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Outbreaks Following Wild Poliovirus Importations — Europe, Africa, and Asia, January 2009–September 2010

The Global Polio Eradication Initiative (GPEI) began in 1988. By 2006, indigenous transmission of wild poliovirus (WPV) had been interrupted in all but four countries (Afghanistan, India, Nigeria, and Pakistan) (*1*). However, outbreaks following WPV importations into previously polio-free countries remain an ongoing risk until polio is eradicated (*1*–*3*). The GPEI Strategic Plan for 2010–2012 (*4*) set the following two goals for outbreak control: 1) end outbreaks occurring in 2009 by mid-2010 and 2) end outbreaks occurring during 2010 to mid-2012 within 6 months of confirmation. This report describes new outbreaks that have occurred in the World Health Organization (WHO) European Region and updates previous reports on the status of outbreaks in Africa and Asia (*3*). In 2010, the first WPV importation into the European Region since the region was declared polio-free in 2002 resulted in 476 confirmed cases: 458 in Tajikistan, 14 in Russia, three in Turkmenistan, and one in Kazakhstan. In Africa and Asia, 11 new importations into six countries were observed in 2010; 30 WPV importations that occurred during 2008–2009 resulted in 215 cases in 15 African countries during 2009–2010. An outbreak is considered interrupted if 6 months have elapsed since the latest confirmed case and surveillance performance indicators meet WHO standards. All 2009 outbreaks in Africa appear to have been interrupted, and 2010 outbreaks in three countries appear to have been interrupted. Maintaining high routine vaccination coverage and sensitive surveillance at all times and rapidly instituting additional immunization programs to control outbreaks are key to limiting and stopping the spread of WPV.

European Region Importations, 2010

On April 13, 2010, Tajikistan notified WHO of a sharp increase in reported acute flaccid paralysis (AFP) cases. On April 20, the designated WHO regional reference laboratory in Moscow, Russia, identified WPV type 1 (WPV1) in stool specimens from persons with AFP cases; the WPV1 was genetically most closely related to WPV1 isolated in Uttar Pradesh, India, in August 2009. As of November 1, 2010, Tajikistan had reported 458 laboratory-confirmed WPV1 cases from 35 of 61 administrative territories, with paralysis onset dates occuring February 1–July 4 (Figure 1). Ninety (20%) patients were aged <1 year, 208 (45%) were aged 1–4 years, 107 (23%) were aged 5–14 years, and 53 (12%) were aged ≥15 years. Early in the outbreak, the majority of cases were in children aged <5 years; after week 20, 78% of cases were in persons aged ≥5 years (Figure 1). Twenty-six (5.7%) patients died; 15 were aged <5 years, eight were aged 5–14 years, and three were aged ≥15 years.

The outbreak spread to three other polio-free countries,* where 18 cases were confirmed, bringing to 476 the total number of cases in the European Region (Figure 2). Russia reported 14 cases following at least five independent importations, with onsets during May 4–September 25 (confirmed May 31). Turkmenistan reported three cases in June (confirmed June 27), and Kazakhstan reported one case in August

* Countries with no evidence of indigenous WPV transmission for ≥1 years and subsequent cases determined to be of external origin by genomic sequencing analysis.

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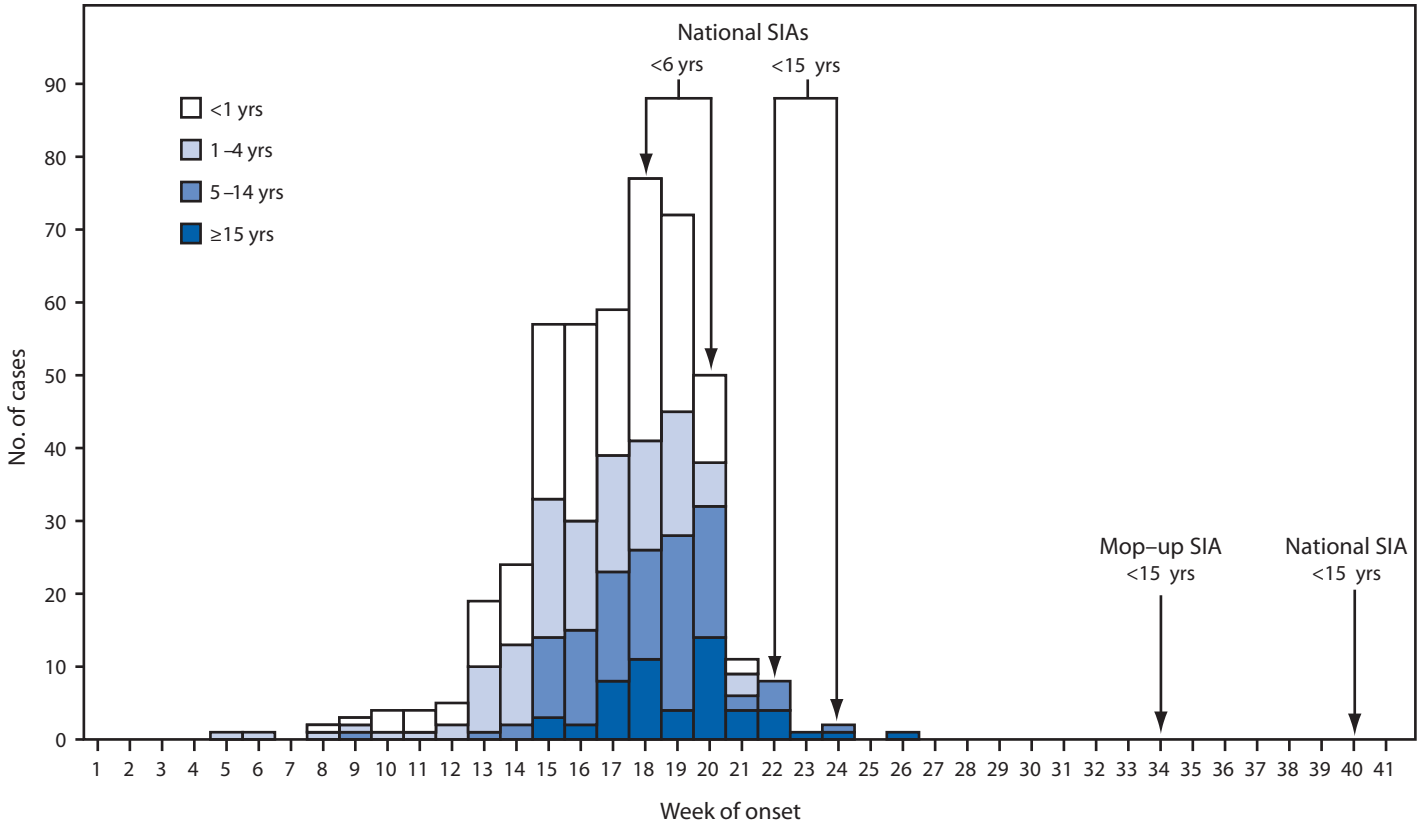
FIGURE 1. Laboratory-confirmed wild poliovirus type 1 cases (N = 458), by week of paralysis onset and age group — Tajikistan, 2010



Abbreviation: SIA = supplementary immunization activity.

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(confirmed October 5) (Table 1). Nine of these 18 patients were aged <5 years.

Efforts to control the outbreak in Tajikistan began May 4 with the first of four rounds of national supplementary immunization activities (SIAs),[†] 2 weeks apart, using monovalent type 1 oral poliovirus vaccine (mOPV1) (Table 2). The first two SIAs targeted children aged <6 years, and the third and fourth SIAs targeted children aged <15 years. Mop-up SIAs with mOPV1 were conducted in 34 districts in September; one national SIA using trivalent OPV was conducted in early October, and another is planned for November, each targeting children aged <15 years (Table 2). Reported vaccination coverage for each SIA was ≥98% of the target (Table 2).

In early May 2010, the risk for importation was assessed for 12 countries[§] in the European Region to identify high-risk subnational areas for WPV transmission. National authorities were advised to strengthen surveillance[¶] through enhanced active case finding and weekly reporting and to implement SIAs as needed. Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan conducted national SIAs to limit further spread; Russia conducted focal mop-up SIAs and catch-up immunizations (Table 2).

Importations in Africa and Asia, 2009–2010

Nineteen importations of WPV1 and 11 of WPV type 3 (WPV3) that occurred during 2008–2009 (nine in 2008 and 21 in 2009) resulted in 208 polio cases in 15 countries in 2009 and seven additional cases in 2010 (Table 1). As of November 1, 2010, no other 2009 outbreak-related cases had been detected during the 6 months since the latest case in Mauritania (April 28, 2010). In outbreaks with the first case occurring in 2010, seven importations of WPV1 and two of WPV3 resulted in 26 polio cases in four African countries, and WPV1 importation into one Asian country resulted in six cases to date (Table 1).

West Central Africa.[**] In 2009, outbreaks related to increased circulation of WPV1 and WPV3 in Nigeria during 2008–2009 occurred in 12 countries[††] (Table 1). Outbreaks in Mali, Mauritania, and Sierra Leone continued into 2010.

In 2010, Senegal had three importations (first confirmed January 18). New importations with no or limited subsequent transmission also occurred in Liberia (confirmed April 14), Mali (WPV1 confirmed April 8 and WPV3 confirmed October 15) and Niger (confirmed April 22) (Table 1). The most recent case among 2010 outbreaks occurred on September 8 in Liberia.

Horn of Africa. Outbreaks occurred in Kenya and Uganda in 2009 (the latest cases on July 30 and May 10, 2009, respectively) (Table 1). These represented two distinct importations from south Sudan, where WPV1 genetically related to viruses from the importation-related outbreak during 2004–2005 in Sudan was again confirmed from polio cases during June 2008–June 2009.[§§] A new 2010 importation case occurred in Uganda on September 28 (confirmed October 18), genetically related to virus last isolated in Kenya in 2009.

South Central Africa. Two cases occurred in Burundi in 2009, most recently on September 12, 2009 (Table 1). This outbreak spread from the Democratic Republic of the Congo (DRC) as a result of WPV1 importation from India into Angola in 2005 and subsequently into DRC (*3*).

Nepal. Two WPV1 importations from India caused six confirmed WPV1 cases in Nepal in 2010. The first case occurred on February 19 (confirmed on March 19), and the most recent occurred on August 30.

[†] Mass campaigns conducted for a brief period (days to weeks), during which 1 dose of OPV typically is administered to all children aged <5 years (although the target age group can vary), regardless of vaccination history. Campaigns can be conducted nationally or in portions of the country, and the approach to SIA implementation varies widely by country.

[§] Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Kazakhstan, Russia, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan.

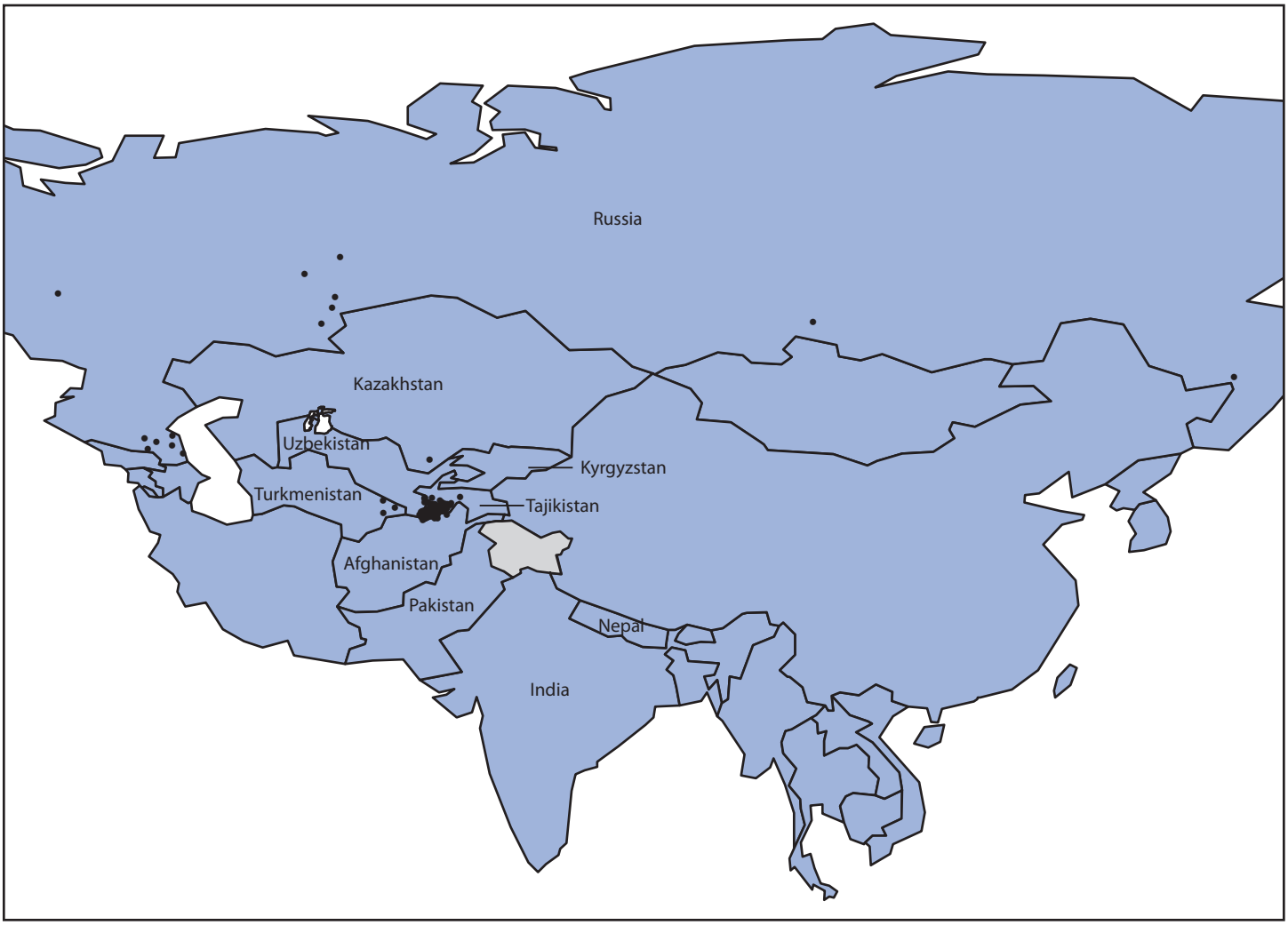
[¶] AFP surveillance quality is monitored by performance indicators that suggest the ease by which any WPV transmission will be detected. The current WHO targets are a nonpolio AFP detection rate of >2 cases per 100,000 population aged <15 years and adequate stool specimen collection from >80% of AFP cases, in which two specimens are collected ≥24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen ice packs to a WHO-accredited laboratory, arriving in good condition. National data might mask surveillance system weaknesses at subnational levels.

[**] Regions are based on GPEI epidemiologic and programmatic considerations and do not necessarily coincide with traditional geographic divisions.

[††] Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Guinea, Liberia, Mali, Mauritania, Niger, Sierra Leone, and Togo.

[§§] The latest patient in south Sudan had onset June 27, 2009; however, surveillance quality has not met performance standards for >12 months.

FIGURE 2. Distribution of laboratory-confirmed wild poliovirus type 1 cases (N = 476) — World Health Organization European Region, 2010



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Editorial Note

The large 2010 WPV1 outbreak in the WHO European Region, certified as polio-free since 2002, highlights the risk for WPV reintroduction for all countries posed by international travel and migration. Factors contributing to the scale of the outbreak in Tajikistan included a health system with limited resources, accumulation of susceptible persons in areas of low OPV coverage (*5*), and delays in recognizing and testing the initial cluster of AFP cases, as also occurred during the 2005 outbreak in Yemen (*2*). In June 2009, the European Regional Commission for the Certification of Poliomyelitis Eradication highlighted a high risk for transmission in Tajikistan if WPV was introduced (*6*), but funds were not available to conduct preventive SIAs. Additional SIAs are planned in the Central Asian republics and Russia to end the outbreaks and prevent spread to other countries in the region known to have pockets of low vaccination coverage (e.g., Bulgaria, Georgia, and Ukraine). All countries in the region must ensure full political commitment to undertake the actions recommended by WHO to detect WPV importations and limit spread.

The GPEI Strategic Plan milestone of ending 2009 importation-related outbreaks by mid-2010 appears to have been met, with one possible exception: WPV1 circulation related to the 2009 outbreak in Kenya, as

TABLE 1. Summary information regarding importations of wild poliovirus (WPV) types 1 and 3 into previously polio-free* countries and subsequent outbreaks — Africa, Europe, and Asia, January 2009–September 2010

Region/Country	No. of Importations† by WPV type	Onset date of first confirmed polio case	Onset date of most recent polio case	WPV origin by sequencing	No. of polio cases confirmed to date§	No. of SIAs between first and most recent case¶	No. of SIAs since most recent case¶	Estimated OPV3 coverage during 2009** (%)	Surrogate OPV3 coverage†† during 2009 (%)
2009 outbreaks									
West Central Africa§§									
Benin	1 WPV1	11/3/2008	4/19/2009	Nigeria	20	3	6	83	67
Burkina Faso	3 WPV1	11/4/2008	10/25/2009	Togo, Côte d'Ivoire, Benin	15	7	6	84	83
Cameroon	2 WPV3	7/29/2009	10/15/2009	Nigeria, Chad	3	0	6	79	70
CAR	1 WPV3	4/2/2009	8/3/2009	Chad	14	3	6	47	63
Côte d'Ivoire	2 WPV1	12/24/2008	8/6/2009	Burkina Faso	27	4	5	77	66
Guinea	1 WPV1	4/9/2009	11/3/2009	Côte d'Ivoire	42	4	6	53	66
Liberia	1 WPV1	4/29/2009	10/26/2009	Côte d'Ivoire	11	4	5	74	63
Mali	2 WPV1	8/30/2008	03/30/2010	Burkina Faso, Guinea	3§	8	4	74	89
Mauritania	1 WPV1	10/7/2009	4/28/2010	Cote d'Ivoire	18§	5	3	63	89
Niger	8 WPV3	12/6/2008	5/28/2009	Nigeria, Chad	15	2	5	71	87
	1 WPV1	5/28/2009	—	Nigeria	1	—	5		
Sierra Leone	1 WPV1	7/15/2009	2/28/2010	Guinea	12§	5	4	74	75
Togo	3 WPV1	10/16/2008	3/28/2009	Burkina Faso, Ghana	6	2	4	89	80
Horn of Africa									
Kenya	1 WPV1	2/3/2009	7/30/2009	Sudan	18	4	5	71	75
Uganda	1 WPV1	1/28/2009	5/10/2009	Sudan	8	4	5	59	76
South Central Africa									
Burundi	1 WPV1	9/8/2009	9/12/2009	DRC	2	0	2	96	78
2010 outbreaks									
West Central Africa									
Liberia	1 WPV1	3/3/2010	09/08/2010	Guinea	2	4	0	74	63
Mali	2 WPV1	3/6/2010	5/1/2010	Mauritania, Burkina Faso	2	2	3	74	89
	1 WPV3	09/17/2010	—	TBD	1	0	0		
Niger	1 WPV3	3/8/2010	4/1/2010	Nigeria	2	0	3	71	87
Senegal	3 WPV1	1/5/2010	4/30/2010	Mauritania, Guinea	18	2	3	83	76
Horn of Africa									
Uganda	1 WPV1	09/28/2010	—	Kenya	1	—	0	59	76
Europe/Asia									
Kazakhstan	1 WPV1	8/12/2010	—	TBD	1	—	1	99	98
Nepal	2 WPV1	2/19/2010	8/30/2010	India	6	6	2	82	97
Russia	5 WPV1	5/4/2010	9/25/2010	Tajikistan, TBD	14	0	0	98	89
Tajikistan	1 WPV1	2/1/2010	7/4/2010	India	458	4	2	93	100
Turkmenistan	2 WPV1	6/20/2010	6/28/2010	Tajikistan	3	0	3	97	100

Abbreviations: CAR = Central African Republic; DRC = Democratic Republic of the Congo; OPV3 = 3 doses of live, attenuated oral polio virus vaccine; SIAs = supplementary immunization activities; TBD = to be determined.

* Countries with no evidence of indigenous WPV transmission for ≥1 years and subsequent cases determined to be of external origin by genomic sequencing analysis. Importations also occurred into Chad and DRC, which in 2009 also experienced reestablished persistent transmission of WPV (≥12 months) after importation. Data as of November 1, 2010.

† Detection of one or more polio cases in a country from WPV that genetic analysis showed to be originating from another country. For some outbreaks occurring in 2009, the related importation occuurred in 2008 and transmission continued into 2009: Benin (one importation), Burkina Faso (two), Côte d'Ivoire (one), Mali (one), Niger (three), and Togo (one). Data as of November 1, 2010.

§ Number of polio cases in a country from WPV importations resulting in outbreaks in that year. For some outbreaks occurring in 2009, additional cases occurred in 2010 that are reflected in the totals for 2009 outbreaks: Mali (one case), Mauritania (five), and Sierra Leone (one).

¶ When ≥25% of children were targeted for vaccination.

** World Health Organization/UNICEF estimate of vaccination coverage with 3 doses of OPV by age 12 months, on the basis of country reports and survey data. Available at http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm.

†† Percentage of children aged 6–35 months with nonpolio acute flaccid paralysis (specimen testing does not indicate WPV infection) who have received 3 or more doses of OPV; these national data might mask vaccination coverage weaknesses at subnational levels.

§§ Regions are based on Global Polio Eradication Initiative epidemiologic and programmatic considerations and do not necessarily coincide with traditional geographic divisions.

TABLE 2. Supplementary immunization activities (SIAs) after wild poliovirus importations — World Health Organization European Region, 2010

Country	Dates of SIAs, vaccine type, and vaccination coverage (%)*							Target age groups	Target population
	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Mop-up		
Tajikistan	May 4–8 mOPV1 **(99.4%)**	May18–22 mOPV1 **(99.4%)**	Jun 1–5 mOPV1 **(98.8%)**	Jun 15–19 mOPV1 **(99.3%)**	Oct 4–8 tOPV **(99.6%)**	Nov 8–12 tOPV	Sep 13–17 mOPV1 34 districts **(98.0%–100%)**	<6 yrs (rounds 1–2) <15 yrs (rounds 3–6 and mop–up)	1,090,000 (rounds 1–2) 2,673,741 (rounds 3–6) 1,788,900 (mop–up)
Uzbekistan	May 17–21 mOPV1 **(100.8%)**	Jun 7–11 mOPV1 **(100.4%)**	Jul 5–9 mOPV1 **(100.5%)**	Oct 25–31 mOPV1			Jul 20–26 mOPV1 **(91.6%)**	<5 yrs (rounds 1–3) <15 yrs (round 4) ≤25 yrs (round 4 in one region)	2,850,000 (rounds 1–3) 9,003,262 (round 4)
Kyrgyzstan	Jul 19–23 mOPV1 **(95.2%)**	Aug 23–27 mOPV1 **(95.0%)**						<5 yrs	670,165
Turkmenistan	Jul 12–18 tOPV **(98.9%)**	Aug 26–Sep 5 mOPV1 **(100%)**	Sep 20–29 mOPV1 **(99.6%)**				Jul 28–Aug 6 mOPV1 Two regions bordering Uzbekistan **(99.5%)**	<5 yrs (round 1) <15 yrs (rounds 2–3) <25 yrs (mop-up)	579,483 (round 1) 1,479,664 (round 2) 1,488,639 (round 3)
Kazakhstan	Sep 6–10 tOPV **(98.9%)**	Nov 1–10 mOPV1 Almaty city and 5 regions in Southern Kazakhstan						<5 yrs (round 1) <15 yrs (round 2)	1,668,727 (round 1) 2,200,000 (round 2; estimate)
Russia†	Nov 1–5 tOPV The North Caucasus and Southern federal districts	Nov 29–Dec 3 tOPV The North Caucasus and Southern federal districts						6 mos–14 yrs	

Abbreviations: mOPV1 type 1 = monovalent oral poliovirus vaccine; tOPV = trivalent oral poliovirus vaccine.
* Reported coverage by Ministry of Health. Data for round 4 (October 25–31) in Uzbekistan are not yet available.
† Russia has implemented focal mop–up SIAs and catch–up immunization to date.

suggested by the September 28, 2010, case in Uganda. Whether WPV1 circulating in Kenya in 2009 continued to circulate without detection in Uganda, in Kenya, or in both countries, is uncertain and requires further observation and investigation. Many outbreaks occurring in 2010 have ended or are on track to end within 6 months of confirmation, including the outbreak in Tajikistan. However, concern exists that ongoing transmission within the northern Caucasus area of Russia and in Nepal could spread further, unless high-quality SIAs are implemented. In Africa, some countries that had outbreaks have not met AFP surveillance performance criteria fully, so caution is needed when interpreting the length of time after the latest confirmed cases as a sign that an outbreak has ended, particularly when surveillance is suboptimal in neighboring countries.

During 2009–2010, WPV was imported into polio-free countries from both polio-endemic countries (India and Nigeria) and previously polio-free countries with reestablished transmission (Chad and Sudan) (*3*), with importations occurring more frequently in countries adjacent to countries with ongoing WPV transmission. The risk for WPV importations in 2010 appears to have decreased as a result of 1) a ≥90% decrease in confirmed cases in Nigeria and northern India compared with the same period in 2009, 2) a prolonged period without confirmed WPV cases in Sudan, and 3) >4 months without confirmed cases in Chad. However, WPV importations from reservoir countries into polio-free areas will continue to occur until transmission is interrupted everywhere.

Transmission after WPV importation can be prevented by ensuring high levels of poliovirus immunity in the population. Early recognition and response to WPV transmission limit the geographic extent and enable more rapid control of an outbreak (*8,9*). All polio-free countries are advised to maintain high levels of immunity against polioviruses at all times through strong routine vaccination programs, adding SIAs when necessary. Maintaining sensitive, efficient,

What is already known on this topic?

The four remaining countries that have never interrupted wild poliovirus (WPV) transmission (Afghanistan, India, Nigeria, and Pakistan) and previously polio-free countries with reestablished transmission following WPV importation (Angola, Chad, Democratic Republic of the Congo, and Sudan) continue to be the source of WPV importations into polio-free areas.

What is added by this report?

All 2009 WPV outbreaks (with one possible exception) appear to have been interrupted, but new importations have occurred in 2010, including the first WPV importation into the World Health Organization European Region since the region was certified polio-free in 2002. The European Region importation has resulted in a large-scale outbreak (458 cases) in Tajikistan, with 18 more cases in Kazakhstan, Russia, and Turkmenistan.

What are the implications for public health practice?

All polio-free countries are advised to maintain high vaccination coverage and sensitive surveillance systems. If WPV importation is recognized in a country or its neighbors, health authorities need to institute supplementary immunization activities rapidly to limit WPV spread and interrupt outbreaks.

nationwide AFP surveillance systems with timely investigation and testing of specimens in accredited laboratories is critical to promptly identifying importations. National authorities should maintain updated preparedness plans for timely, large-scale, high-quality response SIAs if WPV importations occur (*9*).

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State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults — United States, 2009

The health consequences of cigarette smoking and smokeless tobacco use both have been well documented, including increased risk for lung, throat, oral, and other types of cancers (*1,2*). To assess state-specific current cigarette smoking and smokeless tobacco use among adults, CDC analyzed data from the 2009 Behavioral Risk Factor Surveillance System (BRFSS). This report summarizes the results of that analysis, which indicated wide variation in self-reported cigarette smoking prevalence (range: 6.4% [U.S. Virgin Islands (USVI)] to 25.6% [Kentucky and West Virginia]) and smokeless tobacco use (range: 0.8% [USVI] to 9.1% [Wyoming]). For 15 of the states, Puerto Rico, and Guam, smoking prevalence was significantly higher among men than among women. The prevalence of smokeless tobacco use was higher among men than women in all states and territories. Smokeless tobacco use was highest among persons aged 18–24 years and those with a high school education or less. From 0.9% (Puerto Rico) to 13.7% (Wyoming) of current smokers reported also using smokeless tobacco. Clinicians should identify all tobacco use in their patients and advise those who use any tobacco product to quit. The World Health Organization (WHO) recommends implementing this approach in combination with other measures, including raising excise taxes on tobacco and strengthening smoke-free policies to prevent tobacco-related deaths.

BRFSS* is a state-based, landline telephone survey of noninstitutionalized adults conducted annually in all 50 states, the District of Columbia (DC), Guam, Puerto Rico, and USVI. The 2009 BRFSS included data from 432,607 adults that were used to assess the prevalence of current smoking† and smokeless tobacco use.§ Respondents also were asked their age, sex, and highest grade or year of school completed. Estimates were weighted to adjust for differences in probability of selection and nonresponse, as well as noncoverage of persons in households without landline telephones. These sampling weights were used to calculate all estimates and 95% confidence intervals. Response rates for BRFSS are calculated using Council of American Survey and Research Organizations (CASRO) guidelines. Median survey response rates were 52.5%, calculated as the percentage of persons who completed interviews among all eligible persons, including those who were not contacted. Median cooperation rates were 75.0%, calculated as the percentage of persons who completed interviews among all eligible persons who were contacted. For comparisons of prevalence between men and women, statistical significance ($p<0.05$) was determined using a two-sided z-test.

Current Cigarette Smoking Prevalence

In 2009, current smoking prevalence was highest in Kentucky (25.6%), West Virginia (25.6%), and Oklahoma (25.5%), and lowest in Utah (9.8%), California (12.9%), and Washington (14.9%) (Table 1). Smoking prevalence was 6.4% in USVI, 10.6% in Puerto Rico, and 24.1% in Guam. For 15 of the states, Puerto Rico, and Guam, smoking prevalence was significantly higher among men than among women, and in no state was smoking prevalence significantly higher among women than men.

Current Smokeless Tobacco Use Prevalence

Smokeless tobacco use within states was highest in Wyoming (9.1%), West Virginia (8.5%), and Mississippi (7.5%); and lowest in California (1.3%),

* BRFSS survey data information is available at http://www.cdc.gov/brfss/technical_infodata/surveydata/2009.htm.

† Respondents who answered "yes" to the question "Have you smoked at least 100 cigarettes in your entire life?" and answered "every day" or "some days" to the question "Do you now smoke cigarettes every day, some days, or not at all?" were classified as current cigarette smokers.

§ Respondents who answered "every day" or "some days" to the question "Do you currently use chewing tobacco, snuff, or snus [a small pouch of smokeless tobacco] every day, some days, or not at all?" were classified as current smokeless tobacco users. This is the first year that a question related to smokeless tobacco use was included on the core questionnaire of the BRFSS. In some previous years, the questions to assess smokeless tobacco use were offered as an optional module.

TABLE 1. Prevalence of current cigarette smoking among adults,* by state/area and sex — Behavioral Risk Factor Surveillance System, United States, 2009

	Cigarette smoking					
	Total		Men		Women	
State/Area	%	(95% CI†)	%	(95% CI)	%	(95% CI)
Utah	9.8	(8.9–10.7)	11.9	(10.4–13.4)	7.7	(6.7–8.7)
California	12.9	(12.1–13.7)	15.6	(14.3–16.9)	10.2	(9.3–11.1)
Washington	14.9	(14.1–15.7)	16.1	(14.8–17.3)	13.8	(12.9–14.7)
Massachusetts	15.0	(14.0–16.0)	16.1	(14.5–17.7)	14.0	(12.8–15.1)
Rhode Island	15.1	(13.7–16.5)	15.3	(13.0–17.5)	14.9	(13.3–16.6)
Maryland	15.2	(14.0–16.4)	16.7	(14.7–18.7)	13.8	(12.4–15.1)
District of Columbia	15.3	(13.7–16.9)	15.8	(13.1–18.5)	14.8	(12.9–16.7)
Connecticut	15.4	(13.9–16.9)	16.2	(13.8–18.6)	14.7	(12.8–16.7)
Hawaii	15.4	(14.1–16.7)	16.8	(14.7–18.9)	13.9	(12.3–15.5)
New Hampshire	15.8	(14.3–17.3)	17.3	(14.7–19.9)	14.3	(12.6–16.0)
New Jersey	15.8	(14.7–16.9)	17.6	(15.7–19.5)	14.2	(13.0–15.4)
Arizona	16.1	(14.1–18.1)	18.0	(14.9–21.2)	14.3	(11.9–16.7)
Idaho	16.3	(14.7–17.8)	18.7	(16.2–21.3)	13.9	(12.2–15.6)
Nebraska	16.7	(15.3–18.1)	18.5	(16.3–20.6)	15.0	(13.4–16.6)
Minnesota	16.8	(15.3–18.3)	18.6	(16.1–21.2)	14.9	(13.1–16.7)
Montana	16.8	(15.4–18.1)	16.4	(14.3–18.4)	17.3	(15.5–19.0)
Colorado	17.1	(16.0–18.2)	19.5	(17.7–21.3)	14.6	(13.4–15.9)
Florida	17.1	(15.8–18.4)	18.0	(15.8–20.2)	16.3	(14.8–17.8)
Vermont	17.1	(15.7–18.5)	19.4	(17.2–21.6)	15.0	(13.3–16.6)
Iowa	17.2	(15.8–18.6)	19.6	(17.3–21.9)	14.8	(13.2–16.5)
Maine	17.3	(16.1–18.5)	18.9	(16.9–20.8)	15.8	(14.4–17.2)
South Dakota	17.5	(16.0–19.0)	16.9	(14.6–19.2)	18.1	(16.1–20.0)
Georgia	17.7	(16.1–19.3)	20.0	(17.2–22.7)	15.5	(13.8–17.2)
Kansas	17.8	(17.0–18.6)	18.6	(17.3–19.9)	17.1	(16.1–18.1)
New Mexico	17.9	(16.6–19.2)	19.9	(17.7–22.0)	16.1	(14.5–17.7)
Oregon	17.9	(16.1–19.7)	18.5	(15.6–21.4)	17.2	(15.0–19.5)
Texas	17.9	(16.4–19.4)	22.1	(19.5–24.7)	13.8	(12.5–15.1)
New York	18.0	(16.6–19.4)	19.3	(16.9–21.7)	16.8	(15.2–18.4)
Delaware	18.3	(16.5–20.1)	20.2	(17.2–23.1)	16.6	(14.5–18.7)
Illinois	18.6	(17.1–20.1)	20.6	(18.1–23.1)	16.7	(15.0–18.3)
North Dakota	18.6	(16.9–20.3)	19.3	(16.7–22.0)	17.9	(15.8–19.9)
Wisconsin	18.8	(16.8–20.8)	20.3	(16.9–23.6)	17.3	(15.0–19.6)
Virginia	19.0	(16.8–21.2)	22.5	(18.6–26.4)	15.8	(13.9–17.6)
Michigan	19.6	(18.4–20.8)	21.1	(19.1–22.9)	18.2	(16.8–19.7)
Wyoming	19.9	(18.3–21.4)	20.1	(17.8–22.5)	19.7	(17.7–21.7)
Pennsylvania	20.2	(18.9–21.5)	21.5	(19.3–23.7)	19.1	(17.5–20.6)
North Carolina	20.3	(19.0–21.6)	23.1	(21.0–25.3)	17.7	(16.3–19.1)
Ohio	20.3	(19.0–21.5)	21.2	(19.2–23.3)	19.5	(18.0–21.0)
South Carolina	20.4	(19.0–21.8)	21.5	(19.2–23.8)	19.3	(17.5–21.1)
Alaska	20.6	(18.2–23.0)	20.7	(17.2–24.3)	20.5	(17.2–23.8)
Arkansas	21.5	(19.5–23.5)	21.0	(17.8–24.1)	21.9	(19.3–24.5)
Nevada	22.0	(19.5–24.5)	22.7	(18.8–26.7)	21.3	(18.3–24.3)
Tennessee	22.0	(20.1–23.9)	24.6	(21.4–27.9)	19.6	(17.7–21.6)
Louisiana	22.1	(20.7–23.5)	25.1	(22.7–27.4)	19.3	(17.9–20.8)
Alabama	22.5	(20.9–24.1)	25.7	(22.9–28.5)	19.7	(17.9–21.4)
Indiana	23.1	(21.7–24.5)	24.9	(22.6–27.1)	21.5	(19.8–23.1)
Missouri	23.1	(21.2–25.0)	24.3	(21.3–27.4)	21.9	(19.6–24.3)
Mississippi	23.3	(22.0–24.6)	27.2	(25.0–29.4)	19.8	(18.4–21.3)
Oklahoma	25.5	(24.1–26.9)	27.1	(24.7–29.4)	24.0	(22.4–25.5)
Kentucky	25.6	(23.9–27.3)	27.1	(24.1–30.0)	24.2	(22.3–26.1)
West Virginia	25.6	(23.9–27.2)	27.7	(25.0–30.4)	23.6	(21.7–25.6)
U.S. Virgin Islands	6.4	(5.2–7.6)	8.1	(6.0–10.1)	5.0	(3.7–6.2)
Puerto Rico	10.6	(9.3–11.9)	13.8	(11.4–16.2)	7.7	(6.4–9.1)
Guam	24.1	(21.1–27.1)	30.9	(25.8–36.0)	17.1	(14.2–20.1)

* Persons aged ≥18 years who reported having smoked ≥100 cigarettes during their life and currently smoke every day or some days. Data were weighted to be representative of the state/area population.
† Confidence interval.

TABLE 2. Prevalence of current smokeless tobacco use among adults,* by state/area — Behavioral Risk Surveillance System, United States, 2009

	Smokeless tobacco use					
	Total		Men		Women	
State/Area	%	(95% CI†)	%	(95% CI)	%	(95% CI)
California	1.3	(1.1–1.6)	2.4	(1.9–2.9)	0.3	(0.2–0.4)
District of Columbia	1.5	(0.9–2.2)	2.0	(1.0–2.9)	1.2	(0.3–2.0)
Massachusetts	1.5	(1.1–1.8)	2.6	(1.8–3.3)	0.4	(0.2–0.6)
Rhode Island	1.5	(1.0–2.0)	2.3	(1.3–3.2)	0.7	(0.4–1.1)
Connecticut	1.6	(1.1–2.2)	2.9	(1.9–4.0)	0.5	(0.2–0.7)
Maryland	1.7	(1.3–2.0)	2.5	(1.8–3.2)	0.9	(0.5–1.3)
Delaware	1.9	(1.3–2.5)	3.9	(2.6–5.1)	0.2	(0.1–0.3)
New York	2.0	(1.4–2.6)	3.5	(2.3–4.6)	0.7	(0.4–1.0)
Maine	2.3	(1.9–2.8)	4.1	(3.2–5.0)	0.7	(0.4–1.0)
New Jersey	2.3	(1.7–2.9)	3.6	(2.5–4.7)	1.1	(0.6–1.5)
Hawaii	2.6	(2.0–3.3)	4.0	(2.8–5.1)	1.3	(0.6–2.0)
New Hampshire	2.6	(1.8–3.3)	4.1	(2.8–5.5)	1.1	(0.4–1.7)
Utah	2.7	(2.2–3.2)	4.9	(3.9–5.9)	0.5	(0.2–0.7)
Arizona	3.1	(1.9–4.2)	5.7	(3.5–8.0)	0.5	(0.2–0.8)
Florida	3.2	(2.5–3.9)	5.1	(3.8–6.4)	1.3	(0.7–1.9)
Illinois	3.2	(2.5–3.9)	5.2	(3.9–6.5)	1.2	(0.7–1.8)
Nevada	3.3	(2.3–4.3)	5.3	(3.5–7.0)	1.3	(0.6–2.0)
Michigan	3.5	(2.9–4.2)	6.3	(5.0–7.5)	1.0	(0.6–1.3)
Vermont	3.6	(2.8–4.3)	6.2	(4.9–7.5)	1.1	(0.4–1.8)
Washington	3.7	(3.2–4.3)	6.8	(5.8–7.8)	0.6	(0.3–0.8)
Wisconsin	3.7	(2.7–4.7)	6.6	(4.7–8.4)	0.9	(0.3–1.5)
Texas	3.8	(3.1–4.5)	6.7	(5.4–8.0)	0.9	(0.6–1.2)
Colorado	3.9	(3.3–4.5)	7.2	(6.0–8.4)	0.6	(0.3–0.9)
Louisiana	3.9	(3.3–4.6)	7.0	(5.7–8.2)	1.2	(0.7–1.6)
Minnesota	3.9	(3.0–4.9)	7.1	(5.3–8.9)	0.8	(0.4–1.3)
Oregon	3.9	(2.8–4.9)	7.2	(5.2–9.2)	0.6	(0.2–1.0)
Ohio	4.1	(3.4–4.8)	7.7	(6.3–9.0)	0.8	(0.4–1.1)
New Mexico	4.2	(3.3–5.1)	7.9	(6.2–9.7)	0.6	(0.3–0.9)
North Carolina	4.3	(3.6–5.0)	7.5	(6.2–8.8)	1.3	(1.0–1.6)
Iowa	4.5	(3.7–5.4)	8.9	(7.2–10.5)	0.4	(0.2–0.6)
Indiana	4.6	(3.9–5.4)	8.5	(7.1–10.0)	0.9	(0.6–1.3)
Virginia	4.6	(3.3–6.0)	8.6	(5.9–11.3)	0.9	(0.5–1.3)
Georgia	4.7	(3.9–5.5)	7.8	(6.2–9.4)	1.7	(1.2–2.2)
Nebraska	4.7	(4.1–5.4)	9.1	(7.8–10.3)	0.6	(0.4–0.8)
South Carolina	4.7	(3.9–5.6)	8.4	(6.7–10.0)	1.4	(0.9–1.9)
Tennessee	4.9	(4.0–5.8)	8.5	(6.8–10.2)	1.6	(0.9–2.3)
Pennsylvania	5.0	(4.2–5.8)	9.7	(8.1–11.3)	0.7	(0.4–1.0)
Missouri	5.4	(4.3–6.5)	10.4	(8.1–12.6)	0.7	(0.3–1.1)
Idaho	5.7	(4.6–6.7)	10.5	(8.5–12.6)	0.8	(0.4–1.2)
Alaska	5.8	(4.5–7.0)	8.9	(6.7–11.1)	2.5	(1.3–3.6)
Kansas	5.9	(5.3–6.4)	10.8	(9.8–11.8)	1.1	(0.9–1.3)
South Dakota	6.2	(5.3–7.2)	11.9	(10.0–13.7)	0.7	(0.4–1.1)
Alabama	6.6	(5.5–7.7)	11.8	(9.7–13.9)	1.9	(1.3–2.5)
North Dakota	6.6	(5.3–7.8)	11.4	(9.1–13.6)	1.8	(0.8–2.8)
Kentucky	6.7	(5.7–7.7)	12.4	(10.4–14.4)	1.3	(0.8–1.8)
Oklahoma	7.3	(6.3–8.2)	13.9	(12.0–15.7)	1.0	(0.6–1.4)
Arkansas	7.4	(6.0–8.8)	13.9	(11.1–16.7)	1.3	(0.7–1.9)
Montana	7.4	(6.4–8.5)	13.4	(11.4–15.4)	1.5	(1.0–2.1)
Mississippi	7.5	(6.7–8.3)	13.1	(11.5–14.6)	2.4	(1.9–2.8)
West Virginia	8.5	(7.3–9.7)	17.1	(14.8–19.4)	0.4	(0.1–0.6)
Wyoming	9.1	(7.8–10.4)	16.9	(14.6–19.3)	1.2	(0.6–1.7)
U.S. Virgin Islands	0.8	(0.4–1.1)	0.8	(0.2–1.4)	0.7	(0.2–1.2)
Puerto Rico	1.4	(0.6–2.2)	2.2	(0.5–3.8)	0.7	(0.3–1.2)
Guam	4.1	(2.7–5.6)	5.6	(3.1–8.1)	2.6	(1.2–4.0)

* Persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days.
† Confidence interval.

DC (1.5%), Massachusetts (1.5%), and Rhode Island (1.5%) (Table 2). Among U.S. territories, the prevalence of smokeless tobacco was 0.8% in USVI, 1.4% in Puerto Rico, and 4.1% in Guam. Smokeless tobacco use prevalence among men in the 50 states and DC ranged from 2.0% (DC) to 17.1% (West Virginia) and smokeless tobacco use among men was significantly higher than among women in all 50 states. Among the 50 states and DC, smokeless tobacco use was most common among persons aged 18–24 years (range: 1.0% [Nevada] to 17.4% [Wyoming]). Smokeless tobacco use tended to decrease with increasing education (adults with less than a high school education, range: 0.6% [California] to 14.2% [Alaska]); adults with a high school education, range: 1.6% [Connecticut] to 10.8% [Wyoming]; adults with some college, range: 0.4% [DC] to 7.7% [West Virginia]; and among adults with at least a college degree, range: 0.9% [New York] to 6.1% [South Dakota]). Nearly one quarter (23.4%) of men in Wyoming who smoke cigarettes and one fifth (20.8%) of men in Arkansas who smoke cigarettes reported also using smokeless tobacco (Table 3).

Among the 25% of states in which cigarette smoking prevalence was greatest (n = 13), seven also had the highest prevalence of smokeless tobacco use: Alabama, Alaska, Arkansas, Kentucky, Mississippi, Oklahoma, and West Virginia (Figure). In these states, at least one of every nine men who smoked cigarettes also reported using smokeless tobacco (range: 11.8% [Kentucky] to 20.8% [Arkansas]) (Table 3).

Reported by

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Editorial Note

Healthy People 2010 calls for reductions in adult cigarette smoking to 12% and adult smokeless (spit) tobacco use to 0.4%.¶ This report indicates that states vary substantially in prevalence of cigarette smoking and smokeless tobacco use. Utah, Puerto Rico, and USVI have met the *Healthy People 2010* target for adult cigarette smoking, and California (12.9%) is close to meeting the target, but the only state or U.S. territory close to meeting the target for smokeless tobacco use is USVI (0.8%). Neither cigarette nor smokeless tobacco use has declined during the past few years in the United States (*3,4*), and with the possible exception of cigarette smoking in California, the *Healthy People 2010* targets for adult cigarette smoking and adult smokeless tobacco use are unlikely to be reached by any additional states during 2010.

This is the first report on smokeless tobacco use to include state-specific data for all 50 states, DC, USVI, Puerto Rico, and Guam from BRFSS. These data suggest that smokeless tobacco use is predominantly a public health problem among men, young adults, and persons with lower education, and in certain states. Nationally, in 2005, the prevalence of smokeless tobacco use was 3.1% among adults aged 18–24 years, 3.0% among adults aged 25–44 years, 1.4% among adults aged 45–64 years, and 1.6% among adults aged ≥65 years. Additionally, the national prevalence of smokeless tobacco use was 2.5% for adults with less than a high school education 3.0% for adults with a high school education, and 1.6% for adults with at least some college education.** Other national reports support BRFSS findings of higher use among these demographic groups (*4*), and indicate that smokeless tobacco use has increased. For example,

What is already known on this topic?

Current cigarette smoking and smokeless tobacco use prevalence varies state-to-state, and by age, sex, and education.

What is added by this report?

In 2009, cigarette smoking prevalence among adults in the United States and territories varied from 6.4% in the U.S. Virgin Islands (USVI) to 25.6% in Kentucky and West Virginia, and smokeless tobacco use, which ranged from 0.8% in USVI to 9.1% in Wyoming, was more frequently reported by men, young adults aged 18–24 years, adults with a high school education or less, and adults in states with high smoking prevalence.

What are the implications for public health practice?

Health-care providers, including dentists and dental hygienists, should encourage and assist their patients in quitting all forms of tobacco use, and comprehensive tobacco control measures that reduce tobacco use prevalence should be implemented in all states.

¶ *Healthy People 2010* objective 27-1: reduce tobacco use by adults. Available at http://www.healthypeople.gov/document/pdf/volume2/27tobacco.pdf.

** Additional data from the 2005 National Health Interview Survey are available from the National Center for Health Statistics, CDC, at http://www.cdc.gov/nchs/nhis.htm.

TABLE 3. Percentage of current cigarette smokers* who also currently use smokeless tobacco,† by state/area — Behavioral Risk Surveillance System, United States, 2009

State/Area	Total		Men		Women	
	%	(95% CI§)	%	(95% CI)	%	(95% CI)
Delaware	2.9	(1.3–4.6)	4.8	(1.7–7.9)	0.8	(0.1–1.5)
District of Columbia	3.0	(0.8–5.2)	4.2	(0.4–8.1)	1.8	(0.0–4.2)
Rhode Island	3.0	(1.9–4.2)	3.8	(1.7–5.8)	2.3	(1.1–3.5)
California	3.2	(2.0–4.4)	4.7	(2.8–6.6)	0.9	(0.1–1.7)
Maryland	3.6	(2.0–5.2)	3.5	(1.3–5.8)	3.7	(1.4–6.1)
Massachusetts	4.1	(2.4–5.8)	6.1	(3.0–9.3)	1.9	(0.9–3.0)
New Jersey	4.4	(2.2–6.5)	6.9	(3.0–10.9)	1.4	(0.6–2.1)
Maine	4.7	(3.1–6.2)	5.4	(3.0–7.7)	3.9	(1.9–5.9)
Louisiana	4.8	(3.1–6.5)	7.2	(4.3–10.2)	1.8	(0.6–3.1)
Illinois	5.2	(3.2–7.2)	7.3	(3.8–10.8)	2.7	(1.4–4.0)
Nevada	5.2	(2.2–8.2)	6.7	(1.7–11.8)	3.6	(0.7–6.5)
New York	5.2	(2.8–7.5)	8.3	(3.8–12.8)	1.9	(0.9–2.8)
Arizona	5.7	(1.9–9.5)	9.2	(2.6–15.9)	1.4	(0.3–2.4)
Hawaii	5.7	(3.1–8.3)	7.7	(3.4–12.0)	3.3	(0.8–5.7)
Connecticut	5.8	(3.1–8.5)	9.7	(4.6–14.8)	1.8	(0.4–3.2)
Colorado	6.1	(4.1–8.1)	9.2	(5.8–12.6)	1.9	(0.7–3.1)
Wisconsin	6.1	(3.0–9.2)	8.7	(3.5–13.9)	3.2	(0.4–5.9)
Georgia	6.4	(4.2–8.6)	9.3	(5.5-13.1)	2.8	(1.2–4.3)
Ohio	6.5	(4.6–8.4)	11.0	(7.5–14.6)	1.9	(0.9–3.0)
Tennessee	6.5	(4.0–9.0)	9.9	(5.7–14.2)	2.4	(0.0–4.8)
North Carolina	6.6	(4.5–8.7)	10.2	(6.6–13.7)	2.3	(1.0–3.6)
Florida	6.7	(4.3–9.1)	11.6	(7.1–16.1)	1.6	(0.6–2.6)
New Mexico	6.8	(4.6–9.0)	10.6	(6.8–14.5)	2.3	(1.0–3.5)
Nebraska	6.9	(4.6–9.2)	10.9	(6.8–15.1)	2.1	(1.2–3.0)
Missouri	7.0	(3.7–10.3)	12.2	(6.1–18.3)	1.7	(0.4–3.0)
South Carolina	7.0	(4.5–9.4)	11.1	(6.7–15.6)	2.7	(0.8–4.6)
Pennsylvania	7.1	(4.7–9.4)	11.5	(7.1–15.9)	2.4	(1.3–3.6)
Kansas	7.5	(5.8–9.1)	12.6	(9.6–15.7)	2.1	(1.4–2.9)
Kentucky	7.7	(5.6–9.7)	11.8	(8.2–15.5)	3.4	(1.6–5.2)
Washington	7.8	(6.1–9.6)	12.9	(9.8–16.0)	2.0	(1.0–3.1)
Indiana	8.0	(5.8–10.2)	12.5	(8.6–16.4)	3.0	(1.6–4.4)
Vermont	8.1	(5.4–10.8)	11.4	(7.5–15.3)	4.1	(0.5–7.7)
Iowa	8.3	(5.3–11.3)	14.3	(9.2–19.5)	0.6	(0.0–1.4)
West Virginia	8.3	(5.6–10.9)	15.7	(10.8–20.5)	0.2	(0.0–0.4)
Texas	8.4	(5.7–11.1)	11.5	(7.2–15.9)	3.4	(1.8–5.1)
Mississippi	8.5	(6.6–10.4)	12.8	(9.6–16.1)	3.0	(1.8–4.3)
Oregon	8.7	(4.6–12.9)	15.0	(7.4–22.6)	2.2	(0.3–4.2)
South Dakota	8.7	(5.7–11.7)	15.7	(9.9–21.6)	2.3	(0.9–3.7)
Alaska	8.8	(5.6–11.9)	12.9	(7.5–18.3)	4.3	(1.4–7.2)
New Hampshire	9.2	(5.4–12.9)	12.5	(6.5–18.5)	5.3	(1.3–9.4)
Oklahoma	9.2	(7.0–11.4)	14.8	(10.8–18.7)	3.2	(1.7–4.8)
Idaho	9.6	(6.5–12.8)	14.2	(9.1–19.3)	3.5	(1.1–6.0)
Alabama	9.8	(6.7–12.9)	15.5	(10.1–20.8)	3.1	(1.0–5.2)
Michigan	9.9	(7.5–12.3)	15.5	(11.4–19.6)	3.9	(2.1–5.7)
Minnesota	10.5	(6.5–14.5)	15.9	(9.1–22.6)	3.9	(1.3–6.6)
Virginia	10.5	(4.1–16.8)	16.3	(5.8–26.9)¶	2.6	(0.6–4.5)
Utah	10.9	(7.4–14.4)	16.3	(10.8–21.9)	2.5	(0.7–4.4)
Arkansas	11.7	(8.1–15.4)	20.8	(13.9–27.7)	3.6	(1.4–5.9)
North Dakota	11.8	(7.4–16.1)	18.3	(10.8–25.8)	4.7	(1.6–7.8)
Montana	12.1	(8.9–15.4)	16.8	(11.1–22.5)	7.8	(4.7–10.8)
Wyoming	13.7	(9.8–17.6)	23.4	(16.6–30.2)	3.7	(1.5–5.8)
Puerto Rico	0.9	(0.0–2.2)	1.5	(0.0–3.6)	0.0	
Guam	3.2	(0.2–6.1)	4.4	(0.0–8.8)	0.8	(0.0–2.4)
U.S. Virgin Islands	4.2	(0.5–7.9)	3.5	(0.0–8.1)	5.1	(0.0–11.1)

* Persons aged ≥18 years who reported having smoked ≥100 cigarettes during their life and currently smoke every day or some days.
† Persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days.
§ Confidence interval.
¶ Confidence interval half-width >10, which might indicate an unreliable estimate.

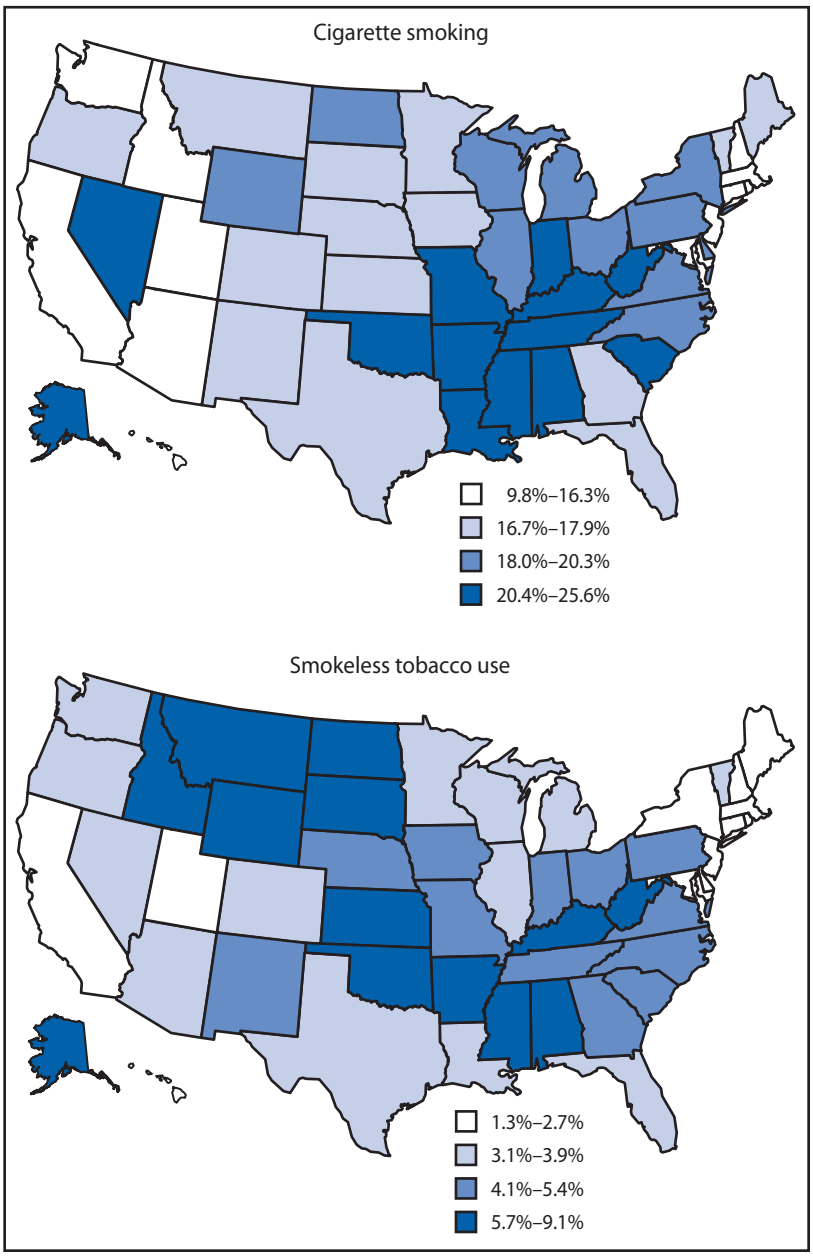
among men aged 18–25 years in the United States smokeless tobacco use increased from 3.1% in 2002 to 3.7% in 2007 (*4*). Prevalence of smokeless tobacco use among men in some states, such as West Virginia (17.1%) and Wyoming (16.9%), has nearly reached the national level of smoking prevalence among all adults (20.8%) (*3*).

Within states, up to 23.4% (Wyoming) of cigarette smoking men also use smokeless tobacco. Research suggests that persons who use multiple tobacco products might have a more difficult time quitting, which might result in longer durations of product use and an increased likelihood of experiencing tobacco-related morbidity and mortality (*5,6*). Other reports also have found that young men have a high prevalence of cigarette smoking and smokeless tobacco use in the United States and that smokeless tobacco might be a starter product for cigarette smoking among young men (*6,7*). However, BRFSS data do not assess age of initiation for cigarette smoking or smokeless tobacco use, and the order of when these products were first used cannot be determined.

Recent tobacco industry advertising has encouraged cigarette smokers to use smokeless tobacco as an alternative product in locations where cigarette smoking is not permitted (e.g., smoke-free workplaces, airlines, and theaters) (*8*). Continued surveillance of the co-use of tobacco products is needed to determine the effect of such marketing messages and the reasons for the high prevalence of smokeless tobacco use among cigarette smokers in some states. Antitobacco media messages, policies, and other interventions that prevent initiation and encourage cessation of both products also are needed, particularly in states with a high prevalence of smokeless tobacco use and cigarette smoking.

The findings in this report are subject to at least three limitations. First, BRFSS does not include adults without telephone service (1.7%) or with wireless-only service (24.5%), and adults with wireless-only service are twice as likely to smoke cigarettes as the rest of the U.S. population (*9*). Because wireless-only service varies by state (*9*), these data likely underestimate the actual prevalence of cigarette smoking in some states and might underestimate smokeless tobacco use. Second, estimates for current smoking and smokeless tobacco use prevalence are based on self-report and were not validated with biochemical tests. Self-reported current cigarette smoking status has been demonstrated to have a high validity (*10*), but the validity of self-reported smokeless tobacco use has not been evaluated. Finally, the median response rate for 2009 was 52.5%. Lower response rates in surveys increase the potential for bias; however, national estimates from state-aggregated BRFSS data have been shown to be comparable to smoking estimates from other surveys with higher response rates (*10*).

FIGURE. Prevalence of current cigarette smoking* and smokeless tobacco use† among adults aged ≥18 years, by state — Behavioral Risk Factor Surveillance System, United States, 2009



* Persons who reported having smoked ≥100 cigarettes during their life and currently smoke every day.
† Persons who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days.

The findings in this report underscore the importance of assessing cigarette smoking, as well as the use of other tobacco products, including smokeless tobacco, among U.S. adults by state. Several states were identified with high prevalence of both cigarette smoking and smokeless tobacco use. Additionally, co-use of smokeless tobacco among men who smoke cigarettes, a behavior that might hinder successful smoking cessation (*5,6*), was common in several states.

Public Health Service guidelines recommend the use of both medication and counseling to help cigarette smokers in quitting.†† These guidelines note that dentists and dental hygienists also can be effective in identifying smokeless tobacco use and advising users to quit. To promote cessation among tobacco users, health-care providers, including dentists and dental hygienists, should 1) ask their patients about all forms of tobacco use, 2) advise them to quit using all forms of tobacco, 3) assess their willingness to quit, 4) assist them in quitting, and 5) arrange for follow-up contacts. This approach, in combination with comprehensive tobacco control measures, as recommended by the WHO§§ and CDC's *Community Guide to Preventive Services*¶¶ that address all forms of tobacco, including raising excise taxes on cigarettes and all other tobacco products, can help to prevent tobacco-related deaths.

†† Specific PHS recommendations are included in the *2008 Update to the Clinical Practice Guideline on Treating Tobacco Use and Dependence*, available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

§§ Specific WHO recommendations are available at http://whqlibdoc.who.int/publications/2009/9789241563918_eng_full.pdf.

¶¶ CDC's *Guide to Community Preventive Services* reviews the effectiveness of interventions to reduce or prevent tobacco use and is available at http://www.thecommunityguide.org/tobacco.

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Evaluation of Acute Hepatitis C Infection Surveillance — United States, 2008

Hepatitis C virus (HCV) infection affects nearly 4 million persons and causes an estimated 12,000 deaths each year in the United States (*1*). For the 10-year period from 2010 to 2019, the direct medical cost of chronic HCV infection is projected to exceed $10.7 billion, the societal cost of premature mortality attributed to HCV infection is projected to be $54.2 billion, and the cost of morbidity from disability associated with HCV infection is projected to be $21.3 billion (*2*). The Institute of Medicine recently recommended a comprehensive evaluation of the national hepatitis B and C surveillance system (*3*). Complete and timely surveillance data are essential for early identification and response to outbreaks and for implementation of evidence-based prevention strategies. To assess these attributes, CDC compared acute hepatitis C surveillance data reported in 2008 from the National Notifiable Diseases Surveillance System (NNDSS) and the Emerging Infections Program (EIP), which conducts enhanced surveillance for acute hepatitis C in selected states. This report summarizes the results of that analysis, which indicated that 26 (22%) of 120 cases reported from EIP-funded sites were missing from NNDSS. Data on race and major HCV risk factors were missing from 22% and 60% of reports in NNDSS, compared with 8% and 25% of reports in EIP, respectively. The mean duration between diagnosis and reporting of the case to the state health department was 30 days (range: 0–298 days) in NNDSS compared with 19 days (range: 0–350 days) in EIP sites. These findings underscore that enhanced surveillance for acute hepatitis C improves the completeness and timeliness of the data.

Reporting of Acute Hepatitis C Cases Through NNDSS

Health-care providers, hospitals, and laboratories are required to send reports of cases of HCV infection to state and local health departments that include them within their jurisdiction. Reports meeting the Council of State and Territorial Epidemiologists (CSTE) and CDC case definition for acute hepatitis C* are entered into each state's notifiable disease surveillance system. States voluntarily transmit case reports to CDC on a weekly basis via the National Electronic Telecommunications System for Surveillance (NETSS).† NETSS is a system of computerized record formats used to transmit NNDSS data from health departments to CDC. The NETSS case reporting form includes data on demographics (e.g., age, date of birth, sex, race, and ethnicity), clinical information (e.g., date of onset, date of diagnosis, jaundice, hospitalization, and death), and risk factor exposures occurring 6 weeks to 6 months before illness onset (e.g., injection-drug use, sexual/household contact with a person with hepatitis, blood transfusion with dates of transfusion, dialysis, needle stick, tattoo, surgery, acupuncture, and being a health-care worker who has contact with human blood). Laboratory results are not transmitted to CDC because the electronic infrastructure in NETSS does not include fields for laboratory findings.

Reporting of Acute Hepatitis C Cases Through EIP Sites

EIP hepatitis surveillance§ collects more extensive information compared with NETSS. In addition to demographics, the EIP form includes clinical data (e.g., date of diagnosis, symptoms, jaundice, hospitalization, pregnancy, death from hepatitis, liver function tests, hepatitis laboratory test results, and reason for testing) and risk factor exposures occurring 2 weeks to 6 months before illness onset (i.e., contact with a person with hepatitis and the type of contact, number of male and female sex partners, previous history of treatment for sexually transmitted diseases, use of illicit drugs [both injection and noninjection], hemodialysis, injury with sharp object contaminated with blood, blood/blood products transfusion with dates of transfusion, receipt of intravenous infusions and/or injections in outpatient settings, exposure to blood, medical/dental/public safety worker employment with frequency of exposure to blood, presence of tattoo/

*Available at http://www.cdc.gov/ncphi/disss/nndss/casedef/hepatitiscacutecurrent.htm.

†Additional information available at http://www.cdc.gov/ncphi/disss/nndss/netss.htm.

§Additional information available at http://www.cdc.gov/ncpdcid/deiss/eip/index.html.

piercing and location where they were performed, dental work/surgery, hospitalization, residence in a long-term–care facility, and incarceration). In 2008, six EIP sites (Connecticut, Colorado, Minnesota, Oregon, 34 counties in New York State, and New York City) were funded by CDC to conduct enhanced acute hepatitis C surveillance. The catchment area of these sites comprises approximately 28 million persons. Site staff members investigate physician and laboratory reports submitted to health departments and directly contact the health-care providers to complete the demographic, clinical, and risk factor information listed in the EIP case reporting form; reports that fulfill the acute HCV infection case definition are sent monthly to CDC.

Comparison of NNDSS and EIP Surveillance

Cases reported to NNDSS and EIP were matched by a common case identifier and date of birth. CDC evaluated data quality by measuring the completeness of information on demographic and clinical variables, including age, sex, race, ethnicity, jaundice, and major HCV infection risk factors, in both NNDSS and EIP systems. Sensitivity and positive predictive value of NNDSS for reporting acute hepatitis C cases were calculated for the sites conducting both NNDSS and EIP surveillance by using EIP sites' surveillance as the reference. Timeliness of case reporting was based on calculating the interval between the date of diagnosis and the date of reporting of the case to the state health department.

In 2008, a total of 877 cases of acute hepatitis C were reported to CDC by NNDSS via NETSS from 40 states. A total of 120 cases were reported from the six EIP sites; in comparison, 102 cases were reported from NNDSS in states that also are funded for EIP. Although age and sex data were nearly complete in NNDSS and EIP sites, race and ethnicity were missing in 22% and 41% of reports in NNDSS, compared with 8% and 21% in EIP, respectively. Completeness of demographic information for cases of acute hepatitis C in NNDSS was substantially higher in the six sites that also have an EIP surveillance system in place, compared with the remaining states that are not funded for enhanced surveillance (Table 1). Presence or absence of jaundice was reported in 63% of cases from NNDSS and 98% of cases reported from EIP. Completeness of information on major HCV infection risk factors ranged from 15% to 46% for NNDSS, compared with 70% to 77% in EIP sites. Completeness of clinical and risk factor indicators did not differ substantially in NNDSS when comparing states that have EIP surveillance to those that are not part of EIP.

Comparison of the cases that were reported from NNDSS and in the six sites funded for EIP surveillance revealed that 26 cases reported in EIP were missing from NNDSS; however, only eight cases that were reported to NNDSS were not reported to EIP (Table 2). Considering EIP as the reference, sensitivity and positive predictive value of NNDSS were 78% (94 of 120) and 92% (94 of 102), respectively.

Complete information on both the date of acute hepatitis C diagnosis and date of case reporting to the state health department was available for 39 cases (4%) in NNDSS and 72 cases (60%) in EIP sites. The mean duration between diagnosis and reporting of the cases to the state health department was 30 days (range: 0–298 days) in NNDSS, with 74% and 77% of the cases being reported within 7 days and 1 month of diagnosis, respectively. Among EIP sites, the mean duration between diagnosis and reporting of the cases to the state health department was 19 days (range: 0–350 days), with 80% and 94% of the cases being reported within 7 days and 1 month of diagnosis, respectively.

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Editorial Note

The findings in this report show that the quality of data from NNDSS is not on par with data reported from EIP surveillance sites. Clinical and risk factor information for a substantial proportion of the cases was missing from NNDSS. As shown in previous studies, NNDSS had a substantial proportion of cases with missing data on race and ethnicity (*4,5*). Hepatitis C disproportionately affects non-Hispanic blacks compared with persons of other races (*1*). Therefore, surveillance data should include race and ethnicity information to reduce disparities through targeted prevention programs (*4*). In addition, because of limited resources, several states are not able to handle the volume of laboratory case reports received, which affects timeliness of reporting. In 2009, a total of 27 jurisdictions had backlogs of HCV data, with

TABLE 1. Number and percentage of reported acute hepatitis C cases with complete information for selected indicators — National Notifiable Diseases Surveillance System (NNDSS) and Emerging Infections Program (EIP) surveillance sites,* United States, 2008

	NNDSS						EIP	
	All sites		Non-EIP sites		EIP sites			
Indicator	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Total	**877**	**(100)**	**775**	**(100)**	**102**	**(100)**	**120**	**(100)**
Demographic								
Age	870	(99)	768	(99)	102	(100)	120	(100)
Sex	860	(98)	760	(98)	100	(98)	120	(100)
Race	685	(78)	593	(76)	92	(90)	110	(92)
Ethnicity	518	(59)	442	(57)	76	(74)	95	(79)
Clinical†								
Jaundice	549	(63)	483	(62)	66	(64)	118	(98)
Risk factor†								
Injection-drug use	403	(46)	358	(46)	45	(44)	92	(77)
Blood transfusion	376	(43)	318	(41)	58	(57)	90	(75)
Contact with a person infected with hepatitis C virus	134	(15)	92	(12)	42	(41)	92	(77)
Needle stick injury	320	(36)	291	(37)	29	(28)	84	(70)

* EIP sites conducting acute hepatitis C surveillance in 2008: Connecticut, Colorado, Minnesota, Oregon, 34 counties in New York state, and New York City.
† Numbers and percentages indicate cases for which a response ("yes" or "no") for the selected indicator was available.

TABLE 2. Number of reported acute hepatitis C cases — National Notifiable Diseases Surveillance System (NNDSS) and Emerging Infections Program (EIP) surveillance sites,*† United States, 2008

	EIP		
NNDSS	Cases reported	Cases not reported	Total
Cases reported	94§	8¶	102**
Cases not reported	26††	Unknown	—
Total	**120§§**	—	—

* Obtained by matching cases using a common case identifier and date of birth.
† EIP sites conducting acute hepatitis C surveillance in 2008: Connecticut, Colorado, Minnesota, Oregon, 34 counties in New York state, and New York City.
§ Cases identified in both NNDSS and EIP.
¶ Cases identified in NNDSS only.
** Total cases reported in NNDSS from the six EIP sites.
†† Cases identified in EIP only.
§§ Total cases reported from the six EIP sites.

an average of 6,200 reports that needed to be entered (*3*). Accurate, timely, and complete surveillance data are needed to identify and respond to outbreaks in a timely fashion, to guide and evaluate prevention strategies, and to allow for the early initiation of treatment, leading to an ultimate decrease in health-care costs.

Health departments using EIP enhanced surveillance have shown its effectiveness in identifying clusters or outbreaks of hepatitis C infection. For example, the New York State Department of Health detected a cluster of 20 hepatitis C infections among young injection-drug users by conducting enhanced surveillance of HCV infections reported among persons aged <30 years (*6*). Similarly, EIP enhanced surveillance of acute hepatitis C infections allowed the identification of health-care–associated acute hepatitis C outbreaks.

Early identification of acute hepatitis C infection is essential to prevent chronic infections and subsequent liver cancer and associated health-care costs. In fact, early treatment of hepatitis C prevents chronic disease in more than 90% of persons treated during the acute phase of the infection (*7,8*) and more than doubles the chance of achieving a sustained virologic response (absence of HCV RNA 24 weeks after discontinuation of therapy reflecting absence of viremia and normal liver function), compared with that achievable by treating chronic hepatitis C infection (*9*). The rate of achieving a sustained virologic response is inversely associated with time from acute HCV infection diagnosis (*9*). In addition, early treatment contributes to lower health-care costs compared with later treatment (*8*).

The findings in this report are subject to at least four limitations. First, the data for timeliness calculation were missing from the majority of NNDSS cases, and this might have led to an overestimation of timeliness in NNDSS. Second, estimates of timeliness would have been improved if CDC had been able to assess the duration between diagnosis and reporting to the local rather than the state health department. However, this information was not available from NETSS. Third, the states where enhanced reporting of acute hepatitis C was implemented were not selected at random; consequently, the observed differences

What is already known on this topic?

Hepatitis C is a major public health problem in the United States and contributes to increased health-care costs. Complete and timely surveillance data for hepatitis C infections lead to a timely identification and response to outbreaks, help guide and evaluate prevention strategies, and enable early initiation of treatment, leading to an ultimate decrease in health-care costs.

What is added by this report?

Reporting of acute hepatitis C in routine national surveillance missed approximately 22% of cases reported by sites funded through the Emerging Infections Program. In addition, 60% of the cases in the National Notifiable Diseases Surveillance System lacked information about hepatitis C risk factors.

What are the implications for public health practice?

Availability of a nationwide enhanced acute hepatitis C surveillance system improves case detection as well as completeness and timeliness of acute hepatitis C data. This is essential for a timely public health action and early initiation of treatment, both of which contribute to the prevention of advanced liver disease and a decrease in associated health-care costs.

between the performances of the NNDSS and EIP surveillance systems might not all be attributable to differences between the surveillance systems themselves. Finally, this report could not assess the proportion of missed diagnoses of acute HCV infections at the provider level, which would contribute to underreporting of cases to both NNDSS and EIP.

The comparison of NNDSS (a passive surveillance system) with EIP (an enhanced surveillance system) indicates that accuracy and timeliness of reporting for acute HCV infections were improved through enhanced surveillance. Expanding enhanced surveillance for acute hepatitis C to the national level would detect an estimated additional 22% of acute hepatitis C cases. However, because of budget constraints, enhanced surveillance for acute HCV infections is not implemented nationwide.

The Institute of Medicine report recommended a surveillance system comparable to that of human immunodeficiency virus (HIV) surveillance (*3*). HCV and HIV infections are similar in that many of the cases are asymptomatic and early identification and initiation of treatment would prevent transmission, complications, and deaths. However, although HIV case ascertainment requires a single laboratory test, ascertainment of a single case of acute HCV infection requires an average of four laboratory reports (*10*). Based on the findings described in this report, additional resources for acute hepatitis C surveillance could enhance substantially the quality of the data on which prevention interventions are based, and in turn, could reduce morbidity and mortality associated with HCV infection. Nonetheless, a cost-benefit analysis to assess the usefulness of implementing EIP enhanced surveillance for acute hepatitis C at the national level is needed.

Acknowledgments

This report is based, in part, on contributions by state and territorial health departments and EIP sites conducting enhanced hepatitis surveillance.

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Cholera Outbreak — Haiti, October 2010

On October 28, this report was posted as an MMWR *Dispatch on the* MMWR *website (http://www.cdc.gov/mmwr).*

An outbreak of cholera is ongoing in Haiti. On October 21, 2010, toxigenic *Vibrio cholerae* O1, serotype Ogawa, biotype El Tor was identified by the National Laboratory of Public Health of the Ministry of Public Health and Population in Haiti. Identification of the isolate was confirmed by CDC. Antimicrobial susceptibility testing of selected *V. cholerae* O1 isolates conducted at the National Laboratory of Public Health and at CDC demonstrated susceptibility to tetracycline (susceptibility to this drug predicts doxycycline susceptibility), ciprofloxacin, and kanamycin; and resistance to trimethoprim-sulfamethoxazole, furazolidone, nalidixic acid, sulfisoxazole, and streptomycin.

As of October 27, a total of 4,722 cholera cases with onset during October 21–27 and 303 deaths had been reported in Haiti (*1*). Most cases have been reported from Artibonite Department (*1*), a rural but densely settled area with several small urban centers. In addition, probable cases have been identified elsewhere in Haiti, including Ouest Department, where the capital city of Port-au-Prince is located.

Cholera is transmitted through fecal contamination of water or food and causes an acute, severe, watery diarrhea that can result in hypovolemic shock and death if not treated with fluid replacement promptly. Epidemic cholera has not been reported previously from Haiti; the population is immunologically naïve and therefore highly susceptible to infection with *V. cholerae* (*2–4*). The outbreak appears to have spread from an initial concentration of cases in Artibonite Department. An international public health response, led by the Ministry of Public Health and Population and including technical support from the Pan American Health Organization, CDC, and other governmental and nongovernmental organizations, is under way. The emphasis of the response is on 1) minimizing mortality by using oral rehydration for most cases and intravenous rehydration for severely ill patients and 2) preventing infection by promoting water treatment, adequate sanitation and hygiene, and safe food preparation (*5*).

No cases of cholera in travelers from Haiti to the United States have been reported to CDC. Cholera is notifiable in all U.S. states and territories. Clinicians should promptly report known or suspected cases of cholera to state or local health departments. Health departments that identify suspected or confirmed cases of cholera in travelers who have arrived recently from Haiti should e-mail CDC at eocreport@cdc.gov. The potential for spread in the United States is low because U.S. water, sanitation, and food systems minimize the risk for fecal contamination of food and water.

CDC has provided prevention and treatment guidance for travelers to and from Haiti online (available at http://wwwnc.cdc.gov/travel/default.aspx). Health departments, especially in areas with large Haitian populations that might be more likely to include recent travelers to Haiti, should consider providing cholera information to clinicians. Clinicians serving Haitian populations should be aware of the recommendations for diagnosis and treatment.

More information on cholera, including recommendations for treatment, laboratory testing, and scientific publications, is available at http://www.cdc.gov/cholera. Further information regarding the outbreak in Haiti is available at http://www.cdc.gov/haiticholera.

Reported by

Ministry of Public Health and Population, Haiti. Pan American Health Organization. CDC.

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Notes from the Field

Malaria Imported from West Africa by Flight Crews — Florida and Pennsylvania, 2010

On September 15, 2010, CDC notified the Florida and Pennsylvania departments of health of four *Plasmodium falciparum*–associated malaria cases among employees of a single commercial airline. All four employees had traveled to Accra, Ghana, during August 25–September 2, 2010, two of whom were on the same flight. Their duration of stay in Accra ranged from 48 to 80 hours. All had stayed at the same hotel and spent time outdoors near the swimming pool, in restaurants without air conditioning, and in other locations during the evening and night.

Two cases were in female flight attendants aged 20–40 years, and two cases were in male pilots aged 40–60 years. All had fever, headache, nausea, vomiting, and diarrhea approximately 2 weeks after their most recent exposure in Accra. Three of the four received diagnoses of acute *P. falciparum*–associated malaria on the basis of trophozoites observed on microscopic examination of thin and thick blood films. Malaria was diagnosed for one patient by blood smear, but the species (*P. falciparum*) was determined by positive polymerase chain reaction. One flight attendant was hospitalized for treatment, recovered uneventfully, and was discharged after 2 days. The two pilots and the other flight attendant were severely ill, were hospitalized, and required intravenous treatment. Both pilots had respiratory distress and required intubation. All recovered and were discharged after 6–15 days with diagnoses of acute malaria infection and acute respiratory failure for the pilots.

None of the four airline workers had used antimalarial chemoprophylaxis, despite company-paid atovaquone-proguanil (Malarone, GlaxoSmithKline) being an element of this airline's malaria prevention strategy. All reported having used insect repellent most of the time. Accra is recognized as a high-risk area for malaria transmission (*1*). CDC advises travelers to West Africa, an area of intense transmission, to use chemoprophylaxis as well as to take measures to avoid mosquito bites, because even brief exposure can result in transmission (*2*). Travelers to malaria-endemic countries, even for brief periods, should be aware of the risk for malaria and of prevention measures that can be taken.

Reported by

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Announcement

World Pneumonia Day — November 12, 2010

Pneumonia kills more children than any other illness; among approximately 9 million children aged <5 years who die each year worldwide, 1.6 million die from pneumonia (*1*). Through the Global Action Plan for Prevention and Control of Pneumonia, the World Health Organization and international partners recommend that the global health burden of pneumonia be reduced by 1) using vaccines against organisms that cause pneumonia, 2) providing appropriate care and treatment for persons who contract pneumonia, and 3) promoting preventive measures such as exclusive breastfeeding of infants during their first 6 months of life (*2*).

Streptococcus pneumoniae (pneumococcus) and *Haemophilus influenzae* type b (Hib) account for approximately 60% of pneumonia deaths worldwide of children aged 1 month–5 years in countries that do not use pneumococcal or Hib conjugate vaccines (*3,4*). In the United States, pneumococcal and Hib conjugate vaccines are recommended for infants and children aged <2 years as part of the routine infant immunization schedule and have reduced morbidity and mortality from pneumococcal disease by 76% and from Hib disease by >99% among children aged <5 years (*5,6*). In 2010, a 13-valent pneumococcal conjugate vaccine was licensed and recommended in the United States. Collaborative international efforts are expanding use of these vaccines in developing countries (*7*).

Respiratory viruses, such as respiratory syncytial virus (RSV), influenza, and measles, also are major causes of pneumonia globally. In 2005, an estimated 33.8 million episodes of RSV-associated acute lower respiratory infection occurred in children aged <5 years worldwide (*8*). Recent studies suggest that 6%–10% of childhood pneumonia is associated with influenza (*9,10*). Use of influenza and measles vaccines, antiviral medications, and supportive health care can reduce the burden of pneumonia caused by these viruses.

To raise awareness of the effects of pneumonia globally, the second annual World Pneumonia Day, November 12, 2010, is being promoted by a coalition of more than 100 major health, humanitarian relief, advocacy, faith-based, government, and other organizations; CDC and UNICEF are providing technical assistance. Events are scheduled at CDC and elsewhere in the United States and other countries. Additional information is available at http://worldpneumoniaday.org.

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Announcement

Drowsy Driving Prevention Week — November 8–14, 2010

November 8–14 is Drowsy Driving Prevention Week. Driving while drowsy contributes annually to an estimated 100,000 motor vehicle crashes and approximately 1,500 deaths nationwide (*1*). The 2009 Sleep in America Poll reported that approximately 30% of respondents had driven drowsy at least once per month during the past year, and approximately 1% had a crash or near-crash because of driving while drowsy during that time (*2*).

Inadequate sleep impairs safe driving by reducing alertness and slowing reaction time (*1*). Groups at higher risk for sleep-related crashes include 1) bus, truck, and other commercial drivers; 2) shift workers; 3) persons with more than one job or irregular work hours; 4) persons with untreated sleep disorders (e.g., sleep apnea or narcolepsy); and 5) drivers aged ≤25 years (*3*).

Teens are more likely than older drivers to be sleep-deprived (*4*). Adults and teens need 7–9 hours and 8.5–9.25 hours of sleep per day, respectively. Additional information is available from the National Sleep Foundation (http://drowsydriving.org) and CDC (http://www.cdc.gov/sleep).

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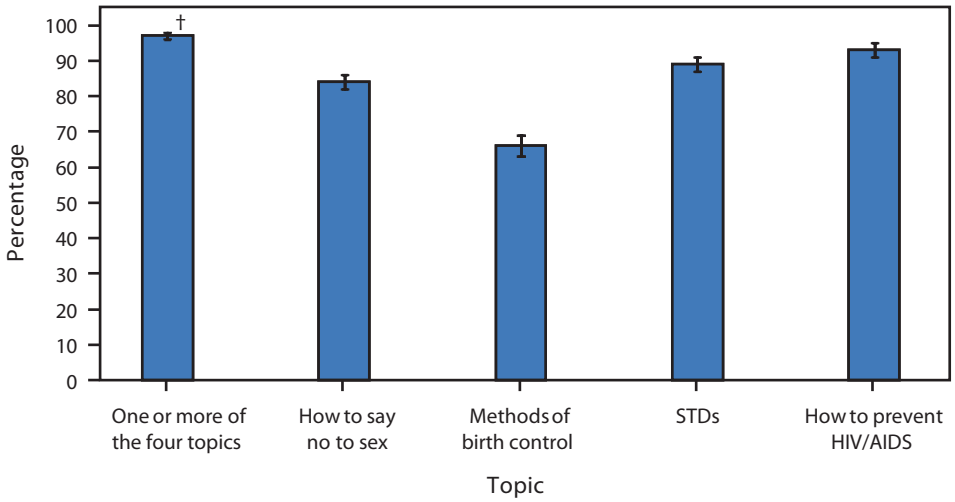
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Persons Aged 15–19 Years Who Received Formal Sex Education* Before Age 18 Years, by Selected Topics — National Survey of Family Growth, United States, 2006–2008



Abbreviations: STDs = sexually transmitted diseases; HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome.

* Based on responses to the question "Now I'm interested in knowing about formal sex education you may have had. Before you were 18, did you ever have/have you ever had any formal instruction at school, church, a community center, or some other place about: how to say no to sex, methods of birth control, sexually transmitted diseases, and how to prevent HIV/AIDS?"

† 95% confidence interval.

During 2006–2008, 97% of persons aged 15–19 years received formal sex education on one or more of four topics before they were age 18 years. The percentage who reported receiving formal sex education on methods of birth control (66%) was less than the percentage who received education on how to say no to sex (84%), STDs (89%), or how to prevent HIV/AIDS (93%).

Sources: CDC. National Survey of Family Growth, 2006–2008. Available at http://www.cdc.gov/nchs/nsfg/nsfg_2006_2008_puf.htm. CDC. Educating teenagers about sex in the United States: NCHS data brief, no 44. Available at http://www.cdc.gov/nchs/data/databriefs/db44.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 30, 2010 (43rd week)*

Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	1	84	3	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	—	58	2	83	109	85	97	85	
other (wound and unspecified)	1	20	1	25	19	27	48	31	CA (1)
Brucellosis	2	101	2	115	80	131	121	120	CA (2)
Chancroid	—	32	1	28	25	23	33	17	
Cholera	1	5	0	10	5	7	9	8	HI (1)
Cyclosporiasis§	1	151	1	141	139	93	137	543	WA (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	56	1	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	—	4	4	4	8	21	
Powassan virus disease	—	5	0	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	1	14	0	35	30	22	29	9	VA (1)
nonserotype b	1	129	3	236	244	199	175	135	OK (1)
unknown serotype	1	200	3	178	163	180	179	217	NY (1)
Hansen disease§	2	37	2	103	80	101	66	87	FL (2)
Hantavirus pulmonary syndrome§	—	16	0	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	5	183	5	242	330	292	288	221	NY (1), CA (4)
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	1	57	4	358	90	77	43	45	GA (1)
Listeriosis	9	649	19	851	759	808	884	896	NY (1), PA (1), FL (1), TN (1), CA (5)
Measles¶¶	—	31	0	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	1	196	5	301	330	325	318	297	TX (1)
serogroup B	2	91	2	174	188	167	193	156	OH (1), TX (1)
other serogroup	—	7	1	23	38	35	32	27	
unknown serogroup	5	309	9	482	616	550	651	765	KY (1), TN (1), OR (1), CA (2)
Mumps	7	2,418	17	1,991	454	800	6,584	314	NYC (2), PA (1), OH (1), TX (3)
Novel influenza A virus infections†††	—	1	0	43,774	2	4	NN	NN	
Plague	—	2	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	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	—	75	1	94	106	—	—	—	
chronic	1	23	0	20	14	—	—	—	OH (1)
Rabies, human	—	1	0	4	2	1	3	2	
Rubella¶¶¶	—	5	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	137	2	161	157	132	125	129	VA (1)
Syphilis, congenital (age <1 yr)††††	—	166	7	423	431	430	349	329	
Tetanus	—	6	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	2	60	1	74	71	92	101	90	CA (2)
Trichinellosis	—	3	0	13	39	5	15	16	
Tularemia	1	86	2	93	123	137	95	154	VA (1)
Typhoid fever	2	332	6	397	449	434	353	324	FL (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	5	75	1	78	63	37	6	2	NY (1), OH (3), NC (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	0	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	6	665	9	789	588	549	NN	NN	OH (1), MD (1), FL (2), WA (1), CA (1)
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 30, 2010 (43rd week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.

† 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 August 30, 2009, a total of 282 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.

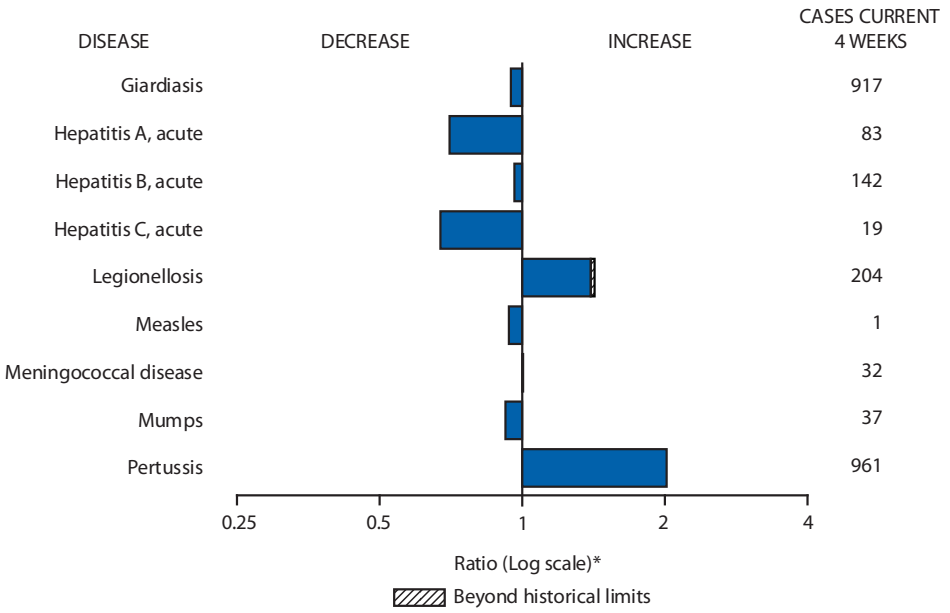
¶¶¶ No rubella cases were reported for the current week.

**** 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 30, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 30, 2010, and October 31, 2009 (43rd 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	13,084	23,416	26,203	980,635	1,040,415	51	122	332	6,484	6,339
New England	799	744	1,396	32,879	33,020	—	7	74	382	402
Connecticut	403	216	736	8,380	9,640	—	0	68	68	38
Maine†	—	50	75	1,996	2,015	—	1	7	71	44
Massachusetts	296	401	652	16,701	15,470	—	2	8	120	155
New Hampshire	62	41	114	2,015	1,789	—	1	5	47	73
Rhode Island†	—	64	120	2,745	3,113	—	0	2	13	22
Vermont†	38	23	51	1,042	993	—	1	5	63	70
Mid. Atlantic	3,135	3,289	4,751	141,278	131,537	7	14	37	685	721
New Jersey	349	479	691	20,979	20,437	—	0	1	—	46
New York (Upstate)	898	679	2,530	28,588	26,148	5	3	16	183	190
New York City	1,219	1,206	2,741	52,517	48,760	—	1	5	75	72
Pennsylvania	669	897	1,092	39,194	36,192	2	8	26	427	413
E.N. Central	168	3,474	4,127	141,705	167,067	7	29	121	1,746	1,494
Illinois	22	812	1,225	29,826	51,263	—	3	21	245	140
Indiana	—	349	796	15,739	19,000	—	3	10	133	245
Michigan	—	900	1,420	38,755	38,380	—	5	18	274	242
Ohio	146	969	1,082	40,278	40,870	7	7	24	407	328
Wisconsin	—	415	504	17,107	17,554	—	9	55	687	539
W.N. Central	147	1,342	1,565	55,591	59,341	7	23	82	1,183	967
Iowa	13	189	269	8,309	8,050	—	4	23	299	183
Kansas	7	185	235	7,647	8,995	—	2	9	118	91
Minnesota	—	275	331	11,185	12,100	—	0	18	98	294
Missouri	—	495	599	20,430	21,681	5	4	30	342	165
Nebraska†	110	93	237	4,106	4,498	1	3	26	215	104
North Dakota	—	34	89	1,375	1,509	1	0	18	29	11
South Dakota	17	62	77	2,539	2,508	—	2	6	82	119
S. Atlantic	3,631	4,562	5,681	193,486	210,936	12	18	51	858	972
Delaware	126	85	220	3,681	3,944	—	0	2	7	8
District of Columbia	—	96	177	4,099	5,733	—	0	1	2	6
Florida	577	1,462	1,726	62,141	61,732	8	7	19	322	387
Georgia	231	402	1,229	17,634	33,854	1	5	31	250	299
Maryland†	420	467	1,031	19,501	18,656	—	1	3	32	38
North Carolina	755	773	1,562	34,310	34,962	—	1	12	69	101
South Carolina†	746	521	788	22,994	22,726	3	1	8	80	52
Virginia†	688	596	902	25,977	26,236	—	2	8	81	66
West Virginia	88	71	137	3,149	3,093	—	0	3	15	15
E.S. Central	1,392	1,744	2,415	73,804	78,071	—	4	19	263	199
Alabama†	580	491	756	21,975	22,349	—	2	11	123	58
Kentucky	194	281	642	12,297	10,633	—	1	6	72	56
Mississippi	321	384	780	15,872	19,948	—	0	3	18	17
Tennessee†	297	566	729	23,660	25,141	—	1	5	50	68
W.S. Central	1,012	2,954	4,578	127,714	136,992	8	8	39	373	485
Arkansas†	322	259	392	10,068	12,237	—	1	3	30	48
Louisiana	466	228	1,076	12,143	24,006	—	1	5	49	47
Oklahoma	224	257	1,374	12,736	12,110	1	1	8	75	109
Texas†	—	2,189	3,200	92,767	88,639	7	4	30	219	281
Mountain	465	1,492	1,904	61,799	66,517	1	10	29	473	494
Arizona	320	498	713	20,827	21,798	1	1	3	32	30
Colorado	—	369	593	14,372	16,311	—	2	8	115	126
Idaho†	68	77	200	3,347	3,042	—	2	6	81	80
Montana†	—	60	79	2,445	2,523	—	1	4	43	50
Nevada†	—	170	337	7,705	8,460	—	0	6	31	21
New Mexico†	—	171	453	6,386	7,618	—	2	11	100	131
Utah	76	120	176	5,132	5,137	—	1	5	57	36
Wyoming†	1	37	79	1,585	1,628	—	0	2	14	20
Pacific	2,335	3,654	5,350	152,379	156,934	9	12	28	521	605
Alaska	—	111	148	4,806	4,396	—	0	1	4	6
California	1,857	2,784	4,406	117,972	120,007	7	7	19	297	360
Hawaii	—	112	158	4,705	5,110	—	0	0	—	1
Oregon	216	208	468	9,175	9,308	1	3	13	150	166
Washington	262	384	497	15,721	18,113	1	1	8	70	72
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	6	31	259	308	—	0	0	—	—
Puerto Rico	—	92	265	4,285	6,344	N	0	0	N	N
U.S. Virgin Islands	—	9	29	323	436	—	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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. 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 30, 2010, and October 31, 2009 (43rd 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	30	368	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	—	1	9	75	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	13	NN	—	0	0	—	NN
E.N. Central	—	0	5	38	NN	—	0	1	1	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	10	NN	—	0	0	—	NN
Michigan	—	0	2	9	NN	—	0	0	—	NN
Ohio	—	0	2	14	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	—	2	16	188	NN	—	0	1	2	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	1	14	157	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	3	7	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	2	5	NN	—	0	0	—	NN
Alabama¶	—	0	2	2	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	14	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	3	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	23	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	12	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	—	97	534	8,701	NN	—	0	3	32	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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† 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 30, 2010, and October 31, 2009 (43rd 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	4	9	181	527	855	3	11	309	641	822	—	2	35	91	156
New England	—	0	3	3	47	—	2	8	72	238	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	5	18	17	—	0	2	5	—
Maine§	—	0	1	2	3	—	0	2	15	12	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	2	—	89	—	0	0	—	—
New Hampshire	—	0	1	1	4	—	0	3	15	16	—	0	1	2	1
Rhode Island§	—	0	2	—	30	—	0	7	24	104	—	0	0	—	1
Vermont§	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	1	15	44	175	2	3	17	173	285	—	0	2	4	44
New Jersey	—	0	2	—	94	—	0	2	1	66	—	0	0	—	—
New York (Upstate)	1	0	15	26	49	2	2	17	169	210	—	0	1	4	6
New York City	—	0	3	17	10	—	0	1	3	8	—	0	0	—	1
Pennsylvania	—	0	2	1	22	—	0	1	—	1	—	0	1	—	37
E.N. Central	—	0	4	29	83	—	2	37	313	263	—	1	6	56	67
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	13	—	0	1	2	1	—	0	0	—	2
Wisconsin	—	0	1	9	32	—	2	37	309	256	—	0	3	21	26
W.N. Central	1	1	13	116	150	—	0	261	11	14	—	0	30	11	16
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	2	—	0	261	—	10	—	0	30	—	3
Missouri	1	1	13	108	140	—	0	3	11	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	2	4	19	232	239	1	1	7	52	16	—	0	1	6	2
Delaware	—	0	3	17	20	—	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	18	—	0	1	1	1	—	0	1	1	—
Maryland§	—	0	3	22	37	—	0	2	12	3	—	0	1	2	—
North Carolina	2	1	13	98	60	1	0	4	20	3	—	0	0	—	—
South Carolina§	—	0	2	3	10	—	0	1	1	—	—	0	0	—	—
Virginia§	—	1	13	65	83	—	0	2	11	4	—	0	1	3	2
West Virginia	—	0	0	—	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	82	128	—	0	2	17	3	—	0	1	6	24
Alabama§	—	0	3	10	8	—	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	104	—	0	2	9	2	—	0	1	6	24
W.S. Central	—	0	141	20	30	—	0	23	3	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	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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† 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 30, 2010, and October 31, 2009 (43rd 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	192	343	666	14,701	15,753	3,026	5,432	6,330	228,904	253,634	19	59	171	2,360	2,361
New England	8	30	53	1,236	1,490	117	103	196	4,386	4,047	1	3	21	133	157
Connecticut	—	5	13	236	250	72	42	169	1,876	1,959	—	0	15	30	42
Maine§	7	4	12	187	184	—	3	11	136	112	1	0	2	11	18
Massachusetts	—	12	20	463	644	40	46	81	1,952	1,568	—	2	8	65	75
New Hampshire	—	3	8	124	178	5	3	7	129	88	—	0	2	9	10
Rhode Island§	—	1	7	60	52	—	5	14	246	283	—	0	2	11	7
Vermont§	1	4	10	166	182	—	0	17	47	37	—	0	1	7	5
Mid. Atlantic	50	59	103	2,537	2,919	686	678	1,124	29,901	26,400	8	11	34	459	482
New Jersey	—	5	13	207	370	96	102	161	4,563	3,990	—	2	7	75	107
New York (Upstate)	33	22	84	955	1,113	147	103	422	4,709	4,861	7	3	20	125	125
New York City	6	16	33	744	710	230	227	548	10,190	9,182	—	2	6	88	59
Pennsylvania	11	14	25	631	726	213	239	363	10,439	8,367	1	3	9	171	191
E.N. Central	13	53	78	2,383	2,476	49	919	1,260	38,825	53,458	—	10	20	403	373
Illinois	—	12	26	492	534	7	189	380	7,025	16,999	—	3	9	123	139
Indiana	—	5	13	191	254	—	96	221	4,437	6,114	—	1	6	69	66
Michigan	—	13	23	564	566	—	240	471	10,651	12,569	—	0	4	27	19
Ohio	13	16	29	719	685	42	316	372	12,946	13,408	—	2	6	99	86
Wisconsin	—	8	29	417	437	—	92	155	3,766	4,368	—	2	5	85	63
W.N. Central	16	25	165	1,211	1,350	20	275	357	11,325	12,506	1	3	24	136	137
Iowa	—	5	11	245	252	1	33	53	1,412	1,389	—	0	1	1	—
Kansas	1	4	10	183	131	—	37	83	1,556	2,143	—	0	2	13	13
Minnesota	—	0	135	136	250	—	39	62	1,596	1,952	—	0	17	25	48
Missouri	13	8	25	365	447	—	124	172	5,356	5,476	1	1	6	68	49
Nebraska§	1	4	9	182	153	19	22	50	978	1,144	—	0	2	19	21
North Dakota	1	0	7	27	20	—	2	11	94	110	—	0	4	10	6
South Dakota	—	1	7	73	97	—	7	17	333	292	—	0	0	—	—
S. Atlantic	48	73	143	3,135	3,079	1,036	1,303	1,671	56,078	63,192	3	14	27	629	646
Delaware	—	0	5	26	22	25	18	48	840	809	—	0	1	5	3
District of Columbia	—	1	5	31	62	—	37	65	1,545	2,244	—	0	1	3	4
Florida	41	40	87	1,807	1,614	179	385	490	16,740	17,815	2	3	9	155	191
Georgia	—	10	51	485	625	85	143	421	6,004	11,551	—	3	9	143	128
Maryland§	2	5	11	219	238	165	133	237	5,676	5,089	—	1	6	55	76
North Carolina	N	0	0	N	N	206	252	596	11,490	11,918	—	2	9	107	81
South Carolina§	2	2	9	123	93	190	153	232	6,917	7,136	—	2	7	69	63
Virginia§	3	9	36	411	383	171	160	271	6,423	6,210	1	2	4	71	74
West Virginia	—	0	5	33	42	15	9	20	443	420	—	0	5	21	26
E.S. Central	2	5	15	214	346	418	480	698	20,065	22,558	2	3	12	144	139
Alabama§	—	4	10	157	166	177	145	218	6,378	6,430	—	0	3	22	34
Kentucky	N	0	0	N	N	53	76	156	3,209	3,134	—	0	2	29	19
Mississippi	N	0	0	N	N	111	109	216	4,512	6,218	—	0	2	10	7
Tennessee§	2	1	10	57	180	77	145	195	5,966	6,776	2	2	10	83	79
W.S. Central	2	8	16	316	438	241	780	1,283	34,450	40,144	1	2	20	108	100
Arkansas§	2	2	9	114	127	79	75	133	3,075	3,786	—	0	3	14	15
Louisiana	—	3	9	139	174	109	68	441	3,471	7,807	—	0	3	21	17
Oklahoma	—	2	7	63	137	53	78	359	3,736	3,858	1	1	15	65	64
Texas§	N	0	0	N	N	—	571	964	24,168	24,693	—	0	2	8	4
Mountain	6	30	49	1,351	1,407	44	179	262	7,299	7,790	2	5	15	242	205
Arizona	—	3	8	132	174	42	63	109	2,455	2,602	1	2	10	91	65
Colorado	—	13	27	569	409	—	53	94	2,156	2,352	—	1	5	67	60
Idaho§	2	4	9	177	176	2	2	6	98	85	1	0	2	15	3
Montana§	3	2	7	89	118	—	2	6	86	68	—	0	1	2	1
Nevada§	—	1	11	83	99	—	28	94	1,361	1,463	—	0	2	6	16
New Mexico§	—	2	5	78	107	—	19	41	854	889	—	1	5	35	28
Utah	1	4	11	189	267	—	6	15	261	270	—	0	4	20	29
Wyoming§	—	1	5	34	57	—	0	4	28	61	—	0	2	6	3
Pacific	47	53	133	2,318	2,248	415	598	809	26,575	23,539	1	2	21	106	122
Alaska	—	2	6	84	99	—	23	37	1,020	814	—	0	2	20	16
California	29	33	61	1,446	1,458	352	494	691	22,005	19,364	—	0	18	18	39
Hawaii	—	0	3	24	18	—	14	25	604	539	—	0	2	7	28
Oregon	1	9	20	406	349	13	19	43	830	912	1	1	5	57	36
Washington	17	8	75	358	324	50	50	69	2,116	1,910	—	0	4	4	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	30	19	—	0	0	—	—
Puerto Rico	—	1	8	57	142	—	5	14	238	206	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	2	7	78	107	—	0	0	—	—

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† 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 30, 2010, and October 31, 2009 (43rd 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	14	30	69	1,243	1,664	25	61	204	2,541	2,733	4	15	44	661	618
New England	1	2	5	78	97	1	1	5	46	47	—	1	4	34	56
Connecticut	1	0	3	25	18	—	0	2	17	14	—	1	4	24	43
Maine†	—	0	1	7	1	1	0	2	13	12	—	0	0	—	2
Massachusetts	—	1	4	36	61	—	0	2	8	17	—	0	1	9	10
New Hampshire	—	0	1	2	7	—	0	2	6	4	N	0	0	N	N
Rhode Island†	—	0	4	8	8	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	1	1	1
Mid. Atlantic	1	4	10	171	236	1	5	10	239	286	—	2	6	95	87
New Jersey	—	0	3	12	60	—	1	5	57	85	—	0	2	21	6
New York (Upstate)	1	1	4	53	42	1	1	6	42	47	—	1	4	48	40
New York City	—	1	5	61	74	—	2	4	75	61	—	0	0	—	5
Pennsylvania	—	1	4	45	60	—	1	5	65	93	—	0	3	26	36
E.N. Central	1	4	8	173	255	—	9	17	379	373	—	2	10	99	73
Illinois	—	1	3	40	116	—	2	5	71	103	—	0	1	1	4
Indiana	—	0	2	15	16	—	1	5	47	63	—	0	2	21	16
Michigan	—	1	4	52	61	—	3	6	101	111	—	1	6	62	26
Ohio	1	0	5	42	34	—	2	6	80	75	—	0	1	8	24
Wisconsin	—	0	3	24	28	—	1	8	80	21	—	0	2	7	3
W.N. Central	—	1	13	66	99	1	2	15	98	120	—	0	11	15	19
Iowa	—	0	3	8	32	—	0	2	12	29	—	0	1	—	10
Kansas	—	0	3	11	8	—	0	2	7	6	—	0	1	1	1
Minnesota	—	0	12	14	17	—	0	13	7	23	—	0	9	6	4
Missouri	—	0	2	20	21	1	1	3	60	40	—	0	1	6	—
Nebraska†	—	0	4	12	18	—	0	2	11	19	—	0	1	2	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	1	7	14	287	365	16	16	40	740	753	2	4	7	141	141
Delaware	—	0	1	7	3	—	0	2	22	28	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	—	3	7	113	154	4	6	12	249	241	2	1	5	46	37
Georgia	—	1	3	34	42	2	3	7	127	129	—	0	2	7	30
Maryland†	—	0	3	20	42	1	1	6	60	65	—	0	2	21	21
North Carolina	—	1	5	45	35	2	1	16	85	95	—	0	3	36	20
South Carolina†	—	0	3	22	53	3	1	4	51	47	—	0	1	1	1
Virginia†	1	1	6	43	32	4	1	14	82	82	—	0	2	11	8
West Virginia	—	0	2	2	3	—	0	14	61	56	—	0	5	17	23
E.S. Central	—	1	3	33	34	—	7	13	292	280	—	3	7	120	84
Alabama†	—	0	1	6	9	—	1	5	59	74	—	0	1	5	7
Kentucky	—	0	2	13	8	—	2	8	100	68	—	2	5	82	48
Mississippi	—	0	1	2	8	—	0	3	29	28	U	0	0	U	U
Tennessee†	—	0	2	12	9	—	2	8	104	110	—	1	4	33	29
W.S. Central	4	2	19	113	162	4	9	109	402	480	2	1	14	65	49
Arkansas†	—	0	3	—	8	—	0	4	32	56	—	0	0	—	2
Louisiana	—	0	2	7	5	—	1	4	40	61	—	0	1	7	7
Oklahoma	—	0	3	1	3	—	2	19	79	82	2	0	12	28	12
Texas†	4	2	18	105	146	4	5	87	251	281	—	1	3	30	28
Mountain	—	3	8	120	139	—	2	8	97	114	—	1	5	41	42
Arizona	—	1	5	57	59	—	0	2	26	39	U	0	0	U	U
Colorado	—	1	3	26	45	—	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	11	—	0	3	33	27	—	0	1	4	3
New Mexico†	—	0	1	4	7	—	0	1	4	6	—	0	2	11	6
Utah	—	0	1	8	5	—	0	1	5	4	—	0	2	10	4
Wyoming†	—	0	3	3	2	—	0	1	1	4	—	0	0	—	—
Pacific	6	5	16	202	277	2	6	20	248	280	—	1	6	51	67
Alaska	—	0	1	1	2	—	0	1	3	3	U	0	2	U	U
California	6	4	15	166	220	2	4	17	170	198	—	0	4	20	37
Hawaii	—	0	2	3	8	—	0	1	1	5	U	0	0	U	U
Oregon	—	0	2	16	14	—	1	4	34	35	—	0	3	13	16
Washington	—	0	2	16	33	—	1	4	40	39	—	0	6	18	14
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	18	4	—	1	6	40	50	—	0	7	35	42
Puerto Rico	—	0	1	12	21	—	0	2	16	30	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 30, 2010, and October 31, 2009 (43rd 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	51	58	114	2,623	2,937	111	400	2,336	22,574	33,180	4	27	89	1,199	1,175
New England	3	3	14	180	176	17	116	423	6,258	11,419	—	1	4	57	53
Connecticut	3	0	6	41	48	—	41	200	2,257	3,838	—	0	1	1	5
Maine†	—	0	3	11	8	17	11	76	626	791	—	0	1	5	2
Massachusetts	—	1	7	77	87	—	34	161	1,876	4,928	—	1	3	37	34
New Hampshire	—	0	5	19	11	—	21	65	1,059	1,273	—	0	2	4	4
Rhode Island†	—	0	4	23	15	—	1	40	146	217	—	0	1	7	5
Vermont†	—	0	2	9	7	—	4	27	294	372	—	0	1	3	3
Mid. Atlantic	15	17	37	713	1,046	64	175	710	10,885	14,458	—	7	17	322	343
New Jersey	—	2	9	78	192	1	43	202	2,818	4,664	—	0	4	1	89
New York (Upstate)	12	5	19	248	311	32	54	577	2,552	3,536	—	1	6	64	41
New York City	—	2	10	117	208	—	2	17	67	952	—	4	14	209	167
Pennsylvania	3	6	16	270	335	31	74	377	5,448	5,306	—	1	3	48	46
E.N. Central	15	11	41	601	632	—	16	171	1,698	2,795	—	2	9	124	151
Illinois	—	1	15	118	116	—	1	16	110	134	—	1	7	44	64
Indiana	—	2	6	91	55	—	1	7	63	80	—	0	2	7	20
Michigan	—	3	20	143	142	—	1	14	83	95	—	0	4	27	26
Ohio	15	4	12	203	249	—	0	5	21	49	—	0	5	37	32
Wisconsin	—	1	11	46	70	—	12	148	1,421	2,437	—	0	1	9	9
W.N. Central	1	2	19	103	105	2	3	1,395	113	220	—	1	11	62	60
Iowa	—	0	2	13	21	—	1	10	78	106	—	0	2	11	10
Kansas	—	0	2	10	7	—	0	1	6	18	—	0	2	10	7
Minnesota	—	0	16	27	12	—	0	1,380	—	88	—	0	11	3	24
Missouri	1	0	4	32	52	—	0	1	1	3	—	0	3	20	11
Nebraska†	—	0	2	8	11	—	0	2	9	4	—	0	2	15	7
North Dakota	—	0	1	6	1	2	0	15	18	—	—	0	1	—	—
South Dakota	—	0	2	7	1	—	0	1	1	1	—	0	2	3	1
S. Atlantic	11	10	27	450	483	22	60	171	3,276	3,878	4	6	38	334	310
Delaware	1	0	3	15	17	—	11	31	546	898	—	0	1	2	5
District of Columbia	—	0	4	15	19	1	0	4	21	57	—	0	2	9	15
Florida	5	3	9	150	150	3	2	11	87	91	2	2	7	108	82
Georgia	—	1	4	41	50	—	0	2	10	38	1	0	4	31	64
Maryland†	—	2	8	99	125	11	25	99	1,435	1,821	1	1	18	74	61
North Carolina	2	0	7	50	54	—	1	9	78	89	—	0	13	45	27
South Carolina†	1	0	2	10	9	—	0	3	27	33	—	0	1	4	4
Virginia†	2	1	6	59	51	7	17	79	960	710	—	1	5	58	50
West Virginia	—	0	3	11	8	—	0	32	112	141	—	0	2	3	2
E.S. Central	1	2	10	110	124	—	1	4	39	34	—	0	3	26	29
Alabama†	—	0	2	15	17	—	0	1	2	3	—	0	1	6	8
Kentucky	—	0	4	25	45	—	0	1	4	1	—	0	3	6	9
Mississippi	—	0	3	9	4	—	0	0	—	—	—	0	2	2	3
Tennessee†	1	1	6	61	58	—	1	4	33	30	—	0	2	12	9
W.S. Central	2	3	14	117	101	3	2	44	89	183	—	2	31	75	57
Arkansas†	—	0	2	12	7	—	0	0	—	—	—	0	1	2	5
Louisiana	—	0	3	7	12	—	0	1	2	—	—	0	1	4	5
Oklahoma	—	0	4	12	4	—	0	2	—	—	—	0	1	5	1
Texas†	2	2	10	86	78	3	2	42	87	183	—	1	30	64	46
Mountain	1	3	10	132	115	—	0	3	21	52	—	1	4	53	45
Arizona	—	1	5	46	37	—	0	1	3	6	—	0	2	22	8
Colorado	1	1	5	29	20	—	0	1	2	1	—	0	3	18	26
Idaho†	—	0	1	6	5	—	0	2	6	14	—	0	1	3	2
Montana†	—	0	1	4	6	—	0	1	3	3	—	0	1	2	5
Nevada†	—	0	2	18	12	—	0	1	—	12	—	0	1	4	—
New Mexico†	—	0	2	7	9	—	0	2	5	5	—	0	1	1	—
Utah	—	0	3	17	22	—	0	1	2	9	—	0	1	3	4
Wyoming†	—	0	2	5	4	—	0	1	—	2	—	0	0	—	—
Pacific	2	5	19	217	155	3	5	11	195	141	—	3	19	146	127
Alaska	—	0	2	2	1	—	0	1	6	5	—	0	1	2	2
California	2	4	19	184	116	3	3	10	130	91	—	2	13	100	94
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	12	15	—	1	4	46	35	—	0	3	12	11
Washington	—	0	4	18	22	—	0	4	13	10	—	0	5	31	19
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	—	2	N	0	0	N	N	—	0	2	4	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 30, 2010, and October 31, 2009 (43rd 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	8	16	43	603	778	191	309	1,756	15,605	12,925	15	67	140	2,803	4,494
New England	—	0	2	13	29	—	7	21	348	561	1	4	15	205	295
Connecticut	—	0	2	2	3	—	1	8	95	45	—	0	14	59	130
Maine§	—	0	1	3	4	—	0	5	37	76	—	1	4	55	48
Massachusetts	—	0	1	3	14	—	4	11	164	318	—	0	0	—	—
New Hampshire	—	0	0	—	3	—	0	2	15	72	—	0	5	12	29
Rhode Island§	—	0	0	—	4	—	0	9	26	39	—	1	4	31	38
Vermont§	—	0	1	5	1	—	0	4	11	11	1	1	5	48	50
Mid. Atlantic	—	1	4	52	85	41	23	64	1,237	1,002	10	18	41	869	507
New Jersey	—	0	2	9	16	—	3	8	103	209	—	0	0	—	—
New York (Upstate)	—	0	3	11	17	24	8	27	443	183	10	9	19	439	389
New York City	—	0	2	14	14	—	0	9	73	80	—	2	12	120	18
Pennsylvania	—	0	2	18	38	17	10	40	618	530	—	5	24	310	100
E.N. Central	1	2	8	108	141	51	74	173	3,793	2,713	—	2	27	218	213
Illinois	—	0	4	19	37	—	12	29	615	563	—	1	11	112	80
Indiana	—	0	3	22	31	—	9	26	429	314	—	0	0	—	25
Michigan	—	0	2	18	18	—	23	51	1,056	738	—	1	5	63	63
Ohio	1	1	2	28	34	51	23	69	1,345	946	—	0	12	43	45
Wisconsin	—	0	2	21	21	—	6	17	348	152	—	0	0	—	—
W.N. Central	—	1	6	42	65	29	30	627	1,830	1,852	2	4	16	210	349
Iowa	—	0	3	9	8	—	8	26	407	206	—	0	2	7	31
Kansas	—	0	2	6	13	2	3	9	136	215	1	1	4	56	69
Minnesota	—	0	2	2	11	—	0	601	692	366	—	0	9	26	55
Missouri	—	0	3	18	21	25	8	25	346	880	1	1	6	64	64
Nebraska§	—	0	2	5	7	2	2	13	182	128	—	1	4	44	77
North Dakota	—	0	1	2	1	—	0	30	41	17	—	0	7	13	4
South Dakota	—	0	2	—	4	—	1	5	26	40	—	0	2	—	49
S. Atlantic	—	3	7	114	142	23	27	78	1,294	1,425	—	21	73	908	1,865
Delaware	—	0	1	2	2	—	0	4	11	13	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	5	6	—	0	0	—	—
Florida	—	1	5	51	45	5	5	28	269	464	—	0	60	72	161
Georgia	—	0	2	9	29	7	3	18	202	208	—	0	13	—	352
Maryland§	—	0	1	7	9	3	3	8	111	126	—	7	14	313	341
North Carolina	—	0	2	14	27	—	1	32	124	179	—	0	10	—	423
South Carolina§	—	0	1	10	11	1	5	19	294	225	—	0	0	—	—
Virginia§	—	0	2	19	14	4	5	15	194	176	—	10	25	458	486
West Virginia	—	0	2	2	5	3	1	13	84	28	—	1	7	65	102
E.S. Central	2	1	4	37	25	8	14	33	623	684	2	3	7	132	130
Alabama§	—	0	2	6	7	—	4	8	167	267	1	0	4	44	—
Kentucky	1	0	2	17	4	4	4	13	216	200	1	0	4	19	44
Mississippi	—	0	1	4	3	—	1	7	54	58	—	0	1	1	4
Tennessee§	1	0	2	10	11	4	4	11	186	159	—	1	4	68	82
W.S. Central	2	1	9	70	76	25	57	753	2,357	2,742	—	1	30	61	811
Arkansas§	—	0	1	5	8	7	3	29	159	304	—	0	7	21	38
Louisiana	—	0	4	12	16	—	1	4	30	136	—	0	0	—	—
Oklahoma	—	0	7	15	11	—	0	41	54	41	—	0	30	40	30
Texas§	2	1	7	38	41	18	48	681	2,114	2,261	—	0	19	—	743
Mountain	—	1	6	46	55	4	23	56	1,133	823	—	1	8	76	97
Arizona	—	0	2	11	12	2	7	16	348	214	—	0	5	—	—
Colorado	—	0	4	15	18	—	4	16	198	190	—	0	0	—	—
Idaho§	—	0	2	7	7	2	3	19	174	68	—	0	2	11	8
Montana§	—	0	1	1	5	—	1	12	66	52	—	0	3	16	25
Nevada§	—	0	1	8	4	—	0	7	30	24	—	0	2	7	6
New Mexico§	—	0	1	3	3	—	2	10	108	60	—	0	2	11	25
Utah	—	0	1	1	2	—	4	14	199	193	—	0	2	10	12
Wyoming§	—	0	1	—	4	—	0	2	10	22	—	0	4	21	21
Pacific	3	3	16	121	160	10	39	205	2,990	1,123	—	3	12	124	227
Alaska	—	0	1	1	6	—	0	6	35	38	—	0	2	12	11
California	2	1	13	77	103	—	27	177	2,277	573	—	2	12	100	205
Hawaii	—	0	1	1	5	—	0	6	39	37	—	0	0	—	—
Oregon	1	1	2	27	33	—	6	16	289	234	—	0	2	12	11
Washington	—	0	7	15	13	10	5	38	350	241	—	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	37
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 30, 2010, and October 31, 2009 (43rd 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	718	932	1,694	41,916	40,803	59	80	204	3,878	3,926	155	274	527	11,325	13,166
New England	2	29	440	1,826	1,943	—	2	52	165	234	—	4	61	262	309
Connecticut	—	0	424	424	430	—	0	52	52	67	—	0	55	55	43
Maine§	2	2	7	107	111	—	0	3	16	17	—	0	1	5	5
Massachusetts	—	21	48	945	980	—	1	8	62	90	—	4	16	179	215
New Hampshire	—	3	10	145	238	—	0	2	17	34	—	0	2	11	19
Rhode Island§	—	2	17	140	127	—	0	26	2	1	—	0	3	11	22
Vermont§	—	1	5	65	57	—	0	2	16	25	—	0	1	1	5
Mid. Atlantic	47	94	218	4,875	4,760	6	9	31	441	379	12	33	53	1,340	2,454
New Jersey	—	18	56	890	982	—	1	5	54	91	—	6	16	257	534
New York (Upstate)	33	25	78	1,249	1,125	6	3	15	172	130	11	4	19	202	183
New York City	1	24	56	1,166	1,096	—	1	7	64	54	1	6	14	256	400
Pennsylvania	13	28	82	1,570	1,557	—	3	13	151	104	—	15	35	625	1,337
E.N. Central	22	82	237	4,428	4,500	—	10	39	632	649	5	26	238	1,459	2,256
Illinois	—	28	114	1,579	1,284	—	2	8	105	156	—	9	228	725	529
Indiana	—	9	53	369	526	—	1	8	62	80	—	1	5	31	62
Michigan	—	15	47	779	846	—	2	16	145	125	—	4	9	199	200
Ohio	22	24	47	1,160	1,249	—	2	11	124	118	5	6	23	265	1,002
Wisconsin	—	10	44	541	595	—	3	17	196	170	—	4	21	239	463
W.N. Central	32	45	98	2,119	2,288	3	11	39	572	656	22	48	88	1,853	883
Iowa	3	8	34	452	354	—	3	16	149	142	—	1	5	47	49
Kansas	4	8	19	389	340	—	1	6	62	51	3	5	14	226	173
Minnesota	—	0	32	178	486	—	0	13	31	191	—	0	4	14	69
Missouri	19	13	44	717	567	3	3	27	218	121	12	42	75	1,507	557
Nebraska§	6	4	13	213	305	—	1	6	65	80	7	1	10	52	27
North Dakota	—	0	39	47	59	—	0	10	17	7	—	0	5	—	4
South Dakota	—	3	8	123	177	—	0	4	30	64	—	0	2	7	4
S. Atlantic	335	267	596	12,664	11,682	12	13	30	592	578	41	42	97	2,117	2,034
Delaware	—	3	11	156	125	—	0	2	5	12	—	1	10	38	112
District of Columbia	—	1	6	64	85	—	0	1	5	2	—	0	4	22	21
Florida	163	127	227	5,218	5,193	8	4	13	206	146	22	14	53	921	388
Georgia	39	40	129	2,268	2,054	—	1	15	92	63	9	13	39	647	557
Maryland§	18	15	52	873	675	2	1	6	77	81	3	3	8	113	337
North Carolina	45	29	197	1,637	1,576	—	1	10	63	97	5	2	18	168	339
South Carolina§	55	20	93	1,345	885	—	0	3	19	27	1	1	5	60	103
Virginia§	15	18	68	956	901	2	2	15	109	124	1	3	15	122	169
West Virginia	—	3	16	147	188	—	0	4	16	26	—	0	11	26	8
E.S. Central	26	52	178	3,176	2,682	3	4	11	203	185	11	12	40	582	693
Alabama§	6	14	49	785	785	—	1	4	40	40	—	3	10	134	129
Kentucky	6	9	31	487	398	1	1	6	55	62	3	4	28	199	184
Mississippi	—	13	68	992	807	—	0	2	14	6	—	1	4	40	43
Tennessee§	14	14	53	912	692	2	2	7	94	77	8	5	12	209	337
W.S. Central	102	115	547	5,117	4,926	3	5	68	252	266	39	51	251	2,098	2,457
Arkansas§	16	10	43	688	550	—	1	5	44	37	3	1	9	59	270
Louisiana	—	20	47	990	1,018	—	0	1	14	22	—	4	13	210	160
Oklahoma	14	10	46	564	541	1	0	27	25	30	3	6	96	236	243
Texas§	72	74	477	2,875	2,817	2	3	41	169	177	33	36	144	1,593	1,784
Mountain	9	49	105	2,299	2,609	12	9	33	492	507	4	15	32	661	1,016
Arizona	7	18	42	815	904	9	1	5	65	55	4	8	20	358	731
Colorado	—	10	23	475	544	—	2	18	155	155	—	2	6	100	88
Idaho§	—	3	9	136	156	3	1	7	86	84	—	0	3	23	8
Montana§	2	2	7	77	100	—	1	5	37	32	—	0	1	6	11
Nevada§	—	4	22	240	222	—	0	5	28	33	—	0	6	34	65
New Mexico§	—	6	15	261	325	—	1	5	34	33	—	2	9	103	94
Utah	—	5	17	257	278	—	1	7	73	102	—	1	4	37	17
Wyoming§	—	1	9	38	80	—	0	2	14	13	—	0	2	—	2
Pacific	143	113	299	5,412	5,413	20	10	46	529	472	21	20	64	953	1,064
Alaska	—	1	5	72	58	—	0	1	2	1	—	0	2	1	2
California	110	84	227	4,096	4,037	8	5	35	235	226	19	16	51	789	861
Hawaii	3	4	14	177	289	—	0	4	18	9	—	0	3	17	36
Oregon	—	8	48	445	383	—	2	7	88	71	—	1	4	49	44
Washington	30	14	61	622	646	12	3	19	186	165	2	1	21	97	121
Territories															
American Samoa	—	0	1	2	—	—	0	0	—	—	—	1	1	4	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	7	11	—	0	0	—	—	—	0	3	1	10
Puerto Rico	—	10	39	423	475	—	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.
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† 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 30, 2010, and October 31, 2009 (43rd 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	3	2	13	142	138	12	17	421	1,311	1,191
New England	—	0	0	—	2	—	0	1	3	10
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	2	5
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	15	11	—	1	4	51	89
New Jersey	—	0	0	—	2	—	0	2	—	57
New York (Upstate)	—	0	1	2	—	—	0	3	15	13
New York City	—	0	1	1	1	—	0	4	24	6
Pennsylvania	—	0	2	12	8	—	0	1	12	13
E.N. Central	—	0	2	6	9	—	1	9	86	79
Illinois	—	0	1	4	1	—	0	5	27	47
Indiana	—	0	1	2	3	—	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	4	17	18	2	4	21	292	249
Iowa	—	0	0	—	1	—	0	1	4	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	1	—	1
Missouri	—	0	4	13	7	2	4	20	284	240
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	1	9	69	64	9	7	60	447	358
Delaware	—	0	1	1	—	—	0	3	17	16
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	3	—	—	0	2	11	5
Georgia	1	0	6	47	50	—	0	0	—	—
Maryland§	—	0	1	2	3	2	0	4	48	34
North Carolina	—	0	3	11	7	6	1	48	235	237
South Carolina§	—	0	1	1	3	—	0	2	16	15
Virginia§	—	0	2	4	1	1	1	12	120	49
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	—	0	3	19	9	1	4	29	344	251
Alabama§	—	0	1	4	3	—	1	8	71	61
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	9	9
Tennessee§	—	0	3	9	5	1	3	20	264	181
W.S. Central	—	0	3	6	9	—	1	408	80	131
Arkansas§	—	0	2	2	—	—	0	110	37	67
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	7	—	0	287	22	44
Texas§	—	0	1	1	2	—	0	11	19	18
Mountain	—	0	1	2	15	—	0	2	8	24
Arizona	—	0	1	—	9	—	0	1	2	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	2	0	2	8	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	2	0	2	7	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	—	—

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† 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 30, 2010, and October 31, 2009 (43rd 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	141	207	495	11,540	2,439	25	50	156	1,787	1,932	103	241	413	10,114	11,684
New England	1	9	100	627	45	—	1	24	79	64	2	9	22	383	263
Connecticut	—	0	92	282	—	—	0	22	25	—	—	1	10	79	48
Maine§	1	2	6	100	15	—	0	1	8	7	—	0	3	23	2
Massachusetts	—	0	5	54	3	—	1	4	37	40	1	5	15	229	190
New Hampshire	—	0	7	59	—	—	0	1	3	11	1	0	2	19	13
Rhode Island§	—	0	35	68	15	—	0	2	2	2	—	1	4	31	10
Vermont§	—	1	6	64	12	—	0	1	4	4	—	0	2	2	—
Mid. Atlantic	27	22	56	1,082	166	11	7	48	292	245	38	33	45	1,419	1,491
New Jersey	—	1	8	86	—	—	1	5	45	48	3	4	12	196	193
New York (Upstate)	2	3	12	130	66	2	2	19	93	108	4	2	11	110	99
New York City	19	8	27	465	14	9	1	24	108	74	23	18	31	804	912
Pennsylvania	6	8	22	401	86	—	1	5	46	15	8	7	16	309	287
E.N. Central	26	38	98	2,323	544	3	8	18	300	322	—	28	47	1,093	1,292
Illinois	—	1	7	83	—	—	2	5	76	54	—	8	23	352	627
Indiana	—	7	24	439	206	—	1	6	38	67	—	3	14	147	132
Michigan	—	11	27	547	24	—	2	6	71	60	—	4	12	175	200
Ohio	26	18	49	970	314	3	2	6	82	105	—	9	18	384	294
Wisconsin	—	6	22	284	—	—	1	4	33	36	—	1	3	35	39
W.N. Central	1	8	182	630	157	—	2	12	112	154	—	6	19	275	260
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	16	21
Kansas	—	1	7	77	51	—	0	2	13	17	—	0	3	17	28
Minnesota	—	0	179	287	39	—	0	10	44	73	—	2	9	107	61
Missouri	1	2	10	93	56	—	1	3	33	40	—	3	10	124	141
Nebraska§	—	2	7	108	2	—	0	2	13	11	—	0	2	7	5
North Dakota	—	0	11	50	7	—	0	1	2	4	—	0	0	—	4
South Dakota	—	0	3	15	2	—	0	2	7	9	—	0	1	4	—
S. Atlantic	40	49	144	2,675	1,101	7	12	28	446	464	22	57	218	2,453	2,797
Delaware	—	0	3	31	18	—	0	0	—	3	—	0	2	4	25
District of Columbia	2	0	4	23	19	—	0	2	7	5	—	2	21	139	149
Florida	27	22	89	1,212	641	5	3	18	166	161	1	20	45	888	871
Georgia	3	10	28	437	327	1	3	12	121	129	4	12	167	498	668
Maryland§	3	7	31	415	4	—	1	6	45	67	6	6	13	258	253
North Carolina	—	0	0	—	—	—	0	0	—	—	4	7	31	296	467
South Carolina§	5	6	25	413	—	1	1	4	44	41	6	2	7	128	102
Virginia§	—	0	4	46	—	—	1	4	44	39	1	4	22	238	258
West Virginia	—	1	21	98	92	—	0	4	19	19	—	0	2	4	4
E.S. Central	14	20	50	1,023	225	1	2	8	100	120	8	18	39	765	963
Alabama§	—	0	0	—	—	—	0	0	—	—	—	5	11	208	373
Kentucky	—	3	16	156	63	—	0	2	13	8	4	2	13	111	55
Mississippi	—	1	6	46	44	—	0	2	10	22	4	4	17	186	181
Tennessee§	14	15	44	821	118	1	2	7	77	90	—	6	17	260	354
W.S. Central	22	24	91	1,487	101	2	5	41	236	288	14	38	61	1,529	2,362
Arkansas§	4	2	9	139	46	—	0	3	14	35	8	3	13	147	222
Louisiana	—	1	8	71	55	—	0	3	21	23	3	7	26	347	656
Oklahoma	—	1	5	40	—	—	1	5	40	52	3	2	7	72	78
Texas§	18	19	83	1,237	—	2	3	34	161	178	—	25	34	963	1,406
Mountain	7	24	82	1,444	97	1	5	12	192	248	—	9	23	400	449
Arizona	5	9	51	657	—	—	1	7	82	103	—	3	7	124	200
Colorado	—	8	20	431	—	—	1	4	55	41	—	2	8	105	82
Idaho§	1	0	2	12	—	1	0	2	6	7	—	0	1	2	3
Montana§	—	0	2	17	—	—	0	1	1	—	—	0	1	2	2
Nevada§	—	1	4	65	35	—	0	1	5	7	—	1	9	94	83
New Mexico§	—	2	9	124	—	—	0	4	15	31	—	1	4	39	50
Utah	—	2	9	127	52	—	0	4	25	57	—	1	4	34	26
Wyoming§	1	0	1	11	10	—	0	1	3	2	—	0	0	—	3
Pacific	3	5	14	249	3	—	0	7	30	27	19	42	60	1,797	1,807
Alaska	—	2	9	96	—	—	0	5	18	18	—	0	1	1	—
California	3	3	12	153	—	—	0	2	12	—	13	36	54	1,554	1,608
Hawaii	—	0	0	—	3	—	0	1	—	9	—	0	3	27	31
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	6	52	44
Washington	—	0	0	—	—	—	0	0	—	—	6	3	10	163	124
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	—	—	—	3	15	183	192
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 30, 2010, and October 31, 2009 (43rd 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	152	306	547	11,717	17,633	—	0	68	544	384	—	0	51	350	334
New England	3	15	36	607	916	—	0	3	13	—	—	0	1	2	—
Connecticut	1	6	20	256	424	—	0	2	6	—	—	0	1	1	—
Maine§	—	3	15	182	194	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	4	—	0	2	6	—	—	0	1	1	—
New Hampshire	—	2	8	114	177	—	0	1	1	—	—	0	0	—	—
Rhode Island§	—	1	12	27	33	—	0	0	—	—	—	0	0	—	—
Vermont§	2	0	10	28	84	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	24	31	62	1,312	1,776	—	0	19	123	9	—	0	13	62	1
New Jersey	1	8	30	448	378	—	0	3	14	3	—	0	6	15	—
New York (Upstate)	N	0	0	N	N	—	0	9	57	3	—	0	7	30	1
New York City	—	0	0	—	—	—	0	7	32	3	—	0	4	8	—
Pennsylvania	23	21	39	864	1,398	—	0	3	20	—	—	0	3	9	—
E.N. Central	47	103	176	3,905	5,496	—	0	14	65	9	—	0	6	28	4
Illinois	2	23	49	1,007	1,356	—	0	10	35	5	—	0	4	15	—
Indiana§	8	6	35	352	388	—	0	1	2	2	—	0	2	6	2
Michigan	—	31	62	1,140	1,610	—	0	6	25	1	—	0	1	4	—
Ohio	37	29	56	1,121	1,638	—	0	1	3	—	—	0	1	1	2
Wisconsin	—	7	22	285	504	—	0	0	—	1	—	0	1	2	—
W.N. Central	6	15	40	657	1,111	—	0	7	27	26	—	0	9	62	75
Iowa	N	0	0	N	N	—	0	1	2	—	—	0	2	4	5
Kansas§	—	6	22	222	471	—	0	1	2	4	—	0	2	5	9
Minnesota	—	0	0	—	—	—	0	1	4	1	—	0	2	3	3
Missouri	6	7	23	359	531	—	0	1	3	4	—	0	0	—	1
Nebraska§	N	0	0	N	N	—	0	3	10	11	—	0	7	27	41
North Dakota	—	0	26	37	57	—	0	2	2	—	—	0	2	7	1
South Dakota	—	0	6	39	52	—	0	2	4	6	—	0	3	16	15
S. Atlantic	24	35	98	1,783	2,267	—	0	4	31	16	—	0	4	18	2
Delaware§	—	0	3	18	11	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	17	27	—	0	1	1	2	—	0	1	1	—
Florida§	15	15	57	871	1,032	—	0	2	8	2	—	0	1	3	1
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	3	8	—
Maryland§	N	0	0	N	N	—	0	3	15	—	—	0	2	6	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	35	75	111	—	0	1	1	3	—	0	0	—	—
Virginia§	3	11	34	420	648	—	0	1	2	5	—	0	0	—	—
West Virginia	6	8	26	382	438	—	0	0	—	—	—	0	0	—	—
E.S. Central	1	6	22	255	476	—	0	1	8	36	—	0	3	9	27
Alabama§	1	5	22	248	471	—	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	3	29	—	0	2	4	22
Tennessee§	N	0	0	N	N	—	0	1	2	4	—	0	2	2	5
W.S. Central	25	49	285	2,300	4,327	—	0	15	81	117	—	0	3	14	35
Arkansas§	—	2	32	122	433	—	0	3	6	6	—	0	0	—	—
Louisiana	—	1	5	40	119	—	0	3	14	10	—	0	1	6	11
Oklahoma	N	0	0	N	N	—	0	0	—	8	—	0	0	—	2
Texas§	25	41	272	2,138	3,775	—	0	15	61	93	—	0	2	8	22
Mountain	22	20	36	854	1,171	—	0	18	139	77	—	0	15	120	123
Arizona	—	0	0	—	—	—	0	13	93	12	—	0	9	55	8
Colorado§	18	8	16	348	455	—	0	5	26	36	—	0	11	53	67
Idaho§	N	0	0	N	N	—	0	0	—	9	—	0	1	1	29
Montana§	—	3	17	168	136	—	0	0	—	2	—	0	0	—	3
Nevada§	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico§	1	2	8	88	100	—	0	5	17	6	—	0	2	4	2
Utah	3	5	17	237	480	—	0	1	1	1	—	0	1	1	1
Wyoming§	—	0	3	13	—	—	0	1	2	4	—	0	1	4	8
Pacific	—	1	5	44	93	—	0	7	57	94	—	0	5	35	67
Alaska	—	0	5	33	55	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	57	67	—	0	5	35	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	15	23	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	30	486	477	—	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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. 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 30, 2010 (43rd week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	601	424	125	33	11	8	43
Boston, MA	158	99	43	8	4	4	15
Bridgeport, CT	36	31	4	1	—	—	1
Cambridge, MA	21	18	2	1	—	—	3
Fall River, MA	25	15	7	3	—	—	1
Hartford, CT	64	40	16	7	1	—	4
Lowell, MA	20	16	2	2	—	—	1
Lynn, MA	7	3	3	1	—	—	—
New Bedford, MA	44	34	8	1	1	—	1
New Haven, CT	46	33	7	2	2	2	6
Providence, RI	51	39	9	3	—	—	2
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	47	29	11	4	1	2	—
Waterbury, CT	22	17	5	—	—	—	2
Worcester, MA	59	49	8	—	2	—	7
Mid. Atlantic	1,809	1,260	420	79	27	22	92
Albany, NY	48	36	7	1	—	4	3
Allentown, PA	33	22	8	2	1	—	—
Buffalo, NY	66	41	18	5	—	2	4
Camden, NJ	18	10	8	—	—	—	—
Elizabeth, NJ	20	10	6	1	2	1	1
Erie, PA	42	33	8	—	1	—	3
Jersey City, NJ	14	10	2	2	—	—	—
New York City, NY	1,074	772	243	42	11	6	50
Newark, NJ	30	11	16	3	—	—	2
Paterson, NJ	14	9	2	2	1	—	1
Philadelphia, PA	130	71	42	5	7	5	2
Pittsburgh, PA§	32	19	8	3	1	1	3
Reading, PA	21	17	3	—	—	—	4
Rochester, NY	78	49	20	4	2	3	8
Schenectady, NY	22	21	1	—	—	—	—
Scranton, PA	32	27	4	1	—	—	—
Syracuse, NY	70	53	12	4	1	—	4
Trenton, NJ	30	23	6	1	—	—	—
Utica, NY	16	12	2	2	—	—	4
Yonkers, NY	19	14	4	1	—	—	3
E.N. Central	2,053	1,362	479	113	46	53	140
Akron, OH	47	26	8	4	4	5	6
Canton, OH	33	19	8	2	1	3	2
Chicago, IL	245	175	50	14	6	—	18
Cincinnati, OH	78	43	25	6	1	3	9
Cleveland, OH	266	191	60	7	2	6	19
Columbus, OH	212	137	56	14	1	4	17
Dayton, OH	140	99	26	11	1	3	5
Detroit, MI	164	74	57	13	8	12	10
Evansville, IN	50	29	19	1	1	—	4
Fort Wayne, IN	69	50	14	3	1	1	2
Gary, IN	26	16	5	1	3	1	3
Grand Rapids, MI	62	46	11	2	3	—	4
Indianapolis, IN	215	145	47	11	2	10	8
Lansing, MI	43	30	10	3	—	—	5
Milwaukee, WI	110	64	32	10	2	2	4
Peoria, IL	41	27	8	2	4	—	8
Rockford, IL	61	42	15	2	1	1	2
South Bend, IN	56	40	10	3	2	1	4
Toledo, OH	95	74	13	4	3	1	6
Youngstown, OH	40	35	5	—	—	—	4
W.N. Central	826	537	198	53	20	18	51
Des Moines, IA	110	83	17	5	3	2	3
Duluth, MN	30	24	6	—	—	—	4
Kansas City, KS	34	17	12	3	1	1	2
Kansas City, MO	120	67	35	10	4	4	7
Lincoln, NE	52	39	10	3	—	—	3
Minneapolis, MN	53	35	14	3	—	1	6
Omaha, NE	91	64	23	3	1	—	7
St. Louis, MO	206	109	60	21	9	7	9
St. Paul, MN	48	34	11	1	1	1	6
Wichita, KS	82	65	10	4	1	2	4
S. Atlantic	1,072	677	273	80	19	23	67
Atlanta, GA	129	77	38	10	3	1	6
Baltimore, MD	143	78	47	12	2	4	9
Charlotte, NC	125	91	18	12	2	2	10
Jacksonville, FL	166	116	33	9	3	5	11
Miami, FL	102	65	27	9	1	—	8
Norfolk, VA	42	28	12	2	—	—	2
Richmond, VA	56	35	12	7	1	1	3
Savannah, GA	54	38	14	1	1	—	3
St. Petersburg, FL	47	25	15	3	1	3	3
Tampa, FL	95	56	26	9	—	4	3
Washington, D.C.	100	58	29	5	5	3	9
Wilmington, DE	13	10	2	1	—	—	—
E.S. Central	825	560	189	44	14	18	66
Birmingham, AL	144	103	31	6	2	2	12
Chattanooga, TN	75	52	19	4	—	—	4
Knoxville, TN	108	83	14	9	1	1	10
Lexington, KY	65	50	11	3	—	1	3
Memphis, TN	154	105	37	5	4	3	17
Mobile, AL	81	57	15	3	1	5	4
Montgomery, AL	35	19	12	2	1	1	4
Nashville, TN	163	91	50	12	5	5	12
W.S. Central	1,288	805	299	113	38	33	71
Austin, TX	90	46	28	9	4	3	4
Baton Rouge, LA	86	56	13	9	5	3	—
Corpus Christi, TX	48	32	15	—	1	—	2
Dallas, TX	185	110	42	23	2	8	9
El Paso, TX	71	50	12	7	2	—	—
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	340	205	84	32	10	9	25
Little Rock, AR	52	32	15	4	1	—	1
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	220	146	44	16	8	6	17
Shreveport, LA	66	41	18	5	1	1	7
Tulsa, OK	130	87	28	8	4	3	6
Mountain	1,101	718	278	70	20	14	54
Albuquerque, NM	97	73	20	3	1	—	10
Boise, ID	54	38	12	3	1	—	4
Colorado Springs, CO	72	53	16	1	1	1	2
Denver, CO	85	55	22	5	—	3	5
Las Vegas, NV	284	164	87	26	5	2	12
Ogden, UT	25	20	4	1	—	—	—
Phoenix, AZ	169	94	48	13	10	4	5
Pueblo, CO	37	30	5	1	1	—	2
Salt Lake City, UT	134	92	29	8	1	4	5
Tucson, AZ	144	99	35	9	—	—	9
Pacific	1,628	1,135	354	89	24	26	136
Berkeley, CA	10	6	2	1	—	1	—
Fresno, CA	109	86	16	4	1	2	7
Glendale, CA	41	25	13	3	—	—	10
Honolulu, HI	50	33	10	5	1	1	3
Long Beach, CA	61	47	10	3	—	1	8
Los Angeles, CA	223	149	51	16	4	3	26
Pasadena, CA	17	11	6	—	—	—	4
Portland, OR	122	83	26	7	3	3	8
Sacramento, CA	237	159	59	10	5	4	17
San Diego, CA	141	96	27	14	—	4	6
San Francisco, CA	120	80	28	9	1	2	18
San Jose, CA	191	142	40	5	3	1	11
Santa Cruz, CA	34	23	8	3	—	—	3
Seattle, WA	95	67	24	2	—	2	2
Spokane, WA	55	39	11	4	1	—	5
Tacoma, WA	122	89	23	3	5	2	8
Total¶	**11,203**	**7,478**	**2,615**	**674**	**219**	**215**	**720**

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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