

National Gay Men's HIV/AIDS Awareness Day — September 27, 2010

National Gay Men's HIV/AIDS Awareness Day is observed each year on September 27 to focus on the disproportionate effects of the human immunodeficiency virus (HIV) epidemic on gay, bisexual, and other men who have sex with men (MSM). In 2007, the estimated HIV diagnosis rate among MSM was 692 per 100,000, which was 44 to 86 times the rate for other men and 40 to 77 times the rate for women (1).

Although MSM represent approximately 2% of the U.S. population (1), in 2006 they accounted for 57% of all new HIV infections (2). From 2005 to 2008, estimated diagnoses of HIV infection increased approximately 17% among MSM in 37 states (3). In 2008, black MSM had the highest estimated number of diagnoses of HIV infection, followed by white and Hispanic MSM (3). In recent years, new HIV diagnoses have increased significantly among young black MSM (4).

CDC supports a range of efforts to reduce HIV infection among MSM. These include HIV prevention services that aim to reduce the risk for acquiring and transmitting HIV and to increase the linkage of infected MSM to treatment. Additional information about these efforts and National Gay Men's HIV/AIDS Awareness Day activities is available at <http://www.aids.gov/awareness-days>, <http://www.cdc.gov/hiv/topics/msm>, and <http://www.cdc.gov/lgbthealth>.

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Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men — 21 Cities, United States, 2008

Men who have sex with men (MSM) are at increased risk for infection with human immunodeficiency virus (HIV). In 2006, 57% of new HIV infections in the United States occurred among MSM (1). To estimate and monitor risk behaviors, CDC's National HIV Behavioral Surveillance system (NHBS) collects data from metropolitan statistical areas (MSAs) using an anonymous cross-sectional interview of men at venues where MSM congregate, such as bars, clubs, and social organizations. This report summarizes NHBS data from 2008, which indicated that, of 8,153 MSM interviewed and tested in the 21 MSAs participating in NHBS that year, HIV prevalence was 19%, with non-Hispanic blacks having the highest prevalence (28%), followed by Hispanics (18%), non-Hispanic whites (16%), and persons who were multiracial or of other race (17%). Of those who were infected, 44% were unaware of their infection. Men who know their current HIV infection status can be linked to appropriate medical care and prevention services. Once linked to prevention services, men can learn ways to avoid transmitting the virus to others. Young MSM (aged 18–29 years) (63%) and minority MSM (other than non-Hispanic white) (54%) were more likely to be unaware of their HIV infection. Efforts to ensure at least annual HIV testing for MSM should be strengthened, and HIV testing and prevention programs should increase their efforts to reach young and minority MSM.

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NHBS is a behavioral surveillance system used to monitor prevalence and trends in 1) HIV-related risk behaviors, 2) HIV testing, and 3) use of HIV prevention services among populations at high risk for acquiring HIV, including MSM, injection-drug users, and heterosexuals at increased risk for HIV infection. Data are collected in annual cycles from one risk group per year so that each group is surveyed once every 3 years. The first cycle of NHBS (among MSM) was conducted in 15 MSAs during 2004–2005; behavioral surveys were conducted in 10 MSAs, and HIV testing in conjunction with the behavioral survey was conducted in five MSAs (2). In 2008, NHBS staff members in 21 MSAs collected cross-sectional behavioral risk data and conducted HIV testing among MSM. MSAs were selected based on high prevalence of acquired immunodeficiency syndrome (AIDS); the 21 MSAs included approximately 60% of all prevalent urban U.S. AIDS cases in 2006. MSM were sampled using venue-based, time-space sampling methods. Health department staff members first identified appropriate venues (e.g., bars, clubs, organizations, and street locations) and days and times when men frequented those venues

(3). Venues and the corresponding day/time periods (VDTs) were chosen randomly each month. Staff members then systematically approached men at the venues (2). Men eligible for being interviewed were aged ≥ 18 years, residents of the MSAs, and able to complete the interview in English or Spanish. After participants gave informed consent, trained interviewers administered a standardized, anonymous questionnaire using a handheld computer. The interview consisted of questions about sex, drug use, HIV testing behaviors, and use of HIV prevention services. All respondents were offered anonymous HIV testing, regardless of self-reported HIV infection status, given the opportunity to receive their test results, and anonymously referred to care when appropriate. HIV testing was performed by collecting blood or oral specimens for either Western blot (WB) or immunofluorescence assay (IFA) confirmatory testing in a laboratory or rapid testing at venues using Food and Drug Administration (FDA)–approved tests for use in nonlaboratory settings. A nonreactive rapid test was considered a definitive negative result; reactive (preliminary positive) rapid test results were considered definitive positive only when confirmed by WB

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What is already known on this topic?

The greatest number of human immunodeficiency virus (HIV) infections in the United States occur among men who have sex with men (MSM).

What is added by this report?

Data from a convenience sample of MSM in 21 U.S. cities indicated an HIV prevalence of 19% in 2008; 44% of HIV-infected MSM were unaware of their HIV infection, and the highest HIV prevalence and infection unawareness were among young and minority MSM. More than half (55%) of MSM unaware of their infection reported not having an HIV test during the preceding 12 months.

What are the implications for public health practice?

Increased efforts to educate MSM and health-care providers about HIV testing guidelines and to reduce barriers to HIV testing for MSM are necessary; MSM remain a key target for HIV testing and prevention programs.

or IFA. MSM unaware of their HIV infection were defined as those who tested HIV-positive at the time of the interview but reported that the result of their most recent HIV test was negative, indeterminate, or unknown, or that they had never been tested. Men were compensated both for their time participating in the interview and for taking an HIV test.

In 2008, a total of 28,468 men were approached, and 12,325 were screened for participation in NHBS at 626 venues in 21 MSAs. Of men who were screened, 11,074 (90%) were eligible for the survey. Men were excluded from analysis if they did not consent to and complete both the survey and the HIV test ($n = 1,558$), did not report sex with a man during the preceding 12 months ($n = 1,744$), had an indeterminate HIV test result ($n = 85$), or reported being HIV-positive but had a negative NHBS HIV test result ($n = 60$). These criteria were not mutually exclusive; a total of 2,921 men were excluded from analysis. Of eligible men, 8,153 (74%) were MSM who met criteria for inclusion in this analysis. The median age of the MSM in this report was 32 years (range: 18–85 years); 44% were non-Hispanic white, 25% Hispanic, 23% non-Hispanic black, 2% Asian, 0.8% Native Hawaiian/Pacific Islander, 0.6% American Indian/Alaska Native, and 4% multiracial or other. Thirty-seven percent had a college education or higher, and 30% reported an annual household income <\$20,000.

Sixty-seven percent of men reported a household size of one. The majority had health insurance (66%) and had visited a health-care provider during the preceding year (76%) (Table 1).

Among the 8,153 MSM tested, 1,562 (19%) tested positive for HIV (range by MSA: 6%–38%). HIV prevalence was 28% among blacks, 18% among Hispanics, and 16% among whites. HIV prevalence increased with increasing age and decreased with increasing education and income (Table 1).

Of the 1,562 HIV-infected MSM, 680 (44%) were unaware of their infection. The proportion who were unaware of their infection was higher among younger than older MSM (Table 1). The proportion unaware was highest among blacks (59%), lowest among whites (26%), and decreased with increasing education and income. Higher proportions of MSM with no health insurance and those who had not visited a health-care provider during the preceding year were unaware of their infection (Table 1). Fifty-five percent of MSM unaware of their infection had not been tested during the preceding 12 months.

The HIV prevalence by age group and race/ethnicity for MSM aged <30 years was highest among black MSM in each age group. The majority of young black and Hispanic MSM in each age group were unaware of their HIV infection (Table 2).

For comparison with a previous NHBS report of MSM HIV prevalence during 2004–2005, which indicated an HIV prevalence of 26% among MSM and an infection unawareness rate of 48% (4), five MSAs (Baltimore, Maryland; Los Angeles, California; Miami, Florida; New York, New York; and San Francisco, California) were analyzed separately in the analysis of 2008 data. Results indicated that the overall HIV prevalence was 27%, and 48% of HIV-positive participants were unaware of their infection. HIV prevalence among blacks was 40%; 63% were unaware of their infection. These prevalence rates were similar to those from 2004–2005 NHBS data*; the proportion of MSM unaware of their infection did not increase (Table 3).†

* In New York, HIV prevalence rose between the two periods, but this was primarily caused by an increase in the proportion of participants who were black, Hispanic, or aged ≥ 40 years.

† Original report was based on preliminary data. Percentages in this report reflect unpublished analyses of final data.

TABLE 1. Prevalence of human immunodeficiency virus (HIV) infection and proportion unaware of HIV infection among men who have sex with men, by selected characteristics — National HIV Behavioral Surveillance System, 21 U.S. cities, 2008

Characteristic	Total no. tested	HIV prevalence			Unaware of HIV Infection		
		No.	(%)	(95% CI*)	No.	(%)	(95% CI)
Age group (yrs)							
18–19	423	28	(7)	(4–9)	21	(75)	(55–89)
20–24	1,466	170	(12)	(10–13)	115	(68)	(61–75)
25–29	1,529	223	(15)	(13–17)	128	(57)	(51–64)
30–39	2,231	470	(21)	(19–23)	214	(46)	(41–50)
40–49	1,712	474	(28)	(26–30)	164	(35)	(30–39)
≥50	792	197	(25)	(22–28)	38	(19)	(14–26)
Race/Ethnicity†							
American Indian/Alaska Native	45	8	(18)	(8–32)	— [§]	— [§]	— [§]
Asian	185	14	(8)	(4–12)	6	(43)	(18–71)
Black, non-Hispanic	1,895	539	(28)	(26–31)	318	(59)	(55–63)
Hispanic	2,045	358	(18)	(16–19)	163	(46)	(40–51)
Native Hawaiian/Pacific Islander	62	11	(18)	(9–30)	5	(45)	(17–77)
White, non-Hispanic	3,580	560	(16)	(15–17)	143	(26)	(22–29)
Other¶	336	72	(21)	(17–26)	42	(58)	(46–70)
Education							
Less than high school diploma	526	132	(25)	(21–29)	68	(52)	(43–60)
High school diploma or equivalent	1,904	446	(23)	(22–25)	236	(53)	(48–58)
Some college or technical college	2,714	565	(21)	(19–22)	230	(41)	(37–45)
College or higher education	3,009	419	(14)	(13–15)	146	(35)	(30–40)
Annual household income†							
≤\$19,999	2,416	639	(26)	(25–28)	305	(48)	(44–52)
\$20,000–\$39,999	2,084	391	(19)	(16–20)	182	(47)	(42–52)
\$40,000–\$74,999	1,986	302	(15)	(14–17)	117	(39)	(33–45)
≥\$75,000	1,557	213	(14)	(12–16)	64	(30)	(24–37)
Sexual identity†							
Heterosexual	96	8	(8)	(4–16)	5	(63)	(25–92)
Bisexual	1,485	273	(18)	(16–20)	173	(63)	(57–69)
Homosexual	6,562	1,279	(19)	(19–21)	501	(39)	(37–42)
Health insurance†							
No	2,722	513	(19)	(17–20)	290	(57)	(52–61)
Yes	5,305	1,019	(19)	(18–20)	379	(37)	(34–40)
Visited health-care provider in past year†							
No	1,940	228	(12)	(10–13)	185	(81)	(75–86)
Yes	6,210	1,334	(21)	(21–23)	495	(37)	(35–40)
Most recent HIV test†							
Never	745	106	(14)	(12–17)	106	(100)	(97–100)
>12 months ago	2,632	843	(32)	(30–34)	262	(31)	(28–34)
≤12 months ago	4,752	605	(13)	(12–14)	306	(51)	(47–55)
Metropolitan statistical area							
Atlanta, Georgia	343	22	(6)	(4–10)	12	(55)	(32–76)
Baltimore, Maryland	447	169	(38)	(33–43)	124	(73)	(66–80)
Boston, Massachusetts	198	24	(12)	(8–18)	7	(29)	(13–51)
Chicago, Illinois	516	93	(18)	(15–22)	49	(53)	(42–63)
Dallas, Texas	461	119	(26)	(22–30)	64	(54)	(44–63)
Denver, Colorado	449	70	(16)	(12–19)	14	(20)	(11–31)
Detroit, Michigan	312	44	(14)	(10–19)	31	(70)	(55–83)
Houston, Texas	436	113	(26)	(22–30)	26	(23)	(16–32)
Los Angeles, California	478	89	(19)	(15–22)	29	(33)	(23–43)
Miami, Florida	526	133	(25)	(22–29)	60	(45)	(37–54)
Nassau-Suffolk, New York	242	19	(8)	(5–12)	5	(26)	(9–51)
New Orleans, Louisiana	354	76	(21)	(17–26)	20	(26)	(17–38)
New York, New York	462	132	(29)	(25–33)	69	(52)	(43–61)
Newark, New Jersey	80	15	(19)	(11–29)	— [§]	— [§]	— [§]
Philadelphia, Pennsylvania	440	48	(11)	(8–14)	34	(71)	(56–83)
San Diego, California	490	87	(18)	(15–21)	35	(40)	(30–51)
San Francisco, California	474	111	(23)	(20–28)	21	(19)	(12–28)
San Juan, Puerto Rico	313	36	(12)	(8–16)	26	(72)	(55–86)
Saint Louis, Missouri	306	42	(14)	(10–18)	14	(33)	(20–50)
Seattle, Washington	352	52	(15)	(11–19)	8	(15)	(7–28)
Washington, DC	474	68	(14)	(11–18)	28	(41)	(29–54)
Total	8,153	1,562	(19)	(18–20)	680	(44)	(41–46)

* Confidence interval. Calculated using the Clopper-Pearson method.

† Numbers might not add to total because of missing data.

§ Suppressed because of small cell size (fewer than five).

¶ Includes persons who indicated multiple races or other race.

Reported by

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Editorial Note

The findings from this analysis corroborate other surveillance data showing that HIV prevalence among MSM remains high, many HIV-infected MSM are unaware that they are infected with HIV, and minority MSM are disproportionately affected by HIV (5–6). Because MSM represent the only group with increasing HIV incidence and comprise the largest proportion of new infections (1), it is critical to target resources and prevention strategies to MSM. The National HIV/AIDS Strategy[§] emphasizes the importance of improving the impact of HIV prevention efforts for MSM. The NHBS data also underscore the specific need for increased HIV testing efforts for all MSM, especially minority MSM; CDC recently broadened its expanded HIV testing initiative to reach more MSM.[¶]

[§]Additional information available at <http://www.whitehouse.gov/administration/eop/onap>.

[¶]Additional information available at <http://www.cdc.gov/hiv/topics/funding/ps10-10138/index.htm>.

TABLE 2. Prevalence of human immunodeficiency virus (HIV) infection and proportion unaware of HIV infection among young men who have sex with men, by age group and race/ethnicity — National HIV Behavioral Surveillance System, 21 U.S. cities, 2008

Characteristic	Total no. tested	HIV prevalence			Unaware of HIV Infection		
		No.	(%)	(95% CI)*	No.	(%)	(95% CI)
18–19 yrs							
Black, non-Hispanic	193	17	(9)	(5–14)	12	(71)	(44–90)
Hispanic	137	5	(4)	(1–8)	4	(80)	(28–100)
White, non-Hispanic	63	—†	—†	—†	—†	—†	—†
20–24 yrs							
Black, non-Hispanic	482	95	(20)	(16–24)	66	(69)	(59–79)
Hispanic	415	33	(8)	(6–11)	24	(73)	(55–87)
White, non-Hispanic	440	29	(7)	(5–9)	16	(55)	(36–74)
25–29 yrs							
Black, non-Hispanic	346	105	(30)	(26–36)	76	(72)	(63–81)
Hispanic	412	50	(12)	(9–16)	27	(54)	(39–68)
White, non-Hispanic	607	46	(8)	(6–10)	14	(30)	(18–46)
Total	3,098	382	(12)	(11–14)	241	(63)	(58–68)

* Confidence interval. Calculated using the Clopper-Pearson method.

† Suppressed because of small cell size (fewer than five).

CDC currently recommends that sexually active MSM get tested for HIV at least once per year (7). NHBS data demonstrate that 55% of MSM who were unaware of their HIV infection had not had an HIV test during the preceding 12 months. This finding suggests that increased efforts to educate MSM and health-care providers about HIV testing guidelines and to reduce barriers to HIV testing for

TABLE 3. Prevalence of human immunodeficiency virus (HIV) infection and proportion unaware of HIV infection among men who have sex with men, by age group and race/ethnicity — National HIV Behavioral Surveillance System, five U.S. cities, June 2004–April 2005 and 2008

Characteristic	June 2004–April 2005					2008								
	Total no. tested	HIV prevalence			Unaware of HIV Infection		Total no. tested	HIV prevalence			Unaware of HIV Infection			
		No.	(%)	(95% CI)*	No.	(%)	(95% CI)		No.	(%)	(95% CI)	No.	(%)	(95% CI)
Age group (yrs)														
18–19	85	12	(14)	(8–23)	9	(75)	(43–95)	119	13	(11)	(6–18)	9	(69)	(39–91)
20–24	327	48	(15)	(11–19)	39	(81)	(67–91)	406	63	(16)	(12–19)	53	(84)	(73–92)
25–29	306	53	(17)	(13–22)	38	(72)	(58–83)	432	87	(20)	(17–24)	57	(66)	(55–75)
30–39	589	172	(29)	(26–33)	84	(49)	(41–57)	676	192	(28)	(25–32)	93	(48)	(41–56)
40–49	360	138	(38)	(33–44)	39	(28)	(21–37)	521	185	(36)	(31–40)	69	(37)	(30–45)
≥50	99	30	(30)	(22–40)	9	(30)	(15–49)	233	94	(40)	(34–47)	22	(23)	(15–33)
Race/Ethnicity[†]														
Black, non-Hispanic	441	203	(46)	(41–51)	136	(67)	(60–73)	625	252	(40)	(36–44)	160	(63)	(57–69)
Hispanic	464	82	(18)	(14–22)	41	(50)	(39–61)	846	195	(23)	(20–26)	87	(45)	(38–52)
White, non-Hispanic	616	126	(21)	(17–24)	23	(18)	(12–26)	708	142	(20)	(17–23)	27	(19)	(13–26)
Other [§]	229	39	(17)	(12–23)	18	(46)	(30–63)	206	45	(22)	(16–28)	29	(64)	(49–78)
Metropolitan statistical area														
Baltimore, Maryland	468	182	(39)	(34–44)	112	(62)	(54–69)	447	169	(38)	(33–43)	124	(73)	(66–80)
Los Angeles, California	376	73	(19)	(16–24)	31	(43)	(31–55)	478	89	(19)	(15–22)	29	(33)	(23–43)
Miami, Florida	225	49	(22)	(17–28)	24	(49)	(34–64)	526	133	(25)	(22–29)	60	(45)	(37–54)
New York, New York	336	62	(19)	(14–23)	32	(52)	(39–65)	462	132	(29)	(25–33)	69	(52)	(43–61)
San Francisco, California	361	87	(24)	(20–29)	19	(22)	(14–32)	474	111	(23)	(20–28)	21	(19)	(12–28)
Total	1,766	453	(26)	(24–28)	218	(48)	(43–53)	2,387	634	(27)	(25–28)	303	(48)	(44–52)

* Confidence interval. Calculated using the Clopper-Pearson method.

† Numbers might not add to total because of missing data.

§ Because of small sample sizes, category includes American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons who indicated multiple races or other race.

MSM are necessary. Also, because 45% of MSM who were unaware of their infection were tested within the previous 12 months, shorter intervals for testing some MSM might be warranted and should be considered in future recommendations.

This analysis shows racial and economic disparities in both HIV prevalence and awareness of HIV infection. Racial disparities were observed in the youngest age group (18–19 years) and increased with age. CDC is working to decrease these racial disparities and currently funds HIV prevention programs for young, minority MSM.** The economic disparities described in this report are consistent with those reported among heterosexuals participating in NHBS.†† This reinforces the need for targeting prevention efforts to low-income populations, which might reduce HIV infection rates among MSM.

The findings in this report are subject to at least four limitations. First, because the survey was administered by an interviewer, positive HIV status might have been underreported during the interview, given the sensitive nature of the topic, thereby inflating estimates of MSM unaware of their infections. Second, 135 MSM who reported being HIV-positive but who had a negative or indeterminate HIV test result were excluded from analysis because of the possibility that they had false-negative NHBS test results; however, including these men as HIV-positive would have yielded a similar overall HIV prevalence (20% compared with 19%). Third, comparisons of the NHBS-MSM datasets collected during 2004–2005 and 2008 should be made cautiously, because this analysis did not control for demographic differences in the samples, which might have influenced the percentages reported. Finally, these findings are limited to men who frequented MSM-identified venues (most of which were bars [45%] and dance clubs [22%]) during the survey period in 21 MSAs with high AIDS prevalence; the results are not representative of all MSM. A lower HIV prevalence (11.8%) has been reported among MSM in the general U.S. population (8).

** Additional information available at <http://www.cdcnpin.org/scripts/display/funddisplay.asp?fundnbr=3582>.

†† Socioeconomic disparities in HIV rates also have been reported in NHBS among the heterosexual population (Abstract no. WEPPD101, International AIDS Conference, July 2010).

The high proportion of MSM unaware of their HIV infection continues to be a serious public health concern, because these MSM account for the majority of estimated new HIV transmissions in the United States (9). Persons aware of their HIV infection often take substantial steps to reduce their risk behaviors, which could reduce HIV transmission (10). Whereas many MSM described in this report had not received an HIV test during the preceding 12 months, 45% of MSM who were unaware of their infection did report having an HIV test during the preceding 12 months, indicating they had acquired HIV recently or reported an incorrect HIV test result to the interviewer.

NHBS provides important information to guide and monitor HIV prevention efforts nationally and locally and will be critical for monitoring the impact of the National HIV/AIDS Strategy. The 2008 NHBS data show that MSM remain a key target of strategies to reduce HIV incidence and decrease racial and socioeconomic disparities in the United States.

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Racial Differences by Gestational Age in Neonatal Deaths Attributable to Congenital Heart Defects — United States, 2003–2006

Congenital heart defects are diagnosed in approximately 1% of births in the United States (1) and account for the largest proportion of infant mortality attributable to birth defects (2). Congenital heart defects are multifactorial in origin and have several recognized genetic causes (e.g., DiGeorge and Williams-Beuren syndromes) (3) and noninherited risk factors (e.g., maternal pregestational diabetes and rubella infection) (4). Approximately 70% of infant deaths attributable to congenital heart defects occur neonatally (age <28 days) (5). U.S. studies have shown that all-cause neonatal mortality rates are higher among term infants of black mothers compared with white mothers, but lower among preterm infants of black mothers compared with white mothers (6,7). To assess neonatal mortality attributable to congenital heart defects by maternal race and gestational age, CDC analyzed linked U.S. birth and infant death data for 2003–2006. This report summarizes the results of that analysis, which found that 4.2% of all neonatal deaths and 24.5% of neonatal deaths attributable to birth defects had a congenital heart defect noted as the underlying cause. Among preterm births (<37 completed weeks' gestation), neonatal mortality rates attributable to congenital heart defects were lower for blacks (4.5 per 10,000 live births) compared with whites (6.8). However, among term births (≥37 completed weeks' gestation), neonatal mortality rates attributable to congenital heart defects were higher for blacks (1.5 per 10,000 live births) than for whites (1.3). The reasons for these racial differences by gestational age are unclear and will require further examination, including assessment of differences in prenatal diagnosis and prevalence at birth of congenital heart defects, and reporting of causes of death.

This analysis used 2003–2006 linked* birth/infant death data, the most recent available.† Included were records of all neonates (aged <28 days) whose underlying cause of death on the death certificate was classified as a congenital heart defect according to the *International Classification of Diseases, 10th*

Revision, with codes Q20.0–Q26.9 (excluding Q21.1, persistent foramen ovale§ and Q25.0, patent ductus arteriosus, because these are considered normal conditions of prematurity). The analysis was restricted to infants of white and black mothers as reported on the birth certificate; those of Hispanic ethnicity and other racial/ethnic groups were excluded. Linked records with a missing gestational age (0.6% of the total), those with implausible gestational ages based on Alexander's index of birth weight for gestational age norms (0.6%) (6), and those with gestational ages <20 weeks or >44 weeks (1.1%) were excluded.

Because not all infant death records could be linked to the corresponding birth certificate, estimates of neonatal deaths were weighted according to the percentage of records linked by state and age at death. Poisson regression was used to calculate the rate ratio (RR) comparing neonatal mortality attributable to congenital heart defects among infants of black mothers with white mothers by gestational age group. Congenital heart defect neonatal mortality rates by weeks of gestational age also were estimated for infants of black mothers compared with white mothers.

The analysis included 11,383,665 live births in the United States during 2003–2006. Overall, of 54,008 neonatal deaths, 2,256 (4.2%) had a congenital heart defect noted as the underlying cause, including 1,777 (5.4%) of 33,205 infants of white mothers and 479 (2.3%) of 20,803 infants of black mothers. Deaths attributable to congenital heart defects were 24.5% of all neonatal deaths attributable to birth defects. The neonatal mortality rate attributable to congenital heart defects was 2.0 per 10,000 live births (Table 1). Hypoplastic left heart syndrome was the most commonly specified congenital heart defect–related underlying cause of neonatal death for infants of white (480 [27%]) and black (126 [26%]) mothers; 38% of the deaths were listed as “congenital malformation of heart, unspecified” (Table 2). A significantly lower proportion of neonatal deaths with transposition of the great arteries as the underlying cause occurred in infants of black mothers (2%) compared with white mothers (6%), but a significantly higher proportion of

* Includes all infant deaths in a given year linked to their corresponding birth certificates, whether the birth occurred in that year or the previous year. Linkage completion by state ranged from 94% to 100%; a mean of 27 states linked 100% of their records each year.

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

§ Although Q21.1 includes atrial septal defects, most deaths coded to this category are persistent foramen ovale. For this reason, all Q21.1 deaths were excluded from the analysis.

TABLE 1. Number and rate of neonatal deaths* attributable to congenital heart defects, by black or white maternal race and gestational age group — United States, 2003–2006

Gestational age group (wks)	Total			Black, non-Hispanic			White, non-Hispanic			Rate ratio [§]	(95% CI [¶])	p value
	No. deaths [†]	No. live births	Rate	No. deaths	No. live births	Rate	No. deaths	No. live births	Rate			
20–36	885	1,442,081	6.1	186	411,282	4.5	700	1,030,799	6.8	0.7	(0.6–0.8)	<0.001
20–33	489	393,746	12.4	112	139,520	8.0	377	254,266	14.8	0.5	(0.4–0.7)	<0.001
34–36	396	1,048,335	3.8	74	271,762	2.7	323	776,573	4.2	0.7	(0.5–0.8)	0.001
37–44	1,371	9,941,584	1.4	293	1,900,798	1.5	1,077	8,040,786	1.3	1.2	(1.0–1.3)	0.03
Total	2,256	11,383,665	2.0	479	2,312,080	2.1	1,777	9,071,585	2.0	1.1	(1.0–1.2)	0.28

* Deaths at age <28 days per 10,000 live births.

[†] Weighted to account for differences in the percentage of records linked by state and age at death.[§] Black non-Hispanic rate/white non-Hispanic rate.[¶] Confidence interval.**TABLE 2. Underlying causes of neonatal death* attributable to congenital heart defects listed on death certificates, by black or white maternal race — United States, 2003–2006**

Underlying cause of death	Total		Black, non-Hispanic		White, non-Hispanic		Two-sample test of proportions p value
	No.	(%)	No.	(%)	No.	(%)	
Hypoplastic left heart syndrome	606	(27)	126	(26)	480	(27)	0.76
Transposition of the great arteries [†]	124	(6)	11	(2)	113	(6)	0.001
Coarctation of aorta	64	(3)	21	(4)	43	(2)	0.02
Ebstein's anomaly	62	(3)	9	(2)	53	(3)	0.19
Congenital stenosis of aortic valve	57	(3)	7	(1)	50	(3)	0.09
Tetralogy of Fallot	52	(2)	8	(2)	44	(2)	0.30
Common arterial trunk	50	(2)	5	(1)	45	(3)	0.05
Atresia of pulmonary artery	47	(2)	16	(3)	31	(2)	0.03
Ventricular septal defect	37	(2)	9	(2)	28	(2)	0.64
Anomalous pulmonary venous connection, unspecified	22	(1)	7	(1)	15	(1)	0.22
Atrioventricular septal defect	20	(1)	4	(1)	16	(1)	0.89
Congenital tricuspid stenosis	19	(1)	5	(1)	14	(1)	0.59
Double inlet ventricle	16	(1)	6	(1)	10	(1)	0.11
Other specified congenital malformations of heart [§]	83	(4)	22	(5)	61	(3)	0.23
Congenital malformation of heart, unspecified	848	(38)	197	(41)	651	(37)	0.07
Other causes [§]	149	(7)	26	(5)	123	(7)	0.24

* Death at age <28 days.

[†] Category labeled "Discordant ventriculoarterial connection" in the *International Classification of Diseases, 10th Revision (ICD-10)*.[§] In ICD-10, a single code exists for "Other specified congenital malformations of heart," whereas the "Other causes" category includes multiple codes for less commonly specified causes.

neonatal deaths caused by pulmonary atresia occurred in infants of black mothers (3%) compared with white mothers (2%).

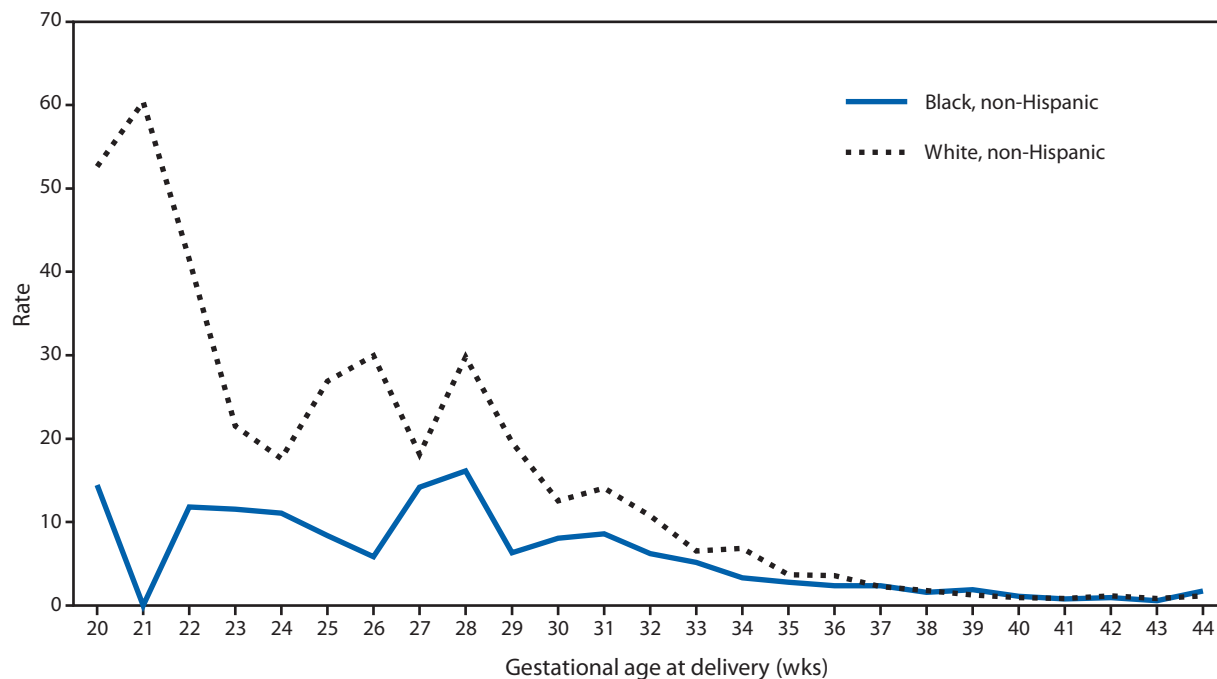
Preterm infants (born at <37 weeks' gestation) accounted for 18% of the 2,312,080 births to black mothers and 11% of the 9,071,585 births to white mothers (Table 1). Neonatal mortality rates attributable to congenital heart defects varied by week of gestation and maternal race (Figure). Overall, neonatal mortality rates attributable to congenital heart defects were not significantly different when comparing infants of black mothers (2.1 per 10,000 live births) with infants of white mothers (2.0) (Rate ratio [RR] = 1.1; p = 0.28) (Table 1). However, the neonatal mortality rate attributable to congenital heart defects among preterm infants of black mothers (4.5 per 10,000)

was significantly lower than that for preterm infants of white mothers (6.8) (RR = 0.7; p < 0.001). In contrast, among infants delivered at 37–44 weeks, the neonatal mortality rate attributable to congenital heart defects among infants of black mothers (1.5 per 10,000) was higher than the neonatal mortality rate among infants of white mothers (1.3) (RR = 1.2; p = 0.03).

Reported by

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FIGURE. Rate of neonatal deaths* attributable to congenital heart defects, by gestational age and black or white maternal race — United States, 2003–2006



*Deaths at age <28 days per 10,000 live births.

Editorial Note

The findings in this report indicate that although the overall neonatal mortality rate from congenital heart defects does not differ significantly between infants born to white and black mothers, differences can be observed by gestational age group. Among term infants, the rate for neonatal mortality attributable to congenital heart defects was 20% higher among infants of black mothers compared with white mothers, but among preterm infants, the rate was 30% lower for infants of black mothers compared with white mothers. Similar patterns have been reported for all-cause neonatal mortality by gestational age group in the United States during 1989–2001 (7). Although reports of infant mortality attributable to any birth defect have indicated that infants born to black mothers had higher mortality rates than infants born to whites (2,5), these studies did not analyze the differences by gestational age.

The reason for the lower rate of all-cause neonatal mortality among preterm infants of black mothers compared with white mothers is unclear. One possibility is that live-born infants who die shortly after birth might be misclassified as fetal deaths, particularly those born at early gestational ages (7). The fetal

mortality rate in the United States is approximately twice as high among blacks as among whites (8), and differences by race in reporting fetal deaths versus early neonatal deaths might exist. Recent research has shown variation by state in classification of neonatal death at <24 hours versus fetal death for infants at the limits of viability (i.e., gestation of <24 weeks or birth weight <500 g) (9). Whether such variation might also occur by race is unknown.

Also unclear is whether factors specific to congenital heart defects contribute to the differences in black and white neonatal mortality patterns by gestational age. Potentially, differences in prevalence of specific types of congenital heart defects might explain the differences in mortality patterns; however, previous studies examining congenital heart defect prevalence have not identified many racial differences in specific types of congenital heart defects or in congenital heart defects overall (1,10). Among studies that included birth defect prevalence among live births, stillbirths, and pregnancy terminations, no racial difference was observed for prevalence of hypoplastic left heart syndrome, the most common specific cause of death attributable to congenital heart defects (1,10). Some data have shown that infants of black mothers have a lower prevalence of transposition of the great arteries

What is already known on this topic?

Congenital heart defects are associated with preterm delivery and are the largest contributor to neonatal mortality attributable to birth defects.

What is added by this report?

Neonatal mortality attributable to congenital heart defects was 30% lower among preterm infants born to black mothers compared with preterm infants born to white mothers in the United States during 2003–2006; however, among term infants, those born to black mothers had 20% higher neonatal mortality attributable to congenital heart defects compared with those born to whites.

What are the implications for public health practice?

The reasons for racial differences by gestational age in neonatal mortality attributable to congenital heart defects are unclear and can only be understood through further examination, including assessment of differences in prenatal diagnosis, prevalence at birth of congenital heart defects, and reporting of causes of death.

(1,10) and coarctation of the aorta (1), but a higher prevalence of tetralogy of Fallot (10) and pulmonary atresia/stenosis (1).

The findings in this report are subject to at least three limitations. First, because of the large percentage of cases in which the underlying cause of death was unspecified, the results related to the distribution of specific causes should be interpreted with caution. Second, this analysis only included deaths with a congenital heart defect listed as the underlying cause; deaths were not included if congenital heart defects were instead classified as a contributing cause (e.g., Down syndrome as underlying with atrioventricular septal defect as contributing). However, such possible underestimation of deaths attributable to congenital heart defects would impact the analysis of racial differences only if differential reporting of the underlying cause of death occurred among racial groups. Finally, gestational age can be inaccurate on the birth certificate and might be less accurate among preterm births (6). Although cases with implausible gestational age/birth weight combinations were excluded, this analysis might have included some misclassified gestational ages.

Adjusting for gestational age or its correlates (such as birth weight), as has been done in some previous studies, obscures the differences in neonatal mortality rates by gestational age, and thus should be avoided. Efforts to reduce neonatal mortality rates attributable

to congenital heart defects should include strategies to decrease mortality among infants with congenital heart defects through timely and appropriate medical and surgical treatment and to prevent the occurrence of congenital heart defects, where possible, by addressing modifiable potential risk factors such as pregestational diabetes, obesity, and maternal smoking (4). The role of gestational age in differences in neonatal mortality among infants born to white and black mothers is unclear and requires further investigation, including assessment of differences in prenatal diagnosis, prevalence at birth of congenital heart defects, and reporting of causes of death.

Acknowledgments

This report is based, in part, on contributions by H Chen, Dept of Biostatistics, Harvard School of Public Health, Boston, Massachusetts; and Q Yang, Office of Public Health Genomics, A Correa, O Devine, National Center on Birth Defects and Developmental Disabilities, CDC.

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Update: Detection of a Verona Integron-Encoded Metallo-Beta-Lactamase in *Klebsiella pneumoniae* — United States, 2010

On September 21, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

In July 2010, CDC was notified of a patient with a carbapenem-resistant *Klebsiella pneumoniae* strain that produced a Verona integron-encoded metallo-beta-lactamase (VIM) carbapenemase (1) not reported previously among *Enterobacteriaceae* in the United States. The patient was a woman from the United States who became ill with diarrhea during a Mediterranean cruise and was hospitalized in Greece, where she received a diagnosis of sepsis and *Clostridium difficile* infection. After 12 days in two hospitals in Greece, she was transferred to a hospital in the United States for continued management of sepsis and acute renal failure. On admission, blood was drawn for culture through a central venous catheter that had been placed while the patient was hospitalized in Greece. The blood subsequently grew carbapenemase-producing *Klebsiella pneumoniae* exhibiting the VIM resistance mechanism, which has been described previously in Greece but not in the United States. Further testing showed the isolate to be nonsusceptible to all antimicrobials usually used to treat *Klebsiella*. Despite the resistance of the *Klebsiella* strain, the patient recovered sufficiently to be discharged after 26 days in the U.S. hospital. A search for other patients colonized with the same isolate was conducted by screening 22 patients whose U.S. hospital stays overlapped with this patient; no carbapenem-resistant *Enterobacteriaceae* (CRE) were detected.

This report of a VIM-producing CRE follows a June 2010 report of three cases of New Delhi metallo-beta-lactamase (NDM-1)-producing *Enterobacteriaceae*

(2). However, the most common mechanism of carbapenem resistance among *Enterobacteriaceae* in the United States remains the production of the *Klebsiella pneumoniae* carbapenemase (KPC). KPC-producing *Enterobacteriaceae* are widespread in the United States and other countries (3). Cases of CRE are a significant, emerging public health problem regardless of the mechanism of carbapenem resistance, and procedures to rapidly recognize and report CRE cases to infection prevention personnel should be in place in all acute and long-term-care facilities. Facilities that have not identified cases of CRE should undertake periodic laboratory reviews to identify cases. Patients with CRE should be managed using contact precautions, and patients exposed to CRE patients (e.g., roommates) should be screened with surveillance cultures (3). State and local health departments should promote adoption of current prevention guidance and monitoring of the prevalence of these organisms in their jurisdictions (3). Public health officials and health-care facility staff can consult with the Division of Healthcare Quality Promotion at CDC on the best practices for identifying and preventing transmission of these organisms (e-mail: hip@cdc.gov).

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Announcements

World Heart Day — September 26, 2010

Each year, approximately 17 million persons die from cardiovascular disease, mainly heart disease and stroke, making it the world's leading cause of death (1). Controlling certain risk factors, such as high blood pressure, high cholesterol, diabetes, obesity, tobacco use, and physical inactivity, can help prevent heart disease and stroke.

This year marks the 10th anniversary of celebrating World Heart Day. In 2000, the World Heart Federation, a nongovernmental organization based in Geneva, Switzerland, created the annual World Heart Day campaign to increase public awareness of the threat of heart disease and stroke.

The theme of the 2010 World Heart Day is Workplace Wellness: Take Responsibility for Your Own Heart Health. Promoting physical activity and healthful eating and discouraging tobacco use around the workplace are simple ways to foster health in the workplace. Activities organized by members and partners of the World Heart Federation will include workplace campaigns, runs, public talks, concerts, and sporting events. The national member organizations in the United States are the American College of Cardiology and the American Heart Association.

CDC funds heart disease and stroke prevention programs in 41 states and the District of Columbia. Additional information about these programs is available at http://www.cdc.gov/dhbsp/state_program/index.htm. Information about World Heart Day and the World Heart Federation is available at <http://www.world-heart-federation.org/what-we-do/world-heart-day>.

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Epi Info Training — December 2010

Emory University's Rollins School of Public Health and CDC's Office of Surveillance, Epidemiology, and Laboratory Services will cosponsor Epi Info basic level training December 6–8 and intermediate to advanced level training December 9–11, 2010, at Rollins School of Public Health in Atlanta, Georgia. Tuition will be charged.

The Epi Info courses are designed for practitioners of epidemiology and computing who wish to develop

software applications using Epi Info for Windows. The basic level course covers MakeView, Analysis, Enter, Epi Map, and Epi Report. The intermediate to advanced level covers importing and converting other data formats; creating relational databases; advanced checkcoding and using Epi Info functions; advanced analysis, including linear regression, logistic regression, Kaplan Meier, Cox Proportional Hazards, complex sample frequencies, tables, and means; special topics on Epi Map and Epi Report; and issues related to participants' own projects.

Additional information and applications are available by mail (Emory University, Hubert Department of Global Health [Attn: Pia], 1518 Clifton Rd. NE, CNR Bldg., Rm. 7038, Atlanta, GA 30322); telephone (404-727-3485); fax (404-727-4590); Internet (<http://www.sph.emory.edu/epicourses>), or e-mail (pvaleri@emory.edu).

Epidemiology in Action: Intermediate Analytic Methods Course

Emory University's Rollins School of Public Health and CDC will cosponsor the course Epidemiology in Action: Intermediate Analytic Methods, January 11–14, 2011, at Rollins School of Public Health in Atlanta, Georgia. The course is designed for practicing public health professionals who have had training and experience in basic applied epidemiology and would like training in additional quantitative skills related to analysis and interpretation of epidemiologic data.

The course includes a review of the fundamentals of descriptive epidemiology and biostatistics, measures of association, normal and binomial distributions, confounding, statistical tests, stratification, logistic regression models, and computer programs as used in epidemiology.

The prerequisite is an introductory course in epidemiology, such as Epidemiology in Action or the International Course in Applied Epidemiology. Tuition will be charged. The application deadline is December 13, 2010, or until all slots are filled.

Additional information and applications are available by mail (Emory University, Hubert Department of Global Health [Attn: Pia], 1518 Clifton Rd. NE, CNR Bldg., Rm. 7038, Atlanta, GA 30322); telephone (404-727-3485); fax (404-727-4590); Internet (<http://www.sph.emory.edu/epicourses>), or e-mail (pvaleri@emory.edu).

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 September 18, 2010 (37th week)*

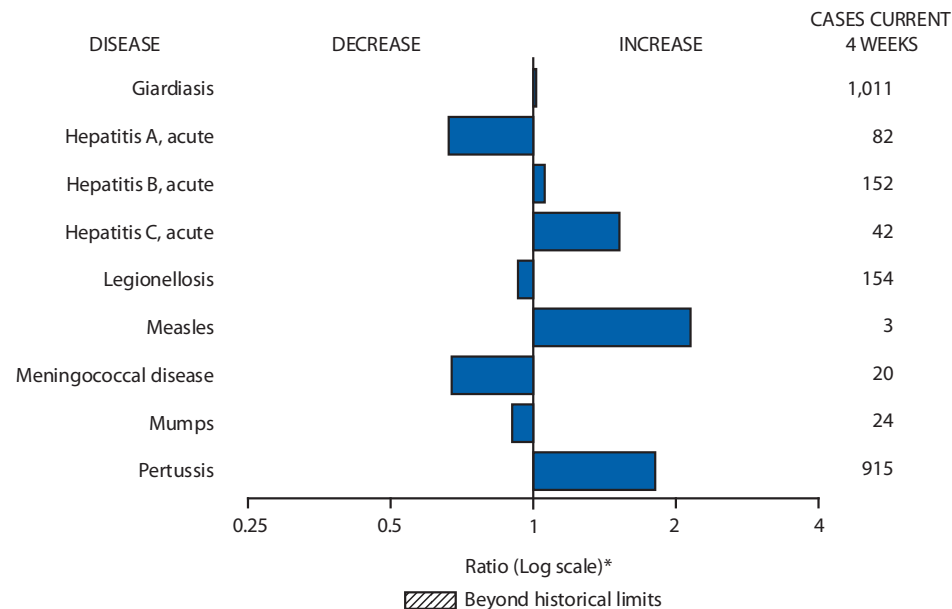
Disease	Current week	Cum 2010	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	0	1	—	1	1	—	
Botulism, total	2	65	2	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	1	46	2	83	109	85	97	85	OH (1)
other (wound and unspecified)	1	13	0	25	19	27	48	31	WA (1)
Brucellosis	2	88	2	115	80	131	121	120	FL (2)
Chancroid	—	31	0	28	25	23	33	17	
Cholera	—	5	0	10	5	7	9	8)	
Cyclosporiasis [§]	2	134	2	141	139	93	137	543	NY (2)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases ^{§,¶} :									
California serogroup virus disease	—	30	3	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	0	4	4	4	8	21	
Powassan virus disease	—	4	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	4	1	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> , ** invasive disease (age <5 yrs):									
serotype b	—	10	0	35	30	22	29	9	
nonsertotype b	1	130	3	236	244	199	175	135	TN (1)
unknown serotype	2	160	2	178	163	180	179	217	MO (2)
Hansen disease [§]	2	31	2	103	80	101	66	87	FL (1), CA (1)
Hantavirus pulmonary syndrome [§]	—	15	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal [§]	7	139	8	242	330	292	288	221	CT (1), FL (1), TN (1), CA (4)
HIV infection, pediatric (age <13 yrs) ^{††}	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality ^{§,§§}	—	56	2	358	90	77	43	45	
Listeriosis ^{¶¶}	6	550	23	851	759	808	884	896	NY (1), PA (1), OH (1), GA (1), WA (1), CA (1)
Measles ^{¶¶}	—	48	1	71	140	43	55	66	
Meningococcal disease, invasive ^{***} :									
A, C, Y, and W-135	1	178	4	301	330	325	318	297	ND (1)
serogroup B	1	83	2	174	188	167	193	156	TX (1)
other serogroup	—	7	0	23	38	35	32	27	
unknown serogroup	3	269	8	482	616	550	651	765	FL (1), TX (2)
Mumps	8	2,350	17	1,991	454	800	6,584	314	NY (3), NYC (3), CA (2)
Novel influenza A virus infections ^{†††}	—	1	0	43,774	2	4	NN	NN	
Plague	—	1	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	0	1	—	—	—	1	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	NN	NN	
Psittacosis [§]	—	4	0	9	8	12	21	16	
Q fever, total ^{§,§§§}	1	80	3	114	120	171	169	136	
acute	1	62	1	94	106	—	—	—	MO (1)
chronic	—	18	0	20	14	—	—	—	
Rabies, human	—	1	0	4	2	1	3	2	
Rubella ^{¶¶¶}	—	6	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV ^{§,****}	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	—	124	1	161	157	132	125	129	
Syphilis, congenital (age <1 yr) ^{††††}	—	139	8	423	431	430	349	329	
Tetanus	—	4	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal) [§]	—	56	2	74	71	92	101	90	
Trichinellosis	—	2	0	13	39	5	15	16	
Tularemia	2	72	3	93	123	137	95	154	AR (2)
Typhoid fever	4	262	13	397	449	434	353	324	NY (1), MD (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	—	64	1	78	63	37	6	2	
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	1	—	1	—	2	1	3	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	15	524	14	789	588	549	NN	NN	MD (1), FL (1), TX (1), AZ (1), WA (5), CA (6)
Viral hemorrhagic fever ^{§§§§}	—	1	—	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 September 18, 2010 (37th 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/ncphi/diss/nndss/phs/files/5yearweeklyaverage.pdf>.
 ‡ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the domestic arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 †† Updated 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 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 281 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 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. During 2009, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus. Total case count for 2009 was provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).
 ††††† 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.
 ††††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 ††††† There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 18, 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 September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	<i>Chlamydia trachomatis</i> 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	11,327	22,858	26,113	814,298	894,810	132	122	290	5,345	5,254
New England	520	742	1,396	27,594	28,699	3	8	68	350	340
Connecticut	—	221	736	6,788	8,201	—	0	62	62	38
Maine†	43	50	75	1,807	1,718	1	1	7	63	39
Massachusetts	416	396	638	14,091	13,751	2	3	8	120	140
New Hampshire	25	40	116	1,663	1,527	—	1	5	44	64
Rhode Island†	—	65	120	2,377	2,671	—	0	8	9	8
Vermont†	36	23	63	868	831	—	1	9	52	51
Mid. Atlantic	2,847	3,252	4,619	120,409	111,906	11	15	37	584	594
New Jersey	452	489	698	18,711	17,458	—	0	3	—	41
New York (Upstate)	707	674	2,530	24,139	21,753	8	3	16	157	154
New York City	1,265	1,194	2,143	44,547	41,622	—	1	5	55	67
Pennsylvania	423	890	1,091	33,012	31,073	3	9	26	372	332
E.N. Central	757	3,526	4,413	121,407	144,793	19	30	102	1,389	1,281
Illinois	10	828	1,322	24,936	44,217	—	3	15	140	119
Indiana	—	349	786	13,221	16,882	—	4	10	133	215
Michigan	464	897	1,420	34,127	33,481	2	5	17	241	207
Ohio	153	964	1,078	34,304	35,070	12	7	24	338	291
Wisconsin	130	413	500	14,819	15,143	5	10	48	537	449
W.N. Central	371	1,333	1,592	47,499	51,049	45	24	72	975	770
Iowa	7	186	293	6,965	6,989	—	4	20	227	161
Kansas	10	187	235	6,675	7,816	1	2	9	106	77
Minnesota	—	273	337	9,649	10,373	—	2	30	98	196
Missouri	187	491	606	17,220	18,670	18	4	26	278	145
Nebraska†	93	94	237	3,481	3,881	26	2	17	180	82
North Dakota	61	35	93	1,375	1,196	—	0	18	16	7
South Dakota	13	60	82	2,134	2,124	—	2	7	70	102
S. Atlantic	3,023	4,504	5,681	161,307	181,993	9	19	51	734	798
Delaware	220	84	156	3,126	3,371	—	0	2	5	8
District of Columbia	—	96	177	3,386	5,038	—	0	1	2	6
Florida	683	1,403	1,669	52,891	53,267	4	8	24	274	293
Georgia	—	383	1,323	12,198	29,314	2	5	31	221	269
Maryland†	—	454	1,031	15,735	16,150	—	1	3	29	34
North Carolina	718	797	1,562	29,781	30,130	—	1	12	55	82
South Carolina†	732	520	692	19,428	19,742	—	1	8	62	44
Virginia†	594	596	902	22,126	22,357	—	2	8	71	51
West Virginia	76	70	137	2,636	2,624	3	0	2	15	11
E.S. Central	1,144	1,696	2,416	62,434	67,611	3	4	17	195	158
Alabama†	627	482	665	18,302	19,417	—	1	10	83	48
Kentucky	262	290	642	11,065	9,218	—	1	6	57	43
Mississippi	—	389	780	13,074	17,308	—	0	3	10	15
Tennessee†	255	581	732	19,993	21,668	3	1	5	45	52
W.S. Central	458	2,857	4,578	103,648	117,676	20	8	39	285	391
Arkansas†	365	244	402	7,940	10,419	—	1	4	25	40
Louisiana	—	0	1,055	2,922	20,948	1	1	5	40	37
Oklahoma	93	261	1,375	11,138	10,588	4	1	9	65	85
Texas†	—	2,220	3,201	81,648	75,721	15	4	30	155	229
Mountain	393	1,432	2,081	48,132	56,009	8	10	27	397	419
Arizona	181	444	713	13,551	18,606	—	0	3	25	26
Colorado	—	380	709	12,365	13,075	—	2	8	98	112
Idaho†	—	63	191	2,184	2,563	2	2	6	68	68
Montana†	39	58	76	2,138	2,166	—	1	4	37	45
Nevada†	149	175	337	6,862	7,394	6	0	4	28	16
New Mexico†	—	172	453	5,465	6,382	—	2	8	78	106
Utah	—	117	175	4,146	4,441	—	1	4	50	31
Wyoming†	24	38	79	1,421	1,382	—	0	2	13	15
Pacific	1,814	3,449	5,350	121,868	135,074	14	12	28	436	503
Alaska	—	108	148	4,155	3,817	—	0	1	2	6
California	1,814	2,735	4,406	98,994	103,476	7	8	19	248	293
Hawaii	—	112	158	3,875	4,376	—	0	0	—	1
Oregon	—	0	468	1,367	7,808	5	2	11	124	148
Washington	—	393	497	13,477	15,597	2	2	8	62	55
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	4	31	187	272	—	0	0	—	—
Puerto Rico	90	95	265	3,738	5,415	N	0	0	N	N
U.S. Virgin Islands	—	10	29	323	375	—	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 September 18, 2010, and September 19, 2009 (37th 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	—	4	25	286	NN	—	0	1	2	NN
New England	—	0	2	4	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine [¶]	—	0	2	3	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	1	1	NN	—	0	0	—	NN
Mid. Atlantic	—	0	9	74	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	7	62	NN	—	0	0	—	NN
Pennsylvania	—	0	2	12	NN	—	0	0	—	NN
E.N. Central	—	0	2	24	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	8	NN	—	0	0	—	NN
Michigan	—	0	1	4	NN	—	0	0	—	NN
Ohio	—	0	2	9	NN	—	0	0	—	NN
Wisconsin	—	0	1	3	NN	—	0	0	—	NN
W.N. Central	—	0	3	15	NN	—	0	0	—	NN
Iowa	—	0	1	1	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	2	10	NN	—	0	0	—	NN
Missouri	—	0	1	3	NN	—	0	0	—	NN
Nebraska [¶]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	1	15	147	NN	—	0	1	1	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	1	14	129	NN	—	0	1	1	NN
Georgia	—	0	2	7	NN	—	0	0	—	NN
Maryland [¶]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	1	NN	—	0	0	—	NN
South Carolina [¶]	—	0	3	8	NN	—	0	0	—	NN
Virginia [¶]	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	1	2	NN	—	0	0	—	NN
Alabama [¶]	—	0	1	1	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee [¶]	—	0	1	1	NN	—	0	0	—	NN
W.S. Central	—	0	1	1	NN	—	0	1	1	NN
Arkansas [¶]	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	1	NN	—	0	0	—	NN
Texas [¶]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	9	NN	—	0	0	—	NN
Arizona	—	0	1	2	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho [¶]	—	0	0	—	NN	—	0	0	—	NN
Montana [¶]	—	0	1	2	NN	—	0	0	—	NN
Nevada [¶]	—	0	1	4	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	10	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	4	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	6	NN	—	0	0	—	NN
Territories										
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	85	515	6,517	NN	—	0	3	28	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.

† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical, and unknown case classifications.

‡ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.

¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>				<i>Anaplasma phagocytophilum</i>				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	4	11	181	463	738	12	13	309	468	695	2	2	35	76	146
New England	—	0	3	3	39	—	1	17	52	207	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	13	18	3	—	0	2	5	—
Maine§	—	0	1	2	3	—	0	2	13	12	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	4	—	83	—	0	0	—	—
New Hampshire	—	0	1	1	3	—	0	3	9	15	—	0	1	2	1
Rhode Island§	—	0	2	—	23	—	0	7	12	94	—	0	0	—	1
Vermont§	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	37	136	10	3	17	153	219	—	0	2	4	41
New Jersey	—	0	6	—	79	—	0	2	1	61	—	0	0	—	—
New York (Upstate)	—	1	15	22	36	10	3	17	149	152	—	0	1	4	5
New York City	—	0	3	14	8	—	0	1	3	5	—	0	0	—	1
Pennsylvania	—	0	5	1	13	—	0	1	—	1	—	0	1	—	35
E.N. Central	—	0	4	24	75	1	2	27	190	242	1	1	4	43	63
Illinois	—	0	2	10	32	—	0	1	1	6	—	0	2	3	3
Indiana	—	0	0	—	—	—	0	0	—	—	1	0	3	24	34
Michigan	—	0	1	2	4	—	0	0	—	—	—	0	1	3	—
Ohio	—	0	3	6	11	—	0	1	1	1	—	0	0	—	2
Wisconsin	—	0	3	6	28	1	2	27	188	235	—	0	3	13	24
W.N. Central	—	2	13	109	137	—	0	261	8	7	1	0	30	12	16
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	1	—	0	261	—	3	—	0	30	—	3
Missouri	—	1	13	102	128	—	0	3	8	2	1	0	3	12	13
Nebraska§	—	0	1	1	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	4	19	196	209	1	0	7	47	14	—	0	1	3	2
Delaware	—	0	3	16	16	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	9	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	16	17	—	0	1	1	1	—	0	1	1	—
Maryland§	—	0	3	19	34	—	0	2	11	3	—	0	1	2	—
North Carolina	—	1	13	75	54	—	0	4	17	3	—	0	0	—	—
South Carolina§	—	0	2	3	8	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	59	70	1	0	2	11	2	—	0	0	—	2
West Virginia	—	0	0	—	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	1	1	10	73	109	—	0	2	16	3	—	0	2	6	22
Alabama§	—	0	3	10	6	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	11	9	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee§	1	1	10	49	88	—	0	2	8	2	—	0	2	6	22
W.S. Central	3	0	141	20	30	—	0	23	2	1	—	0	1	1	—
Arkansas§	—	0	34	2	4	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	3	0	105	14	24	—	0	16	2	1	—	0	0	—	—
Texas§	—	0	2	3	2	—	0	1	—	—	—	0	1	1	—
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	1	3	—	0	0	—	2	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
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 for year 2010 = 10.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th 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	22	30	69	1,061	1,442	41	59	204	2,126	2,374	15	15	44	590	530
New England	1	2	5	73	83	—	1	5	39	43	—	1	4	26	48
Connecticut	1	0	3	23	17	—	0	2	13	13	—	0	3	17	37
Maine†	—	0	1	7	1	—	0	2	11	9	—	0	1	—	1
Massachusetts	—	1	4	36	51	—	0	2	8	17	—	0	1	9	9
New Hampshire	—	0	1	1	7	—	0	2	5	4	N	0	0	N	N
Rhode Island†	—	0	4	6	5	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	0	—	1
Mid. Atlantic	4	4	10	138	205	—	5	10	209	254	1	2	6	77	73
New Jersey	—	0	3	11	57	—	1	5	51	78	—	0	2	7	5
New York (Upstate)	4	1	3	43	35	—	1	6	38	41	1	1	4	47	34
New York City	—	1	4	48	62	—	2	4	62	49	—	0	1	—	4
Pennsylvania	—	1	6	36	51	—	1	5	58	86	—	0	3	23	30
E.N. Central	3	4	8	138	224	—	8	14	306	329	—	2	8	99	68
Illinois	—	1	3	28	103	—	2	6	61	86	—	0	1	1	4
Indiana	—	0	2	15	15	—	1	5	41	53	—	0	2	21	14
Michigan	—	1	4	41	53	—	2	6	89	100	—	1	6	63	24
Ohio	3	0	5	31	31	—	2	6	79	72	—	0	1	8	23
Wisconsin	—	0	3	23	22	—	1	3	36	18	—	0	1	6	3
W.N. Central	—	1	13	53	87	—	2	15	79	101	—	0	11	17	10
Iowa	—	0	3	5	29	—	0	2	11	27	—	0	4	1	4
Kansas	—	0	2	10	7	—	0	2	5	5	—	0	0	—	1
Minnesota	—	0	12	13	14	—	0	13	6	17	—	0	9	9	2
Missouri	—	0	2	17	16	—	1	3	46	34	—	0	1	5	—
Nebraska†	—	0	4	8	18	—	0	2	10	15	—	0	1	2	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	0	—	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	7	8	14	258	311	10	16	40	622	654	8	4	7	133	122
Delaware	—	0	1	6	3	—	0	2	19	23	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	9	—	0	1	2	1
Florida	3	3	8	98	136	3	6	12	221	214	6	1	4	47	32
Georgia	1	1	3	30	35	—	3	7	103	110	—	0	2	6	29
Maryland†	2	0	4	22	32	2	1	6	46	58	—	0	2	19	17
North Carolina	1	0	5	42	34	5	1	15	70	85	2	1	3	35	16
South Carolina†	—	1	4	22	44	—	1	4	39	39	—	0	0	—	1
Virginia†	—	1	6	35	25	—	2	14	73	67	—	0	2	10	7
West Virginia	—	0	2	2	1	—	0	14	48	49	—	0	5	14	19
E.S. Central	1	1	3	31	32	1	7	13	240	239	2	3	7	100	71
Alabama†	—	0	1	5	7	—	1	5	43	69	—	0	2	5	5
Kentucky	—	0	2	13	8	—	2	7	82	57	—	2	5	67	42
Mississippi	—	0	1	2	8	—	1	3	24	21	U	0	0	U	U
Tennessee†	1	0	2	11	9	1	3	7	91	92	2	1	4	28	24
W.S. Central	2	2	19	85	137	28	10	109	337	411	1	1	14	52	43
Arkansas†	—	0	3	—	7	—	0	4	32	50	—	0	1	—	1
Louisiana	—	0	2	6	4	—	1	4	34	49	—	0	1	4	6
Oklahoma	—	0	3	—	3	3	1	19	69	75	—	0	12	18	12
Texas†	2	2	18	79	123	25	5	87	202	237	1	1	3	30	24
Mountain	1	3	8	112	120	1	2	8	88	103	—	1	5	36	36
Arizona	1	1	5	51	51	—	0	2	22	37	U	0	0	U	U
Colorado	—	1	3	25	39	—	0	3	19	19	—	0	2	6	23
Idaho†	—	0	2	6	3	—	0	1	6	9	—	0	2	8	2
Montana†	—	0	1	4	6	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	12	9	1	0	3	32	25	—	0	1	3	2
New Mexico†	—	0	1	3	7	—	0	1	3	5	—	0	2	9	5
Utah	—	0	2	8	3	—	0	1	5	4	—	0	2	10	3
Wyoming†	—	0	3	3	2	—	0	0	—	4	—	0	0	—	—
Pacific	3	5	16	173	243	1	6	20	206	240	3	1	6	50	59
Alaska	—	0	1	1	2	—	0	1	2	2	U	0	2	U	U
California	3	4	15	140	191	—	4	17	142	171	1	0	4	22	31
Hawaii	—	0	2	2	8	—	0	1	1	5	U	0	0	U	U
Oregon	—	0	2	15	11	—	1	4	30	29	—	0	3	10	15
Washington	—	0	2	15	31	1	1	4	31	33	2	0	6	18	13
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	14	4	—	1	6	31	48	—	0	6	26	37
Puerto Rico	—	0	1	3	20	—	0	5	10	21	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	Meningococcal disease, invasive†					Pertussis					Rabies, animal				
	All groups														
	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	5	16	43	537	689	211	289	1,756	12,043	11,313	25	72	145	2,517	3,861
New England	—	0	2	13	25	2	8	20	303	498	2	4	24	171	246
Connecticut	—	0	2	2	3	—	1	8	70	38	—	0	22	59	101
Maine [§]	—	0	1	3	4	1	0	5	29	72	—	1	4	45	41
Massachusetts	—	0	1	3	12	1	4	11	164	291	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	3	10	62	—	0	5	11	25
Rhode Island [§]	—	0	0	—	4	—	0	8	22	26	—	0	2	14	35
Vermont [§]	—	0	1	5	1	—	0	3	8	9	2	1	5	42	44
Mid. Atlantic	—	1	4	44	77	29	21	63	904	860	10	17	41	764	441
New Jersey	—	0	2	9	13	—	3	8	73	176	—	0	0	—	—
New York (Upstate)	—	0	3	9	17	15	7	27	333	148	10	9	22	389	328
New York City	—	0	2	11	13	5	0	11	49	59	—	2	12	112	13
Pennsylvania	—	0	2	15	34	9	9	39	449	477	—	5	24	263	100
E.N. Central	—	3	8	93	123	61	68	160	3,082	2,360	2	2	38	253	201
Illinois	—	0	4	17	31	—	11	29	493	521	2	1	22	155	75
Indiana	—	0	3	21	28	—	9	26	395	268	—	0	0	—	25
Michigan	—	0	2	13	18	12	22	45	858	607	—	1	5	56	59
Ohio	—	1	2	23	28	49	20	69	1,068	829	—	0	12	42	42
Wisconsin	—	0	2	19	18	—	6	15	268	135	—	0	0	—	—
W.N. Central	1	1	6	39	52	23	27	627	1,327	1,667	1	5	16	190	304
Iowa	—	0	3	8	7	—	6	25	287	171	—	0	2	7	26
Kansas	—	0	2	6	9	1	3	9	114	190	1	1	4	49	64
Minnesota	—	0	2	2	10	5	0	601	468	336	—	0	9	26	44
Missouri	—	0	3	16	18	6	8	25	255	808	—	1	6	56	55
Nebraska [§]	—	0	2	5	5	5	2	12	140	112	—	1	4	43	69
North Dakota	1	0	1	2	1	6	0	30	38	17	—	0	7	9	4
South Dakota	—	0	2	—	2	—	1	5	25	33	—	0	2	—	42
S. Atlantic	1	3	7	106	126	17	26	77	1,065	1,254	7	22	85	781	1,627
Delaware	—	0	1	1	2	—	0	4	9	10	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	4	4	—	0	0	—	—
Florida	1	1	5	49	40	2	5	28	232	414	—	0	72	72	161
Georgia	—	0	2	9	25	1	3	17	169	188	—	0	13	—	307
Maryland [§]	—	0	1	5	8	—	2	8	83	106	4	6	15	260	302
North Carolina	—	0	2	14	24	—	1	32	124	159	—	0	15	—	367
South Carolina [§]	—	0	1	9	11	4	5	19	261	199	—	0	0	—	—
Virginia [§]	—	0	2	17	11	2	4	15	138	150	—	10	26	393	403
West Virginia	—	0	2	2	5	8	0	7	45	24	3	1	6	56	87
E.S. Central	—	1	4	27	23	7	14	29	530	644	—	3	7	120	113
Alabama [§]	—	0	2	5	6	—	4	8	147	249	—	0	4	38	—
Kentucky	—	0	2	12	4	7	4	13	184	191	—	0	4	16	37
Mississippi	—	0	1	3	3	—	1	6	46	54	—	0	1	1	4
Tennessee [§]	—	0	2	7	10	—	4	10	153	150	—	1	4	65	72
W.S. Central	3	1	9	63	64	43	57	753	2,009	2,353	1	1	40	61	647
Arkansas [§]	—	0	2	5	5	—	4	29	118	273	1	0	10	21	28
Louisiana	—	0	4	12	13	—	1	4	24	129	—	0	0	—	—
Oklahoma	—	0	7	14	8	3	0	41	42	37	—	0	30	40	21
Texas [§]	3	0	7	32	38	40	49	681	1,825	1,914	—	0	30	—	598
Mountain	—	1	6	44	50	15	21	41	810	719	2	1	8	57	82
Arizona	—	0	2	11	12	1	6	14	257	177	—	0	5	—	—
Colorado	—	0	4	13	15	—	3	13	142	183	—	0	0	—	—
Idaho [§]	—	0	2	7	6	14	2	19	141	66	2	0	2	9	5
Montana [§]	—	0	1	1	5	—	1	8	43	31	—	0	3	14	24
Nevada [§]	—	0	1	8	4	—	0	7	22	19	—	0	1	4	5
New Mexico [§]	—	0	1	3	3	—	1	8	61	52	—	0	3	9	21
Utah	—	0	1	1	1	—	4	10	138	169	—	0	2	2	8
Wyoming [§]	—	0	1	—	4	—	0	1	6	22	—	0	4	19	19
Pacific	—	3	16	108	149	14	34	186	2,013	958	—	3	12	120	200
Alaska	—	0	1	1	6	—	0	6	28	35	—	0	2	11	11
California	—	1	13	70	96	—	22	162	1,466	469	—	2	12	99	178
Hawaii	—	0	1	1	5	—	0	6	31	32	—	0	0	—	—
Oregon	—	1	3	24	29	—	5	16	247	210	—	0	2	10	11
Washington	—	0	7	12	13	14	4	24	241	212	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	1	1	3	33	29
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† Data for 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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (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	887	902	1,648	32,958	33,881	81	79	198	3,164	3,308	205	259	527	9,404	11,665
New England	3	29	380	1,673	1,789	1	3	43	149	198	1	5	53	248	279
Connecticut	—	0	364	364	430	—	0	43	43	67	—	0	47	47	43
Maine [§]	1	2	7	89	102	—	0	2	14	14	—	0	2	5	3
Massachusetts	1	21	48	945	880	—	2	8	62	71	1	4	16	179	193
New Hampshire	—	3	10	127	222	—	0	2	17	26	—	0	2	7	16
Rhode Island [§]	—	2	17	97	101	—	0	26	2	1	—	0	3	9	19
Vermont [§]	1	1	5	51	54	1	0	2	11	19	—	0	1	1	5
Mid. Atlantic	84	95	207	4,044	4,034	13	8	28	369	324	8	34	61	1,202	2,237
New Jersey	—	18	48	701	868	—	1	4	38	80	—	6	17	221	490
New York (Upstate)	63	24	78	1,042	934	9	3	15	147	100	3	4	19	165	165
New York City	4	25	56	961	931	—	1	6	53	48	—	7	13	220	340
Pennsylvania	17	29	80	1,340	1,301	4	2	13	131	96	5	17	35	596	1,242
E.N. Central	31	80	232	3,645	3,939	8	12	35	517	575	5	25	235	1,203	2,095
Illinois	—	25	113	1,225	1,106	—	1	8	76	137	—	8	228	646	489
Indiana	—	10	53	369	466	—	1	8	67	72	—	1	5	31	56
Michigan	7	15	41	656	751	5	3	16	135	109	2	4	9	172	179
Ohio	24	24	47	995	1,083	3	2	11	115	103	3	7	23	239	940
Wisconsin	—	10	40	400	533	—	3	11	124	154	—	3	14	115	431
W.N. Central	37	44	94	1,781	2,031	10	10	39	467	568	10	48	88	1,692	710
Iowa	3	7	35	384	320	—	2	16	127	132	—	1	5	40	46
Kansas	6	7	18	326	309	—	1	6	50	49	4	4	14	193	162
Minnesota	—	2	32	178	434	—	0	14	31	148	—	0	5	14	59
Missouri	23	12	44	588	487	6	3	27	183	102	6	42	75	1,412	411
Nebraska [§]	3	4	13	177	287	4	1	6	55	72	—	0	4	27	25
North Dakota	2	0	39	29	35	—	0	7	—	4	—	0	5	—	3
South Dakota	—	2	7	99	159	—	0	4	21	61	—	0	2	6	4
S. Atlantic	362	267	553	9,443	9,158	13	13	30	490	484	62	40	85	1,647	1,789
Delaware	—	3	11	117	90	—	0	2	4	11	—	1	10	37	87
District of Columbia	—	2	4	52	71	—	0	1	5	2	—	0	4	20	18
Florida	223	127	277	4,011	3,900	9	4	13	170	119	28	13	49	725	325
Georgia	86	40	128	1,686	1,680	1	1	15	75	53	27	13	25	507	471
Maryland [§]	24	15	52	739	565	1	2	6	65	70	3	3	8	88	310
North Carolina	14	29	144	1,062	1,300	—	1	7	44	81	—	2	17	117	328
South Carolina [§]	6	20	77	913	663	—	0	3	16	24	—	1	5	50	95
Virginia [§]	8	18	68	729	731	2	2	15	97	105	4	3	15	102	149
West Virginia	1	3	16	134	158	—	0	5	14	19	—	0	2	1	6
E.S. Central	28	50	147	2,290	2,198	1	4	11	172	167	2	11	40	486	616
Alabama [§]	—	14	42	548	609	—	1	4	36	39	—	3	10	104	117
Kentucky	13	8	29	383	353	—	1	6	41	57	—	4	28	184	145
Mississippi	1	14	61	713	667	—	0	2	11	6	—	1	4	32	37
Tennessee [§]	14	14	46	646	569	1	2	8	84	65	2	4	11	166	317
W.S. Central	163	114	547	3,749	3,895	7	5	68	196	218	48	46	251	1,660	2,191
Arkansas [§]	29	10	38	485	437	2	1	5	42	27	1	1	9	39	245
Louisiana	10	21	45	762	806	—	0	2	12	20	—	4	12	169	150
Oklahoma	40	10	46	444	454	—	0	27	15	23	10	6	96	209	208
Texas [§]	84	73	477	2,058	2,198	5	3	41	127	148	37	34	144	1,243	1,588
Mountain	10	48	104	1,898	2,274	4	9	30	401	436	11	15	39	516	878
Arizona	—	18	41	625	760	1	1	5	43	47	5	8	25	271	632
Colorado	—	11	23	421	481	—	2	18	144	136	—	2	6	82	73
Idaho [§]	1	3	9	118	140	1	1	7	57	65	1	0	3	19	7
Montana [§]	2	2	7	69	88	2	0	5	30	27	—	0	1	6	11
Nevada [§]	7	4	20	221	197	—	0	5	25	25	5	0	7	27	53
New Mexico [§]	—	5	15	199	289	—	1	4	31	30	—	2	9	82	85
Utah	—	5	18	212	249	—	1	7	60	94	—	0	4	29	15
Wyoming [§]	—	1	9	33	70	—	0	2	11	12	—	0	2	—	2
Pacific	169	115	299	4,435	4,563	24	9	46	403	338	58	20	64	750	870
Alaska	—	1	5	64	54	—	0	1	2	1	—	0	2	1	2
California	128	84	227	3,344	3,380	11	5	35	173	170	49	16	51	618	694
Hawaii	7	4	14	128	252	—	0	4	18	4	1	0	3	12	31
Oregon	6	8	48	400	330	—	2	11	71	49	1	1	4	39	40
Washington	28	14	61	499	547	13	3	19	139	114	7	1	22	80	103
Territories															
American Samoa	—	1	1	2	—	—	0	0	—	—	1	0	1	2	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	4	9	—	0	0	—	—	—	0	3	1	7
Puerto Rico	3	5	39	156	401	—	0	0	—	—	—	0	1	—	10
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 September 18, 2010, and September 19, 2009 (37th 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	5	2	12	119	122	22	15	421	1,035	1,120
New England	—	0	0	—	2	—	0	1	1	9
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	1	—	5
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island [§]	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	15	10	1	1	4	43	84
New Jersey	—	0	0	—	2	—	0	3	—	54
New York (Upstate)	—	0	1	2	—	1	0	3	12	11
New York City	—	0	1	1	1	—	0	4	21	6
Pennsylvania	—	0	2	12	7	—	0	1	10	13
E.N. Central	—	0	1	4	8	—	1	8	65	76
Illinois	—	0	1	2	1	—	0	5	19	46
Indiana	—	0	1	2	3	—	0	5	34	9
Michigan	—	0	1	—	3	—	0	2	3	1
Ohio	—	0	0	—	—	—	0	2	8	16
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	3	13	17	2	2	20	222	239
Iowa	—	0	0	—	1	—	0	1	3	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	1	—	1
Missouri	—	0	3	10	7	2	2	19	214	230
Nebraska [§]	—	0	1	1	7	—	0	1	4	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	1	9	59	59	11	5	59	349	336
Delaware	—	0	1	1	—	—	0	3	15	16
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	2	—	—	0	1	7	4
Georgia	1	0	6	39	47	—	0	0	—	—
Maryland [§]	—	0	1	2	3	3	0	4	32	34
North Carolina	—	0	3	11	6	8	1	48	194	219
South Carolina [§]	—	0	1	1	3	—	0	2	10	15
Virginia [§]	—	0	2	3	—	—	1	10	91	46
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	1	0	3	15	7	3	3	28	288	232
Alabama [§]	—	0	1	4	3	—	1	8	54	58
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	7	9
Tennessee [§]	1	0	2	5	3	3	2	20	227	165
W.S. Central	3	0	3	4	6	4	1	408	58	121
Arkansas [§]	—	0	1	—	—	—	0	110	20	62
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	3	0	2	3	5	4	0	287	21	39
Texas [§]	—	0	1	1	1	—	0	11	15	18
Mountain	—	0	2	2	12	1	0	2	8	23
Arizona	—	0	2	—	6	—	0	1	2	11
Colorado	—	0	0	—	1	1	0	0	1	—
Idaho [§]	—	0	0	—	—	—	0	1	2	1
Montana [§]	—	0	1	2	4	—	0	1	1	6
Nevada [§]	—	0	0	—	—	—	0	0	—	1
New Mexico [§]	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	1	1	1
Wyoming [§]	—	0	0	—	1	—	0	0	—	2
Pacific	—	0	2	7	1	—	0	1	1	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	6	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	1	1	—
Washington	—	0	0	—	—	—	0	0	—	—
Territories										
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] 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	97	189	492	10,264	2,151	13	51	156	1,597	1,664	71	237	413	8,098	10,105
New England	—	7	99	567	40	—	1	24	76	51	5	8	22	318	232
Connecticut	—	0	92	254	—	—	0	22	24	—	—	1	10	65	44
Maine [§]	—	2	6	89	11	—	0	2	7	4	3	0	3	19	2
Massachusetts	—	0	5	54	3	—	1	4	37	36	2	5	15	190	163
New Hampshire	—	0	7	59	—	—	0	2	3	8	—	0	1	14	13
Rhode Island [§]	—	0	34	53	15	—	0	2	2	1	—	0	4	28	10
Vermont [§]	—	1	6	58	11	—	0	1	3	2	—	0	2	2	—
Mid. Atlantic	12	15	54	886	131	1	7	48	247	214	37	33	45	1,214	1,282
New Jersey	—	1	8	78	—	—	1	5	39	38	7	4	12	165	166
New York (Upstate)	3	3	12	118	53	—	3	19	84	93	2	2	11	99	87
New York City	4	4	25	334	8	1	1	24	84	70	21	18	31	698	791
Pennsylvania	5	6	22	356	70	—	0	5	40	13	7	7	16	252	238
E.N. Central	12	31	98	2,058	487	1	8	18	257	277	2	27	46	935	1,114
Illinois	—	1	7	70	—	—	2	5	63	43	—	12	23	319	541
Indiana	—	7	23	420	192	—	1	6	36	59	—	3	13	126	117
Michigan	1	7	27	482	20	1	2	6	58	51	—	3	12	153	175
Ohio	9	14	49	846	275	—	2	6	68	94	2	8	16	308	246
Wisconsin	2	5	22	240	—	—	1	4	32	30	—	1	3	29	35
W.N. Central	3	8	182	589	142	—	2	12	104	136	2	5	15	213	230
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	9	17
Kansas	—	1	7	72	47	—	0	2	11	15	—	0	3	12	24
Minnesota	—	0	179	287	35	—	0	10	44	61	—	1	9	81	53
Missouri	—	2	10	83	50	—	0	3	28	38	2	3	8	105	128
Nebraska [§]	2	1	7	93	1	—	0	2	12	10	—	0	1	6	5
North Dakota	1	0	11	40	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	14	2	—	0	2	7	8	—	0	0	—	—
S. Atlantic	34	40	144	2,395	964	5	12	28	398	398	7	56	218	1,929	2,416
Delaware	—	0	3	27	15	—	0	2	—	—	—	0	2	4	23
District of Columbia	—	0	4	21	17	—	0	2	7	3	—	2	8	94	128
Florida	22	18	89	1,105	565	2	3	18	148	141	2	19	33	702	755
Georgia	6	10	28	398	276	2	4	12	108	104	—	10	167	371	574
Maryland [§]	5	6	25	347	4	1	1	6	40	61	—	6	11	191	209
North Carolina	—	0	0	—	—	—	0	0	—	—	4	7	31	263	406
South Carolina [§]	1	5	25	366	—	—	1	4	40	37	1	2	7	103	92
Virginia [§]	—	0	4	41	—	—	1	4	39	34	—	4	22	198	225
West Virginia	—	1	21	90	87	—	0	4	16	18	—	0	2	3	4
E.S. Central	12	19	50	916	207	2	2	8	90	106	4	18	39	631	832
Alabama [§]	—	0	0	—	—	—	0	0	—	—	2	5	12	168	328
Kentucky	6	2	16	143	56	2	0	2	13	7	—	2	13	92	47
Mississippi	—	1	6	43	37	—	0	2	9	20	—	5	17	149	157
Tennessee [§]	6	12	44	730	114	—	1	7	68	79	2	6	17	222	300
W.S. Central	14	17	91	1,329	93	4	5	41	216	247	2	34	71	1,080	2,054
Arkansas [§]	1	2	9	123	43	—	0	3	11	33	—	3	14	112	177
Louisiana	—	1	8	62	50	—	0	3	19	20	—	0	23	64	600
Oklahoma	2	0	5	38	—	2	1	5	38	43	2	1	6	55	66
Texas [§]	11	14	83	1,106	—	2	3	34	148	151	—	25	42	849	1,211
Mountain	8	20	82	1,303	84	—	5	12	181	210	1	9	20	309	393
Arizona	7	7	51	609	—	—	2	7	78	96	—	3	7	92	181
Colorado	—	6	20	380	—	—	1	4	51	30	—	2	5	76	69
Idaho [§]	—	0	2	11	—	—	0	2	5	7	—	0	1	2	3
Montana [§]	—	0	2	13	—	—	0	1	1	—	—	0	1	1	—
Nevada [§]	1	1	4	56	34	—	0	1	5	7	1	1	10	75	74
New Mexico [§]	—	2	9	115	—	—	0	4	14	24	—	1	4	32	41
Utah	—	2	9	110	41	—	1	4	24	45	—	1	4	31	22
Wyoming [§]	—	0	1	9	9	—	0	1	3	1	—	0	0	—	3
Pacific	2	4	14	221	3	—	0	7	28	25	11	40	60	1,469	1,552
Alaska	—	1	9	84	—	—	0	5	18	16	—	0	1	1	—
California	2	3	12	137	—	—	0	2	10	—	11	37	55	1,300	1,378
Hawaii	—	0	0	—	3	—	0	1	—	9	—	0	3	25	26
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	42
Washington	—	0	0	—	—	—	0	0	—	—	—	3	10	137	106
Territories															
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	—	—	6	3	15	167	163
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

* Incidence data for reporting years 2009 and 2010 are provisional.

[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 2010, and September 19, 2009 (37th week)*

Reporting area	Varicella (chickenpox) [§]					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Neuroinvasive					Nonneuroinvasive [¶]				
		Med	Max			Current week	Med	Max	Cum 2010	Cum 2009	Current week	Med	Max	Cum 2010	Cum 2009
United States	140	326	548	10,143	15,537	1	0	52	262	355	—	1	33	203	306
New England	1	15	36	476	774	—	0	3	8	—	—	0	2	3	—
Connecticut	—	6	20	220	373	—	0	2	5	—	—	0	2	3	—
Maine [§]	—	3	15	130	142	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	2	3	—	—	0	0	—	—
New Hampshire	—	2	8	92	151	—	0	0	—	—	—	0	0	—	—
Rhode Island [§]	1	1	12	22	27	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	10	12	78	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	19	34	66	1,146	1,543	—	0	15	73	6	—	0	6	26	1
New Jersey	—	9	30	407	321	—	0	2	8	3	—	0	1	3	—
New York (Upstate)	N	0	0	N	N	—	0	8	35	2	—	0	6	17	1
New York City	—	0	0	—	—	—	0	5	23	1	—	0	4	5	—
Pennsylvania	19	22	52	739	1,222	—	0	3	7	—	—	0	1	1	—
E.N. Central	27	108	176	3,374	4,816	—	0	6	14	9	—	0	4	9	4
Illinois	5	26	49	889	1,169	—	0	2	3	5	—	0	1	2	—
Indiana [§]	—	5	35	303	360	—	0	0	—	2	—	0	2	3	2
Michigan	6	35	62	1,016	1,369	—	0	4	10	1	—	0	1	2	—
Ohio	16	28	56	925	1,466	—	0	1	1	—	—	0	1	1	2
Wisconsin	—	7	21	241	452	—	0	0	—	1	—	0	1	1	—
W.N. Central	10	15	40	555	1,027	—	0	7	22	24	—	0	8	49	65
Iowa	N	0	0	N	N	—	0	1	1	—	—	0	1	2	5
Kansas [§]	—	6	22	209	431	—	0	0	—	4	—	0	2	5	8
Minnesota	—	0	0	—	—	—	0	1	3	1	—	0	1	—	2
Missouri	8	6	23	290	498	—	0	1	3	3	—	0	1	—	—
Nebraska [§]	N	0	0	N	N	—	0	3	9	10	—	0	4	20	36
North Dakota	1	0	26	32	57	—	0	2	2	—	—	0	1	6	1
South Dakota	1	0	7	24	41	—	0	2	4	6	—	0	3	16	13
S. Atlantic	46	37	99	1,568	1,942	1	0	3	14	15	—	0	3	8	2
Delaware [§]	—	0	4	21	11	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	15	26	—	0	0	—	2	—	0	0	—	—
Florida [§]	27	15	57	783	945	1	0	2	5	1	—	0	1	1	1
Georgia	N	0	0	N	N	—	0	1	3	4	—	0	2	6	—
Maryland [§]	N	0	0	N	N	—	0	3	6	—	—	0	1	1	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina [§]	—	0	35	75	93	—	0	0	—	3	—	0	0	—	—
Virginia [§]	11	11	34	352	533	—	0	1	—	5	—	0	0	—	—
West Virginia	8	8	26	322	334	—	0	0	—	—	—	0	0	—	—
E.S. Central	3	6	28	215	409	—	0	5	3	34	—	0	3	5	24
Alabama [§]	3	6	27	208	406	—	0	1	1	—	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	1	—	3	—	0	0	—	—
Mississippi	—	0	2	7	3	—	0	2	2	27	—	0	2	3	19
Tennessee [§]	N	0	0	N	N	—	0	2	—	4	—	0	1	—	5
W.S. Central	30	55	285	2,020	3,901	—	0	9	38	111	—	0	3	11	32
Arkansas [§]	—	3	32	122	403	—	0	3	3	6	—	0	0	—	—
Louisiana	—	1	5	40	111	—	0	2	9	10	—	0	1	6	9
Oklahoma	N	0	0	N	N	—	0	2	—	7	—	0	0	—	2
Texas [§]	30	47	272	1,858	3,387	—	0	9	26	88	—	0	2	5	21
Mountain	4	21	37	751	1,039	—	0	10	66	76	—	0	10	71	117
Arizona	—	0	0	—	—	—	0	10	52	12	—	0	9	36	6
Colorado [§]	4	8	19	300	401	—	0	4	10	35	—	0	6	28	65
Idaho [§]	N	0	0	N	N	—	0	0	—	9	—	0	2	—	27
Montana [§]	—	3	17	158	126	—	0	0	—	2	—	0	0	—	3
Nevada [§]	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico [§]	—	2	8	83	97	—	0	1	3	6	—	0	2	3	2
Utah	—	6	22	197	415	—	0	0	—	1	—	0	0	—	1
Wyoming [§]	—	0	3	13	—	—	0	1	1	4	—	0	1	2	8
Pacific	—	1	5	38	86	—	0	10	24	80	—	0	4	21	61
Alaska	—	0	5	31	52	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	24	53	—	0	4	21	39
Hawaii	—	0	2	7	34	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	1	—	0	1	—	10
Washington	N	0	0	N	N	—	0	2	—	26	—	0	0	—	12
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	12	17	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	5	30	207	423	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ 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/ncphi/diss/nndss/phs/infdis.htm>.

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TABLE III. Deaths in 122 U.S. cities,* week ending September 18, 2010 (37th week)

Reporting area	All causes, by age (years)						P&I†	Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
New England	491	335	102	30	11	13	41	S. Atlantic	1,228	756	327	91	26	28	76
Boston, MA	119	67	33	7	8	4	7	Atlanta, GA	115	65	31	14	4	1	6
Bridgeport, CT	23	15	4	4	—	—	3	Baltimore, MD	147	75	47	15	7	3	18
Cambridge, MA	14	12	2	—	—	—	—	Charlotte, NC	152	99	39	9	2	3	6
Fall River, MA	24	19	4	1	—	—	—	Jacksonville, FL	137	83	34	15	2	3	8
Hartford, CT	68	50	14	3	1	—	7	Miami, FL	145	97	34	7	6	1	5
Lowell, MA	23	17	5	1	—	—	3	Norfolk, VA	45	27	10	4	2	2	—
Lynn, MA	11	7	2	1	1	—	—	Richmond, VA	63	37	21	4	—	1	6
New Bedford, MA	14	12	2	—	—	—	—	Savannah, GA	61	42	17	2	—	—	3
New Haven, CT	33	23	8	2	—	—	3	St. Petersburg, FL	48	27	14	1	1	5	—
Providence, RI	46	33	11	1	—	1	4	Tampa, FL	198	132	49	13	1	3	13
Somerville, MA	U	U	U	U	U	U	U	Washington, D.C.	103	62	30	4	1	6	10
Springfield, MA	36	24	5	5	1	1	1	Wilmington, DE	14	10	1	3	—	—	1
Waterbury, CT	23	17	4	2	—	—	5	E.S. Central	865	528	227	51	24	25	68
Worcester, MA	57	39	8	3	—	7	8	Birmingham, AL	174	99	56	11	4	4	16
Mid. Atlantic	1,743	1,184	414	79	40	25	79	Chattanooga, TN	72	49	15	4	1	3	—
Albany, NY	46	33	9	1	1	2	2	Knoxville, TN	86	51	18	6	1	—	8
Allentown, PA	27	17	9	1	—	—	—	Lexington, KY	113	66	31	8	6	2	6
Buffalo, NY	73	47	19	3	2	2	3	Memphis, TN	174	111	39	12	5	7	19
Camden, NJ	18	13	4	—	1	—	1	Mobile, AL	72	47	20	1	2	2	3
Elizabeth, NJ	19	16	—	2	—	1	1	Montgomery, AL	27	20	5	—	2	—	2
Erie, PA	44	30	6	5	2	1	3	Nashville, TN	147	85	43	9	3	7	14
Jersey City, NJ	26	15	6	2	2	1	2	W.S. Central	1,239	795	310	75	28	31	66
New York City, NY	1,036	718	243	47	18	9	43	Austin, TX	97	61	21	6	2	7	3
Newark, NJ	40	17	17	3	3	—	1	Baton Rouge, LA	69	58	7	3	1	—	—
Paterson, NJ	22	7	8	1	1	5	3	Corpus Christi, TX	63	35	15	9	2	2	4
Philadelphia, PA	156	93	47	7	7	2	3	Dallas, TX	189	113	53	10	6	7	7
Pittsburgh, PA [§]	27	20	5	2	—	—	1	El Paso, TX	52	36	11	2	2	1	1
Reading, PA	32	25	6	1	—	—	3	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	35	25	8	1	—	1	2	Houston, TX	312	186	91	25	4	6	22
Schenectady, NY	14	11	3	—	—	—	—	Little Rock, AR	51	29	15	3	1	3	—
Scranton, PA	28	22	5	1	—	—	3	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	53	37	10	2	3	1	3	San Antonio, TX	234	159	56	9	8	2	16
Trenton, NJ	18	14	4	—	—	—	1	Shreveport, LA	43	29	11	1	—	2	2
Utica, NY	12	10	2	—	—	—	4	Tulsa, OK	129	89	30	7	2	1	11
Yonkers, NY	17	14	3	—	—	—	—	Mountain	1,099	694	293	61	22	28	65
E.N. Central	2,014	1,368	451	117	41	37	149	Albuquerque, NM	101	74	21	2	2	2	11
Akron, OH	64	39	17	5	—	3	6	Boise, ID	55	36	11	4	4	—	2
Canton, OH	51	37	10	2	—	2	5	Colorado Springs, CO	67	44	21	1	—	1	2
Chicago, IL	222	144	60	10	5	3	26	Denver, CO	75	45	15	7	1	7	6
Cincinnati, OH	112	59	32	10	4	7	9	Las Vegas, NV	296	201	72	14	5	4	18
Cleveland, OH	253	189	52	8	4	—	8	Ogden, UT	34	20	10	3	—	1	1
Columbus, OH	216	147	50	11	2	6	20	Phoenix, AZ	144	76	46	11	4	7	8
Dayton, OH	145	100	29	12	3	1	7	Pueblo, CO	37	21	12	3	1	—	2
Detroit, MI	109	55	36	13	5	—	3	Salt Lake City, UT	120	75	33	7	1	4	10
Evansville, IN	53	38	11	4	—	—	7	Tucson, AZ	170	102	52	9	4	2	5
Fort Wayne, IN	76	57	12	5	1	1	4	Pacific	1,712	1,178	375	91	35	33	162
Gary, IN	15	8	4	2	1	—	1	Berkeley, CA	11	7	3	1	—	—	2
Grand Rapids, MI	57	37	11	5	2	2	2	Fresno, CA	122	90	18	10	1	3	21
Indianapolis, IN	222	155	50	8	5	4	20	Glendale, CA	38	33	5	—	—	—	6
Lansing, MI	44	32	6	5	—	1	4	Honolulu, HI	66	49	8	7	—	2	8
Milwaukee, WI	92	57	24	5	4	2	7	Long Beach, CA	58	35	17	4	—	2	6
Peoria, IL	60	47	9	1	1	2	8	Los Angeles, CA	273	154	77	23	10	9	26
Rockford, IL	42	30	6	3	2	1	5	Pasadena, CA	15	9	3	1	1	1	—
South Bend, IN	34	28	6	—	—	—	3	Portland, OR	115	87	23	3	1	1	7
Toledo, OH	82	55	19	4	2	2	1	Sacramento, CA	186	128	45	5	4	4	20
Youngstown, OH	65	54	7	4	—	—	3	San Diego, CA	190	137	33	8	6	6	20
W.N. Central	652	432	150	39	21	10	53	San Francisco, CA	115	71	33	7	4	—	9
Des Moines, IA	73	49	17	4	1	2	6	San Jose, CA	191	136	41	7	3	4	13
Duluth, MN	39	28	6	3	1	1	1	Santa Cruz, CA	33	17	13	1	2	—	3
Kansas City, KS	33	14	15	3	1	—	3	Seattle, WA	114	82	22	7	3	—	11
Kansas City, MO	119	83	21	6	7	2	17	Spokane, WA	79	61	17	—	—	1	6
Lincoln, NE	52	40	10	1	—	1	5	Tacoma, WA	106	82	17	7	—	—	4
Minneapolis, MN	62	34	19	5	2	2	4	Total¶	11,043	7,270	2,649	634	248	230	759
Omaha, NE	107	76	23	5	2	1	6								
St. Louis, MO	29	17	9	2	1	—	2								
St. Paul, MN	53	39	6	4	3	1	6								
Wichita, KS	85	52	24	6	3	—	3								

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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