13th week)

Reporting area	Tuberculosis†				
	Current quarter	Previous 4 quarters			
		Min	Max	Cum 2010	Cum 2009
United States	696	696	3,228	696	2,302
New England	43	43	109	43	91
Connecticut	17	17	27	17	19
Maine	—	0	4	—	3
Massachusetts	21	21	69	21	59
New Hampshire	2	2	6	2	3
Rhode Island	3	3	8	3	7
Vermont	—	0	3	—	—
Mid. Atlantic	138	138	469	138	356
New Jersey	38	38	139	38	68
New York (Upstate)	28	28	64	28	73
New York City	64	64	201	64	178
Pennsylvania	8	8	79	8	37
E.N. Central	66	66	293	66	181
Illinois	42	42	175	42	67
Indiana	13	13	37	13	26
Michigan	—	0	42	—	35
Ohio	—	0	57	—	32
Wisconsin	11	11	23	11	21
W.N. Central	21	21	116	21	84
Iowa	—	0	13	—	10
Kansas	—	0	23	—	19
Minnesota	13	13	57	13	32
Missouri	—	0	27	—	13
Nebraska	2	2	14	2	6
North Dakota	—	0	2	—	1
South Dakota	6	5	6	6	3
S. Atlantic	194	194	622	194	468
Delaware	—	0	8	—	5
District of Columbia	6	6	13	6	12
Florida	78	78	243	78	212
Georgia	40	40	118	40	99
Maryland	45	45	76	45	31
North Carolina	—	0	73	—	41
South Carolina	2	2	51	2	31
Virginia	20	20	101	20	34
West Virginia	3	3	8	3	3
E.S. Central	100	100	176	100	76
Alabama	43	42	49	43	34
Kentucky	—	0	45	—	1
Mississippi	18	18	38	18	15
Tennessee	39	39	67	39	26
W.S. Central	23	23	546	23	384
Arkansas	11	11	30	11	16
Louisiana	—	0	85	—	—
Oklahoma	12	12	37	12	5
Texas	—	0	394	—	363
Mountain	20	20	164	20	72
Arizona	1	1	81	1	15
Colorado	8	8	27	8	13
Idaho	—	0	6	—	3
Montana	—	0	4	—	1
Nevada	—	0	41	—	18
New Mexico	7	7	15	7	11
Utah	4	4	11	4	9
Wyoming	—	0	0	—	2
Pacific	91	91	776	91	590
Alaska	—	0	15	—	9
California	—	0	636	—	508
Hawaii	22	22	35	22	24
Oregon	9	9	26	9	20
Washington	60	60	85	60	29
American Samoa	—	0	0	—	—
C.N.M.I.	—	0	0	—	—
Guam	—	0	0	—	—
Puerto Rico	6	0	6	6	—
U.S. Virgin Islands	—	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.

* CDC is in the process of upgrading the national surveillance data management system for human immunodeficiency virus/acquired immunodeficiency syndrome. As a result, the quarterly data scheduled for this issue of MMWR is not being published in Table IV.

† CDC is in the process of implementing Public Health Information Network tuberculosis (TB) case notification message standards, which will simplify reporting of TB cases. As a result, TB provisional incidence counts are now reported from the National Electronic Disease Surveillance System (NEDSS) and the Tuberculosis Information Management System (TIMS) data sources. Previously, provisional TB incidence counts were reported through the National Electronic Telecommunications System for Surveillance (NETSS). The TB provisional incidence counts are low in some reporting jurisdictions as these areas continue to catch up with data entry and transmission to CDC during this transition.

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