Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 59 / No. 41
October 22, 2010

National Teen Driver Safety Week — October 17–23, 2010

In 2009, approximately 3,000 teens aged 15–19 years, died in motor vehicle crashes, approximately 500 fewer deaths than occurred in 2008 in this age group (*1*). During 2004–2008, the percentage of drivers aged 16–17 years involved in fatal crashes decreased by 36% (*2*). Despite these encouraging trends, motor vehicle crashes remain the leading cause of death for teens.

Graduated driver licensing (GDL) programs are widely credited with contributing to recent declines in teen crash fatalities. Evaluations of GDL have demonstrated a 20%–40% reduction in crash risk for the youngest drivers (*3*). GDL programs provide longer practice periods, limit driving under high-risk conditions for newly licensed drivers, and require greater participation of parents in their teens' learning-to-drive process. This year, during National Teen Driver Safety Week, CDC is launching a new campaign, Parents Are the Key, to inform parents how they can help protect the safety of their teen drivers. Campaign materials are available at http://www.cdc.gov/parentsarethekey. CDC also has released the issue brief *Policy Impact: Teen Driver Safety*, which is available at http://www.cdc.gov/motorvehiclesafety/teenbrief.

Additional information regarding National Teen Driver Safety Week is available from CDC at http://www.cdc.gov/motorvehiclesafety/teen_drivers/index.html and from the National Highway Traffic Safety Administration at http://www.nhtsa.gov/Teen-Drivers.

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Drivers Aged 16 or 17 Years Involved in Fatal Crashes — United States, 2004–2008

Motor vehicle crashes are the leading cause of death among teens in the United States, accounting for approximately one third of deaths in this age group (*1*). Crash risk is highest during the first years of independent driving (*2*). To characterize trends in fatal crashes involving drivers aged 16 or 17 years, CDC analyzed data from the Fatality Analysis Report System (FARS) for 2004–2008. This report summarizes the results of that analysis, which indicated that, during 2004–2008, a total of 9,644 passenger vehicle drivers aged 16 or 17 years were involved in fatal crashes. During that period, the annual population-based rate for drivers aged 16 or 17 years involved in fatal crashes declined 38%, from 27.1 per 100,000 population in 2004 to 16.7 in 2008. By state, 5-year annualized rates for drivers aged 16 or 17 years involved in fatal crashes ranged from 9.7 per 100,000 population in New Jersey and New York to 59.6 in Wyoming. To further reduce fatal crashes involving young drivers, states should periodically reexamine and update graduated driver licensing (GDL) programs, and communities should vigorously enforce laws on minimum legal drinking age, blood alcohol concentration (BAC), and safety belt use, all of which can reduce the number of fatal crashes among young drivers.

FARS is a census of fatal traffic crashes in the United States maintained by the National Highway Traffic Safety Administration. For this study, records of drivers involved in fatal crashes during 2004–2008 were examined. A fatal crash

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was defined as one in which at least one vehicle occupant or nonoccupant (e.g., bicyclist or pedestrian) involved in the crash died within 30 days of the crash. Analyses were restricted to drivers of passenger vehicles (i.e., automobiles, sport utility vehicles, pickup trucks, and vans). Of the 10,048 drivers aged 16 or 17 years involved in fatal crashes, 9,644 (96%) drove passenger vehicles. U.S. census population estimates for persons aged 16 or 17 years and persons aged ≥18 years were used to calculate rates of fatal crash involvement. To examine state-specific rates for drivers aged 16 or 17 years involved in fatal crashes, 2004–2008 crash data and census data were aggregated separately, and an annualized rate was calculated for each state. The annualized rates then were compared with 2008 state-specific fatality rates for all crashes involving passenger vehicles.

During 2004–2008, a total of 9,644 drivers aged 16 or 17 years were involved in 9,494 fatal crashes. A total of 4,705 (50%) crashes involved one vehicle; 3,976 (42%) involved two vehicles; and 813 (8%) involved three or more vehicles. A total of 8,274 (87%) crashes resulted in one fatality, 986 (10%) resulted in two fatalities, and 234 (3%) resulted in three or more fatalities.

Of the 11,019 persons who died in these crashes, 4,071 (37%) were drivers aged 16 or 17 years; 3,428 (31%) were passengers of those drivers; 1,987 (18%) were drivers of other vehicles (aged ≥18 years, aged <16 years, and of unknown age); and 805 (7.3%) were passengers of those other drivers. Another 728 (6.7%) persons were other road users (e.g., bicyclists or pedestrians).

A total of 6,280 (65%) drivers aged 16 or 17 years involved in fatal crashes were male; 3,429 (36%) of drivers in the age group were reported speeding at the time of the crash. Of the 4,459 (46%) whose BAC levels were known, 3,512 (79%) had zero BAC. Of the 947 drivers with a positive BAC, levels ranged from 0.01 g/dL to 0.55 g/dL, with a median of 0.11 g/dL; 678 (72%) of these drivers had a BAC of ≥0.08 g/dL, above the legal limit for drivers aged ≥21 years. Drivers aged <21 years, who cannot purchase alcohol legally, are subject to lower BAC limits in every state (i.e., >0.00 g/dL, ≥0.01 g/dL, or ≥0.02 g/dL, depending on the state).

The *MMWR* series of publications is published by the Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2010;59:[inclusive page numbers].

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TABLE 1. Number and annual rate* of drivers† involved in fatal crashes, by age group — Fatality Analysis Reporting System, United States, 2004–2008

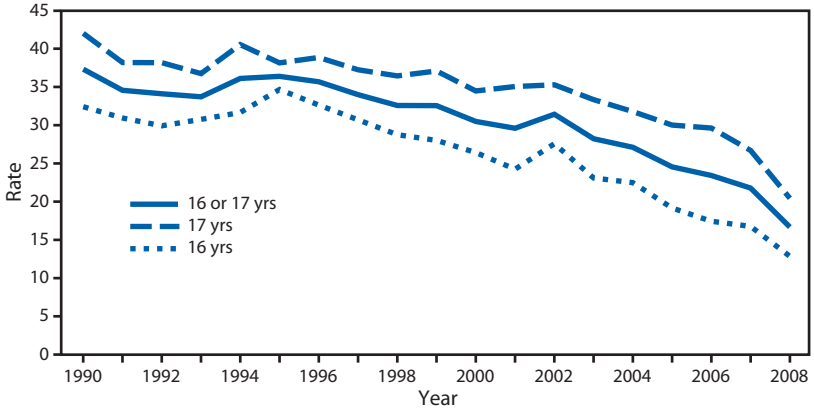
Age group (yrs)	Total	2004		2005		2006		2007		2008		2004 to 2008	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No. change (%)	Rate change (%)
16 or 17	**9,644**	2,230	27.1	2,054	24.5	2,020	23.4	1,903	21.8	1,437	16.7	-36	-38
≥18	**214,054**	45,145	20.5	45,360	20.4	43,963	19.6	42,143	18.5	37,443	16.3	-18	-20

* Per 100,000 population in age group.
† Of passenger vehicles (i.e., automobiles, sport utility vehicles, pickup trucks, and vans).

From 2004 to 2008, the annual number of drivers aged 16 or 17 years involved in fatal crashes decreased 36%, from 2,230 to 1,437 (Table 1). Continuing a general decline that began in 1996 (Figure), the population-based rate for drivers aged 16 or 17 years involved in fatal crashes decreased 38%, from 27.1 per 100,000 population in 2004 to 16.7 in 2008 (Table 1). During 2004–2008, year-to-year decreases in the rate ranged from 5% from 2005 to 2006 to 23% from 2007 to 2008. In comparison, the rate for drivers aged ≥18 years involved in fatal crashes declined 20%, from 20.5 per 100,000 population in 2004 to 16.3 per 100,000 in 2008. Year-to-year declines in the rate of fatal crash involvement for drivers aged ≥18 years ranged from <1% from 2004 to 2005 to 12% from 2007 to 2008 (Table 1).

Among states, the 5-year annualized rate for drivers aged 16 or 17 years involved in fatal crashes ranged from 9.7 per 100,000 population in New York and New Jersey to 59.6 in Wyoming (Table 2). These state-specific rates correlated strongly with 2008 state-specific fatality rates from all crashes involving passenger vehicles (Pearson correlation coefficient = 0.8) (Table 2).

FIGURE. Annual rate* for drivers† aged 16 or 17 years involved in fatal crashes, by age group — Fatality Analysis Reporting System, United States, 1990–2008



* Per 100,000 population in age group.
† Of passenger vehicles (i.e., automobiles, sport utility vehicles, pickup trucks, and vans).

Reported by

Shults RA, PhD, Ali B, MPH, Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note

The results described in this report indicate that the population-based rate for drivers aged 16 or 17 years involved in fatal crashes continued to decline substantially during 2004–2008, most notably from 2007 to 2008, when the rate decreased 23%. Among drivers aged ≥18 years, the rate decreased 12% from 2007 to 2008. Reasons for the decreases in rates of involvement in fatal crashes are unknown but they have been attributed, in part, to decreases in the number of vehicle miles traveled (particularly discretionary travel) because of rising gasoline prices and adverse economic conditions (*3*). Economic downturns are believed to produce greater cutbacks in travel for drivers with limited funds, including teens (*3*). Additionally, some teens might delay obtaining drivers licenses for financial reasons during adverse economic conditions, reducing the number of overall miles driven by teens.

The decline during 2004–2008 in the rate of young drivers involved in fatal crashes extends a long-term downward trend (*2*). From 1996 to 2008, the rate for drivers aged 16 or 17 years involved in fatal crashes fell approximately 50%, from 36.0 per 100,000 population (*2*) to 16.7. GDL programs are widely credited with contributing to this decline. A recent review of GDL evaluations concluded that the programs have reduced young driver crash risk by approximately 20% to 40% (*4*). First implemented in the United States in 1996 in Florida, GDL programs now operate in 49 states and the District of Columbia.* The programs initially limit teens' independent driving

* Additional information available at http://www.iihs.org/laws/graduatedlicenseintro.aspx.

TABLE 2. Number and 5-year annualized rate* for drivers† aged 16 or 17 years involved in fatal crashes and 2008 fatality rate from all crashes involving passenger vehicles, by state§ — Fatality Analysis Reporting System, United States, 2004–2008

State	2004	2005	2006	2007	2008	5-year annualized rate, 2004–2008¶	Fatality rate from all crashes involving passenger vehicles, 2008¶
Alabama	80	63	71	53	45	48.0	18.7
Alaska	4	1	5	10	4	21.4	7.4
Arizona	58	40	47	33	35	24.5	11.9
Arkansas	41	35	35	28	24	40.9	18.2
California	145	143	136	130	67	11.6	8.0
Colorado	50	33	29	30	21	25.0	9.5
Connecticut	19	13	12	12	12	13.8	6.3
Delaware	16	8	6	8	4	35.8	12.4
District of Columbia	3	0	0	0	0	—**	4.6
Florida	140	149	137	138	110	28.8	14.1
Georgia	79	85	83	83	66	29.2	13.6
Hawaii	9	2	3	1	2	—	6.8
Idaho	13	21	15	15	9	32.7	13.1
Illinois	78	69	86	80	31	18.9	7.1
Indiana	73	57	59	49	47	31.6	11.3
Iowa	29	26	27	33	16	30.9	11.9
Kansas	26	29	25	30	19	31.9	11.9
Kentucky	50	50	52	37	31	38.2	16.7
Louisiana	59	27	34	37	30	28.4	18.7
Maine	16	6	18	10	6	30.1	9.9
Maryland	39	38	31	29	31	20.7	9.5
Massachusetts	25	23	27	22	13	12.6	4.9
Michigan	76	58	50	63	47	19.6	8.8
Minnesota	47	43	42	29	22	24.4	7.4
Mississippi	47	55	41	40	26	47.6	25.0
Missouri	80	83	64	57	48	39.4	14.6
Montana	6	6	6	4	13	25.0	19.7
Nebraska	18	20	21	28	18	40.8	10.4
Nevada	15	19	16	13	11	22.1	10.7
New Hampshire	17	4	6	12	4	22.6	9.2
New Jersey	12	33	33	18	21	9.7	6.1
New Mexico	19	19	18	12	17	29.2	15.6
New York	65	58	53	55	33	9.7	5.3
North Carolina	89	79	72	86	57	31.9	14.0
North Dakota	3	2	13	10	6	37.7	13.4
Ohio	73	73	73	61	62	20.7	8.9
Oklahoma	42	42	39	37	31	37.4	18.2
Oregon	18	19	15	18	5	14.7	9.5
Pennsylvania	78	71	60	82	55	19.8	9.9
Rhode Island	6	6	5	6	3	18.0	5.4
South Carolina	41	36	51	39	30	32.0	18.4
South Dakota	6	8	10	8	12	37.3	13.1
Tennessee	67	69	61	56	42	35.4	15.0
Texas	172	161	145	149	121	21.6	11.9
Utah	22	17	21	15	9	20.2	8.5
Vermont	6	3	6	4	4	25.4	11.1
Virginia	57	48	49	42	48	23.5	9.6
Washington	20	25	38	28	19	14.4	6.8
West Virginia	13	14	15	12	9	27.1	18.5
Wisconsin	56	55	50	39	34	29.0	9.3
Wyoming	7	10	9	12	7	59.6	24.8

* Per 100,000 population in age group.
† Of passenger vehicles (i.e., automobiles, sport utility vehicles, pickup trucks, and vans).
§ Includes District of Columbia.
¶ Pearson correlation coefficient = 0.8. Compares state-level annualized rates for drivers aged 16 or 17 years involved in fatal crashes during 2004–2008 with 2008 fatality rates from all crashes involving passenger vehicles.
** Rates suppressed because numerators were <20.

What is already known on this topic?

Teen drivers have the highest motor vehicle crash risk of any age group, and crashes are the leading cause of death among teens in the United States.

What is added by this report?

The national rate for drivers aged 16 or 17 years involved in fatal crashes declined 38% from 2004 to 2008 to 16.7 per 100,000 population; however, rates among states ranged from 9.7 to 59.6.

What are the implications for public health practice?

To further reduce crashes among young drivers, states should ensure that their graduated driver licensing programs include all effective measures, including extended learner periods, nighttime driving restrictions, and passenger restrictions.

under various high-risk conditions, such as nighttime driving or carrying teen passengers. All U.S. GDL programs include a nighttime driving restriction, and 42 states and the District of Columbia include a teen passenger restriction. CDC recommends that families of newly licensed teen drivers actively enforce GDL requirements with a parent-teen driving contract (*5*). Other factors that likely contributed to the long-term decline in fatal crashes involving young drivers include improvements in vehicle and road safety, increased seat belt use, and reductions in driving after drinking alcohol (*6*).

State-specific rates of drivers aged 16 or 17 years involved in fatal crashes varied by sixfold. By state, the strong correlation between rates for young drivers involved in fatal crashes and fatality rates from all crashes involving passenger vehicles suggests that state-specific differences in the driving environment (e.g., degree of urbanization, speed limits, amounts and types of travel, weather, state traffic laws, rates of licensure, and emergency-care capabilities) have similar effects on fatal crash risk for drivers of all ages.[†] The relatively low rates of crash involvement for young drivers in New Jersey and New York might be related to licensing policies. New Jersey is the only state with a minimum licensing age of 17 years; in New York City, the minimum age is 18 years, except for persons who take a state-approved driver education course and meet other requirements, who may be licensed at aged 17 years.

[†] Additional information available at http://www.iihs.org/research/fatality_facts_2008/statebystate.html.

The findings in this report are subject to at least four limitations. First, population-based crash rates do not account for driving exposure. This limitation is of particular concern because the age at which teens may begin to drive independently varies by state from 14 years to 17 years; therefore, the proportion of persons aged 16 or 17 years who are eligible to drive without adult supervision varies widely by state. Ideally, studies of young driver crash risk would include measures such as the number of miles driven or number of licensed teen drivers. Reliable data on these driving exposure measures are not readily available for research (*2,7*). To help facilitate collection of data on driving exposure, the Transportation Research Board's Subcommittee on Young Drivers recently identified documenting the amount and type of driving done by teens as one of five high-priority research needs (*7*). Second, the two variables used in calculating the Pearson correlation coefficient were not completely independent because fatalities resulting from crashes involving drivers aged 16 or 17 years were included in the 2008 state-specific fatality rates for all crashes involving passenger vehicles. The effect is small, however, because only 5% of passenger vehicle fatalities in 2008 involved a driver aged 16 or 17 years. Third, any fatalities that occur >30 days postcrash are excluded from FARS. Finally, caution should be used in interpreting the differences in fatal crash involvement rates among states because many factors that vary by state contribute to crash risk.

GDL programs vary in makeup; the more comprehensive programs are associated with larger crash reductions (*8*). To further reduce crashes among young drivers, states should ensure that their GDL programs include all of the components with demonstrated effectiveness, including extended learner periods, nighttime driving restrictions, and passenger restrictions (*9*). As GDL programs evolve and additional evaluation results become available, states should reexamine their programs and consider implementing additional components that have been proven effective. Additionally, communities should vigorously enforce existing laws known to be effective among young drivers and the general driving population, including laws on minimum legal drinking age, BAC, and safety belt use. Information regarding the effectiveness of these strategies is available at http://www.thecommunityguide.org/mvoi/index.html.

Acknowledgments

The findings in this report are based, in part, on the contributions of T Lindsey, National Highway Traffic Safety Admin, District of Columbia, and AF Williams, PhD.

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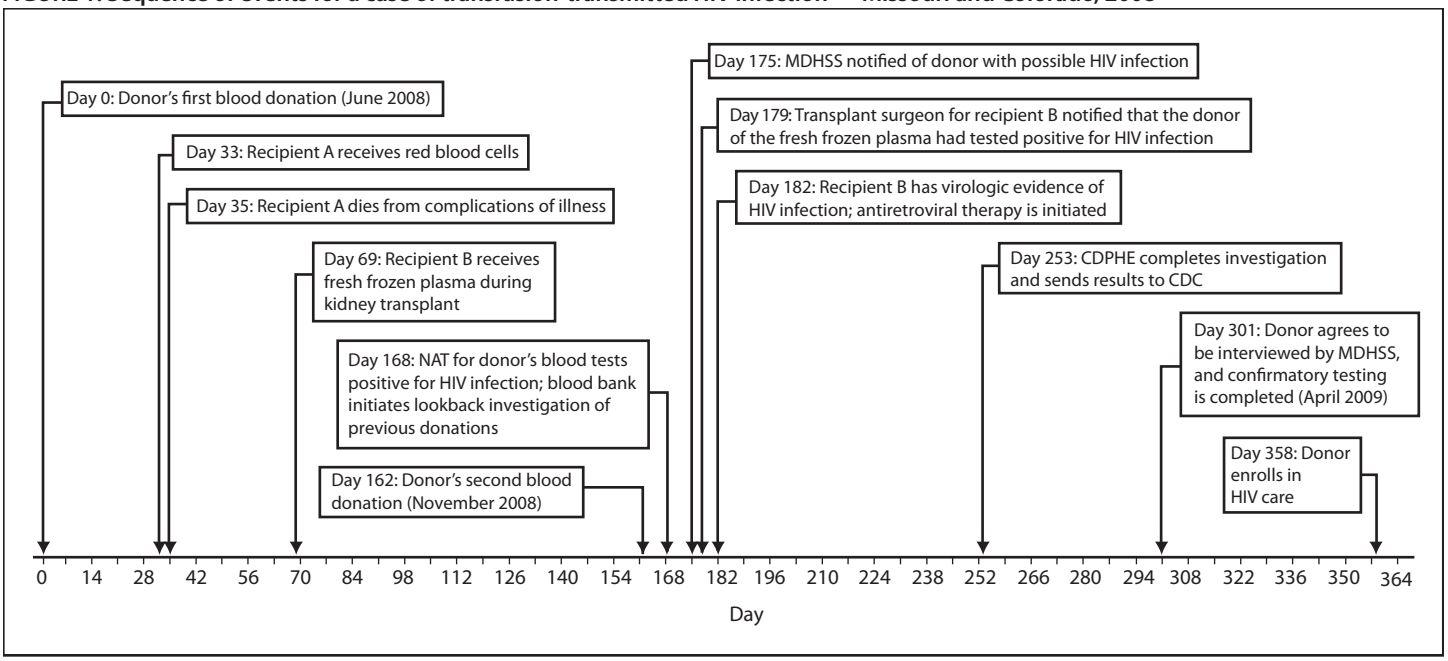
HIV Transmission Through Transfusion — Missouri and Colorado, 2008

Transmission of human immunodeficiency virus (HIV) through transfusion of contaminated blood components was documented in the United States in 1982 (*1*). Since then, the risk for transfusion-transmitted HIV infection has been almost eliminated by the use of questionnaires to exclude donors at higher risk for HIV infection and the use of highly sensitive laboratory screening tests to identify infected blood donations. The risk for acquiring HIV infection through blood transfusion today is estimated conservatively to be one in 1.5 million, based on 2007–2008 data (*2*). This report describes the first U.S. case of transfusion-transmitted HIV infection reported to CDC since 2002 (*3*). A blood center in Missouri discovered that blood components from a donation in November 2008 tested positive for HIV infection. A lookback investigation determined that this donor had last donated in June 2008, at which time he incorrectly reported no HIV risk factors and his donation tested negative for the presence of HIV. One of the two recipients of blood components from this donation, a patient undergoing kidney transplantation, was found to be HIV infected, and an investigation determined that the patient's infection was acquired from the donor's blood products. Even though such transmissions are rare, health-care providers should consider the possibility of transfusion-transmitted HIV in HIV-infected transfusion recipients with no other risk factors.

Case Reports

Donor. In June 2008, a man in his forties donated whole blood at a blood center in Missouri (Figure 1). He was a repeat blood donor who reported no HIV risk factors on the routine eligibility screening questionnaire. He was not compensated for his blood donation. His whole blood donation was screened at a reference laboratory for HIV by enzyme immunoassay (EIA) (Genetic Systems HIV-1/HIV-2 Plus O EIA, Bio-Rad Laboratories, Redmond, Washington) and by nucleic acid amplification testing of minipools of plasma specimens (MP-NAT) from 16 donations (Procleix HIV-1 Nucleic Acid Test, Gen Probe, San Diego, California); both tests were negative.

FIGURE 1. Sequence of events for a case of transfusion-transmitted HIV infection — Missouri and Colorado, 2008



Abbreviations: HIV = human immunodeficiency virus; NAT = nucleic acid amplification testing; MDHSS = Missouri Department of Health and Senior Services; CDPHE = Colorado Department of Public Health and Environment.

Components from this donation later were transfused into two recipients. No specimens from this donation were stored. In November 2008, the man donated blood again at the same blood center and again reported no risk factors on the routine eligibility screening questionnaire. At that time, his blood tested positive for HIV by EIA, MP-NAT, and indirect immunofluorescence assay (Fluorognost HIV-1 IFA, Sanochemia Corporation, Vienna, Austria). The man was placed on the list of donors who are indefinitely ineligible for future donation, all products from this donation were destroyed, and the man was notified by the blood center of his probable HIV infection. The Missouri Department of Health and Senior Services (MDHSS) was notified of this case on December 4, 2008. Because of the rare possibility that the donor might have been infected shortly before his June 2008 donation and donated blood that contained HIV at a concentration too low to be detected, an investigation was initiated to determine whether recipients of the June donation had been infected with HIV, consistent with regulatory requirements to investigate such events.

Initially, the donor declined repeated contacts by MDHSS to be interviewed. In April 2009, he agreed to a brief interview with MDHSS, and an OraQuick rapid HIV test (OraSure Technologies, Bethlehem, Pennsylvania) was performed. This test was reactive and confirmed by a positive Western blot at MDHSS. During his interview, the donor reported he was married but had sex with both men and women outside of his marriage, including just before his June 2008 donation. He indicated that the sex often was anonymous and occurred while he was intoxicated.

Recipients. The investigation initiated by the blood center identified two recipients of blood components (packed red blood cells and fresh frozen plasma) derived from the donor's June 2008 donation. In July 2008, one unit of packed red blood cells from the donor was transfused into a patient in Arkansas during cardiac surgery. This patient died 2 days later from cardiac disease; no premortem or postmortem material was available for testing, and it was unknown whether the patient had been infected with HIV.

In August 2008, one unit of fresh frozen plasma from the donor was transfused into a patient receiving a kidney transplant in Colorado. The recipient's most recent negative serum test for HIV infection (using HIV EIA) was in July 2005. The patient had been receiving regular hemodialysis for management of kidney failure since July 2005. From that date to the date of kidney transplantation, the patient reported no behavioral or health-care–related risk factors for HIV infection and did not received blood components. The kidney donor tested negative for HIV infection by EIA and NAT at the time of organ donation.

In December 2008, MDHSS notified the Colorado Department of Public Health and Environment (CDPHE) that the plasma was from a donor who subsequently tested positive for HIV, and CDPHE notified the recipient's transplant surgeon. When the recipient visited the transplant clinic in December 2008, serum was nonreactive by HIV EIA, but plasma HIV RNA viral load was 7,240 copies/mL, and CD4 cell count was very low (48 cells/μL). At this time, the recipient was placed on antiretroviral therapy. The patient also was receiving mycophenolic acid, a drug used to prevent rejection in organ transplantation that is also a potent inhibitor of both lymphocyte proliferation and HIV replication in $CD4^+$ T cells and macrophages. Physical examination demonstrated no other signs or symptoms of HIV infection. After antiretroviral therapy was initiated, the patient's HIV RNA viral load became undetectable, and CD4 cell count increased to 88 cells/μL in June 2009. HIV EIA repeated in April 2009 was reactive, but the Western blot was indeterminate, with reactivity to the nonviral p38 and p42 bands and weak reactivity to gp120.

HIV DNA from blood specimens collected from the donor and the recipient was amplified and sequenced at CDC. Comparison of these sequences demonstrated that the virus from the donor and recipient were greater than 99% identical, confirming that the donor's 2008 donation was the source of the recipient's HIV infection.

Reported by

B Laffoon, Missouri Dept of Health and Senior Svcs. A Crutchfield, Colorado Dept of Public Health and Environment. M Levi, MD, Univ of Colorado at Denver. WA Bower, MD, M Kuehnert, MD, Office of Blood, Organ, and Other Tissue Safety, Div Health Care Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases; JT Brooks, MD, RM Selik MD, WM Switzer, MPH, W Heneine, PhD, A Shankar, MS, MSc, AD Iuliano, PhD, Div of HIV/AIDS Prevention, National Center for HIV, Hepatitis, STD, and Tuberculosis Prevention, CDC.

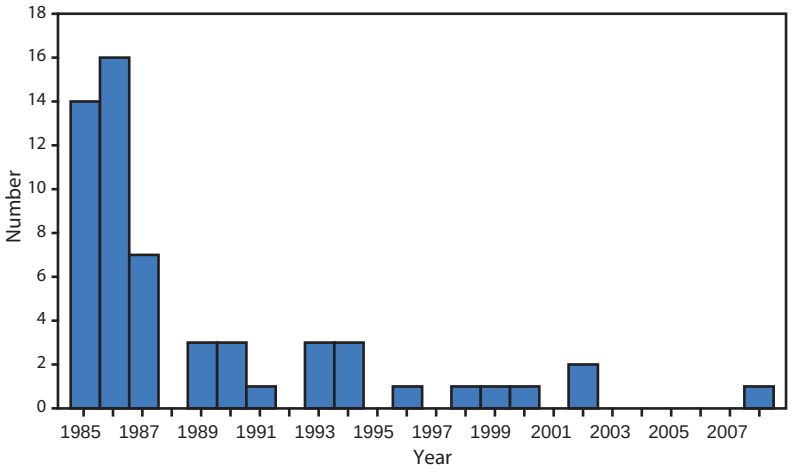
Editorial Note

This report describes the first U.S. case of transfusion-transmitted HIV infection reported* to CDC since 2002 (*3*) (Figure 2). The sequence of events in this case is consistent with transmission by transfusion of HIV-contaminated plasma collected from a donor during the eclipse period of acute infection (i.e., the interval between infection and the development of detectable concentrations of HIV RNA in plasma) to a recipient treated with medication that suppressed HIV replication, reduced the CD4 lymphocyte count, and blunted the humoral response to HIV infection.

In 1999, U.S. blood banks implemented HIV NAT for blood donations to reduce HIV transmission from recently infected donors. NAT can detect the presence of HIV earlier in the course of infection than serologic methods, which only detect antibodies against HIV, thus reducing the window period (i.e., the interval between infection and development of detectable HIV markers in blood) from 22 days to approximately 10–15 days (*4,5*). However, NAT cannot detect HIV infections during the eclipse period, estimated to average 9 days based on limited data (*6*).

The Food and Drug Administration (FDA) requires blood centers to assess donor eligibility using a screening questionnaire and to test donations for infections to reduce the risk for transfusion-transmitted disease.† FDA currently requires testing blood donations for HIV using both licensed serologic testing and NAT, which can detect HIV RNA at a minimum concentration of approximately 5.5 copies/mL.§ NAT can be conducted on individual specimens (ID-NAT) or pooled specimens (MP-NAT). The number of specimens pooled for MP-NAT is based on manufacturer's specifications and FDA's test sensitivity requirements.¶ The dilution effect inherent in screening by MP-NAT makes this method slightly less sensitive than ID-NAT (3.8 compared with 6.9 infections prevented per year, respectively); however, ID-NAT is substantially less cost effective (*7*).

FIGURE 2. Number of cases of transfusion-transmitted HIV infection from contaminated blood products, by transfusion year — United States, 1985–2008



Widespread adoption of effective HIV testing methods to screen donated blood has greatly reduced the risk for transfusion-transmitted HIV infection. The modeled risk for HIV infection from transfusion of blood products in the United States declined from one in 450,000–600,000 donations in 1995 to one in 2,135,000 donations from 1995 to 2001 after the introduction of NAT in 1999 (*8*) and was recently updated to one in 1,467,000 based on data from 2007–2008, which incorporates the increased incidence of HIV among blood donors (*2*). However, even the most sensitive screening technologies currently available cannot identify the presence of HIV infection during the first few days after infection, when neither HIV RNA nor HIV-specific antibodies have reached detectable levels.

Transfusion-transmitted HIV infection, although rare, likely is underrecognized, and every case warrants a detailed investigation. Three previous cases of HIV infection attributable to transfusion of infected blood products that tested negative by HIV NAT and EIA because of donation during the eclipse period were identified and reported to CDC in 2000 (*9*) and 2002 (*10*). Assuming that 16 million donations occur each year** and using the most conservative estimated risk

* A suspected case of transfusion-transmitted HIV infection in the United States in 2006 has been identified by a blood center through donor screening, but not reported to national surveillance.

† Additional information available at http://www.fda.gov/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/blood/ucm073445.htm.

§ Additional information available at http://www.fda.gov/downloads/biologicsbloodvaccines/bloodbloodproducts/approvedproducts/licensedproductsblas/blooddonorscreening/infectiousdisease/ucm092036.pdf.

¶ Additional information available at http://www.fda.gov/downloads/biologicsblood%20vaccines/guidancecomplianceregulatoryinformation/guidances/blood/ucm210270.pdf.

** Additional information available at http://www.hhs.gov/ophs/bloodsafety/2007nbcus_survey.pdf.

What is already known on this topic?

Transfusion-transmitted cases of HIV infection are rare, but still might occur despite screening questionnaires for deferral of at-risk donations and improvements in laboratory testing for detecting HIV in blood products.

What is added by this report?

This report describes the first case of transfusion-transmitted HIV infection reported to CDC since 2002.

What are the implications for public health practice?

Although transfusion-transmitted HIV infection is a rare event, clinicians and health departments should evaluate the possibility of such an event in a patient with no other known risk factors for HIV infection. If a case of transfusion-transmitted HIV infection is identified, clinicians should report the case through their public health surveillance system and collaborate with blood collection centers and health departments to conduct an investigation.

for HIV infection of one in 1.5 million donations (*2*), approximately 11 infectious donations and 20 HIV-positive blood components released each year could potentially infect recipients. In this case, eligibility screening questions,[††] if answered accurately, would have excluded the donor because of his sexual history. It is the responsibility of persons who donate blood to answer screening questionnaires accurately to ensure the safest blood supply possible.

Blood collection centers conduct investigations of previous donations when a positive antibody or NAT result is identified in a repeat donor. However, fewer than the expected number of cases of transfusion-transmitted HIV infection were reported to CDC from 2002 to 2008, a 6-year period when an estimated 16 million units of blood or blood components were donated annually. Because the number of reported cases is lower than expected, risk estimates might have been too high. Alternatively, transfusion-transmitted HIV infections might have gone unreported either because of 1) recipient death attributed to the underlying condition or some other cause before detection of HIV infection from the receipt of infected blood or blood components, 2) poor recall by infected persons regarding receipt of blood or blood components before their HIV diagnosis, 3) inability to confirm or rule out transfusion as the source of infection because no HIV-infected donors were identified, 4) underrecognition of HIV infections among recipients of potentially infected blood or blood components who recover and might never have been subsequently tested for HIV infection, or 5) misclassification of a transfusion-transmitted HIV infection in a person who also had other risk factors more frequently associated with HIV transmission (e.g., male-to-male sexual contact or injection drug use) to which that infection was attributed. Adoption of CDC's 2006 recommendation for routine opt-out HIV testing recommendations, whereby all persons are tested for HIV as part of routine health care unless they decline, might reduce the possibility of unrecognized transfusion-transmitted infections and possibly reduce donations by HIV-infected persons being made aware of their status.[§§] Additionally, blood centers might consider the logistics, costs, and potential benefits of saving specimens of blood so that retrospective testing can be conducted if transfusion-transmitted HIV infection is suspected.

Although the risk for transfusion-transmitted HIV infection is extremely low in the United States, transfusion should be considered along with other possible sources of HIV infection in a patient who has no other HIV risk factors. These investigations are most effective if conducted as soon as they are recognized and in collaboration with the blood center, transfusing health-care facilities, and state and local health departments. The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system designed to collect data from a sample of U.S. health-care facilities to permit valid estimation of the magnitude of adverse events among patients. The Hemovigilance Module added this year to the NHSN's Biovigilance Component[¶¶] was designed specifically to bolster the collaborative capacity of public health and private industry to detect adverse events (e.g., HIV infections) associated with transfusion. Findings from Hemovigilance Module surveillance data will be used to improve the safety of the blood supply in the United States.

[††] Additional information available at http://www.fda.gov/biologicsbloodvaccines/bloodbloodproducts/approvedproducts/licensedproductsblas/blooddonorscreening/ucm164185.htm.

[§§] Additional information available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55/14a1.htm.

[¶¶] Additional information available at http://www.cdc.gov/nhsn/bio.html.

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State Medicaid Coverage for Tobacco-Dependence Treatments — United States, 2009

Medicaid enrollees have nearly twice the smoking rates (37%) of the general adult population (21%), and smoking-related medical costs are responsible for 11% of Medicaid expenditures (*1*,*2*). In 2008, the Public Health Service released clinical practice guidelines recommending comprehensive coverage of effective tobacco-dependence medications and counseling by health insurers (*3*). *Healthy People 2010* established a clear objective for Medicaid programs to cover all Food and Drug Administration–approved medications and counseling for tobacco cessation (*4*). To monitor progress toward that objective, the Center for Health and Public Policy Studies at the University of California, Berkeley, in collaboration with CDC, surveyed Medicaid programs in the 50 states and the District of Columbia (DC) to document their 2009 tobacco-dependence treatment coverage and found that 47 programs offered coverage. Only eight state programs offered coverage of all recommended pharmacotherapy and counseling for all Medicaid enrollees, and 16 programs reported coverage for fee-for-service enrollees that differed from that provided for Medicaid managed-care enrollees. Among the 33 programs that covered at least one combination therapy, the nicotine patch plus bupropion slow release (SR) was the one combination covered by all. The Affordable Care Act mandates Medicaid coverage of tobacco-dependence treatments (*5*) for pregnant women, beginning October 1, 2010. Coverage of pharmacotherapy for all Medicaid enrollees will be enhanced by January 2014, when states no longer may exclude tobacco-dependence cessation drugs from covered benefits. Monitoring the extent to which Medicaid programs place limitations on these treatments can help in evaluating accessibility of tobacco-dependence treatments to Medicaid enrollees.

Medicaid coverage of tobacco-dependence treatments has been assessed regularly since 1998 by the University of California, Berkeley. In November 2009, a link to an online survey instrument was sent to previously identified Medicaid personnel for the 50 state Medicaid programs and DC. Respondents were asked to complete 45 questions regarding treatment coverage, coverage limitations, outreach activities, and related subjects. Follow-up questions were directed to relevant contacts in each state via telephone or e-mail. The response rate was 100%. To validate survey responses, Medicaid programs were asked to submit documentation of their tobacco-dependence treatment coverage policies. Of the 47 programs that indicated they covered at least one tobacco-dependence treatment, supporting documentation was obtained for 44 (94%) programs. For programs without complete documentation, the information given by the respondent was confirmed with a second respondent within that state before being accepted as accurate.

Among the 51 Medicaid programs, 47 provided tobacco-dependence treatment coverage for some enrollees, 38 covered at least one tobacco-dependence treatment for all Medicaid enrollees, and four (Connecticut, Georgia, Missouri, and Tennessee) offered no coverage for tobacco-dependence treatment to their enrollees. Coverage for all enrollees was defined as coverage that did not differ between fee-for-service (FFS) and managed-care organization (MCO) enrollees. Coverage for all Medicaid enrollees was reported for the nicotine patch (34 programs), bupropion or Zyban* (33 programs), nicotine gum (32 programs), varenicline (Chantix) (32 programs), nicotine nasal spray (28 programs), nicotine inhalers (27 programs), and nicotine lozenges (25 programs). Only five states (Indiana, Massachusetts, Minnesota, Montana, and Pennsylvania) reported having policies that require coverage of all recommended pharmacotherapies and individual and group counseling for all Medicaid enrollees.

The 2008 Public Health Service guideline identifies four combination therapies (i.e., two tobacco-dependence medications taken simultaneously) as being effective in treating tobacco-dependence: 1) nicotine patch and nicotine gum, 2) nicotine patch and nicotine nasal spray, 3) nicotine patch and nicotine inhaler, and 4) nicotine patch and bupropion SR (*3*). The most commonly covered combination of tobacco-dependence treatments among the Medicaid

* Zyban is a trade name for bupropion. Coverage was assessed separately for Zyban and bupropion because some programs cover one but not the other. Data presented represent coverage for either bupropion or Zyban.

programs was the nicotine patch and bupropion SR (33 programs), followed by the nicotine patch and nicotine gum (21 programs), the nicotine patch and nicotine inhaler (21 programs), and the nicotine patch and nicotine nasal spray (19 programs).

Fewer Medicaid programs covered counseling than pharmacotherapy; 18 programs covered individual counseling for all Medicaid enrollees, six programs covered only FFS enrollees (with two restricting coverage to pregnant women), one covered MCO enrollees only, and six covered only pregnant women. Eight Medicaid programs covered group counseling for all Medicaid enrollees, three programs covered group counseling for FFS only (with two restricting coverage to pregnant women), two programs covered only MCO enrollees, and five programs covered group counseling for pregnant women only.†

Nationwide, coverage for any tobacco-dependence treatments increased, from 45 programs (including two with coverage only for pregnant women) to 47 programs since 2007, the most recent year for which comparable data were reported (*6*). Nebraska added coverage for tobacco-dependence treatments for FFS enrollees and Alabama added individual counseling for pregnant women (Table). In addition, Arizona and Washington expanded coverage previously limited to pregnant women to include all Medicaid enrollees. Overall, 12 Medicaid programs added or expanded coverage from 2007 to 2009.

Medicaid enrollment options vary considerably across and within states. Some states offer only traditional FFS Medicaid, others enter into contracts with MCOs to provide services to Medicaid enrollees. Because some state programs reported different coverage policies for FFS and MCO enrollees, and for pregnant women, Medicaid recipients within a state might have varying degrees of access to tobacco-dependence treatments. Some states required that all MCO contracts provide an agreed upon level of coverage for tobacco-dependence treatments; other states allow MCOs to determine what coverage they offer. For example, 32 Medicaid programs covered nicotine gum to all enrollees, but nine programs offered coverage for nicotine gum to their FFS population without requirements to provide this coverage in their MCO contracts (Table). In addition, Rhode Island required coverage for nicotine gum in contracts with MCOs, but does not cover this treatment for FFS enrollees. Overall, 16 programs reported coverage for FFS enrollees that differed from that provided for MCO enrollees.

† Two programs covered counseling for pregnant women in FFS only. These two are included under the totals for pregnancy only and for FFS only (Table).

What is already known on this topic?

Prevalence of smoking is nearly twice as high among Medicaid enrollees than in the general U.S. population, and *Healthy People 2010* calls for expanding coverage for tobacco-dependence treatment to Medicaid programs in all 50 states and the District of Columbia.

What is added by this report?

Although 47 (92%) of 51 Medicaid programs offered coverage for some form of tobacco-dependence treatment to Medicaid enrollees, only five states offer coverage of all recommended pharmacotherapies and individual and group counseling for all Medicaid enrollees, and 16 states have coverage policies that are not consistent for fee-for-service and managed-care organization enrollees.

What are the implications for public health practice?

To increase the effectiveness of recommended tobacco-dependence treatments, Medicaid programs should inform their enrollees and providers about coverage changes, offer tobacco-dependence treatments without barriers or limitations, measure treatment usage rates, and assess any remaining barriers to coverage.

Reported by

SB McMenamin, PhD, HA Halpin, PhD, M Ingram, Center for Health and Public Policy Studies, Univ of California, Berkeley. A Rosenthal, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note

This report updates previously published information on coverage for tobacco-dependence treatments in Medicaid programs (*6*) and, for the first time, lists coverage for FFS, MCO, or all enrollees for each tobacco-dependence treatment in each Medicaid program and provides data on combination therapies. Coverage increased in 12 states since 2007, and in 16 states, coverage for FFS enrollees differed from coverage for MCO enrollees.

Public health initiatives and clinical guidelines to reduce tobacco use have called for comprehensive coverage of recommended treatments (*3,4*). Most state Medicaid programs fall short of this goal. Coverage

TABLE. State Medicaid program coverage for tobacco-dependence treatments,* by type of coverage and year coverage began — United States, 2009†

State/Area	Year coverage began	Medication coverage							Counseling coverage	
		Gum	Patch	Nasal spray	Inhaler	Lozenge	Varenicline (Chantix)	Bupropion hydrochloride or Zyban§	Group	Individual
Alabama	2008	No	No	No	No	No	No	No	No	Yes (P)¶
Alaska	2006	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Arizona	2008	Yes¶	Yes¶	Yes¶	Yes¶	Yes¶	Yes¶	Yes¶	No	Yes (P)
Arkansas	1999	Yes	Yes	No	No	No	Yes	Yes	No	Yes
California	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Colorado	1996	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (P)	Yes (P)
Delaware	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
District of Columbia	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Florida**	1998	Yes (F)	Yes (F)	No	No	Yes (F)¶	Yes (F)	Yes	Yes (M)	Yes (M)
Hawaii††	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Idaho§§	2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Illinois	2000	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Indiana	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	2007	Yes	Yes	No	No	No	Yes¶	Yes	No	Yes (F)¶
Kansas	1999	No	Yes (F)	No	No	No	Yes (F)	Yes (F)	No	No
Kentucky	2000	No	No	No	No	No	No	No	Yes (P)(F)	Yes (P)(F)
Louisiana	1990	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Maine	1996	Yes	Yes	Yes	Yes	Yes	Yes	No¶¶	No	Yes
Maryland	1996	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Massachusetts	2006	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Michigan**	1997	Yes (F)	Yes	No	No	Yes (F)	Yes (F)	Yes (F)	No	Yes
Minnesota	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mississippi	2001	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)	Yes (P)
Montana	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes¶	Yes¶
Nebraska	2008	Yes (F)¶	Yes (F)¶	No	No	No	Yes (F)¶	Yes (F)¶	No	Yes (F)¶
Nevada	1996	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	No	No
New Hampshire	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)	Yes***
New Jersey	1996	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	No	No
New Mexico	1996	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes†††	Yes (F)†††
New York	1999	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes (P)¶	No
North Carolina	1996	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes¶
North Dakota	1996	Yes	Yes	No	No	Yes¶	Yes¶	Yes	Yes	Yes
Ohio	1998	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Oklahoma	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Oregon§§§	1998	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)
Pennsylvania	2002	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rhode Island	1994	Yes (M)	Yes (M)	Yes (M)	Yes (M)	Yes (M)	No	No	Yes	Yes
South Carolina	2004	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
South Dakota	2001	No	No	No	No	No	Yes	Yes	No	No
Texas	1996	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Utah	2001	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (P)(F)	Yes (P)(F)
Vermont	1999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Virginia	1996	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (F)	Yes (P)	Yes (P)¶
Washington	2008	Yes¶	Yes¶	No	No	No	Yes (F)¶	Yes (P)	No	Yes (P)
West Virginia	2000	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes (M)	Yes
Wisconsin	1996	Yes¶	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Wyoming	2007	Yes	Yes	No	No	Yes	Yes	Yes	No***	Yes
Total states/areas		**32**	**34**	**28**	**27**	**25**	**32**	**33**	**8**	**18**
Fee-for-service only (F)		9	9	6	6	8	11	9	3	6
Managed-care organization only (M)		1	1	1	1	1	0	0	2	1
Pregnancy only (P)		0	0	0	0	0	0	1	7	8
Added since 2007		4	3	1	1	3	5	2	2	6

Abbreviations: F = coverage in Medicaid fee-for-service only; M = coverage in Medicaid managed-care organization only; P = Medicaid coverage exclusively for pregnant women.

* Based on response to the question "Does your state Medicaid program cover any of the following tobacco-dependence treatments?" Each state also was asked to provide documentation of coverage.

† N = 47. In 2009, three states with Medicaid programs (Connecticut, Missouri, and Tennessee) covered none of the tobacco-dependence treatments recommended in the 2008 Public Health Service *Clinical Practice Guideline*. Georgia covers bupropion without prior authorization; therefore, it could be used for smoking cessation, although this was not the intention of the coverage policy.

§ Covered either bupropion or Zyban specifically for smoking cessation.

¶ Treatment added since 2007 survey.

** Some of these treatments are required per managed-care organization contracts although plans have a choice of which treatments to cover.

†† Hawaii previously covered tobacco-dependence treatments only after the gum or patch was used in conjunction with quitline support for 2 weeks. This policy was revised in June 2009 and is no longer contingent on quitline enrollment.

§§ Idaho provides an allowance of $200 per enrollee per year for personal health benefits that can be applied to smoking cessation benefits.

¶¶ Maine covers bupropion, but not specifically for smoking cessation.

*** Response differs from the previous survey because of a reporting error. In most cases, this resulted from the state reporting on managed-care organization coverage policies and not Medicaid fee-for-service.

††† Fee-for-service covers when there is a valid behavioral health diagnosis other than tobacco dependence.

§§§ Oregon requires that managed-care organizations cover "behavioral and tobacco cessation therapy products" but does not specify coverage of specific tobacco-dependence treatments; however, most managed-care organizations cover the same treatments covered under fee-for-service Medicaid.

varies considerably for specific tobacco-dependence treatments within states and across states. Tobacco-dependence treatments are one of the few clinical preventive services shown to reduce costs (*7*). Insurers that provide adequate access and support for persons seeking to quit smoking can improve cessation rates substantially, with potential for considerable improvement in public health and reduction in medical expenditures (*7,8*). In Massachusetts, for example, a mandate for Medicaid coverage of tobacco-dependence cessation treatments was associated with a 26% decline in smoking rates among Medicaid enrollees (*9*).

The findings in this report are subject to at least three limitations. First, Medicaid staff members self-report information on their Medicaid programs. Documentation to verify coverage policies was obtained for 94% of programs; where documentation was not available, errors might have occurred. Second, MCO contracts were not available from all programs. If the state informant did not possess a written contract or policy specifying that tobacco-dependence treatments were covered, the response given by the respondent was assumed to be accurate. Finally, many MCOs offer coverage for tobacco-dependence treatments to Medicaid enrollees, although it is not required per contracts with Medicaid. Consequently, reported data might underestimate tobacco-dependence treatment coverage among MCO enrollees.

Recent federal policy is increasing access to smoking cessation treatments. Section 4107 of the Affordable Care Act has required Medicaid programs to cover tobacco-dependence treatments for pregnant women, with no cost-sharing since October 1, 2010 (*5*). Section 4106 of the act permits Medicaid programs to cover the A and B level recommendations of the U.S. Preventive Services Task Force, including cessation counseling and all Food and Drug Administration–approved tobacco-dependence treatments. States that offer such benefits and adult vaccination benefits, and prohibit cost sharing on these benefits, will receive a one full percentage point increase in the Medicaid federal medical assistance percentage for expenditures on these services, effective January 1, 2013 (*3,5*). Currently, only eight Medicaid programs cover all medications and at least one form of counseling for their entire population; the remaining 43 Medicaid programs would need to add coverage for additional tobacco-dependence treatments if they seek to comply with the U.S. Preventive Services Task Force recommendations. Previous research indicates that knowledge of Medicaid coverage for tobacco-dependence treatments among Medicaid-enrolled smokers is very low (*10*). To increase the impact of the federal legislation, it is important that Medicaid programs inform their enrollees and providers about changes in coverage for tobacco-dependence treatments and offer these treatments without barriers or limitations. In addition, future monitoring of Medicaid programs should include measurement of usage rates of tobacco-dependence treatments and assessment of any existing barriers to coverage.

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Announcements

World Stroke Day — October 29, 2010

October 29 is World Stroke Day 2010. Stroke is the third leading cause of death in the United States (*1*). Approximately 795,000 strokes occur annually in the United States, with an estimated cost of more than $73 billion (*1*). The theme for this year's World Stroke Day is "One in Six," to raise awareness that one in six persons worldwide will have a stroke in their lifetime, and that every 6 seconds, someone somewhere will die from a stroke (*2,3*).

This campaign stresses that the occurrence of stroke is common and widespread, but that stroke can be prevented and stroke survivors can recover and regain their quality of life with care and support. The campaign recommends the following six actions to reduce the likelihood of having a stroke:

- Know your personal risk factors, including diagnosed high blood pressure, diabetes, or high cholesterol.
- Be physically active and exercise regularly.
- Avoid obesity by eating a healthy diet with lots of fresh fruits and vegetables.
- Limit alcohol consumption.
- Avoid cigarette smoke. People who smoke should seek help to stop now.
- Learn to recognize the warning signs of a stroke and call 9-1-1 right away if someone is suspected of having a stroke.

CDC addresses stroke prevention through state-based programs to prevent heart disease and stroke, through the Paul Coverdell National Acute Stroke Registry, and through many other partnerships. Information about stroke and stroke prevention is available at http://www.cdc.gov/stroke, and additional information about World Stroke Day 2010 is available at http://www.worldstrokecampaign.org/pages/home.aspx.

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Menu of Suggested Provisions for State Tuberculosis Prevention and Control Laws Available Online

Tuberculosis (TB) laws provide authority for state and local TB programs to prevent and control TB, an airborne infectious disease that sickens approximately 11,000–12,000 persons each year in the United States (*1*). CDC, in collaboration with the National Tuberculosis Controllers Association, has developed a Menu of Suggested Provisions for State Tuberculosis Prevention and Control Laws. A request by the Advisory Council for the Elimination of Tuberculosis for a model TB prevention and control act prompted development of the menu.

The menu features a set of alternative provisions within each section for consideration by public health officials and their legal counsel in the enactment, promulgation, amendment, or implementation of laws to prevent and control TB. The menu is intended to serve as a practical resource for public health officials and their legal counsel in their efforts to eliminate TB. This document is available at http://www.cdc.gov/tb/programs/laws/menu/default.htm and http://www2.cdc.gov/phlp/tbcontrol.asp.

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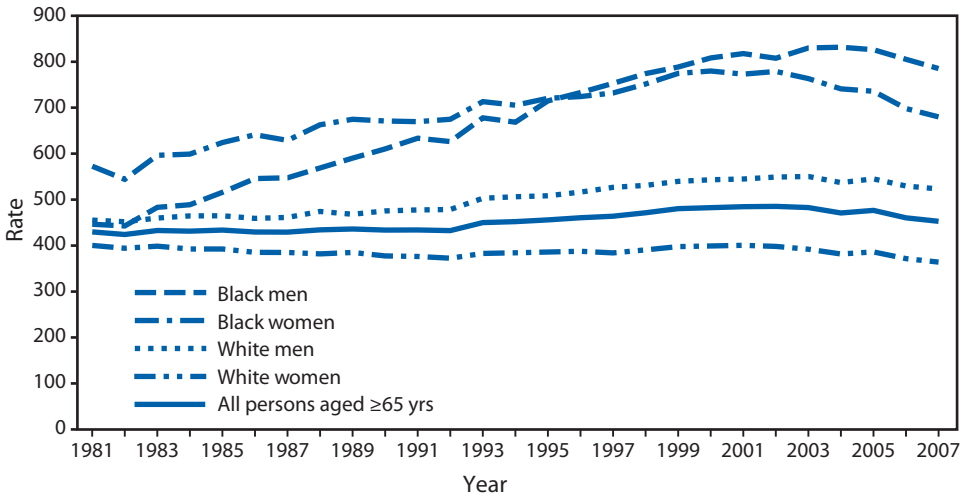
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Death Rates* For Persons Aged ≥65 Years, with Diabetes as the Underlying or a Contributing Cause, by Race and Sex — United States, 1981–2007



*Rates are age-adjusted per 100,000 U.S. standard population aged ≥65 years. Cause of death is based on *International Classification of Diseases, Ninth Revision* (ICD-9) code 250 (Diabetes mellitus) for 1981–1998 and *International Classification of Diseases, 10th Revision* (ICD-10) codes E10–E14 (Diabetes mellitus) for 1999–2007.

Diabetes is a leading cause of death in the United States and a contributing cause of deaths from many other conditions. In 2007, diabetes was a contributing cause of death 2.4 times as often as it was the underlying cause of death for persons aged ≥65 years. Age-adjusted death rates for deaths with diabetes declined for white and black persons aged ≥65 years from 2005 to 2007, after generally increasing from 1981 to 2002. In 2007, the rate was higher for black men and women than for white men and women.

Sources: CDC. National Vital Statistics System. Available at http://www.cdc.gov/nchs/nvss.htm.

CDC. Health Data Interactive. Available at http://www.cdc.gov/nchs/hdi.htm.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 16, 2010 (41st week)*

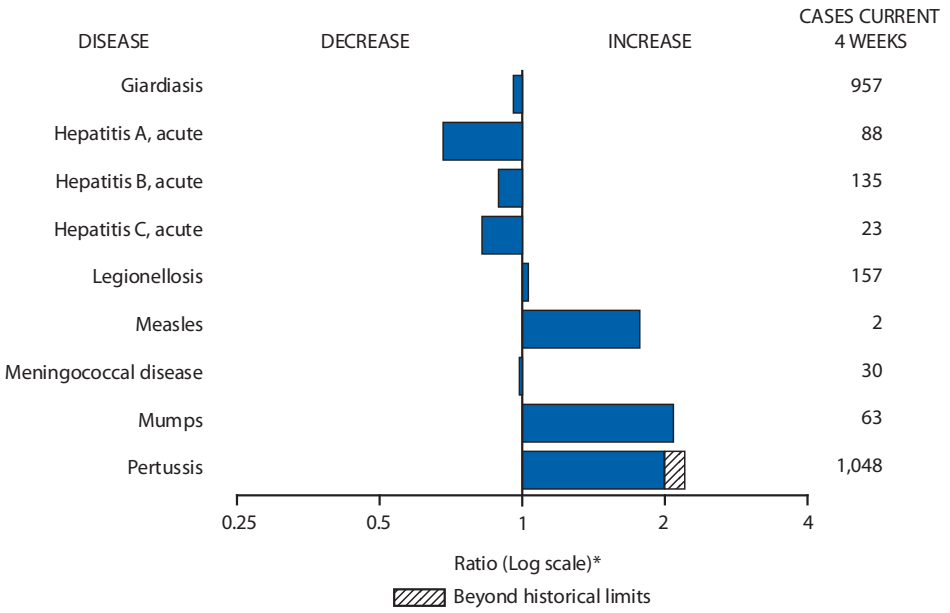
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	1	82	3	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	—	57	2	83	109	85	97	85	
other (wound and unspecified)	1	19	0	25	19	27	48	31	OH (1)
Brucellosis	—	97	2	115	80	131	121	120	
Chancroid	—	31	0	28	25	23	33	17	
Cholera	—	5	0	10	5	7	9	8	
Cyclosporiasis§	1	145	1	141	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	53	1	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	0	4	4	4	8	21	
Powassan virus disease	—	5	—	6	2	7	1	1	
St. Louis encephalitis virus disease	—	6	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	13	1	35	30	22	29	9	
nonserotype b	1	133	2	236	244	199	175	135	OH (1)
unknown serotype	2	181	2	178	163	180	179	217	NY (1), OK (1)
Hansen disease§	1	35	2	103	80	101	66	87	CA (1)
Hantavirus pulmonary syndrome§	—	16	0	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	3	167	6	242	330	292	288	221	MD (1), TX (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	3	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	56	3	358	90	77	43	45	
Listeriosis	9	616	22	851	759	808	884	896	VT (1), PA (2), OH (1), ND (1), VA (1), NC (1), FL (1), HI (1)
Measles¶¶	—	55	0	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	—	188	5	301	330	325	318	297	
serogroup B	—	85	2	174	188	167	193	156	
other serogroup	—	7	0	23	38	35	32	27	
unknown serogroup	7	301	9	482	616	550	651	765	NY (1), PA (1), OH (1), MI (1), KY (1), CA (2)
Mumps	14	2,419	18	1,991	454	800	6,584	314	NYC (5), TX (9)
Novel influenza A virus infections†††	—	1	0	43,774	2	4	NN	NN	
Plague	—	2	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	98	3	114	120	171	169	136	
acute	1	74	1	94	106	—	—	—	CA (1)
chronic	—	24	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§	—	134	1	161	157	132	125	129	
Syphilis, congenital (age <1 yr)††††	—	165	8	423	431	430	349	329	
Tetanus	—	6	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	58	2	74	71	92	101	90	CA (1)
Trichinellosis	—	3	0	13	39	5	15	16	
Tularemia	1	82	2	93	123	137	95	154	CA (1)
Typhoid fever	4	315	9	397	449	434	353	324	NY (1), WA (2), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	70	1	78	63	37	6	2	
Vancomycin-resistant *Staphylococcus aureus*§	—	1	0	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	9	634	11	789	588	549	NN	NN	MD (1), VA (1), NC (1), TN (1), TX (2), WA (1), CA (2)
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 October 16, 2010 (41st week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting year 2010 is provisional, whereas data for 2005 through 2009 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/disss/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/disss/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.
¶¶ 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, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, 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 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were 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 October 16, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall-Baker
Deborah A. Adams
Willie J. Anderson
Michael S. Wodajo
Rosaline Dhara
Pearl C. Sharp
Lenee Blanton

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	11,466	23,234	26,182	926,824	991,863	78	123	324	6,198	6,058
New England	506	739	1,396	30,738	31,583	1	8	72	368	393
Connecticut	—	213	736	7,172	9,195	—	0	66	66	38
Maine†	20	50	75	1,996	1,898	1	1	7	68	44
Massachusetts	384	400	653	15,997	14,886	—	2	8	120	153
New Hampshire	50	41	115	1,903	1,714	—	1	5	44	69
Rhode Island†	22	65	120	2,687	2,939	—	0	2	10	21
Vermont†	30	23	51	983	951	—	1	9	60	68
Mid. Atlantic	1,658	3,292	4,619	132,724	124,691	8	15	37	659	687
New Jersey	431	483	691	20,113	19,404	—	0	1	—	46
New York (Upstate)	592	679	2,530	26,942	24,403	1	3	16	175	182
New York City	87	1,206	2,142	48,595	46,368	—	1	5	70	70
Pennsylvania	548	889	1,092	37,074	34,516	7	9	26	414	389
E.N. Central	849	3,508	4,127	135,036	160,149	13	29	116	1,673	1,432
Illinois	16	788	1,225	27,214	48,904	—	3	17	209	134
Indiana	—	332	786	15,015	18,510	—	4	10	133	235
Michigan	601	897	1,420	37,854	36,881	4	5	17	270	231
Ohio	129	960	1,078	38,333	39,055	6	7	24	391	315
Wisconsin	103	415	502	16,620	16,799	3	9	55	670	517
W.N. Central	212	1,334	1,565	53,335	56,732	17	23	81	1,139	925
Iowa	9	186	265	7,822	7,743	—	4	22	281	179
Kansas	15	186	235	7,415	8,634	1	2	9	117	87
Minnesota	—	274	331	10,695	11,586	—	0	18	98	271
Missouri	175	495	599	19,856	20,642	4	4	30	329	158
Nebraska†	—	93	237	3,776	4,316	3	2	26	205	101
North Dakota	—	34	89	1,375	1,422	9	0	18	28	11
South Dakota	13	61	77	2,396	2,389	—	2	6	81	118
S. Atlantic	3,394	4,484	5,681	178,943	200,947	12	19	51	825	925
Delaware	86	85	220	3,487	3,768	—	0	2	7	8
District of Columbia	95	93	177	3,904	5,524	—	0	1	2	6
Florida	653	1,407	1,694	59,115	58,894	4	7	23	307	370
Georgia	272	264	1,229	11,983	32,169	2	5	31	242	289
Maryland†	436	459	1,031	18,571	17,749	1	1	3	30	35
North Carolina	579	785	1,562	32,664	33,356	1	1	12	66	93
South Carolina†	824	523	694	21,663	21,751	1	1	8	76	49
Virginia†	377	596	902	24,594	24,817	3	2	8	80	62
West Virginia	72	70	137	2,962	2,919	—	0	3	15	13
E.S. Central	1,403	1,733	2,415	70,063	74,445	3	4	17	239	186
Alabama†	541	493	748	20,782	21,310	2	1	11	106	57
Kentucky	228	288	642	11,899	9,832	1	1	6	68	52
Mississippi	385	384	780	15,055	19,227	—	0	3	15	16
Tennessee†	249	571	728	22,327	24,076	—	1	5	50	61
W.S. Central	925	2,971	4,578	122,659	131,083	7	8	39	349	461
Arkansas†	279	250	392	9,381	11,673	1	1	3	30	46
Louisiana	389	228	1,076	10,974	23,075	—	1	5	48	46
Oklahoma	257	258	1,374	12,307	11,621	2	1	8	71	105
Texas†	—	2,176	3,201	89,997	84,714	4	5	30	200	264
Mountain	733	1,519	1,904	59,573	63,051	6	10	28	451	482
Arizona	332	499	713	20,207	20,865	3	0	3	31	29
Colorado	170	372	617	14,143	15,101	2	2	8	111	123
Idaho†	—	69	200	2,971	2,794	1	2	6	79	78
Montana†	12	60	76	2,377	2,413	—	1	4	40	49
Nevada†	—	171	337	7,382	8,185	—	0	6	30	19
New Mexico†	173	170	453	6,166	7,212	—	2	10	93	128
Utah	34	116	175	4,780	4,921	—	1	4	54	36
Wyoming†	12	38	79	1,547	1,560	—	0	2	13	20
Pacific	1,786	3,623	5,350	143,753	149,182	11	12	28	495	567
Alaska	—	110	148	4,608	4,217	—	0	1	3	6
California	1,332	2,766	4,406	110,661	114,127	4	7	19	282	336
Hawaii	—	113	158	4,550	4,874	—	0	0	—	1
Oregon	139	208	468	8,745	8,621	2	3	13	141	159
Washington	315	387	497	15,189	17,343	5	2	8	69	65
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	5	31	232	302	—	0	0	—	—
Puerto Rico	92	93	265	4,216	5,986	N	0	0	N	N
U.S. Virgin Islands	—	9	29	323	416	—	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 year 2010 is 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 October 16, 2010, and October 17, 2009 (41st 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	—	5	29	346	NN	—	0	1	4	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	5	35	NN	—	0	1	1	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	10	NN	—	0	0	—	NN
Michigan	—	0	2	8	NN	—	0	0	—	NN
Ohio	—	0	2	12	NN	—	0	0	—	NN
Wisconsin	—	0	2	5	NN	—	0	1	1	NN
W.N. Central	—	0	2	17	NN	—	0	0	—	NN
Iowa	—	0	1	2	NN	—	0	0	—	NN
Kansas	—	0	1	1	NN	—	0	0	—	NN
Minnesota	—	0	2	13	NN	—	0	0	—	NN
Missouri	—	0	0	—	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	16	174	NN	—	0	1	2	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	1	14	150	NN	—	0	1	2	NN
Georgia	—	0	2	9	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	4	NN	—	0	0	—	NN
South Carolina¶	—	0	3	9	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	4	NN	—	0	0	—	NN
Alabama¶	—	0	1	1	NN	—	0	0	—	NN
Kentucky	—	0	1	1	NN	—	0	0	—	NN
Mississippi	—	0	1	1	NN	—	0	0	—	NN
Tennessee¶	—	0	1	1	NN	—	0	0	—	NN
W.S. Central	—	0	1	4	NN	—	0	1	1	NN
Arkansas¶	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	4	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	2	13	NN	—	0	0	—	NN
Arizona	—	0	1	4	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	1	2	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	5	21	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	5	11	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	10	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	—	94	536	8,199	NN	—	0	3	30	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 year 2010 is 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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	3	10	181	514	821	4	11	309	616	779	—	2	35	90	155
New England	—	0	3	3	43	3	2	8	64	227	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	5	18	16	—	0	2	5	—
Maine§	—	0	1	2	3	—	0	2	14	12	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	4	—	84	—	0	0	—	—
New Hampshire	—	0	1	1	4	—	0	3	11	16	—	0	1	2	1
Rhode Island§	—	0	2	—	26	3	0	7	21	99	—	0	0	—	1
Vermont§	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	41	161	—	3	17	166	266	—	0	2	4	44
New Jersey	—	0	3	—	91	—	0	2	1	65	—	0	0	—	—
New York (Upstate)	—	0	15	24	44	—	2	17	162	192	—	0	1	4	6
New York City	—	0	3	16	9	—	0	1	3	8	—	0	0	—	1
Pennsylvania	—	0	5	1	17	—	0	1	—	1	—	0	1	—	37
E.N. Central	—	0	4	28	82	—	2	36	306	258	—	1	6	55	66
Illinois	—	0	2	12	33	—	0	1	2	6	—	0	2	4	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	28	36
Michigan	—	0	1	2	5	—	0	0	—	—	—	0	1	3	—
Ohio	—	0	3	6	12	—	0	1	2	1	—	0	0	—	2
Wisconsin	—	0	1	8	32	—	2	36	302	251	—	0	3	20	25
W.N. Central	—	1	13	114	146	—	0	261	9	7	—	0	30	11	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	106	137	—	0	3	9	2	—	0	3	11	13
Nebraska§	—	0	1	2	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	3	4	19	225	232	—	1	7	52	15	—	0	1	6	2
Delaware	—	0	3	17	19	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	10	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	19	17	—	0	1	1	1	—	0	1	1	—
Maryland§	2	0	3	22	37	—	0	2	12	3	—	0	1	2	—
North Carolina	—	1	13	91	59	—	0	4	19	3	—	0	0	—	—
South Carolina§	—	0	2	3	10	—	0	1	1	—	—	0	0	—	—
Virginia§	1	1	13	65	79	—	0	2	12	3	—	0	1	3	2
West Virginia	—	0	0	—	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	82	124	1	0	2	17	3	—	0	1	6	24
Alabama§	—	0	3	10	6	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	14	10	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee§	—	1	6	55	102	1	0	2	9	2	—	0	1	6	24
W.S. Central	—	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	—	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	0	—	1
Arizona	—	0	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 year 2010 is 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 October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	233	346	666	14,003	15,022	2,933	5,446	6,325	215,513	242,009	17	59	171	2,272	2,294
New England	10	31	53	1,188	1,421	57	100	196	4,091	3,864	—	3	21	127	155
Connecticut	—	5	13	236	242	—	43	169	1,706	1,847	—	0	15	28	42
Maine§	8	3	12	172	180	—	3	11	136	110	—	0	2	10	17
Massachusetts	—	12	20	463	610	39	45	81	1,851	1,519	—	2	8	65	75
New Hampshire	—	3	9	118	169	4	3	7	119	83	—	0	2	9	10
Rhode Island§	—	1	7	49	52	14	5	13	232	269	—	0	1	8	7
Vermont§	2	4	10	150	168	—	0	17	47	36	—	0	1	7	4
Mid. Atlantic	46	60	103	2,392	2,789	419	677	941	27,740	25,077	5	11	34	442	461
New Jersey	—	5	13	207	357	116	101	161	4,330	3,800	—	2	7	73	105
New York (Upstate)	30	22	84	899	1,058	99	104	422	4,409	4,564	4	3	20	118	112
New York City	6	16	33	698	682	27	228	394	9,472	8,740	—	2	6	86	57
Pennsylvania	10	14	24	588	692	177	224	342	9,529	7,973	1	4	9	165	187
E.N. Central	29	52	78	2,279	2,384	231	935	1,260	36,850	51,185	3	10	20	392	361
Illinois	—	12	24	469	514	8	183	380	6,266	16,288	—	3	9	118	135
Indiana	—	5	13	191	239	—	91	218	4,228	5,977	—	1	6	69	65
Michigan	5	13	23	543	543	151	243	472	10,408	11,972	—	0	4	26	18
Ohio	23	16	24	677	666	40	316	372	12,301	12,774	3	2	6	95	82
Wisconsin	1	9	26	399	422	32	93	155	3,647	4,174	—	2	5	84	61
W.N. Central	21	25	165	1,156	1,296	77	275	357	10,863	11,994	2	3	24	132	133
Iowa	3	5	11	232	246	4	32	52	1,323	1,334	—	0	1	1	—
Kansas	2	4	10	177	126	1	37	83	1,510	2,065	—	0	2	12	13
Minnesota	—	0	135	136	250	—	41	62	1,515	1,866	—	0	17	25	47
Missouri	9	8	25	340	423	72	125	172	5,222	5,246	1	1	6	66	46
Nebraska§	2	4	9	178	140	—	22	50	895	1,099	1	0	2	18	21
North Dakota	5	0	8	25	20	—	2	11	94	101	—	0	4	10	6
South Dakota	—	2	7	68	91	—	6	17	304	283	—	0	0	—	—
S. Atlantic	61	75	143	3,012	2,913	1,033	1,275	1,651	51,660	60,167	4	14	27	609	625
Delaware	—	0	5	25	22	16	18	48	796	772	—	0	1	5	3
District of Columbia	—	1	4	28	57	21	37	65	1,478	2,160	—	0	1	2	4
Florida	43	39	87	1,715	1,527	215	378	479	15,941	17,017	3	3	9	148	187
Georgia	—	11	51	485	594	101	96	421	4,123	10,929	—	3	9	139	123
Maryland§	3	5	11	210	226	135	132	237	5,346	4,845	1	1	6	54	75
North Carolina	N	0	0	N	N	201	258	596	10,936	11,356	—	2	9	105	76
South Carolina§	2	2	9	119	86	239	152	233	6,554	6,805	—	2	7	69	60
Virginia§	13	9	36	397	361	93	161	271	6,076	5,875	—	2	4	67	71
West Virginia	—	1	5	33	40	12	9	20	410	408	—	0	5	20	26
E.S. Central	—	5	15	198	337	405	479	698	19,005	21,469	—	3	12	138	139
Alabama§	—	4	8	145	162	139	145	217	6,002	6,080	—	0	3	21	34
Kentucky	N	0	0	N	N	78	76	156	3,098	2,874	—	0	2	27	19
Mississippi	N	0	0	N	N	118	109	216	4,249	6,000	—	0	2	10	7
Tennessee§	—	1	10	53	175	70	147	196	5,656	6,515	—	2	10	80	79
W.S. Central	3	8	16	296	413	262	795	1,236	33,115	38,373	2	2	20	103	98
Arkansas§	2	2	9	102	115	102	74	133	2,885	3,606	—	0	3	14	15
Louisiana	1	3	9	131	168	71	68	441	3,169	7,516	—	0	3	18	17
Oklahoma	—	2	7	63	130	89	79	359	3,615	3,683	2	1	15	63	62
Texas§	N	0	0	N	N	—	570	963	23,446	23,568	—	0	2	8	4
Mountain	18	30	50	1,283	1,346	86	181	262	7,091	7,449	1	5	15	234	202
Arizona	—	3	8	126	166	47	63	109	2,381	2,476	—	2	10	89	65
Colorado	13	13	27	551	396	16	53	94	2,105	2,245	1	1	5	66	59
Idaho§	4	4	9	169	162	—	2	6	87	81	—	0	2	13	3
Montana§	1	2	7	83	113	—	2	6	86	64	—	0	1	2	1
Nevada§	—	1	11	78	95	—	28	94	1,313	1,435	—	0	2	6	16
New Mexico§	—	2	5	73	105	23	19	41	837	849	—	1	5	34	27
Utah	—	4	12	171	254	—	6	15	254	242	—	0	4	18	28
Wyoming§	—	1	5	32	55	—	1	4	28	57	—	0	2	6	3
Pacific	45	53	133	2,199	2,123	363	594	810	25,098	22,431	—	2	9	95	120
Alaska	—	2	6	78	95	—	23	37	991	771	—	0	2	19	15
California	24	33	61	1,370	1,384	305	485	692	20,718	18,484	—	0	4	12	39
Hawaii	1	0	4	25	18	—	14	25	581	506	—	0	2	7	27
Oregon	2	9	23	393	329	8	19	43	779	835	—	1	5	53	36
Washington	18	8	75	333	297	50	50	69	2,029	1,835	—	0	4	4	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	28	19	—	0	0	—	—
Puerto Rico	—	1	8	57	137	9	5	14	227	195	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	2	7	78	100	—	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 year 2010 is provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st 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	21	30	69	1,191	1,598	31	60	204	2,418	2,592	5	15	44	635	582
New England	—	2	5	75	93	—	1	5	42	45	—	1	3	29	53
Connecticut	—	0	3	23	18	—	0	2	15	13	—	0	3	19	41
Maine†	—	0	1	7	1	—	0	2	11	11	—	0	1	—	1
Massachusetts	—	1	4	36	58	—	0	2	8	17	—	0	1	9	10
New Hampshire	—	0	1	1	7	—	0	2	6	4	N	0	0	N	N
Rhode Island†	—	0	4	8	7	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	1	1	1
Mid. Atlantic	3	4	8	157	229	2	5	10	227	274	—	2	6	83	80
New Jersey	—	0	3	11	59	—	1	5	54	83	—	0	2	10	5
New York (Upstate)	3	1	4	51	39	2	1	6	41	46	—	1	4	48	37
New York City	—	1	4	53	72	—	2	4	71	56	—	0	0	—	5
Pennsylvania	—	1	4	42	59	—	1	5	61	89	—	0	3	25	33
E.N. Central	2	4	8	168	243	—	9	17	369	353	—	2	9	103	72
Illinois	—	1	3	39	112	—	2	6	65	97	—	0	1	1	4
Indiana	—	0	2	15	16	—	1	5	47	57	—	0	2	21	15
Michigan	1	1	4	50	56	—	3	6	99	107	—	1	6	65	26
Ohio	1	0	5	40	34	—	2	6	80	73	—	0	1	9	24
Wisconsin	—	0	3	24	25	—	1	8	78	19	—	0	2	7	3
W.N. Central	—	1	13	64	94	2	2	15	94	114	—	0	11	16	17
Iowa	—	0	3	6	32	—	0	2	12	28	—	0	1	—	9
Kansas	—	0	3	11	7	—	0	2	6	6	—	0	1	1	1
Minnesota	—	0	12	14	15	—	0	13	7	20	—	0	9	6	3
Missouri	—	0	2	20	19	2	1	3	56	38	—	0	1	6	—
Nebraska†	—	0	4	12	18	—	0	2	12	19	—	0	1	3	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	1	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	5	8	14	284	342	13	16	40	701	713	1	4	8	135	133
Delaware	—	0	1	7	3	—	0	2	20	25	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	4	3	7	113	146	7	6	12	244	231	—	1	6	44	35
Georgia	—	1	3	33	38	2	3	7	118	122	—	0	2	7	30
Maryland†	—	0	4	22	39	1	1	6	52	61	—	0	2	20	19
North Carolina	1	0	5	44	34	1	1	16	82	93	1	0	3	36	20
South Carolina†	—	1	3	22	50	2	1	4	47	43	—	0	1	1	1
Virginia†	—	1	6	40	28	—	1	14	76	74	—	0	2	11	8
West Virginia	—	0	2	2	3	—	0	14	59	54	—	0	5	14	19
E.S. Central	—	1	3	33	34	3	7	13	279	268	2	3	7	118	81
Alabama†	—	0	1	6	9	2	1	5	56	73	—	0	1	5	7
Kentucky	—	0	2	13	8	1	2	8	99	64	—	2	5	81	48
Mississippi	—	0	1	2	8	—	1	3	27	26	U	0	0	U	U
Tennessee†	—	0	2	12	9	—	2	8	97	105	2	1	4	32	26
W.S. Central	4	2	19	102	160	5	9	109	373	454	2	1	14	58	45
Arkansas†	—	0	3	—	7	—	0	4	32	54	—	0	1	—	2
Louisiana	—	0	2	7	5	—	1	4	40	56	—	0	1	5	7
Oklahoma	—	0	3	—	3	2	2	19	76	79	2	0	12	23	12
Texas†	4	2	18	95	145	3	5	87	225	265	—	1	3	30	24
Mountain	1	3	8	118	136	—	2	8	94	113	—	1	5	41	40
Arizona	—	1	5	56	58	—	0	2	23	38	U	0	0	U	U
Colorado	1	1	3	26	44	—	0	3	21	22	—	0	2	7	24
Idaho†	—	0	2	6	4	—	0	1	6	11	—	0	2	9	4
Montana†	—	0	1	4	6	—	0	1	1	1	—	0	0	—	1
Nevada†	—	0	2	12	10	—	0	3	33	27	—	0	1	4	3
New Mexico†	—	0	1	3	7	—	0	1	4	6	—	0	2	11	5
Utah	—	0	1	8	5	—	0	1	5	4	—	0	2	10	3
Wyoming†	—	0	3	3	2	—	0	1	1	4	—	0	0	—	—
Pacific	6	5	16	190	267	6	6	20	239	258	—	1	6	52	61
Alaska	—	0	1	1	2	—	0	1	3	2	U	0	2	U	U
California	5	4	15	153	211	4	4	17	162	185	—	0	4	21	32
Hawaii	—	0	2	3	8	—	0	1	1	5	U	0	0	U	U
Oregon	—	0	2	17	13	—	1	4	34	32	—	0	3	13	15
Washington	1	0	2	16	33	2	1	4	39	34	—	0	6	18	14
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	16	4	—	1	6	35	50	—	0	6	28	42
Puerto Rico	—	0	1	12	21	—	0	2	16	28	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	46	57	112	2,402	2,759	249	418	2,336	21,637	32,306	21	26	89	1,122	1,130
New England	—	3	13	153	170	27	121	423	6,060	11,155	—	1	4	54	53
Connecticut	—	0	4	32	47	5	42	200	2,218	3,770	—	0	1	1	5
Maine†	—	0	2	9	7	20	12	76	598	743	—	0	1	5	2
Massachusetts	—	1	7	77	84	—	36	161	1,876	4,841	—	1	3	37	34
New Hampshire	—	0	5	15	11	—	22	63	996	1,235	—	0	1	3	4
Rhode Island†	—	0	3	11	14	1	1	35	101	214	—	0	1	5	5
Vermont†	—	0	2	9	7	1	4	26	271	352	—	0	1	3	3
Mid. Atlantic	18	15	31	619	998	90	175	694	10,357	14,068	2	7	17	306	330
New Jersey	—	2	8	52	180	—	44	195	2,631	4,564	—	0	4	1	86
New York (Upstate)	10	5	19	217	295	66	53	577	2,466	3,391	1	1	6	63	40
New York City	—	2	8	108	203	—	2	18	58	937	—	4	14	197	159
Pennsylvania	8	6	16	242	320	24	74	373	5,202	5,176	1	1	3	45	45
E.N. Central	8	11	40	573	593	2	18	161	1,614	2,752	2	2	9	123	148
Illinois	—	1	15	118	105	—	1	16	104	134	—	1	7	44	62
Indiana	1	2	6	87	52	—	1	7	64	78	—	0	2	7	20
Michigan	3	3	19	136	131	2	1	14	90	94	—	0	4	26	25
Ohio	4	4	12	186	236	—	0	5	21	45	2	0	5	37	32
Wisconsin	—	1	11	46	69	—	16	136	1,335	2,401	—	0	1	9	9
W.N. Central	7	2	19	99	97	3	3	1,395	108	200	1	1	11	60	56
Iowa	—	0	2	13	20	—	1	10	75	103	—	0	2	9	10
Kansas	—	0	2	8	7	—	0	1	6	18	—	0	2	10	6
Minnesota	4	0	16	27	8	—	0	1,380	—	71	—	0	11	3	23
Missouri	2	0	4	30	49	—	0	1	1	3	1	0	3	20	10
Nebraska†	—	0	2	8	11	—	0	2	9	4	—	0	2	15	6
North Dakota	1	0	1	6	1	3	0	15	16	—	—	0	1	—	—
South Dakota	—	0	2	7	1	—	0	1	1	1	—	0	2	3	1
S. Atlantic	6	10	26	414	442	123	60	169	3,172	3,744	15	6	35	296	298
Delaware	—	0	3	13	17	2	11	31	538	864	—	0	1	2	4
District of Columbia	—	0	4	13	18	—	0	4	19	57	—	0	2	8	15
Florida	2	3	9	141	136	1	2	11	84	76	1	2	7	106	80
Georgia	—	1	4	37	46	—	0	2	8	38	—	0	2	3	61
Maryland†	4	2	12	91	115	95	25	74	1,383	1,785	6	1	18	70	61
North Carolina	—	0	7	47	48	2	1	9	75	89	5	0	13	45	24
South Carolina†	—	0	2	9	9	—	0	3	27	32	1	0	1	4	4
Virginia†	—	1	6	52	46	17	15	79	933	671	2	1	5	55	47
West Virginia	—	0	3	11	7	6	0	32	105	132	—	0	2	3	2
E.S. Central	2	2	10	103	114	—	1	4	39	31	—	0	3	26	29
Alabama†	—	0	2	14	14	—	0	1	2	2	—	0	1	6	8
Kentucky	—	0	4	22	43	—	0	1	4	1	—	0	3	6	9
Mississippi	—	0	3	9	4	—	0	0	—	—	—	0	2	2	3
Tennessee†	2	1	6	58	53	—	1	4	33	28	—	0	2	12	9
W.S. Central	1	3	14	109	90	1	2	44	82	174	—	1	31	69	56
Arkansas†	—	0	2	12	7	—	0	0	—	—	—	0	1	2	5
Louisiana	—	0	3	7	10	—	0	1	2	—	—	0	1	3	5
Oklahoma	—	0	4	11	3	—	0	2	—	—	—	0	1	5	1
Texas†	1	2	10	79	70	1	2	42	80	174	—	1	30	59	45
Mountain	—	3	10	124	112	—	0	3	19	50	—	1	3	49	43
Arizona	—	1	5	43	36	—	0	1	3	5	—	0	2	22	8
Colorado	—	0	5	27	19	—	0	1	2	1	—	0	2	15	24
Idaho†	—	0	1	5	5	—	0	2	6	14	—	0	1	2	2
Montana†	—	0	1	4	5	—	0	1	1	3	—	0	1	2	5
Nevada†	—	0	2	18	12	—	0	1	—	12	—	0	1	4	—
New Mexico†	—	0	2	6	9	—	0	2	5	5	—	0	1	1	—
Utah	—	0	3	16	22	—	0	1	2	8	—	0	1	3	4
Wyoming†	—	0	2	5	4	—	0	1	—	2	—	0	0	—	—
Pacific	4	5	19	208	143	3	4	11	186	132	1	3	19	139	117
Alaska	—	0	2	2	1	—	0	1	6	5	—	0	1	2	2
California	2	4	19	177	108	3	3	10	125	84	1	2	13	98	86
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	11	14	—	1	4	46	33	—	0	1	9	11
Washington	2	0	4	17	19	—	0	3	9	10	—	0	5	29	17
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	N	0	0	N	N	—	0	2	4	5
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 year 2010 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	7	16	43	581	742	317	300	1,756	14,429	12,478	27	69	145	2,753	4,314
New England	—	0	2	13	27	—	8	20	339	545	3	4	15	185	281
Connecticut	—	0	2	2	3	—	1	8	92	44	—	0	14	59	126
Maine§	—	0	1	3	4	—	0	5	36	76	2	1	4	52	46
Massachusetts	—	0	1	3	12	—	4	11	164	310	—	0	0	—	—
New Hampshire	—	0	0	—	3	—	0	3	14	68	—	0	5	12	27
Rhode Island§	—	0	0	—	4	—	0	8	22	36	—	0	2	17	36
Vermont§	—	0	1	5	1	—	0	4	11	11	1	1	5	45	46
Mid. Atlantic	2	1	4	49	82	32	22	64	1,137	970	11	18	41	845	493
New Jersey	—	0	2	9	15	—	3	8	99	199	—	0	0	—	—
New York (Upstate)	1	0	3	10	17	5	8	27	401	174	11	8	19	423	376
New York City	—	0	2	14	14	5	0	9	71	79	—	1	12	112	17
Pennsylvania	1	0	2	16	36	22	9	39	566	518	—	5	24	310	100
E.N. Central	2	2	8	105	134	54	74	173	3,612	2,620	3	2	38	266	211
Illinois	—	0	4	19	34	—	12	29	574	556	—	1	22	160	79
Indiana	—	0	3	22	28	—	9	26	429	298	—	0	0	—	25
Michigan	1	0	2	17	18	11	22	51	1,022	706	3	1	5	63	63
Ohio	1	1	2	27	34	43	22	69	1,245	911	—	0	12	43	44
Wisconsin	—	0	2	20	20	—	6	17	342	149	—	0	0	—	—
W.N. Central	—	1	6	41	61	156	27	627	1,691	1,800	4	4	16	206	335
Iowa	—	0	3	9	8	—	6	25	359	195	—	0	2	7	30
Kansas	—	0	2	6	11	—	3	9	129	208	—	1	4	54	67
Minnesota	—	0	2	2	11	143	0	601	682	366	—	0	9	26	51
Missouri	—	0	3	17	21	5	8	25	291	855	—	1	6	62	62
Nebraska§	—	0	2	5	7	5	2	13	163	123	1	1	4	44	73
North Dakota	—	0	1	2	1	3	0	30	41	17	3	0	7	13	4
South Dakota	—	0	2	—	2	—	1	5	26	36	—	0	2	—	48
S. Atlantic	—	3	7	110	139	11	27	77	1,212	1,373	5	22	73	875	1,783
Delaware	—	0	1	2	2	—	0	4	10	12	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	4	6	—	0	0	—	—
Florida	—	1	5	50	45	7	5	28	258	454	—	0	60	72	161
Georgia	—	0	2	9	28	—	3	18	185	205	—	0	13	—	337
Maryland§	—	0	1	6	9	1	2	8	95	120	—	6	14	297	327
North Carolina	—	0	2	14	27	—	1	32	124	166	—	0	11	—	414
South Carolina§	—	0	1	10	11	3	5	19	292	216	—	0	0	—	—
Virginia§	—	0	2	17	12	—	5	15	176	167	5	10	25	448	449
West Virginia	—	0	2	2	5	—	1	13	68	27	—	1	6	58	95
E.S. Central	1	1	4	34	25	2	14	32	589	671	—	3	7	126	126
Alabama§	—	0	2	6	7	—	4	8	154	263	—	0	4	41	—
Kentucky	1	0	2	16	4	—	4	13	208	196	—	0	4	16	43
Mississippi	—	0	1	3	3	—	1	6	53	56	—	0	1	1	4
Tennessee§	—	0	2	9	11	2	4	11	174	156	—	1	4	68	79
W.S. Central	—	1	9	65	68	17	57	753	2,249	2,619	—	1	30	61	772
Arkansas§	—	0	2	5	6	—	3	29	119	291	—	0	7	21	38
Louisiana	—	0	4	12	13	—	1	4	29	134	—	0	0	—	—
Oklahoma	—	0	7	15	10	1	0	41	54	41	—	0	30	40	30
Texas§	—	1	7	33	39	16	49	681	2,047	2,153	—	0	26	—	704
Mountain	—	1	6	45	54	16	22	46	1,008	795	—	1	8	66	94
Arizona	—	0	2	11	12	1	7	14	317	200	—	0	5	—	—
Colorado	—	0	4	14	18	11	4	15	182	188	—	0	0	—	—
Idaho§	—	0	2	7	6	4	3	19	170	68	—	0	2	11	8
Montana§	—	0	1	1	5	—	1	12	62	48	—	0	3	16	25
Nevada§	—	0	1	8	4	—	0	7	29	23	—	0	1	5	6
New Mexico§	—	0	1	3	3	—	2	9	84	59	—	0	3	11	22
Utah	—	0	1	1	2	—	3	10	154	187	—	0	1	2	12
Wyoming§	—	0	1	—	4	—	0	2	10	22	—	0	4	21	21
Pacific	2	3	16	119	152	29	35	189	2,592	1,085	1	3	12	123	219
Alaska	—	0	1	1	6	—	0	6	35	38	—	0	2	12	11
California	2	2	13	79	99	8	25	166	1,912	545	1	2	12	100	197
Hawaii	—	0	1	1	5	—	0	6	38	37	—	0	0	—	—
Oregon	—	1	3	25	29	1	6	16	279	230	—	0	2	11	11
Washington	—	0	7	13	13	20	4	38	328	235	—	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	1	2	1	—	1	3	36	34
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2010 is provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	854	924	1,680	39,159	38,756	76	78	206	3,656	3,770	152	268	527	10,769	12,717
New England	3	29	423	1,756	1,904	1	2	51	161	226	—	4	59	256	299
Connecticut	—	0	407	407	430	—	0	51	51	67	—	0	53	53	43
Maine§	3	2	7	100	111	1	0	3	16	16	—	0	1	5	5
Massachusetts	—	21	48	945	953	—	1	8	62	86	—	4	16	179	207
New Hampshire	—	3	10	138	233	—	0	2	17	32	—	0	2	9	18
Rhode Island§	—	2	17	109	121	—	0	26	2	1	—	0	3	9	21
Vermont§	—	1	5	57	56	—	0	2	13	24	—	0	1	1	5
Mid. Atlantic	51	96	217	4,637	4,559	6	8	31	423	366	7	34	53	1,301	2,385
New Jersey	—	18	56	833	963	—	1	4	51	89	—	6	16	257	523
New York (Upstate)	32	24	78	1,193	1,079	5	3	15	164	123	2	4	19	182	180
New York City	2	25	56	1,112	1,048	—	1	7	62	53	2	6	13	244	376
Pennsylvania	17	29	82	1,499	1,469	1	3	13	146	101	3	16	35	618	1,306
E.N. Central	38	80	236	4,213	4,349	3	11	39	608	633	5	26	238	1,418	2,216
Illinois	—	27	113	1,455	1,240	—	1	8	90	155	—	9	228	701	518
Indiana	—	9	53	369	510	—	1	8	61	78	—	1	5	31	62
Michigan	3	15	45	753	823	—	2	16	144	119	—	4	9	194	192
Ohio	35	24	47	1,106	1,200	3	2	11	122	111	5	6	23	253	987
Wisconsin	—	10	44	530	576	—	3	17	191	170	—	4	21	239	457
W.N. Central	40	44	99	2,007	2,219	8	10	39	525	646	21	48	88	1,788	813
Iowa	1	8	35	431	345	—	2	16	139	140	—	1	5	47	47
Kansas	4	7	18	360	333	1	1	6	56	50	2	5	14	210	167
Minnesota	—	0	32	178	475	—	0	14	31	185	—	0	5	14	67
Missouri	13	12	44	673	542	4	3	27	209	120	11	42	75	1,472	497
Nebraska§	9	4	13	200	299	2	1	6	64	80	8	1	4	38	27
North Dakota	13	0	39	46	59	—	0	7	—	7	—	0	5	—	4
South Dakota	—	3	8	119	166	1	0	4	26	64	—	0	2	7	4
S. Atlantic	459	267	573	11,706	10,968	17	13	30	558	547	59	41	96	1,987	1,961
Delaware	—	3	11	147	115	—	0	2	5	12	—	1	10	37	104
District of Columbia	—	1	6	58	82	—	0	1	5	2	—	0	4	21	21
Florida	219	127	227	4,867	4,831	4	4	13	189	135	36	13	54	863	373
Georgia	50	40	129	2,069	1,950	—	1	15	86	56	9	13	38	597	531
Maryland§	12	15	52	826	659	5	1	6	75	77	3	3	8	107	329
North Carolina	106	29	145	1,449	1,493	7	1	7	58	95	8	2	18	158	336
South Carolina§	45	20	90	1,240	800	—	0	3	19	27	—	1	5	59	99
Virginia§	27	18	68	903	860	1	2	15	105	119	3	3	15	119	162
West Virginia	—	3	16	147	178	—	0	4	16	24	—	0	11	26	6
E.S. Central	22	52	174	2,862	2,543	—	4	11	191	179	3	11	40	528	674
Alabama§	4	14	45	657	731	—	0	4	36	40	—	3	10	115	125
Kentucky	6	8	31	458	381	—	1	6	50	61	2	4	28	192	176
Mississippi	1	14	68	926	779	—	0	2	13	6	—	1	4	38	42
Tennessee§	11	14	53	821	652	—	2	7	92	72	1	4	11	183	331
W.S. Central	125	114	547	4,719	4,565	7	5	68	241	250	41	50	251	1,968	2,384
Arkansas§	10	10	43	606	521	1	1	5	44	35	—	1	9	51	262
Louisiana	1	21	47	940	945	—	0	2	14	20	—	4	13	199	154
Oklahoma	17	10	46	531	522	1	0	27	21	29	2	6	96	227	234
Texas§	97	74	477	2,642	2,577	5	4	41	162	166	39	35	144	1,491	1,734
Mountain	14	49	105	2,174	2,496	6	9	33	463	495	3	15	32	623	981
Arizona	4	18	42	754	848	—	1	5	55	53	—	8	18	331	707
Colorado	9	10	23	463	529	2	2	18	154	150	3	2	6	98	82
Idaho§	—	3	9	127	151	4	1	7	77	82	—	0	3	22	7
Montana§	1	2	7	75	95	—	1	5	36	32	—	0	1	6	11
Nevada§	—	4	22	237	218	—	0	5	28	31	—	0	6	34	65
New Mexico§	—	5	15	233	310	—	1	5	33	33	—	2	9	98	91
Utah	—	5	17	248	267	—	1	7	66	101	—	0	4	34	16
Wyoming§	—	1	9	37	78	—	0	2	14	13	—	0	2	—	2
Pacific	102	115	299	5,085	5,153	28	9	46	486	428	13	21	64	900	1,004
Alaska	—	1	5	69	55	—	0	1	2	1	—	0	2	1	2
California	59	84	227	3,843	3,858	8	5	35	213	203	12	16	51	742	809
Hawaii	5	4	14	159	279	—	0	4	18	7	1	0	3	17	35
Oregon	—	8	48	427	357	2	1	7	78	67	—	1	4	47	43
Washington	38	14	61	587	604	18	3	18	175	150	—	1	22	93	115
Territories															
American Samoa	—	1	1	2	—	—	0	0	—	—	—	1	1	2	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	4	11	—	0	0	—	—	—	0	3	1	10
Puerto Rico	1	10	39	423	462	—	0	0	—	—	—	0	1	4	11
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	2	2	12	139	134	28	17	421	1,254	1,163
New England	—	0	0	—	2	—	0	1	3	9
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	2	4
Massachusetts	—	0	0	—	1	—	0	1	—	5
New Hampshire	—	0	0	—	—	—	0	1	1	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	16	11	1	1	4	50	89
New Jersey	—	0	0	—	2	—	0	2	—	57
New York (Upstate)	—	0	1	2	—	1	0	3	15	13
New York City	—	0	1	1	1	—	0	4	23	6
Pennsylvania	—	0	2	13	8	—	0	1	12	13
E.N. Central	—	0	1	4	9	1	1	9	87	79
Illinois	—	0	1	2	1	—	0	5	28	47
Indiana	—	0	1	2	3	1	0	5	43	10
Michigan	—	0	0	—	4	—	0	1	1	1
Ohio	—	0	0	—	—	—	0	2	14	17
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	5	18	18	1	3	21	274	246
Iowa	—	0	0	—	1	—	0	1	4	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	1	—	1
Missouri	—	0	5	14	7	1	3	20	266	237
Nebraska§	—	0	1	2	8	—	0	1	3	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	67	62	6	7	60	426	348
Delaware	—	0	1	1	—	—	0	3	17	16
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	3	—	1	0	2	11	5
Georgia	—	0	6	45	48	—	0	0	—	—
Maryland§	—	0	1	2	3	1	0	4	42	34
North Carolina	—	0	3	11	7	3	1	48	228	229
South Carolina§	—	0	1	1	3	—	0	2	15	15
Virginia§	—	0	2	4	1	1	1	11	113	47
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	—	0	3	20	9	1	4	29	329	243
Alabama§	—	0	1	4	3	—	1	8	68	59
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	9	9
Tennessee§	—	0	3	10	5	1	3	20	252	175
W.S. Central	2	0	3	6	8	18	1	408	78	125
Arkansas§	2	0	1	2	—	17	0	110	37	62
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	6	—	0	287	22	43
Texas§	—	0	1	1	2	1	0	11	17	18
Mountain	—	0	1	2	14	—	0	2	7	24
Arizona	—	0	1	—	8	—	0	1	1	12
Colorado	—	0	0	—	1	—	0	1	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	6	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	5	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	0	—	—
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	—	—

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 year 2010 is provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	123	199	495	11,071	2,339	15	51	156	1,722	1,831	98	240	413	9,495	11,173
New England	1	8	99	599	44	—	1	24	78	60	2	8	22	352	250
Connecticut	—	0	92	265	—	—	0	22	25	—	—	1	10	69	45
Maine§	1	2	6	95	14	—	0	1	8	7	—	0	3	23	2
Massachusetts	—	0	5	54	3	—	1	4	37	37	—	5	15	211	180
New Hampshire	—	0	7	59	—	—	0	1	3	10	—	0	2	17	13
Rhode Island§	—	0	35	64	15	—	0	2	2	2	2	0	4	30	10
Vermont§	—	1	6	62	12	—	0	1	3	4	—	0	2	2	—
Mid. Atlantic	7	20	54	970	152	4	7	48	271	229	25	33	45	1,351	1,419
New Jersey	—	1	8	83	—	—	1	5	43	45	2	4	12	187	179
New York (Upstate)	1	3	12	128	61	1	3	19	91	99	1	2	11	104	95
New York City	4	6	25	379	10	3	1	24	94	71	17	18	31	770	873
Pennsylvania	2	7	22	380	81	—	0	5	43	14	5	7	16	290	272
E.N. Central	32	34	98	2,242	525	4	8	18	285	305	1	27	46	1,048	1,229
Illinois	—	1	7	76	—	—	2	5	69	50	—	9	23	334	597
Indiana	—	7	24	439	202	—	1	6	38	62	—	3	13	139	125
Michigan	4	10	27	533	24	1	2	6	66	57	—	4	12	170	192
Ohio	24	15	49	919	299	3	2	6	79	102	1	9	18	370	276
Wisconsin	4	5	22	275	—	—	1	4	33	34	—	1	3	35	39
W.N. Central	12	8	182	626	152	1	2	12	112	149	3	5	19	254	253
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	10	21
Kansas	—	1	7	77	50	—	0	2	13	16	—	0	3	16	27
Minnesota	—	0	179	287	38	—	0	10	44	70	—	1	9	97	60
Missouri	1	2	10	91	53	1	1	3	33	40	3	3	10	122	137
Nebraska§	5	1	7	106	2	—	0	2	13	10	—	0	2	7	5
North Dakota	6	0	11	50	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	15	2	—	0	2	7	9	—	0	1	2	—
S. Atlantic	27	49	144	2,600	1,056	3	12	28	432	437	27	54	218	2,224	2,677
Delaware	1	0	3	29	18	—	0	0	—	3	—	0	2	4	25
District of Columbia	—	0	4	21	18	—	0	2	7	4	12	2	8	118	147
Florida	14	22	89	1,172	615	2	3	18	158	155	2	20	44	830	836
Georgia	2	10	28	427	314	1	3	12	120	118	1	9	167	394	624
Maryland§	2	7	31	409	4	—	1	6	44	65	5	6	12	240	239
North Carolina	—	0	0	—	—	—	0	0	—	—	—	7	31	286	448
South Carolina§	8	6	25	403	—	—	1	4	42	38	7	2	7	117	98
Virginia§	—	0	4	46	—	—	1	4	44	36	—	4	22	231	256
West Virginia	—	1	21	93	87	—	0	4	17	18	—	0	2	4	4
E.S. Central	8	20	50	980	214	1	2	8	98	116	24	18	39	716	924
Alabama§	—	0	0	—	—	—	0	0	—	—	2	5	12	190	354
Kentucky	—	3	16	152	58	—	0	2	13	7	5	2	13	104	50
Mississippi	—	1	6	46	41	—	0	2	10	21	16	4	17	177	179
Tennessee§	8	13	44	782	115	1	2	7	75	88	1	5	17	245	341
W.S. Central	15	18	91	1,419	100	1	5	41	229	276	7	37	58	1,459	2,278
Arkansas§	—	2	9	130	46	—	0	3	14	35	7	3	13	133	203
Louisiana	—	1	8	67	54	—	0	3	20	22	—	7	24	317	645
Oklahoma	—	1	5	40	—	—	1	5	40	50	—	2	6	64	74
Texas§	15	16	83	1,182	—	1	3	34	155	169	—	25	42	945	1,356
Mountain	19	22	82	1,397	93	1	5	12	188	232	1	9	23	389	430
Arizona	6	8	51	635	—	1	2	7	81	101	—	3	7	124	194
Colorado	12	7	20	423	—	—	1	4	54	37	—	2	7	105	78
Idaho§	—	0	2	11	—	—	0	2	5	7	—	0	1	2	3
Montana§	—	0	2	16	—	—	0	1	1	—	—	0	1	1	2
Nevada§	—	1	4	60	35	—	0	1	5	7	—	1	9	86	81
New Mexico§	—	2	9	119	—	—	0	4	14	26	1	1	4	38	45
Utah	—	2	9	123	49	—	1	4	25	53	—	1	4	33	24
Wyoming§	1	0	1	10	9	—	0	1	3	1	—	0	0	—	3
Pacific	2	5	14	238	3	—	0	7	29	27	8	42	60	1,702	1,713
Alaska	—	1	9	92	—	—	0	5	18	18	—	0	1	1	—
California	2	3	12	146	—	—	0	2	11	—	7	37	55	1,465	1,523
Hawaii	—	0	0	—	3	—	0	1	—	9	—	0	3	27	29
Oregon	—	0	0	—	—	—	0	0	—	—	1	1	6	56	42
Washington	—	0	0	—	—	—	0	0	—	—	—	3	10	153	119
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	—	—	1	4	15	182	174
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 year 2010 is provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 16, 2010, and October 17, 2009 (41st week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive¶				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	127	312	547	11,125	16,974	—	0	68	479	381	—	1	48	310	333
New England	1	15	36	562	884	—	0	3	12	—	—	0	1	2	—
Connecticut	—	6	20	253	414	—	0	2	6	—	—	0	1	1	—
Maine§	—	3	15	157	181	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	4	—	0	2	5	—	—	0	1	1	—
New Hampshire	1	2	8	106	171	—	0	1	1	—	—	0	0	—	—
Rhode Island§	—	1	12	27	31	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	10	19	83	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	13	32	62	1,245	1,702	—	0	19	119	9	—	0	13	56	1
New Jersey	—	9	30	427	360	—	0	3	13	3	—	0	6	11	—
New York (Upstate)	N	0	0	N	N	—	0	9	55	3	—	0	7	29	1
New York City	—	0	0	—	—	—	0	7	32	3	—	0	4	8	—
Pennsylvania	13	21	39	818	1,342	—	0	3	19	—	—	0	3	8	—
E.N. Central	47	103	176	3,720	5,271	—	0	13	60	9	—	0	6	24	4
Illinois	5	24	49	969	1,302	—	0	10	33	5	—	0	4	11	—
Indiana§	—	5	35	331	384	—	0	1	2	2	—	0	2	6	2
Michigan	8	33	62	1,102	1,508	—	0	6	23	1	—	0	1	4	—
Ohio	32	28	56	1,042	1,586	—	0	1	2	—	—	0	1	1	2
Wisconsin	2	7	22	276	491	—	0	0	—	1	—	0	1	2	—
W.N. Central	9	15	40	619	1,085	—	0	7	25	26	—	0	8	60	74
Iowa	N	0	0	N	N	—	0	1	2	—	—	0	2	4	5
Kansas§	—	6	22	225	454	—	0	1	1	4	—	0	2	5	9
Minnesota	—	0	0	—	—	—	0	1	3	1	—	0	1	2	3
Missouri	5	7	23	328	524	—	0	1	3	4	—	0	0	—	1
Nebraska§	N	0	0	N	N	—	0	3	10	11	—	0	7	27	40
North Dakota	—	0	26	31	57	—	0	2	2	—	—	0	1	6	1
South Dakota	4	0	7	35	50	—	0	2	4	6	—	0	3	16	15
S. Atlantic	29	37	98	1,733	2,165	—	0	4	22	16	—	0	4	12	2
Delaware§	—	0	3	15	11	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	17	27	—	0	0	—	2	—	0	0	—	—
Florida§	7	15	57	846	1,009	—	0	2	6	2	—	0	1	1	1
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	3	7	—
Maryland§	N	0	0	N	N	—	0	3	10	—	—	0	2	4	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	35	75	93	—	0	0	—	3	—	0	0	—	—
Virginia§	12	11	34	412	617	—	0	1	2	5	—	0	0	—	—
West Virginia	10	8	26	368	408	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	6	22	233	467	—	0	1	7	36	—	0	3	9	27
Alabama§	—	5	22	226	462	—	0	1	1	—	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	1	2	3	—	0	1	1	—
Mississippi	—	0	2	7	5	—	0	1	2	29	—	0	2	4	22
Tennessee§	N	0	0	N	N	—	0	1	2	4	—	0	2	2	5
W.S. Central	23	50	285	2,168	4,174	—	0	14	73	116	—	0	3	13	35
Arkansas§	—	3	32	122	420	—	0	3	6	6	—	0	0	—	—
Louisiana	—	1	5	40	118	—	0	3	14	10	—	0	1	6	11
Oklahoma	N	0	0	N	N	—	0	0	—	8	—	0	0	—	2
Texas§	23	41	272	2,006	3,636	—	0	14	53	92	—	0	2	7	22
Mountain	5	20	36	801	1,134	—	0	13	119	77	—	0	15	111	123
Arizona	—	0	0	—	—	—	0	10	80	12	—	0	9	52	8
Colorado§	5	8	16	322	437	—	0	5	24	36	—	0	11	49	67
Idaho§	N	0	0	N	N	—	0	0	—	9	—	0	1	1	29
Montana§	—	3	17	161	129	—	0	0	—	2	—	0	0	—	3
Nevada§	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico§	—	2	8	87	100	—	0	4	13	6	—	0	2	3	2
Utah	—	5	17	218	468	—	0	0	—	1	—	0	0	—	1
Wyoming§	—	0	3	13	—	—	0	1	2	4	—	0	1	4	8
Pacific	—	1	5	44	92	—	0	7	42	92	—	0	4	23	67
Alaska	—	0	5	33	54	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	42	65	—	0	4	23	45
Hawaii	—	0	2	11	38	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	1	—	0	0	—	10
Washington	N	0	0	N	N	—	0	0	—	26	—	0	0	—	12
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	14	20	—	0	0	—	—	—	0	0	—	—
Puerto Rico	9	9	30	486	465	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2010 is provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ 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/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending October 16, 2010 (41st week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	512	364	104	26	7	11	34
Boston, MA	140	93	33	8	2	4	7
Bridgeport, CT	27	22	4	1	—	—	2
Cambridge, MA	18	14	4	—	—	—	3
Fall River, MA	24	21	3	—	—	—	1
Hartford, CT	40	28	7	4	—	1	4
Lowell, MA	18	13	1	1	1	2	1
Lynn, MA	9	5	2	2	—	—	—
New Bedford, MA	12	11	1	—	—	—	2
New Haven, CT	35	23	8	3	—	1	2
Providence, RI	70	53	13	2	1	1	4
Somerville, MA	5	3	1	1	—	—	—
Springfield, MA	30	19	11	—	—	—	—
Waterbury, CT	24	15	7	—	2	—	5
Worcester, MA	60	44	9	4	1	2	3
Mid. Atlantic	1,693	1,197	345	95	35	21	84
Albany, NY	43	34	7	2	—	—	1
Allentown, PA	31	25	3	2	—	1	1
Buffalo, NY	81	50	24	4	2	1	4
Camden, NJ	29	17	10	2	—	—	2
Elizabeth, NJ	14	8	5	—	1	—	2
Erie, PA	46	34	9	3	—	—	2
Jersey City, NJ	30	19	6	5	—	—	1
New York City, NY	942	680	183	50	19	10	36
Newark, NJ	U	U	U	U	U	U	U
Paterson, NJ	17	8	8	1	—	—	3
Philadelphia, PA	146	85	35	13	5	8	8
Pittsburgh, PA§	40	27	10	1	2	—	4
Reading, PA	26	23	2	—	1	—	2
Rochester, NY	72	52	15	—	4	1	7
Schenectady, NY	24	18	4	2	—	—	2
Scranton, PA	21	15	5	—	1	—	2
Syracuse, NY	71	59	10	2	—	—	4
Trenton, NJ	22	15	4	3	—	—	—
Utica, NY	21	17	1	3	—	—	1
Yonkers, NY	17	11	4	2	—	—	2
E.N. Central	1,834	1,217	467	93	23	34	117
Akron, OH	44	29	8	4	1	2	6
Canton, OH	29	19	7	2	1	—	7
Chicago, IL	238	131	81	21	5	—	23
Cincinnati, OH	87	57	17	9	—	4	9
Cleveland, OH	233	167	58	4	1	3	9
Columbus, OH	176	129	37	3	1	6	9
Dayton, OH	143	103	31	7	2	—	9
Detroit, MI	117	69	36	6	3	3	2
Evansville, IN	44	32	11	1	—	—	2
Fort Wayne, IN	55	37	15	2	—	1	2
Gary, IN	18	5	9	4	—	—	—
Grand Rapids, MI	55	41	13	—	—	1	2
Indianapolis, IN	191	116	55	11	3	6	7
Lansing, MI	47	34	11	—	1	1	4
Milwaukee, WI	80	51	20	7	—	2	6
Peoria, IL	42	28	9	2	1	2	7
Rockford, IL	61	39	15	4	2	1	3
South Bend, IN	36	29	7	—	—	—	3
Toledo, OH	77	53	15	5	2	2	2
Youngstown, OH	61	48	12	1	—	—	5
W.N. Central	562	386	128	34	10	4	37
Des Moines, IA	78	54	20	3	1	—	4
Duluth, MN	31	24	7	—	—	—	1
Kansas City, KS	26	16	5	5	—	—	1
Kansas City, MO	120	81	26	9	1	3	8
Lincoln, NE	35	26	9	—	—	—	2
Minneapolis, MN	47	31	9	3	3	1	3
Omaha, NE	86	57	21	5	3	—	6
St. Louis, MO	15	6	4	4	1	—	—
St. Paul, MN	51	39	10	2	—	—	4
Wichita, KS	73	52	17	3	1	—	8
S. Atlantic	1,152	728	305	72	29	17	80
Atlanta, GA	123	69	39	11	3	1	8
Baltimore, MD	144	82	45	14	2	1	10
Charlotte, NC	137	102	28	7	—	—	12
Jacksonville, FL	153	104	38	6	3	2	10
Miami, FL	78	48	20	5	3	2	11
Norfolk, VA	59	34	15	4	2	4	2
Richmond, VA	67	39	22	2	4	—	8
Savannah, GA	54	42	7	2	1	2	—
St. Petersburg, FL	55	37	12	2	2	2	1
Tampa, FL	165	107	45	8	2	3	12
Washington, D.C.	111	61	33	9	7	—	5
Wilmington, DE	6	3	1	2	—	—	1
E.S. Central	710	445	178	48	24	15	63
Birmingham, AL	145	91	31	11	7	5	12
Chattanooga, TN	74	61	8	3	2	—	4
Knoxville, TN	69	47	14	6	1	1	5
Lexington, KY	80	47	25	5	3	—	3
Memphis, TN	136	82	39	9	3	3	18
Mobile, AL	48	27	15	3	1	2	3
Montgomery, AL	27	18	8	—	—	1	5
Nashville, TN	131	72	38	11	7	3	13
W.S. Central	1,226	772	299	102	31	22	72
Austin, TX	53	32	18	3	—	—	2
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	56	34	17	3	2	—	4
Dallas, TX	183	119	44	10	7	3	14
El Paso, TX	73	55	9	4	4	1	6
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	430	239	107	67	12	5	26
Little Rock, AR	59	40	16	1	1	1	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	208	135	48	11	3	11	11
Shreveport, LA	50	39	10	—	1	—	3
Tulsa, OK	114	79	30	3	1	1	6
Mountain	1,059	685	252	64	35	21	60
Albuquerque, NM	109	75	23	5	4	2	9
Boise, ID	47	33	10	3	1	—	3
Colorado Springs, CO	60	39	15	3	3	—	1
Denver, CO	78	43	23	5	2	5	3
Las Vegas, NV	308	180	94	15	12	7	17
Ogden, UT	23	17	4	2	—	—	2
Phoenix, AZ	176	113	36	13	8	4	10
Pueblo, CO	33	29	3	1	—	—	1
Salt Lake City, UT	110	75	22	10	1	2	9
Tucson, AZ	115	81	22	7	4	1	5
Pacific	1,505	1,019	354	73	30	28	116
Berkeley, CA	11	8	2	—	1	—	1
Fresno, CA	107	67	26	6	4	4	6
Glendale, CA	32	27	3	—	—	2	5
Honolulu, HI	82	59	14	6	—	3	7
Long Beach, CA	67	39	19	3	3	3	8
Los Angeles, CA	221	134	60	17	6	4	19
Pasadena, CA	18	15	1	2	—	—	2
Portland, OR	115	74	32	8	1	—	7
Sacramento, CA	141	100	32	6	—	2	12
San Diego, CA	147	97	37	9	3	1	6
San Francisco, CA	98	72	24	—	1	1	10
San Jose, CA	159	125	26	3	2	3	15
Santa Cruz, CA	23	17	5	—	1	—	1
Seattle, WA	94	61	25	5	1	2	7
Spokane, WA	61	41	14	3	3	—	7
Tacoma, WA	129	83	34	5	4	3	3
Total¶	**10,253**	**6,813**	**2,432**	**607**	**224**	**173**	**663**

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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☆ U.S. Government Printing Office: 2011-723-011/21004 Region IV ISSN: 0149-2195