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Characteristics Associated with HIV Infection Among Heterosexuals in Urban Areas with High AIDS Prevalence — 24 Cities, United States, 2006–2007

In the United States, approximately one in three new human immunodeficiency virus (HIV) infections are transmitted via heterosexual contact (*1*). To monitor HIV risk behaviors and HIV prevalence among heterosexuals and other populations, CDC surveys persons in selected metropolitan statistical areas (MSAs), using the National HIV Behavioral Surveillance System (NHBS). This report summarizes data collected from heterosexuals in 24 MSAs with a high prevalence of acquired immunodeficiency syndrome (AIDS) that participated in NHBS during 2006–2007. Of 14,837 heterosexuals aged 18–50 years who were interviewed and tested, 2.0% were HIV infected. HIV prevalence was higher among those with lower socioeconomic status (SES). For example, HIV prevalence was 2.8% among participants with less than a high school education compared with 1.2% among those with more than a high school education, 2.6% among participants who were unemployed compared with 1.0% among those who were employed, and 2.3% among participants with annual household incomes at or below the poverty level compared with 1.0% among those with incomes above the poverty level. This association between HIV prevalence and SES could not be attributed to factors commonly associated with HIV infection risk in heterosexuals, such as using crack cocaine, exchanging sex for things such as money or drugs, or being diagnosed with a sexually transmitted disease (STD). Based on the association observed between HIV prevalence and SES, HIV prevention activities targeted at heterosexuals in urban areas with high AIDS prevalence should be focused on those with lower SES.

NHBS is an annual cross-sectional survey of three populations at high risk for HIV infection: men who have sex with men (MSM), injection-drug users (IDUs), and heterosexuals at increased risk for HIV infection. Data are collected in annual cycles from one risk group per year, with each population surveyed once every 3 years. This report describes the first NHBS survey among heterosexuals, conducted from September 2006 to October 2007. Twenty-five MSAs with high AIDS prevalence were selected for the survey. In each MSA, NHBS project staff members recruited participants using either respondent-driven sampling (15 MSAs) or venue-based sampling (10 MSAs) (*2*).* Recruitment efforts targeted residents of census tracts with high rates of poverty and HIV diagnoses, referred to as high-risk areas. For respondent-driven sampling, a small number of initial participants were recruited by project staff members or referred by community-based organizations. Initial and subsequent participants who lived in high-risk areas were then asked to recruit up to five other persons using a coded coupon to track their referrals. Recruitment continued for multiple waves of peer referral.

For venue-based sampling, project staff members from each MSA selected five to 10 high-risk areas in which they identified venues (e.g., retail businesses, social organizations, restaurants, bars, and parks) attended by local residents, as well as the days and times when the venues were frequented. Project staff members then randomly chose venues where they would recruit participants and the days and times when recruitment would occur. At the venues, persons who entered a designated area were approached and invited to participate in the survey. For both recruitment methods, persons were eligible

* *Respondent-driven sampling:* Boston, Massachusetts; Dallas, Texas; Denver, Colorado; Detroit, Michigan; Houston, Texas; Los Angeles, California; Nassau/Suffolk Counties, New York; New Haven, Connecticut; New Orleans, Louisiana; New York, New York; Norfolk, Virginia; St. Louis, Missouri; San Diego, California; San Francisco, California; and Washington, DC. *Venue-based sampling:* Atlanta, Georgia; Baltimore, Maryland; Chicago, Illinois; Fort Lauderdale, Florida; Las Vegas, Nevada; Miami, Florida; Newark, New Jersey; Philadelphia, Pennsylvania; San Juan, Puerto Rico; and Seattle, Washington.

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to participate if they were aged 18–50 years, residents of the MSA, able to complete the survey in English or Spanish, and had sex with an opposite-sex partner during the 12 months before interview. Residency in a high-risk area was not an eligibility criterion. After participants provided informed consent, interviewers administered an anonymous survey using a handheld computer. All participants were offered anonymous HIV testing in accordance with CDC and local testing guidelines. Participants were compensated for their time taking the survey ($20–$30) and, when applicable, for taking the HIV test ($10–$25).

Final data were available from 24 MSAs.[†] Because outcomes did not differ between respondent-driven and venue-based sampling, data were combined and analyzed as a single sample for this report. Univariable and multivariable regression models[§] were used to test associations with HIV prevalence and to calculate prevalence ratios, adjusted prevalence ratios,[¶] and 95% confidence intervals.

Of 22,169 persons recruited to participate, 18,377 (83%) were eligible and completed the survey. To limit the analysis to non-IDU heterosexuals, persons were excluded if they acknowledged ever injecting drugs (2,224 persons), having male-male sex (413), both injecting drugs and having male-male sex (309), or if they refused to provide this risk information (five). Persons also were excluded if they did not consent to HIV testing (374), did not have a negative or confirmed positive HIV test result (210), or reported being HIV-positive but, when tested, were HIV-negative (five).

Of the 14,837 survey participants who met the analysis criteria, 57% were women, and 48% were aged ≤29 years (Table). The majority of participants were black (72%) or Hispanic[**] (18%); the remainder were white (5%) or of other races (4%). SES among participants was low; 31% had less than a high school education, 36% were unemployed, 73% had annual household incomes at or below the poverty level,[††] and 19% were homeless. In the 12 months before their interview, 11% had used crack cocaine, 12% had exchanged sex for things such as money or drugs, and 14% had received an STD diagnosis.

Overall, 294 (2.0%) of the 14,387 participants tested positive for HIV infection, and HIV prevalence was similar among men (1.9%) and women (2.1%) (Table). HIV prevalence was higher in the Northeast (3.1%) and South (2.7%) compared with

[†] Data from Norfolk, Virginia could not be analyzed because of a malfunction in the project area's data collection software.

[§] Models used marginal Poisson regression and generalized estimating equations. In addition, a variance correction was employed to account for the small number of MSAs in the sample (*3*).

[¶] Controlling for MSA, sex, race/ethnicity, age group, education level, employment status, annual household income, homeless status, crack cocaine use, exchange sex partner, and STD diagnosis.

[**] All persons who reported Hispanic ethnicity were classified as Hispanic and might be of any race.

[††] Additional information available at http://www.census.gov/hhes/www/poverty/data/threshld/thresh07.html.

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TABLE. Prevalence of human immunodeficiency virus (HIV) infection among heterosexuals aged 18–50 years, by selected characteristics — National HIV Behavioral Surveillance System, 24 cities, United States, 2006–2007

Characteristic	Participants		HIV prevalence		Prevalence ratio		Adjusted prevalence ratio*	
	No.	(%)	No.	(%)	No.	(95% CI)	No.	(95% CI)
Sex								
Women	8,490	(57)	175	(2.1)	Referent	—	Referent	—
Men	6,347	(43)	119	(1.9)	0.9	(0.73–1.13)	1.0	(0.80–1.17)
Race/Ethnicity								
Black	10,755	(72)	227	(2.1)	Referent	—	Referent	—
Hispanic†	2,703	(18)	50	(1.8)	0.9	(0.44–1.75)	1.3	(0.78–2.15)
White	793	(5)	9	(1.1)	0.5	(0.29–0.99)	0.6	(0.32–1.17)
Other§	577	(4)	8	(1.4)	0.7	(0.34–1.26)	0.9	(0.44–1.78)
Age group (yrs)								
18–29	7,097	(48)	40	(0.6)	Referent	—	Referent	—
30–39	3,438	(23)	75	(2.2)	3.9	(2.45–6.12)	3.8	(2.32–6.27)
40–50	4,302	(29)	179	(4.2)	7.4	(4.51–12.08)	6.2	(3.55–10.90)
Region¶								
Northeast	3,408	(23)	105	(3.1)	Referent	—	—**	—
South	5,105	(34)	138	(2.7)	0.9	(0.30–2.58)		
Midwest	2,163	(15)	20	(0.9)	0.3	(0.10–0.91)		
West	3,551	(24)	27	(0.8)	0.2	(0.06–1.01)		
Territories	610	(4)	4	(0.7)	0.2	(0.05–0.94)		
Education level								
Less than high school graduate	4,624	(31)	128	(2.8)	Referent	—	Referent	—
High school graduate or equivalent	6,274	(42)	117	(1.9)	0.7	(0.55–0.83)	0.9	(0.71–1.02)
More than high school graduate	3,939	(27)	49	(1.2)	0.4	(0.31–0.66)	0.7	(0.46–0.95)
Employment status								
Employed	6,619	(45)	65	(1.0)	Referent	—	Referent	—
Unemployed	5,374	(36)	138	(2.6)	2.6	(1.50–4.57)	1.8	(1.06–2.96)
Disabled	884	(6)	63	(7.1)	7.3	(4.63–11.38)	3.4	(2.30–5.15)
Other††	1,959	(13)	28	(1.4)	1.5	(0.94–2.26)	1.6	(0.99–2.45)
Annual household income ($)								
≤9,999	7,426	(50)	205	(2.8)	Referent	—	Referent	—
10,000–19,999	3,490	(24)	49	(1.4)	0.5	(0.39–0.67)	0.7	(0.52–0.89)
20,000–49,999	3,024	(20)	33	(1.1)	0.4	(0.26–0.61)	0.6	(0.43–0.93)
≥50,000	649	(4)	3	(0.5)	0.2	(0.05–0.59)	0.3	(0.08–1.10)
Annual household income at or below poverty level§§								
No	3,734	(25)	39	(1.0)	Referent	—	—¶¶	—
Yes	10,846	(73)	251	(2.3)	2.2	(1.37–3.59)		
Homeless status* **								
No	11,984	(81)	206	(1.7)	Referent	—	Referent	—
Yes	2,853	(19)	88	(3.1)	1.8	(1.26–2.56)	1.0	(0.62 –1.56)
Crack cocaine use* **								
No	13,246	(89)	223	(1.7)	Referent	—	Referent	—
Yes	1,583	(11)	71	(4.5)	2.7	(2.01–3.54)	1.1	(0.81–1.59)
Exchange sex partner* **††† **								
No	13,059	(88)	234	(1.8)	Referent	—	Referent	—
Yes	1,728	(12)	58	(3.4)	1.9	(1.09–3.20)	1.1	(0.61–1.82)
STD diagnosis* **								
No	12,808	(86)	214	(1.7)	Referent	—	Referent	—
Yes	2,006	(14)	80	(4.0)	2.4	(1.80–3.17)	2.1	(1.65–2.79)
Total§§§	**14,837**	**(100)**	**294**	**(2.0)**	—	—	—	—

Abbreviations: CI = confidence interval, STD = sexually transmitted disease.

* Controlling for metropolitan statistical area (MSA), sex, race/ethnicity, age group, education level, employment status, annual household income, homeless status, crack cocaine use, exchange sex partner, and STD diagnosis.

† All persons who reported Hispanic ethnicity were classified as Hispanic and might be of any race.

§ Includes Alaska Native, American Indian, Asian, Pacific Islander, and multiracial.

¶ *Northeast:* Boston, Massachusetts; Nassau/Suffolk counties, New York; New Haven, Connecticut; New York, New York; Newark, New Jersey; and Philadelphia, Pennsylvania. *South:* Atlanta, Georgia; Baltimore, Maryland; Dallas, Texas; Fort Lauderdale, Florida; Houston, Texas; Miami, Florida; New Orleans, Louisiana; and Washington, DC. *Midwest:* Chicago, Illinios; Detroit, Michigan; and St. Louis, Missouri. *West:* Denver, Colorado; Las Vegas, Nevada; Los Angeles, California; San Diego, California; San Francisco, California; and Seattle, Washington. *Territories:* San Juan, Puerto Rico.

** Excluded because of colinearity with MSA.

†† Includes homemaker, retired, and student.

§§ Information available at http://www.census.gov/hhes/www/poverty/data/threshld/thresh07.html.

¶¶ Excluded because of colinearity with annual household income.

*** During the 12 months before interview.

††† Exchanged sex for things like money or drugs.

§§§ Numbers might not add to column totals because of missing data and responses of "don't know" or "refused."

the Midwest (0.9%), West (0.8%), and Territories (0.7%). By race/ethnicity, HIV prevalence was highest among blacks (2.1%), followed by Hispanics (1.8%), persons of other races (1.4%), and whites (1.1%). Only the difference between blacks and whites was statistically significant, but after controlling for all other characteristics in the analysis, this difference was no longer significant. Moreover, among the 10,451 (73%) participants who lived in high-poverty areas (i.e., census tracts in which ≥20% of residents had an annual household income below the U.S. poverty level), no significant differences in HIV prevalence by race/ethnicity were observed: Hispanics (2.4%), persons of other races (2.4%), blacks (2.3%), and whites (1.8%) (chi-square, p=0.89).

HIV prevalence was associated with SES. For example, HIV prevalence was higher among participants with less than a high school education (2.8%) compared with high school graduates (1.9%) and those with more than a high school education (1.2%), higher among participants who were unemployed (2.6%) than those who were employed (1.0%), higher among participants with annual household incomes at or below the poverty level (2.3%) compared with those with incomes above the poverty level (1.0%), and higher among participants who were homeless (3.1%) than those who were not (1.7%) (Table). After controlling for the other characteristics in the analysis, HIV prevalence was significantly higher among persons who had less than a high school education (compared with those who had more than a high school education), were unemployed (compared with those who were employed), and had annual household incomes ≤$9,999 (compared with those with incomes of $10,000–$49,999).

By HIV risk factor, HIV prevalence was higher among participants who used crack cocaine (4.5%) compared with those who did not (1.7%), participants who exchanged sex for things such as money or drugs (3.4%) compared with those who did not (1.8%), and participants who had received an STD diagnosis (4.0%) compared with those who had not (1.7%) (Table). However, among these three common HIV risk factors, only an STD diagnosis was associated with higher HIV prevalence after controlling for the other characteristics in the analysis.

Reported by

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What is already known on this topic?

Although the human immunodeficiency virus (HIV) epidemic has not greatly affected the overall heterosexual population in the United States, HIV prevalence has been notably higher among heterosexuals in many low-income communities.

What is added by this report?

Data from a large sample of heterosexuals from 24 U.S. metropolitan statistical areas with high prevalence of acquired immunodeficiency syndrome (AIDS) showed that HIV prevalence was higher among persons with lower socioeconomic status. For example, HIV prevalence among participants with annual household incomes at or below the poverty level (2.3%) was significantly greater than that among participants with incomes above the poverty level (1.0%).

What are the implications for public health practice?

In urban areas with high AIDS prevalence, HIV prevention activities aimed at heterosexuals should focus on low-income communities. In addition, structural interventions to improve socioeconomic conditions in low-income communities could potentially reduce the rate of new HIV infections in these areas.

Editorial Note

For the first NHBS survey of heterosexuals, described in this report, a high percentage of participants with low SES and high HIV prevalence were enrolled from 24 MSAs. The overall 2.0% HIV prevalence among survey participants is 10 to 20 times the 0.1%–0.2% estimated for all non-IDU heterosexuals in the United States (CDC, unpublished data, 2011). HIV prevalence was higher among those participants with lower SES. Low SES and other adverse social conditions can increase the risk for HIV infection through sexual exploitation, marital instability, unstable sexual partnerships, poor mental health, substance abuse, and limited access to health care and preventive services (*4,5*). In addition, socioeconomic segregation confines low-SES persons to sexual networks with high underlying rates of HIV and other STDs, thereby further increasing their risk for HIV infection (*6*).

Among participants in this NHBS survey, racial/ethnic disparities in HIV prevalence were not as great as those found in the overall U.S. population. Nationally, HIV prevalence among blacks (1.7%) is more than eight times that among whites (0.2%), and HIV prevalence among Hispanics (0.6%) is three times that among whites (*7*). The findings in this report suggest that poverty-related factors might account for some of the racial/ethnic disparities in HIV prevalence observed nationally. Compared with whites, blacks and Hispanics are approximately four times as likely to live in low-income areas such as the ones in the NHBS survey that

were shown to have high HIV prevalence (*8*). When whites live in low-income communities and are exposed to the same socioeconomic conditions and sexual networks as blacks and Hispanics, their risk for HIV infection might be similar to that of blacks and Hispanics.

The findings in this report are subject to at least three limitations. First, because NHBS participants were recruited from 24 urban MSAs with high AIDS prevalence, participants likely are not representative of all low-income heterosexuals in the United States. Second, because the survey targeted census tracts with high rates of HIV diagnoses in addition to high rates of poverty, the former might have led to an overestimation of HIV prevalence in the 24 MSAs. Finally, because of fear of stigma, some participants who said they had not engaged in injection-drug use or male-male sex might actually have done so. Inclusion of IDUs and MSM, who are known to have high HIV prevalence, could have resulted in an overestimation of HIV prevalence. However, of the 18,377 persons who were initially eligible and completed the survey, a large proportion were excluded after acknowledging injection-drug use (14%) or male-male sex (9% of men), making it unlikely that these stigmatized behaviors were markedly underreported.

Based on the association observed between HIV prevalence and SES in the NHBS survey, HIV prevention activities targeted at heterosexuals in urban areas with high AIDS prevalence should focus on those in low-income communities. To reduce new HIV infections, the National HIV/AIDS Strategy[§§] calls for intensifying HIV prevention efforts in communities where HIV is most heavily concentrated. The strategy also advocates adopting community-level approaches to prevention in high-risk communities. Structural interventions, which address adverse social, economic, policy, and environmental conditions within communities, have been shown to be effective public health interventions (*9*,*10*). The association between HIV prevalence and low SES in the NHBS survey suggests that improvements in educational and employment opportunities in low-income communities, along with concomitant reductions in poverty, could reduce new HIV infections. Without effective approaches to HIV prevention in low-income communities, new HIV infections will continue among these most vulnerable populations.

[§§] Available at http://www.whitehouse.gov/administration/eop/onap/nhas.

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Human Rabies from Exposure to a Vampire Bat in Mexico — Louisiana, 2010

In August 2010, CDC confirmed a case of rabies in a migrant farm worker, aged 19 years, hospitalized in Louisiana with encephalitis. The man developed acute neurologic symptoms at the end of July, shortly after arriving in the United States from Michoacán, Mexico. Despite supportive care, his condition deteriorated, and he died on August 21. Antemortem diagnostic testing confirmed the diagnosis of rabies, and samples collected at autopsy were positive for a vampire bat rabies virus variant. The patient's mother reported that he had been bitten by a bat in July in Mexico but had not sought medical care. Postexposure prophylaxis (PEP) was offered to 27 of the patient's contacts in Louisiana and to 68 health-care workers involved in his care. Although bats have become the primary source of human rabies in the United States, this is the first reported death from a vampire bat rabies virus variant in the United States. Clinicians caring for patients with acute progressive encephalitis should consider rabies in the differential diagnosis and implement early infection control measures.

Case Report

On July 29, 2010, a previously healthy male, aged 19 years, from Michoacán, Mexico, arrived at a sugarcane plantation in Louisiana. After 1 day of work in the fields, the patient sought medical attention on July 30 for generalized fatigue, left shoulder pain, and left hand numbness attributed to overexertion. The patient's symptoms continued, and he was evaluated at a local clinic and transferred to a referral hospital in New Orleans for further evaluation and management on August 3.

Physical examination at the referral hospital revealed hyperesthesia of the left shoulder, weakness of the left hand, generalized areflexia, and drooping of the left upper eyelid. A lumbar puncture produced cerebrospinal fluid (CSF) with a mildly elevated white blood cell count of 8 cells/mm^3 (normal: 0–5 cells/mm^3) with 67% lymphocytes and 12% neutrophils, a normal glucose, and no organisms on staining. The patient was admitted to the intensive-care unit for suspected Miller-Fisher variant of acute inflammatory demyelinating polyneuropathy (also referred to as Guillain-Barré syndrome), with viral encephalitis and early meningitis among the alternative diagnoses considered.

The next day, the patient developed a fever of 101.1°F (38.4°C) and signs of respiratory distress that prompted elective intubation. Computerized tomography and magnetic resonance imaging of the head revealed only a developing sinusitis. During the next several days, the patient became gradually less responsive to external stimuli, developed fixed and dilated pupils, and began having episodes of bradycardia and hypothermia. Further evaluation included a repeat lumbar puncture revealing an elevation of the white blood cell count to 87 cells/mm^3 with 97% lymphocytes and an elevated protein of 233 mg/dL (normal: 15–45 mg/dL). An electroencephalogram was consistent with encephalitis. Bacterial, viral, and fungal cultures of blood and CSF were negative. Additionally, laboratory tests for human immunodeficiency virus, syphilis, herpes simplex virus, arboviruses, Lyme disease, and autoimmune neuropathies all were negative.

Although no history of animal exposures was known at that time, a diagnosis of rabies was suspected based on the clinical history and available data. The Louisiana Office of Public Health was informed of the potential case of rabies, and infection control precautions were instituted on August 13, the 11th hospital day. On August 20, rabies virus–specific immunoglobulin G and immunoglobulin M detected in the patient's CSF and serum confirmed the diagnosis of rabies. After discussion with the family about the patient's prognosis and a subsequent electroencephalogram showing severe cortical impairment, the patient was extubated on August 21 in accordance with the family's wishes and died shortly thereafter. Rabies virus antigen was detected in postmortem brain tissues collected on August 22, and antigenic typing determined the variant to be a vampire bat rabies virus variant, which was subsequently confirmed by nucleic acid amplification and sequencing.

Public Health Investigation

Public health authorities in Louisiana and Mexico interviewed the patient's family members, friends, and coworkers to identify potential rabies virus exposures. The patient's mother stated that the patient was bitten by a vampire bat on the heel of his left foot while he was sleeping. The bite occurred on July 15 in his home state of Michoacán, Mexico, 10 days before his departure for the United States. He did not seek medical attention for this bite and had no history of vaccination against rabies. No other exposures to bats, dogs, or other mammals were identified.

Mexican health authorities identified five close contacts of the patient in his home state of Michoacán but determined that none of these contacts had exposures requiring PEP. However, animals in this area were frequently observed with bites from vampire bats, and officials conducted a vaccination campaign of cats and dogs in the local community. In addition, officials attempted to reduce the local vampire bat population by capturing 120 vampire bats and applying a warfarin-containing

jelly to their backs. After being released, the bats and their roostmates ingest the anticoagulant through communal grooming. Diagnostic rabies testing performed on one of the captured bats was negative.

The Louisiana Office of Public Health with the assistance of hospital infection control staff interviewed clinic, hospital, and prehospital health-care providers to determine risks for exposure and provide PEP recommendations. Additionally, migrant workers who either accompanied the patient from Mexico or lived and worked with him in Louisiana were interviewed, and exposed contacts were offered PEP. In total, 95 of 204 (46.5%) patient contacts received PEP. Of these, 27 were coworkers who reported sharing a drinking vessel with the patient, and 68 were health-care workers with various exposures. To date, no known human contacts of this patient have developed rabies.

Reported by

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Editorial Note

This case represents the first report of human rabies in the United States associated with a vampire bat rabies virus variant and highlights the growing importance of bats in public health. Bat rabies virus variants have been associated with the majority of indigenously acquired human rabies cases in the United States for approximately 2 decades. Similarly, vampire bats have become the leading cause of human rabies in Latin America during the last decade (*1*). This further highlights the importance of a global perspective for human rabies prevention and the changing epizootiology of rabies. Since 2000, eight (25%) of the 32 human rabies cases reported in the United States (including the case described in this report) were acquired from exposures abroad. Of these, two cases originated in Mexico and were the only imported cases not associated with a canine rabies virus variant; this finding might reflect improved control of canine rabies in Mexico. International coordination among public health officials remains a crucial component in investigating cases of infectious diseases and improving prevention and control efforts.

The incubation period of 15 days observed in this report is shorter than the median of 85 days seen in other cases of human rabies reported in the United States (*2*). The incubation period for rabies associated with vampire bats might be shorter than that of other rabies virus variants, as suggested by one case series reporting an average incubation period of 22 days (*3*). Alternatively, the patient might have experienced an earlier exposure that went unrecognized or unreported. A second unidentified exposure resulting in infection also would explain the upper extremity symptoms observed given that symptoms often occur at the site of viral entry.

Health-care providers should recognize a history of travel to or immigration from a country with enzootic rabies as a risk factor and consider rabies in the differential of any case of acute progressive encephalitis. International travelers to areas with enzootic canine rabies should be counseled about the risk for exposure to rabies virus, educated in animal bite prevention techniques, including not touching or feeding any animals, and instructed to seek medical evaluation if an exposure to a suspected rabid animal occurs (*4*). Preexposure vaccination may be recommended if traveling to areas with limited access to appropriate medical care (*4,5*). Appropriate infection control practices can decrease the risk for virus transmission in suspected or confirmed cases of human rabies. In such cases, caregivers should wear gowns, goggles, masks, and gloves, particularly during intubation and suctioning (*5*). If rabies is confirmed, a standardized risk assessment of patient contacts with strict application of the exposure definitions detailed by the Advisory Committee on Immunization Practices (ACIP) in combination with educational outreach might minimize unnecessary PEP in those who do not meet criteria (*5*). Active participation of public health officials and close supervision of hospital infection control staff during this process are recommended.

Although vampire bats currently are found only in Latin America, research suggests that the range of these bats might

What is already known on this topic?

Rabies virus causes an acute progressive viral encephalitis that is almost always fatal if postexposure prophylaxis is not administered before the onset of signs or symptoms.

What is added by this report?

In August 2010, a man aged 19 years died of rabies in Louisiana after being bitten by a vampire bat in his home in Michoacán, Mexico; this case represents the first reported human death from a vampire bat rabies virus variant in the United States.

What are the implications for public health practice?

Public health officials should increase awareness of the risk for rabies after bat and other wildlife exposures. Furthermore, clinicians caring for patients with acute progressive encephalitis should consider rabies in the differential diagnosis and implement early infection control measures.

be expanding as a result of changes in climate (*6*). Expansion of vampire bats into the United States likely would lead to increased bat exposures to both humans and animals (including domestic livestock and wildlife species) and substantially alter rabies virus dynamics and ecology in the southern United States. In addition to rabies and other lyssaviruses, accumulating evidence implicates bats as reservoirs and potential vectors of a number of emerging infectious diseases (*7*). These discoveries raise further questions about the health risks to human populations with direct or indirect contact with bats, particularly given the high disease severity and fatality rates associated with these zoonoses. Further research should be directed toward better defining the nature and magnitude of the risks to human health posed by bats.

To mitigate the known risk for rabies, public education should increase awareness of the risk for rabies transmitted from bats and encourage avoidance of contact with bats and wildlife in general. Although commonly practiced, the elimination of vampire bats to prevent human or animal rabies remains controversial. Any potential human exposure to a bat should be investigated thoroughly to determine whether PEP is indicated, and bats involved in exposures should be safely collected and submitted for rabies testing when possible (*5*).

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Progress Toward Poliomyelitis Eradication — Nigeria, January 2010–June 2011

The Global Polio Eradication Initiative (GPEI) was launched by the World Health Assembly in 1988. By 2006, transmission of indigenous wild poliovirus (WPV) was interrupted in all countries except Nigeria, Afghanistan, Pakistan, and India (*1*). Among the 36 states and Federal Capital Territory of Nigeria, WPV transmission has persisted in eight northern states considered at high risk; in addition, four other northern states have been considered at high risk for WPV transmission (*2*). In these 12 high-risk states, type 2 circulating vaccine-derived poliovirus (cVDPV2) transmission also was observed during 2005–2011 (*3,4*). This report updates GPEI progress in Nigeria during January 2010–June 2011 (*1,2*) and describes activities required to interrupt transmission. In Nigeria, confirmed WPV cases decreased 95%, from 388 in 2009 to 21 in 2010; cVDPV2 cases decreased 82%, from 154 in 2009 to 27 in 2010. However, as of July 26, 2011, Nigeria had reported 24 WPV cases (including one WPV/cVDPV2 coinfection) and 11 cVDPV2 cases during January–June 2011, compared with six WPV cases and 10 cVDPV2 cases during January–June 2010. Despite substantial progress, immunization activities and surveillance sensitivity will need to be enhanced further to interrupt WPV transmission in Nigeria by the end of 2011.

Immunization Activities

The Nigeria routine immunization schedule recommends doses of trivalent OPV types 1, 2, and 3 (tOPV) at birth and, together with diphtheria-tetanus-pertussis vaccine (DTP), at ages 6, 10, and 14 weeks. Because reported OPV coverage can include doses administered during supplementary immunization activities (SIAs), coverage with DTP is a more accurate indicator of OPV administered through routine immunization. Nationally, the proportion of children aged 1 year who had received 3 doses of DTP (DTP3) was 40% in 2006 and 69% in 2010 as estimated by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)* using administrative data and multiple surveys. DTP3 coverage in National Immunization Coverage Surveys (NICS) in the eight states† with persistent WPV transmission in 2006 and 2010 was 30% (range: 9%–52%) and 47% (range: 26%–89%), respectively, compared with national coverage of 54% in 2006 and 68% in 2010.

Bivalent OPV types 1 and 3 (bOPV) became available in 2010 and has largely replaced monovalent OPV type 1 (mOPV1) and type 3 (mOPV3) use in SIAs during 2010–2011. Three national SIAs were conducted in 2010 and two during January–June 2011. In the northern states, five subnational SIAs were conducted in 2010 and three during January–June 2011. Various combinations of mOPV1, mOPV3, bOPV, or tOPV were used during these SIAs (Figure 1).

The effectiveness of SIA implementation in the 12 high-risk states§ is monitored by surveys to look for children missed by SIAs in high-risk wards (i.e., subdistricts). The proportion of wards with >10% children missed by SIAs during January 2011–June 2011 was consistently >15% in six states (Kaduna, Kano, Katsina, Kebbi, Niger, and Yobe). The majority of children missed by SIAs lived in households not visited by SIA teams or were not present during vaccination team visits.

Vaccination recall histories of children with nonpolio acute flaccid paralysis (NPAFP) are used to estimate OPV coverage from routine immunization and SIAs among children aged 6–35 months. The proportion of children with NPAFP reported to have never received an OPV dose (i.e., zero-dose children) declined from 30.9% in early 2006 to 10.8% in early 2009 in the eight states with persistent transmission (*5*). During 2010–2011, downward trends continued (Table), but the overall proportion has not fallen below 5% and ranges as high as 16.7% in Borno. The proportion of children aged 6–35 months with NPAFP who have received ≥3 doses of OPV increased from 24% in early 2006 to 82% in early 2011(*5*). The targets for the 12 high-risk states are <10% zero-dose children and >80% children with NPAFP with ≥3 OPV doses. In 2011, nine states (Bauchi, Gombe, Jigawa, Kaduna, Katsina, Kebbi, Niger, Sokoto, and Zamfara) met both targets; Kano and Yobe met only the <10% zero-dose target; Borno met neither target.¶

AFP Surveillance

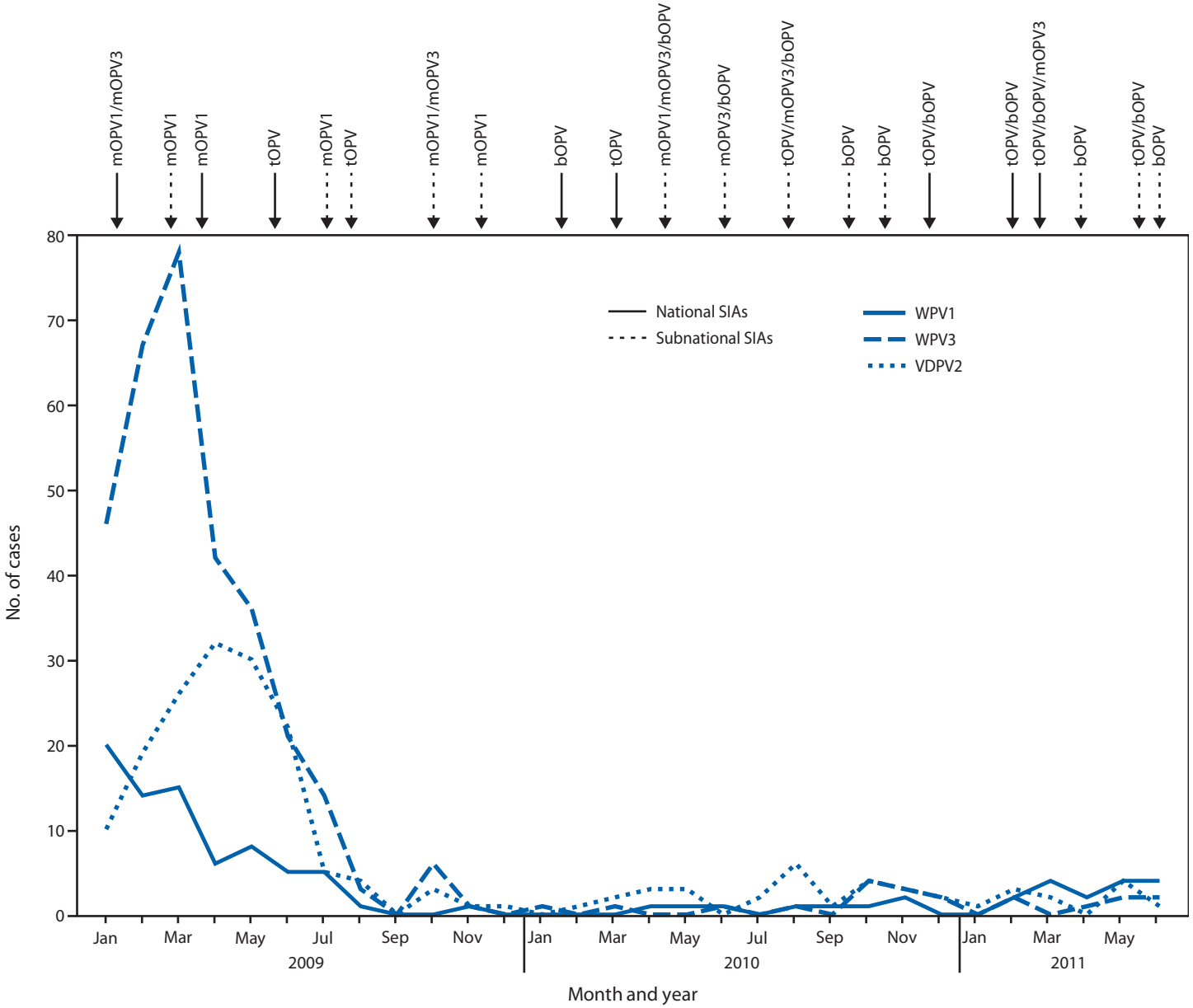
Polio eradication relies on acute flaccid paralysis (AFP) surveillance to identify and confirm poliomyelitis cases by viral isolation. Surveillance performance is monitored using WHO targets for case detection and adequate stool specimen collection (*6*). NPAFP detection rates meeting the target of at least two cases per 100,000 were achieved in all states during January 2010–June 2011.The national NPAFP detection rate among children aged <15 years was 7.8 per 100,000 during 2010 and an annualized 7.7 per 100,000 during January–June 2011.

The adequate stool specimen target of ≥80% was attained in all states during January 2010–June 2011. Among AFP cases reported nationally, adequate stool specimens were collected

* Available at http://www.who.int/immunization_monitoring/data/nga.pdf.
† Borno, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe, and Zamfara.

§ The other four states are Bauchi, Gombe, Kaduna, and Niger.
¶ Reports on progress in the 2010–2012 GPEI Strategic Plan are available at http://www.polioeradication.org/dataandmonitoring/polioeradicationtargets.aspx.

FIGURE 1. Number of laboratory-confirmed cases by wild poliovirus (WPV) type or vaccine-derived poliovirus type 2 (VDPV2) and month of onset, type of supplementary immunization activity (SIA),* and type of vaccine administered — Nigeria, January 2009–June 2011



Abbreviations: mOPV1 = monovalent oral polio vaccine (OPV) type 1; mOPV3 = monovalent OPV type 3; tOPV = trivalent OPV; bOPV = bivalent OPV.

* Mass campaign conducted in a short period (days to weeks) during which a dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

from 5,560 (93%) of 6,000 cases during 2010 and 2,788 (93%) of 2,998 cases during January–June 2011. The proportion of districts, or local government areas (LGAs), in the 12 high-risk states meeting both surveillance targets decreased from 89% (254 of 286) in 2009 to 83% (236 of 286) in 2010, to 75% (215 of 286, provisional data) during January–June 2011; many LGAs not meeting both indicators in the high-risk states are contiguous. To supplement laboratory testing of specimens obtained through AFP surveillance, environmental testing of sewage samples for poliovirus began in Kano state in July 2011 (*6*).

WPV and cVDPV2 Incidence

Eight WPV type 1 (WPV1) cases and 13 WPV type 3 (WPV3) cases were reported during January–December 2010; 16 WPV1 cases (including one WPV1/ cVDPV2 coinfection)

TABLE. Number and percentage of reported nonpolio acute flaccid paralysis (NPAFP) cases among children aged 6–35 months with zero doses* and ≥3 doses of oral polio vaccine — Nigeria, January 2009–June 2011

Region	2009								2010								2011			
	January–June				July–December				January–June				July–December				January–June			
	No. of NPAFP cases	Zero dose		≥3 doses		No. of NPAFP cases	Zero dose		≥3 doses		No. of NPAFP cases	Zero dose		≥3 doses		No. of NPAFP cases	Zero dose		≥3 doses		No. of NPAFP cases	Zero dose		≥3 doses	
		No.	(%)	No.	(%)		No.	(%)	No.	(%)		No.	(%)	No.	(%)		No.	(%)	No.	(%)		No.	(%)	No.	(%)
Persistent transmission states†	538	58	(10.8)	301	(55.9)	376	42	(11.2)	238	(63.3)	518	36	(6.9)	370	(71.4)	430	31	(7.2)	316	(73.5)	432	23	(5.3)	355	(82.2)
Other high-risk northern states§	192	14	(7.3)	150	(78.1)	141	1	(0.7)	124	(87.9)	177	0	(0)	160	(90.4)	179	5	(2.8)	157	(87.7)	237	3	(1.3)	219	(92.4)
Other northern states¶	303	6	(2.0)	256	(84.5)	228	3	(1.3)	200	(87.7)	280	5	(1.8)	255	(91.1)	246	1	(0.4)	232	(94.3)	262	5	(1.9)	244	(93.1)
Southern states**	591	12	(2.0)	516	(87.3)	474	8	(1.7)	414	(87.3)	662	11	(1.7)	608	(91.8)	748	13	(1.7)	652	(87.2)	706	8	(1.1)	645	(91.4)
Total	**1,624**	**90**	**(5.5)**	**1,223**	**(75.3)**	**1,219**	**54**	**(4.4)**	**976**	**(80.1)**	**1,637**	**52**	**(3.2)**	**1,393**	**(85.1)**	**1,603**	**50**	**(3.1)**	**1,357**	**(84.7)**	**1,637**	**39**	**(2.4)**	**1,463**	**(89.4)**

* Children who have never received an oral polio vaccine dose, as reported by caregiver.
† Persistent transmission states have continuously detected polio cases since the start of polio eradication in Nigeria in 1999 or had sustained circulation >12 months: Borno, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe, and Zamfara.
§ High-risk northern states that generally had a higher incidence of polio cases than other states: Bauchi, Gombe, Kaduna, and Niger.
¶ Adamawa, Benue, Federal Capital Territory, Kogi, Kwara, Nasarawa, Plateau, and Taraba.
** Abia, Akwa Ibom, Anambra, Bayelsa, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Imo, Lagos, Ogun, Ondo, Osun, Oyo, and Rivers.

and eight WPV3 cases were reported during January–June 2011 (compared with three each during January–June 2010) (Figure 1, Figure 2). During January–June 2011, the WPV1 cases occurred in six persistent-transmission states and the WPV3 cases occurred in three persistent-transmission states (Figure 2). Of 45 WPV cases reported with onset during January 2010–June 2011, 70% occurred in children aged <3 years; 32% were in children reported to have received ≥3 doses OPV, and 27% were in zero-dose children.

Concurrent outbreaks of cVDPV2, which began in Nigeria in 2005 with the use of alternate OPV formulations and were identified with enhanced poliovirus surveillance sensitivity and laboratory screening, resulted in 361 cases reported as of July 26, 2011 (*3,4*). During January–December 2010, 27 cVDPV2 cases were reported, and during January–June 2011, 10 cVDPV2 cases, one ambiguous VDPV2, and one WPV1/cVDPV2 coinfection were reported (occurring in eight of the 12 high-risk states) (Figure 2). Of 38 cVDPV2 cases with onset during January 2010–June 2011, 69% occurred in children aged <3 years; 36% were in children reported to have received ≥3 doses OPV, and 13% were in zero-dose children.

WPV and VDPV Genomic Sequence Analysis

Analysis of the nucleotide sequence of the VP1 region of each WPV and VDPV isolate is used to investigate transmission links, track international spread, and estimate duration of circulation (*6*).** The genetic diversity of WPV1 (reflected by the number of virus chains of transmission and genetic clusters) decreased substantially during 2010–2011 in Nigeria. In 2010, four WPV1 genetic clusters were observed, compared with 19 in 2009. However, 13 (68%) of 19 WPV1 isolates tested had <98.5% identity (much less genetic linkage than expected with sensitive AFP surveillance), and two of the five WPV1 clusters observed in 2011 were not detected by AFP surveillance in 2010. In 2010, four WPV3 clusters were observed compared with 20 in 2009. However, eight (44%) of 18 WPV3 isolates tested during 2010–2011 had <98.5% similarity. Among 36 cVDPV2 isolates tested during 2010–2011, 23 (64%) had <98.5% identity.

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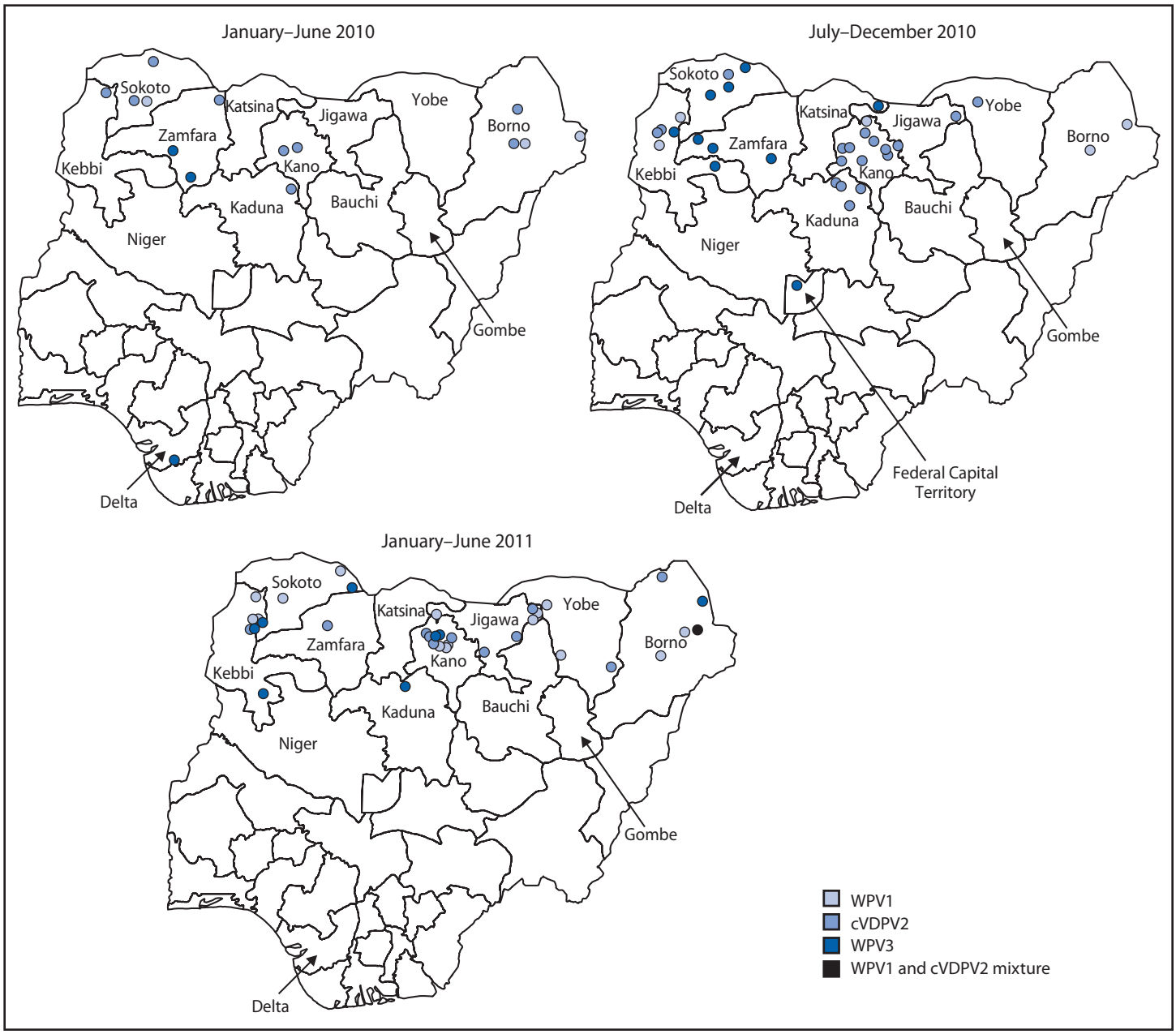
Editorial Note

Northern Nigeria has had ongoing WPV transmission (and more recently, cVDPV2 transmission) because of a weak

** All isolates are sequenced across the interval encoding the major capsid protein (VP1) (approximately 900 nucleotides) and results are analyzed to determine the likely origin (by state and local government area) of the virus. Isolates within a cluster share >95% VPI nucleotide sequence identity.

FIGURE 2. Wild poliovirus (WPV) types and circulating vaccine-derived poliovirus type 2 (cVDVP2) cases, by period — Nigeria, January 2010–June 2011



health-system infrastructure and programmatic limitations such as poor implementation of SIAs, compounded by a loss of public confidence in OPV during 2003 (*2,5,7*). Beginning in 2009, Nigeria has shown substantial progress in implementation of GPEI activities. Enhanced collaboration with traditional, religious, and political leaders has furthered community acceptance of SIAs; OPV coverage has increased in routine immunization services, and the implementation of SIAs has improved; AFP surveillance indicators have continued to be met in all states; and the number of WPV cases and cVDPV2 cases has markedly decreased (*1,2,5–7*). However, despite this progress, virologic data indicate that surveillance is not sufficiently sensitive to detect all chains of WPV transmission in a timely manner. The number of WPV cases has increased in 2011; multiple foci of WPV transmission remain endemic, and cVDPV2 transmission persists (*1–4*).

Nigeria has been a major reservoir for WPV transmission in other countries. Since 2003, WPV of Nigerian origin has been imported into 25 countries, and many countries of West and Central Africa have had repeated importations (*8,9*). Currently,

six countries have WPV3 circulation of Nigerian origin, and cVDPV2 importation into two countries (Chad and Niger) occurred in 2010.

The 2010–2012 GPEI strategic plan set goals of interrupting WPV transmission in two of the remaining four countries with indigenous WPV transmission (Nigeria and India) by the end of 2011 and ending all WPV transmission by the end 2012 (*10*). Currently, India is on track to meet the 2011 target (*1*).

For Nigeria, NPAFP dose history provides the major indicators for tracking strategic plan progress in each of the 12 high-risk states (*10*). During 2011, the NPAFP dose targets have been met in only nine of these states. Additionally, SIA monitoring surveys reveal weaknesses in implementation in some states that are not suggested by the statewide NPAFP dose history indicators. Limitations exist in the NPAFP and SIA indicators: 1) the NPAFP dose history is by parental recall, which might be biased by collection during AFP surveillance; 2) type-specific dose histories vary because of multiple OPV preparations used in SIAs; 3) state NPAFP dose averages might mask substantial variability within states; and 4) SIA monitoring surveys (directed toward the highest-risk areas within LGAs) are not fully standardized in implementation. Although NPAFP dose history and SIA monitoring indicators have been fully met in Jigawa and Sokoto, WPV and cVDPV2 circulation have continued in those states.

Genomic sequence analysis indicates surveillance gaps with some chains of WPV transmission during 2010–2011 not detected for more than a year. State AFP surveillance indicators might mask surveillance gaps occurring among individual LGAs; additionally, surveillance might overlook subpopulations, such as nomads and migrant workers in northern Nigeria, who have limited access to immunization activities and health-care providers. Despite ongoing progress, the continued circulation of WPV and cVDPV2 during 2011 in six states and evidence of limitations in AFP surveillance indicate that substantial further improvements are needed in the quality of implementation of both surveillance and immunization activities to interrupt transmission by the end of 2011. A revised emergency action plan for June–December 2011 is being implemented in Nigeria to enhance AFP surveillance by identifying and improving activities in LGAs not meeting performance criteria, target activities in migrant populations, and better address limitations in SIA implementation by further enhancing training, supervision, monitoring, community engagement, and social mobilization.

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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 August 6, 2011 (31st week)*

Disease	Current week	Cum 2011	5-year weekly average†	Total cases reported for previous years 2010	2009	2008	2007	2006	States reporting cases during current week (No.)
Anthrax	—	—	—	—	1	—	1	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	8	5	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	—	0	10	4	4	4	8	
Powassan virus disease	—	5	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	—	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	50	228	2	NN	NN	NN	NN	NN	NY (48), PA (2)
Botulism, total	—	52	3	112	118	145	144	165	
foodborne	—	6	0	7	10	17	32	20	
infant	—	40	2	80	83	109	85	97	
other (wound and unspecified)	—	6	1	25	25	19	27	48	
Brucellosis	2	44	3	115	115	80	131	121	MO (1), CA (1)
Chancroid	—	11	0	24	28	25	23	33	
Cholera	—	21	0	13	10	5	7	9	
Cyclosporiasis§	7	100	5	179	141	139	93	137	MO (1), DC (1), FL (2), TX (3)
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	5	0	23	35	30	22	29	
nonserotype b	—	69	3	200	236	244	199	175	
unknown serotype	2	154	3	223	178	163	180	179	MO (1), HI (1)
Hansen disease§	—	26	2	98	103	80	101	66	
Hantavirus pulmonary syndrome§	—	15	1	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal§	5	77	7	266	242	330	292	288	VT (1), NY (2), FL (1), OK (1)
Influenza-associated pediatric mortality§,††	—	110	1	61	358	90	77	43	
Listeriosis	11	270	22	821	851	759	808	884	NY (3), PA (1), MD (2), VA (1), WA (1), CA (2), HI (1)
Measles§§	1	160	1	63	71	140	43	55	NYC (1)
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	1	120	3	280	301	330	325	318	TX (1)
serogroup B	—	56	3	135	174	188	167	193	
other serogroup	—	7	0	12	23	38	35	32	
unknown serogroup	7	270	7	406	482	616	550	651	NY (2), OH (1), MO (1), NC (1), TX (1), CA (1)
Novel influenza A virus infections***	—	2	0	4	43,774	2	4	NN	
Plague	—	1	0	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	NN	
Psittacosis§	—	1	0	4	9	8	12	21	
Q fever, total§	1	43	3	131	113	120	171	169	
acute	1	30	1	106	93	106	—	—	OR (1)
chronic	—	13	0	25	20	14	—	—	
Rabies, human	—	1	0	2	4	2	1	3	
Rubella†††	—	4	0	5	3	16	12	11	
Rubella, congenital syndrome	—	—	—	—	2	—	—	1	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	80	2	148	161	157	132	125	VT (1)
Syphilis, congenital (age <1 yr)§§§	—	100	9	378	423	431	430	349	
Tetanus	—	6	0	10	18	19	28	41	
Toxic-shock syndrome (staphylococcal)§	2	46	1	82	74	71	92	101	GA (1), CA (1)
Trichinellosis	—	7	0	7	13	39	5	15	
Tularemia	2	62	5	124	93	123	137	95	NE (1), AR (1)
Typhoid fever	3	202	9	468	397	449	434	353	PA (1), KS (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	1	34	1	91	78	63	37	6	FL (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	2	1	—	2	1	
Vibriosis (noncholera *Vibrio* species infections)§	13	298	24	848	789	588	549	NN	PA (1), MD (1), VA (1), FL (3), TN (1), WA (5), CA (1)
Viral hemorrhagic fever¶¶¶	—	—	—	1	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 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 August 6, 2011 (31st week)*

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

* Case counts for reporting years 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/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/osels/ph_surveillance/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 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/osels/ph_surveillance/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 weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, 114 influenza-associated pediatric deaths occurring during the 2010-11 influenza season have been reported.

§§ The one measles case reported for the current week was imported.

¶¶ Data for meningococcal disease (all serogroups) are available in Table II.

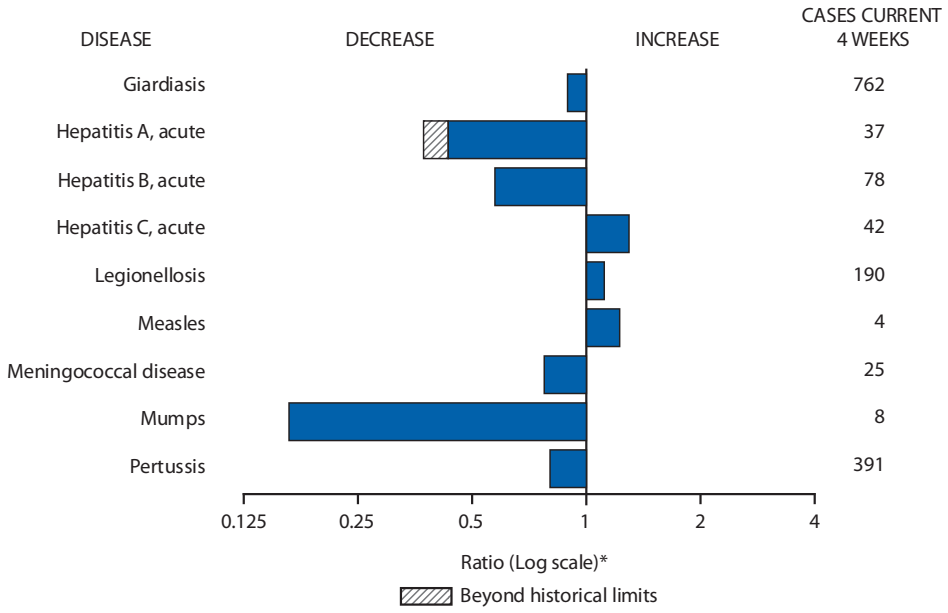
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the two cases reported during 2011, were identified as swine influenza A (H3N2) virus and are unrelated to the 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).

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

§§§ 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 of 2010. 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 August 6, 2011, 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	11,464	25,954	31,142	751,389	764,128	63	113	567	9,925	NN	134	133	417	3,883	4,596
New England	724	847	2,043	25,282	23,982	—	0	1	1	NN	1	6	45	208	322
Connecticut	241	224	1,557	5,614	6,185	—	0	0	—	NN	—	0	39	39	77
Maine†	—	58	100	1,732	1,477	—	0	0	—	NN	—	1	8	28	61
Massachusetts	440	406	860	13,130	12,184	—	0	0	—	NN	—	3	9	89	90
New Hampshire	7	53	81	1,636	1,364	—	0	1	1	NN	—	1	4	26	40
Rhode Island†	—	70	154	2,308	2,028	—	0	0	—	NN	—	0	2	1	14
Vermont†	36	26	84	862	744	—	0	0	—	NN	1	1	5	25	40
Mid. Atlantic	1,918	3,374	5,069	94,915	99,337	—	0	1	3	NN	22	17	38	499	453
New Jersey	65	519	905	15,688	15,470	—	0	0	—	NN	—	1	4	20	18
New York (Upstate)	824	710	2,099	21,113	19,332	—	0	0	—	NN	10	4	13	99	95
New York City	233	1,140	2,612	27,997	36,830	—	0	0	—	NN	—	2	6	38	45
Pennsylvania	796	957	1,238	30,117	27,705	—	0	1	3	NN	12	9	25	342	295
E.N. Central	895	3,971	7,039	111,401	120,749	1	0	3	33	NN	44	31	141	889	1,285
Illinois	—	1,076	1,320	25,923	35,615	—	0	0	—	NN	—	3	25	70	182
Indiana	218	459	3,376	15,460	11,593	—	0	0	—	NN	—	4	15	118	173
Michigan	504	948	1,397	27,894	29,629	—	0	3	19	NN	5	5	18	169	193
Ohio	173	1,000	1,134	29,475	30,306	1	0	3	14	NN	39	9	31	359	245
Wisconsin	—	463	559	12,649	13,606	—	0	0	—	NN	—	7	65	173	492
W.N. Central	620	1,431	1,642	41,486	42,678	1	0	2	5	NN	12	19	132	589	896
Iowa	22	210	241	6,143	6,213	—	0	0	—	NN	3	7	30	214	196
Kansas	—	191	288	5,847	5,774	—	0	0	—	NN	—	0	6	4	66
Minnesota	—	286	364	6,637	9,182	—	0	0	—	NN	—	0	22	—	230
Missouri	442	525	759	16,541	15,321	—	0	0	—	NN	7	4	57	140	223
Nebraska†	130	105	218	3,698	2,990	1	0	2	5	NN	2	4	26	121	92
North Dakota	—	36	90	664	1,362	—	0	0	—	NN	—	0	9	16	14
South Dakota	26	64	93	1,956	1,836	—	0	0	—	NN	—	2	13	94	75
S. Atlantic	4,123	5,110	6,535	161,805	154,739	—	0	2	3	NN	29	21	57	686	613
Delaware	103	83	220	2,555	2,548	—	0	0	—	NN	—	0	1	5	4
District of Columbia	—	105	180	2,844	3,156	—	0	0	—	NN	—	0	1	5	2
Florida	682	1,490	1,706	45,015	44,872	—	0	0	—	NN	12	8	23	263	223
Georgia	899	943	2,384	31,075	26,289	—	0	0	—	NN	10	5	11	173	171
Maryland†	427	451	1,125	12,910	14,195	—	0	2	3	NN	2	1	6	39	23
North Carolina	684	756	1,477	27,533	27,694	—	0	0	—	NN	—	0	17	36	47
South Carolina†	594	528	946	17,070	15,330	—	0	0	—	NN	2	2	19	77	61
Virginia†	663	663	966	20,337	18,462	—	0	0	—	NN	3	2	8	72	71
West Virginia	71	78	121	2,466	2,193	—	0	0	—	NN	—	0	5	16	11
E.S. Central	518	1,794	3,314	54,787	54,606	—	0	0	—	NN	4	7	24	179	134
Alabama†	—	543	1,564	16,443	15,373	—	0	0	—	NN	2	3	15	83	52
Kentucky	248	264	2,352	9,326	9,434	—	0	0	—	NN	—	1	4	26	44
Mississippi	—	395	614	11,476	13,160	—	0	0	—	NN	—	0	2	16	7
Tennessee†	270	581	795	17,542	16,639	—	0	0	—	NN	2	1	5	54	31
W.S. Central	800	3,315	4,723	99,840	106,873	—	0	1	1	NN	7	7	62	202	209
Arkansas†	333	306	440	9,808	9,247	—	0	0	—	NN	2	0	3	10	20
Louisiana	—	526	1,052	13,302	15,955	—	0	1	1	NN	—	0	9	28	27
Oklahoma	443	224	1,371	6,164	8,876	—	0	0	—	NN	2	2	34	51	43
Texas†	24	2,365	3,107	70,566	72,795	—	0	0	—	NN	3	4	28	113	119
Mountain	962	1,650	2,155	47,635	49,421	53	73	432	7,861	NN	8	12	30	332	321
Arizona	158	509	697	12,797	16,109	52	70	427	7,762	NN	3	1	4	25	18
Colorado	383	408	847	13,921	11,524	—	0	0	—	NN	1	3	11	91	77
Idaho†	—	61	179	1,630	2,459	—	0	0	—	NN	3	2	7	66	55
Montana†	51	62	83	1,959	1,790	—	0	1	2	NN	1	1	5	39	30
Nevada†	236	197	380	6,447	6,018	1	1	4	55	NN	—	0	7	3	16
New Mexico†	64	197	1,183	5,885	6,408	—	0	4	31	NN	—	2	12	68	63
Utah	70	130	175	3,905	3,867	—	0	2	8	NN	—	1	5	24	44
Wyoming†	—	38	90	1,091	1,246	—	0	2	3	NN	—	0	5	16	18
Pacific	904	3,847	6,559	114,238	111,743	8	37	142	2,018	NN	7	12	29	299	363
Alaska	—	112	157	3,235	3,661	—	0	0	—	NN	—	0	3	7	2
California	331	2,922	5,763	87,517	85,150	8	37	142	2,015	NN	5	6	19	178	206
Hawaii	—	108	138	2,936	3,674	—	0	0	—	NN	—	0	0	—	1
Oregon	245	263	524	8,143	6,771	—	0	1	3	NN	—	3	20	72	106
Washington	328	430	522	12,407	12,487	—	0	0	—	NN	2	1	9	42	48
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	NN	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	5	81	189	545	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	1	104	349	3,400	3,783	—	0	0	—	NN	N	0	0	N	N
U.S. Virgin Islands	—	14	27	359	348	—	0	0	—	NN	—	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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Dengue Virus Infection†									
	Dengue Fever§					Dengue Hemorrhagic Fever¶				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max		
United States	—	3	55	53	362	—	0	2	—	5
New England	—	0	3	1	4	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	2	—	3	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island**	—	0	1	—	—	—	0	0	—	—
Vermont**	—	0	1	1	1	—	0	0	—	—
Mid. Atlantic	—	1	25	19	112	—	0	1	—	3
New Jersey	—	0	3	—	15	—	0	0	—	—
New York (Upstate)	—	0	5	—	15	—	0	1	—	1
New York City	—	1	17	10	67	—	0	1	—	2
Pennsylvania	—	0	2	9	15	—	0	0	—	—
E.N. Central	—	0	7	4	29	—	0	1	—	—
Illinois	—	0	2	1	8	—	0	0	—	—
Indiana	—	0	2	1	7	—	0	0	—	—
Michigan	—	0	2	—	4	—	0	0	—	—
Ohio	—	0	2	—	7	—	0	0	—	—
Wisconsin	—	0	2	2	3	—	0	1	—	—
W.N. Central	—	0	6	—	21	—	0	1	—	—
Iowa	—	0	1	—	1	—	0	0	—	—
Kansas	—	0	1	—	3	—	0	0	—	—
Minnesota	—	0	1	—	12	—	0	0	—	—
Missouri	—	0	1	—	4	—	0	0	—	—
Nebraska**	—	0	6	—	—	—	0	0	—	—
North Dakota	—	0	0	—	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—
S. Atlantic	—	1	19	14	135	—	0	1	—	1
Delaware	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	13	11	106	—	0	1	—	1
Georgia	—	0	2	2	8	—	0	0	—	—
Maryland**	—	0	0	—	—	—	0	0	—	—
North Carolina	—	0	2	1	3	—	0	0	—	—
South Carolina**	—	0	3	—	10	—	0	0	—	—
Virginia**	—	0	3	—	6	—	0	0	—	—
West Virginia	—	0	0	—	2	—	0	0	—	—
E.S. Central	—	0	1	—	4	—	0	0	—	—
Alabama**	—	0	1	—	2	—	0	0	—	—
Kentucky	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	0	—	1	—	0	0	—	—
W.S. Central	—	0	4	1	16	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	2	1	2	—	0	0	—	—
Oklahoma	—	0	1	—	2	—	0	0	—	—
Texas**	—	0	2	—	12	—	0	0	—	—
Mountain	—	0	2	3	12	—	0	0	—	—
Arizona	—	0	2	2	4	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho**	—	0	1	—	1	—	0	0	—	—
Montana**	—	0	1	—	3	—	0	0	—	—
Nevada**	—	0	1	—	3	—	0	0	—	—
New Mexico**	—	0	0	—	1	—	0	0	—	—
Utah	—	0	1	1	—	—	0	0	—	—
Wyoming**	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	7	11	29	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	5	2	21	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	2	4	7	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	25	550	364	5,796	—	0	20	2	121
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance).
§ 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	23	7	109	406	432	12	16	45	285	1,251	2	1	13	52	69
New England	—	0	2	3	3	—	2	16	81	63	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	6	—	25	—	0	0	—	—
Maine§	—	0	1	1	2	—	0	2	10	13	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	10	49	—	—	0	0	—	—
New Hampshire	—	0	1	1	1	—	0	3	7	9	—	0	1	1	2
Rhode Island§	—	0	1	1	—	—	0	6	12	15	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	1	3	1	—	0	0	—	—
Mid. Atlantic	4	1	7	36	63	10	4	27	141	148	—	0	2	5	8
New Jersey	—	0	2	—	43	—	0	3	—	51	—	0	0	—	1
New York (Upstate)	4	0	7	32	15	10	3	25	123	89	—	0	2	5	5
New York City	—	0	1	4	4	—	0	5	18	8	—	0	0	—	—
Pennsylvania	—	0	1	—	1	—	0	1	—	—	—	0	1	—	2
E.N. Central	—	0	3	14	30	—	1	13	7	392	—	0	4	22	38
Illinois	—	0	2	7	10	—	0	2	2	2	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	17	14
Michigan	—	0	1	3	1	—	0	1	—	2	—	0	1	1	—
Ohio	—	0	1	4	5	—	0	1	2	1	—	0	1	1	—
Wisconsin	—	0	1	—	14	—	0	13	3	387	—	0	3	1	21
W.N. Central	3	1	17	114	101	—	1	20	18	594	1	0	11	13	8
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	1	2	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	12	—	—	—	0	20	1	584	—	0	11	—	—
Missouri	3	0	17	111	94	—	0	5	17	9	1	0	7	12	8
Nebraska§	—	0	1	—	1	—	0	0	—	—	—	0	1	1	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	5	3	30	137	158	1	1	7	29	40	—	0	1	3	2
Delaware	—	0	2	12	14	—	0	1	1	4	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	13	6	—	0	1	3	2	—	0	0	—	—
Georgia	1	0	3	12	18	—	0	1	6	1	—	0	1	1	1
Maryland§	1	0	3	17	16	1	0	1	2	12	—	0	1	—	1
North Carolina	2	0	17	38	46	—	0	6	14	13	—	0	0	—	—
South Carolina§	—	0	1	—	3	—	0	1	—	—	—	0	0	—	—
Virginia§	1	1	8	45	53	—	0	1	3	8	—	0	1	1	—
West Virginia	—	0	1	—	2	—	0	0	—	—	—	0	1	1	—
E.S. Central	3	0	7	43	61	1	0	2	9	14	1	0	1	5	8
Alabama§	—	0	3	—	10	—	0	1	3	6	N	0	0	N	N
Kentucky	—	0	2	9	10	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	—	3	—	0	1	—	1	—	0	0	—	1
Tennessee§	3	0	5	34	38	1	0	1	6	7	1	0	1	5	6
W.S. Central	8	0	87	59	15	—	0	9	—	—	—	0	0	—	1
Arkansas§	4	0	10	26	1	—	0	2	—	—	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	4	0	82	32	11	—	0	7	—	—	—	0	0	—	—
Texas§	—	0	1	1	2	—	0	1	—	—	—	0	0	—	1
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	2	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	2	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	0	—	—	—	0	1	1	2
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	1	—	1	—	0	0	—	—	—	0	1	1	2
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	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	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Cumulative total *E. ewingii* cases reported for year 2010 = 10, and 7 cases reported for 2011.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	236	285	549	7,851	10,937	2,651	5,803	7,484	168,313	178,885	26	63	141	1,998	1,903
New England	5	25	50	693	956	85	101	206	3,029	3,187	—	4	12	131	108
Connecticut	—	4	12	104	169	33	43	150	1,297	1,477	—	1	6	33	23
Maine§	3	3	11	92	112	—	3	7	102	108	—	0	2	14	9
Massachusetts	—	12	23	343	409	52	48	80	1,349	1,333	—	2	6	62	56
New Hampshire	—	2	6	49	114	—	2	7	76	85	—	0	2	9	7
Rhode Island§	—	1	7	29	43	—	6	16	176	142	—	0	2	9	8
Vermont§	2	2	10	76	109	—	0	8	29	42	—	0	3	4	5
Mid. Atlantic	53	57	106	1,559	1,822	384	730	1,121	20,816	20,225	11	12	32	430	361
New Jersey	—	7	22	131	267	13	123	198	4,005	3,307	—	2	7	68	62
New York (Upstate)	31	20	72	538	610	123	113	271	3,282	3,051	10	3	18	115	95
New York City	7	17	30	481	516	46	237	497	5,923	6,965	1	2	6	89	60
Pennsylvania	15	16	27	409	429	202	257	364	7,606	6,902	—	4	11	158	144
E.N. Central	17	47	99	1,215	1,893	253	1,035	2,091	28,978	32,926	—	11	21	355	307
Illinois	—	9	31	204	425	—	272	369	6,376	9,008	—	3	9	104	104
Indiana	—	6	14	123	241	61	111	1,018	3,733	3,292	—	2	7	65	64
Michigan	3	10	25	263	395	140	238	490	7,101	8,231	—	1	4	40	22
Ohio	14	16	29	449	488	52	322	383	9,200	9,561	—	3	7	102	74
Wisconsin	—	8	35	176	344	—	96	130	2,568	2,834	—	1	5	44	43
W.N. Central	35	25	73	583	1,152	160	293	363	8,645	8,453	5	4	10	98	132
Iowa	8	5	12	143	166	5	39	57	1,096	990	—	0	0	—	1
Kansas	—	2	10	45	135	—	39	57	1,150	1,228	—	0	2	14	13
Minnesota	—	0	33	—	433	—	37	62	905	1,259	—	0	5	—	47
Missouri	16	8	26	226	223	125	145	181	4,408	3,959	4	1	5	52	50
Nebraska§	11	4	9	111	125	30	23	49	712	687	1	0	3	22	13
North Dakota	—	0	12	21	13	—	3	9	61	120	—	0	6	9	8
South Dakota	—	1	5	37	57	—	11	20	313	210	—	0	1	1	—
S. Atlantic	54	57	127	1,530	2,195	1,139	1,467	1,862	43,253	45,917	6	15	30	483	491
Delaware	—	1	5	18	17	17	17	48	497	590	—	0	2	3	5
District of Columbia	—	1	5	20	38	—	38	70	1,048	1,227	—	0	1	1	3
Florida	30	24	75	660	1,164	196	379	486	11,421	12,025	3	5	12	158	119
Georgia	22	14	51	466	438	269	315	874	9,442	9,065	—	3	7	94	112
Maryland§	1	4	10	133	174	121	118	246	3,186	4,101	1	2	4	50	39
North Carolina	N	0	0	N	N	217	257	468	9,025	9,237	1	2	8	52	84
South Carolina§	—	2	9	61	78	154	151	257	4,768	4,683	—	1	5	45	61
Virginia§	1	8	32	150	266	147	114	185	3,382	4,700	—	1	8	66	55
West Virginia	—	0	8	22	20	18	15	29	484	289	1	0	9	14	13
E.S. Central	1	4	11	104	102	123	495	1,007	14,598	14,773	—	3	11	129	117
Alabama§	1	4	11	104	102	—	161	410	4,956	4,492	—	1	4	40	20
Kentucky	N	0	0	N	N	67	70	712	2,499	2,415	—	0	4	18	24
Mississippi	N	0	0	N	N	—	116	197	3,037	3,680	—	0	3	11	9
Tennessee§	N	0	0	N	N	56	139	186	4,106	4,186	—	2	5	60	64
W.S. Central	8	5	17	124	226	208	905	1,664	25,466	29,127	—	2	26	82	90
Arkansas§	8	2	9	70	63	84	101	138	2,966	2,770	—	0	3	19	14
Louisiana	—	3	12	54	101	—	144	509	3,735	4,954	—	0	4	29	20
Oklahoma	—	0	0	—	62	113	62	332	1,776	2,559	—	1	19	33	49
Texas§	N	0	0	N	N	11	591	867	16,989	18,844	—	0	4	1	7
Mountain	28	25	58	685	996	125	185	255	5,542	5,659	1	5	12	173	210
Arizona	1	3	8	72	89	39	63	95	1,808	1,927	—	2	6	65	79
Colorado	19	12	23	339	415	33	46	87	1,298	1,592	—	1	5	43	61
Idaho§	4	4	9	80	121	—	2	14	75	67	1	0	2	13	12
Montana§	2	2	6	37	67	—	1	5	42	68	—	0	1	2	2
Nevada§	1	1	11	29	34	51	33	103	1,208	1,085	—	0	2	12	5
New Mexico§	—	1	5	39	62	2	28	98	949	687	—	1	4	25	24
Utah	—	3	13	73	180	—	4	9	139	209	—	0	3	12	22
Wyoming§	1	0	5	16	28	—	0	3	23	24	—	0	1	1	5
Pacific	35	49	129	1,358	1,595	174	621	791	17,986	18,618	3	3	10	117	87
Alaska	—	2	7	49	58	—	20	34	562	795	—	0	2	15	15
California	23	32	68	946	976	126	505	695	14,777	15,204	1	0	6	22	15
Hawaii	1	0	4	22	37	—	14	26	389	421	1	0	3	17	14
Oregon	2	7	20	169	277	16	23	40	734	598	1	2	6	60	38
Washington	9	8	57	172	247	32	57	86	1,524	1,600	—	0	2	3	5
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	2	—	0	17	6	49	—	0	0	—	—
Puerto Rico	—	1	7	25	51	—	6	12	195	170	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	2	5	52	87	—	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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	5	22	74	613	915	20	53	167	1,334	1,890	15	17	39	555	486
New England	—	1	6	30	72	—	1	8	44	37	—	1	4	40	36
Connecticut	—	0	4	5	16	—	0	4	9	12	—	1	3	25	22
Maine†	—	0	1	1	6	—	0	2	5	11	—	0	2	6	2
Massachusetts	—	0	5	16	41	—	0	6	29	8	—	0	2	5	12
New Hampshire	—	0	1	—	—	—	0	1	1	4	N	0	0	N	N
Rhode Island†	—	0	1	3	9	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	2	5	—	—	0	0	—	2	—	0	1	4	—
Mid. Atlantic	1	5	12	117	149	3	5	12	159	187	1	1	6	46	67
New Jersey	—	1	4	15	44	—	1	4	30	52	—	0	4	—	15
New York (Upstate)	1	1	4	29	30	1	1	9	26	30	—	1	4	27	31
New York City	—	1	6	40	43	—	1	5	47	57	—	0	1	—	2
Pennsylvania	—	1	3	33	32	2	2	4	56	48	1	0	2	19	19
E.N. Central	1	4	9	106	106	2	5	35	189	309	1	3	12	110	59
Illinois	—	1	3	22	29	—	1	6	36	80	—	0	1	3	—
Indiana	—	0	3	10	10	—	1	6	24	42	—	0	5	40	22
Michigan	—	2	5	46	37	—	2	6	53	81	1	1	7	62	26
Ohio	1	1	5	25	18	2	1	30	61	71	—	0	1	4	6
Wisconsin	—	0	2	3	12	—	0	3	15	35	—	0	1	1	5
W.N. Central	—	1	25	21	32	—	2	16	73	71	—	0	6	3	11
Iowa	—	0	3	3	6	—	0	1	6	10	—	0	0	—	—
Kansas	—	0	2	3	8	—	0	2	8	4	—	0	1	2	—
Minnesota	—	0	22	2	1	—	0	15	2	6	—	0	6	—	6
Missouri	—	0	1	8	12	—	2	5	46	41	—	0	1	—	3
Nebraska†	—	0	4	3	4	—	0	3	10	9	—	0	1	1	2
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	1	—	0	1	1	1	—	0	0	—	—
S. Atlantic	—	5	13	128	213	8	13	33	350	509	3	4	11	130	108
Delaware	—	0	1	1	5	—	0	1	—	18	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	0	—	3	—	0	0	—	2
Florida	—	2	7	40	80	6	4	11	123	175	1	1	5	31	31
Georgia	—	1	4	30	24	—	2	8	50	111	—	0	3	17	13
Maryland†	—	0	3	15	14	2	1	4	31	37	1	0	2	22	15
North Carolina	—	0	3	14	36	—	2	16	70	37	—	1	7	39	25
South Carolina†	—	0	2	5	21	—	1	4	18	35	—	0	1	1	—
Virginia†	—	1	4	16	31	—	1	7	39	57	—	0	2	9	8
West Virginia	—	0	5	7	1	—	0	18	19	36	1	0	6	11	14
E.S. Central	—	0	6	29	24	2	8	14	237	203	2	3	8	97	85
Alabama†	—	0	2	1	5	1	2	4	61	39	—	0	1	7	3
Kentucky	—	0	6	7	11	1	2	8	64	66	1	2	6	40	59
Mississippi	—	0	1	5	1	—	1	3	23	20	U	0	0	U	U
Tennessee†	—	0	5	16	7	—	3	7	89	78	1	1	5	50	23
W.S. Central	1	3	15	61	74	3	7	67	158	302	4	2	11	53	44
Arkansas†	—	0	1	—	—	—	1	4	24	39	—	0	0	—	1
Louisiana	—	0	1	2	5	—	1	4	22	36	—	0	2	5	1
Oklahoma	—	0	4	3	1	1	1	16	37	53	4	1	10	28	14
Texas†	1	2	11	56	68	2	4	45	75	174	—	0	3	20	28
Mountain	—	2	5	42	102	2	2	5	48	86	—	1	4	34	36
Arizona	—	0	2	9	45	—	0	3	11	16	U	0	0	U	U
Colorado	—	0	2	16	24	2	0	3	15	27	—	0	3	12	8
Idaho†	—	0	1	5	6	—	0	1	2	5	—	0	2	6	7
Montana†	—	0	1	2	4	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	3	5	10	—	0	3	14	28	—	0	1	5	3
New Mexico†	—	0	1	3	3	—	0	2	5	3	—	0	1	6	10
Utah	—	0	2	—	7	—	0	1	1	7	—	0	2	1	8
Wyoming†	—	0	1	2	3	—	0	1	—	—	—	0	1	2	—
Pacific	2	3	15	79	143	—	3	25	76	186	4	1	12	42	40
Alaska	—	0	1	2	1	—	0	1	4	2	U	0	1	U	U
California	2	2	15	52	111	—	2	22	30	128	1	0	4	14	18
Hawaii	—	0	2	6	5	—	0	1	5	3	U	0	0	U	U
Oregon	—	0	2	5	13	—	0	4	22	29	—	0	3	12	9
Washington	—	0	4	14	13	—	1	4	15	24	3	0	5	15	13
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	4	—	0	8	28	48	—	0	8	10	40
Puerto Rico	—	0	2	4	11	—	0	3	6	14	N	0	0	N	N
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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	35	49	128	1,429	1,750	461	361	1,323	13,971	20,126	22	27	114	681	897
New England	—	4	16	92	133	4	83	302	2,063	6,058	—	1	20	45	69
Connecticut	—	1	6	17	18	—	32	123	763	2,105	—	0	20	1	2
Maine†	—	0	3	4	6	—	10	62	207	300	—	0	1	2	5
Massachusetts	—	2	10	58	78	—	20	103	494	2,476	—	1	5	33	52
New Hampshire	—	0	5	4	9	—	13	45	295	902	—	0	2	2	2
Rhode Island†	—	0	4	5	16	—	1	40	60	58	—	0	4	2	6
Vermont†	—	0	1	4	6	4	5	50	244	217	—	0	1	5	2
Mid. Atlantic	9	14	53	377	416	402	149	1,073	9,301	7,007	3	8	22	142	278
New Jersey	—	2	18	48	67	57	49	514	3,848	2,589	—	0	6	8	66
New York (Upstate)	5	5	19	133	128	197	35	214	1,715	1,449	1	1	6	23	38
New York City	—	3	17	62	74	—	2	30	26	441	—	3	13	79	139
Pennsylvania	4	5	19	134	147	148	61	401	3,712	2,528	2	1	4	32	35
E.N. Central	9	10	47	335	384	3	23	127	630	2,939	2	3	7	81	98
Illinois	—	1	12	28	98	—	1	13	55	102	—	1	6	29	35
Indiana	—	1	5	40	32	—	0	10	46	66	—	0	2	5	8
Michigan	—	2	20	71	84	—	1	8	38	64	—	0	4	14	17
Ohio	9	4	34	195	129	3	1	9	29	19	2	1	4	29	31
Wisconsin	—	0	5	1	41	—	17	113	462	2,688	—	0	2	4	7
W.N. Central	—	2	9	44	71	—	4	79	56	1,657	2	1	45	15	37
Iowa	—	0	2	5	9	—	0	8	45	70	—	0	2	9	8
Kansas	—	0	2	4	7	—	0	1	5	10	2	0	2	4	6
Minnesota	—	0	8	—	21	—	0	76	—	1,563	—	0	45	—	3
Missouri	—	1	5	32	22	—	0	1	—	2	—	0	3	—	8
Nebraska†	—	0	1	1	6	—	0	2	6	7	—	0	1	2	10
North Dakota	—	0	1	1	2	—	0	10	—	4	—	0	1	—	—
South Dakota	—	0	2	1	4	—	0	0	—	1	—	0	1	—	2
S. Atlantic	9	9	22	228	315	45	57	148	1,758	2,243	5	8	41	223	216
Delaware	—	0	1	5	10	—	10	38	471	469	—	0	1	3	2
District of Columbia	—	0	3	8	13	—	0	5	11	25	—	0	1	5	10
Florida	2	3	9	84	93	6	2	8	56	41	1	2	7	56	70
Georgia	2	1	4	17	39	2	0	2	11	9	2	1	7	49	37
Maryland†	3	1	6	37	69	18	18	103	566	984	2	1	21	50	33
North Carolina	2	1	6	36	36	1	0	9	28	44	—	0	13	17	18
South Carolina†	—	0	2	5	8	—	0	3	7	21	—	0	1	1	3
Virginia†	—	1	9	31	38	14	19	76	572	599	—	1	8	42	42
West Virginia	—	0	2	5	9	4	0	16	36	51	—	0	1	—	1
E.S. Central	3	2	10	86	84	2	0	3	23	31	1	0	2	16	19
Alabama†	—	0	2	10	9	—	0	2	7	—	—	0	1	3	4
Kentucky	2	0	4	21	15	—	0	1	—	2	1	0	1	5	4
Mississippi	—	0	3	9	10	—	0	0	—	—	—	0	1	1	2
Tennessee†	1	1	8	46	50	2	0	3	16	29	—	0	2	7	9
W.S. Central	3	3	13	62	83	—	1	29	20	64	—	1	18	21	59
Arkansas†	—	0	2	5	14	—	0	0	—	—	—	0	1	2	4
Louisiana	—	0	3	9	4	—	0	1	—	2	—	0	1	—	2
Oklahoma	3	0	2	7	8	—	0	0	—	—	—	0	1	2	3
Texas†	—	2	11	41	57	—	1	29	20	62	—	1	17	17	50
Mountain	—	2	6	49	107	2	0	3	11	17	3	1	4	40	37
Arizona	—	1	3	17	35	—	0	1	3	2	—	0	4	16	17
Colorado	—	0	2	4	21	—	0	1	1	1	3	0	3	15	11
Idaho†	—	0	1	4	3	1	0	2	1	6	—	0	1	2	1
Montana†	—	0	1	—	4	—	0	1	2	1	—	0	1	—	1
Nevada†	—	0	2	8	17	1	0	1	2	—	—	0	2	4	3
New Mexico†	—	0	1	5	5	—	0	1	1	4	—	0	1	2	1
Utah	—	0	2	9	17	—	0	1	1	3	—	0	1	1	3
Wyoming†	—	0	2	2	5	—	0	0	—	—	—	0	0	—	—
Pacific	2	5	21	156	157	3	4	11	109	110	6	4	10	98	84
Alaska	—	0	0	—	2	—	0	1	3	5	—	0	2	4	2
California	2	4	15	141	133	3	3	9	84	68	1	3	10	70	55
Hawaii	—	0	1	1	1	N	0	0	N	N	1	0	1	4	2
Oregon	—	0	2	4	9	—	0	3	18	32	2	0	3	8	7
Washington	—	0	6	10	12	—	0	4	4	5	2	0	5	12	18
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	N	0	0	N	N	—	0	1	—	4
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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	8	14	53	453	507	4	9	47	168	2,306	122	329	2,925	7,358	10,730
New England	—	0	3	23	11	—	0	2	4	21	1	9	24	248	260
Connecticut	—	0	1	3	1	—	0	0	—	11	—	1	8	22	55
Maine§	—	0	1	3	3	—	0	1	—	1	1	2	8	79	22
Massachusetts	—	0	2	11	2	—	0	2	3	6	—	4	13	99	154
New Hampshire	—	0	1	1	—	—	0	0	—	3	—	1	6	31	8
Rhode Island§	—	0	1	—	—	—	0	1	1	—	—	0	4	10	18
Vermont§	—	0	3	5	5	—	0	0	—	—	—	0	4	7	3
Mid. Atlantic	2	1	6	52	53	1	1	23	22	2,017	42	32	125	774	652
New Jersey	—	0	1	3	16	—	1	6	9	328	—	2	10	55	95
New York (Upstate)	2	0	4	18	9	—	0	3	4	649	22	12	81	278	242
New York City	—	0	3	18	13	1	0	22	9	1,023	11	0	19	38	41
Pennsylvania	—	0	2	13	15	—	0	16	—	17	9	16	70	403	274
E.N. Central	1	2	7	58	88	—	1	7	43	40	18	83	198	1,551	2,480
Illinois	—	0	3	16	18	—	1	3	28	12	—	16	50	355	450
Indiana	—	0	2	8	21	—	0	1	—	3	—	8	26	110	381
Michigan	—	0	4	5	13	—	0	1	6	16	1	26	57	430	690
Ohio	1	1	2	20	21	—	0	5	9	8	17	25	80	478	773
Wisconsin	—	0	2	9	15	—	0	1	—	1	—	10	26	178	186
W.N. Central	1	1	4	30	35	1	0	4	24	77	7	26	501	584	817
Iowa	—	0	1	6	8	—	0	1	4	36	—	6	36	100	282
Kansas	—	0	1	2	4	—	0	1	4	4	—	2	9	57	100
Minnesota	—	0	2	—	3	—	0	4	1	4	—	0	469	184	78
Missouri	1	0	2	12	14	—	0	3	7	8	7	6	43	171	245
Nebraska§	—	0	2	7	5	1	0	1	4	23	—	2	13	38	86
North Dakota	—	0	1	1	1	—	0	3	4	—	—	0	30	30	—
South Dakota	—	0	1	2	—	—	0	0	—	2	—	0	1	4	26
S. Atlantic	1	2	8	89	92	2	0	4	12	40	17	33	106	810	956
Delaware	—	0	1	1	—	—	0	0	—	—	—	0	5	19	7
District of Columbia	—	0	1	1	—	—	0	0	—	3	—	0	2	3	4
Florida	—	1	5	36	44	—	0	2	2	8	6	6	17	188	178
Georgia	—	0	2	9	8	2	0	2	3	2	1	4	13	108	139
Maryland§	—	0	1	8	4	—	0	1	1	8	—	2	6	43	73
North Carolina	1	0	3	13	9	—	0	2	4	5	1	3	35	113	204
South Carolina§	—	0	1	7	9	—	0	1	—	3	1	4	25	87	215
Virginia§	—	0	2	9	16	—	0	2	2	9	1	7	41	197	111
West Virginia	—	0	3	5	2	—	0	0	—	2	7	0	41	52	25
E.S. Central	—	1	3	20	24	—	0	1	3	9	3	9	35	219	445
Alabama§	—	0	2	9	4	—	0	1	1	6	—	3	11	87	132
Kentucky	—	0	2	2	10	—	0	0	—	1	—	2	16	51	146
Mississippi	—	0	1	2	3	—	0	1	2	—	—	1	10	13	42
Tennessee§	—	0	2	7	7	—	0	1	—	2	3	3	11	68	125
W.S. Central	2	1	12	35	56	—	1	15	45	57	6	26	297	534	1,753
Arkansas§	—	0	1	7	5	—	0	1	1	5	—	2	18	36	128
Louisiana	—	0	2	6	12	—	0	2	—	4	—	0	3	11	25
Oklahoma	—	0	2	6	14	—	0	1	1	—	—	0	92	18	23
Texas§	2	0	10	16	25	—	1	14	43	48	6	22	187	469	1,577
Mountain	—	1	4	32	41	—	0	4	5	13	8	43	100	1,040	759
Arizona	—	0	1	8	11	—	0	1	—	4	—	14	29	370	240
Colorado	—	0	2	8	13	—	0	1	3	7	2	9	63	266	110
Idaho§	—	0	1	4	5	—	0	1	—	—	5	2	15	74	102
Montana§	—	0	2	3	1	—	0	0	—	—	—	2	16	74	33
Nevada§	—	0	1	1	7	—	0	1	—	—	1	0	5	14	18
New Mexico§	—	0	1	1	3	—	0	2	2	—	—	3	11	74	52
Utah	—	0	2	7	1	—	0	1	—	2	—	7	16	164	197
Wyoming§	—	0	1	—	—	—	0	1	—	—	—	0	2	4	7
Pacific	1	3	26	114	107	—	0	3	10	32	20	78	1,710	1,598	2,608
Alaska	—	0	1	2	1	—	0	1	1	1	—	0	6	18	23
California	1	2	17	80	64	—	0	3	3	22	—	67	1,569	1,170	2,202
Hawaii	—	0	1	4	1	—	0	1	2	2	1	1	9	57	50
Oregon	—	0	3	16	24	—	0	1	4	1	—	4	11	143	183
Washington	—	0	8	12	17	—	0	1	—	6	19	11	131	210	150
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	2	9	12	416	—	0	14	31	1
Puerto Rico	—	0	1	—	1	—	0	1	1	—	—	0	1	2	1
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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† 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	14	52	172	1,350	2,632	1,067	906	1,812	22,317	26,525	87	96	264	2,353	2,800
New England	2	3	18	73	177	7	30	310	1,155	1,594	2	2	32	114	150
Connecticut	—	0	8	—	83	—	0	289	289	491	—	0	32	32	60
Maine§	1	1	3	35	36	2	2	8	74	69	—	0	3	16	10
Massachusetts	—	0	0	—	—	—	18	52	554	755	—	1	10	44	55
New Hampshire	—	0	6	11	10	—	3	7	93	120	—	0	3	13	17
Rhode Island§	1	0	3	11	16	3	1	62	111	122	—	0	1	1	2
Vermont§	—	1	3	16	32	2	1	5	34	37	2	0	3	8	6
Mid. Atlantic	9	13	31	365	678	73	93	207	2,583	3,252	15	9	30	281	307
New Jersey	—	0	0	—	—	—	13	44	316	687	—	1	6	35	70
New York (Upstate)	9	7	19	189	315	39	25	65	710	746	12	4	13	108	100
New York City	—	0	4	7	132	3	21	53	601	729	—	2	6	46	37
Pennsylvania	—	7	17	169	231	31	32	73	956	1,090	3	3	10	92	100
E.N. Central	3	2	27	75	138	53	82	184	2,213	3,560	8	10	37	303	488
Illinois	—	1	11	22	70	—	27	57	702	1,225	—	2	7	46	101
Indiana	—	0	3	4	—	—	9	28	195	471	—	2	7	46	84
Michigan	1	1	5	26	44	7	13	49	392	544	2	2	7	70	92
Ohio	2	0	12	23	24	46	21	44	665	802	6	2	10	90	85
Wisconsin	N	0	0	N	N	—	11	50	259	518	—	2	16	51	126
W.N. Central	—	2	40	48	168	47	45	121	1,195	1,662	10	13	38	376	526
Iowa	—	0	3	—	16	4	9	22	251	313	—	2	13	91	109
Kansas	—	1	4	20	43	11	7	18	202	241	1	1	8	57	45
Minnesota	—	0	34	—	17	—	0	30	—	450	—	0	14	—	167
Missouri	—	0	4	—	48	25	16	42	500	426	3	4	14	132	145
Nebraska§	—	1	3	20	34	7	4	13	127	131	6	1	7	67	42
North Dakota	—	0	6	8	10	—	0	15	22	15	—	0	10	6	3
South Dakota	—	0	0	—	—	—	3	17	93	86	—	1	4	23	15
S. Atlantic	—	19	53	639	715	574	271	624	6,638	6,581	15	14	31	358	381
Delaware	—	0	0	—	—	4	3	11	81	81	—	0	2	8	4
District of Columbia	—	0	0	—	—	2	1	7	33	63	—	0	1	3	7
Florida	—	0	29	64	121	198	107	226	2,672	2,787	3	3	15	71	119
Georgia	—	0	0	—	—	66	41	142	1,120	1,242	—	2	7	62	59
Maryland§	—	6	14	163	222	27	18	53	476	578	1	1	8	32	53
North Carolina	—	0	0	—	—	245	33	241	1,041	593	10	2	10	69	30
South Carolina§	N	0	0	N	N	21	30	99	632	613	1	0	4	11	15
Virginia§	—	11	27	357	327	11	21	68	547	514	—	3	9	99	82
West Virginia	—	0	30	55	45	—	0	14	36	110	—	0	4	3	12
E.S. Central	—	2	7	74	121	61	60	175	1,709	1,697	7	5	22	165	146
Alabama§	—	1	7	51	52	34	18	52	512	436	5	1	15	61	30
Kentucky	—	0	2	9	13	—	9	32	203	291	—	1	6	22	32
Mississippi	—	0	1	1	—	10	21	65	542	491	—	0	12	14	10
Tennessee§	—	0	4	13	56	17	17	53	452	479	2	2	11	68	74
W.S. Central	—	4	54	53	492	149	130	515	2,761	3,096	11	8	151	174	158
Arkansas§	—	0	10	41	22	37	14	43	362	317	1	0	3	22	33
Louisiana	—	0	0	—	—	—	15	52	366	699	—	0	2	6	11
Oklahoma	—	0	30	12	8	20	11	95	286	291	10	1	55	30	14
Texas§	—	0	30	—	462	92	87	381	1,747	1,789	—	6	95	116	100
Mountain	—	0	5	10	33	33	47	113	1,313	1,611	7	11	33	280	330
Arizona	N	0	0	N	N	5	14	43	388	514	—	2	14	49	36
Colorado	—	0	0	—	—	16	10	24	315	345	3	3	14	72	127
Idaho§	—	0	2	1	3	3	3	9	97	96	2	3	7	57	34
Montana§	N	0	0	N	N	8	2	6	75	64	—	0	4	19	25
Nevada§	—	0	2	1	2	1	3	21	80	167	2	0	6	18	15
New Mexico§	—	0	1	5	9	—	6	19	142	172	—	1	6	21	25
Utah	—	0	3	3	3	—	6	15	178	217	—	1	8	34	53
Wyoming§	—	0	4	—	16	—	1	8	38	36	—	0	3	10	15
Pacific	—	1	15	13	110	70	103	288	2,750	3,472	12	13	46	302	314
Alaska	—	0	2	9	11	—	1	6	36	50	—	0	1	—	1
California	—	0	10	—	88	44	75	232	2,087	2,485	4	8	36	199	132
Hawaii	—	0	0	—	—	7	6	14	195	201	—	0	3	5	21
Oregon	—	0	2	4	11	1	6	20	133	347	—	2	11	36	49
Washington	—	0	14	—	—	18	13	42	299	389	8	2	16	62	111
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	6	6	—	0	0	—	—
Puerto Rico	—	0	6	21	28	—	6	25	100	329	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes E. coli O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	175	249	742	5,923	8,152	2	2	13	78	89	40	25	245	746	803
New England	—	3	27	127	237	—	0	0	—	—	—	0	1	3	2
Connecticut	—	0	26	26	69	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	4	17	3	—	0	0	—	—	—	0	1	—	1
Massachusetts	—	2	13	76	147	—	0	0	—	—	—	0	1	1	—
New Hampshire	—	0	2	1	6	—	0	0	—	—	—	0	1	1	1
Rhode Island§	—	0	4	4	11	—	0	0	—	—	—	0	1	1	—
Vermont§	—	0	1	3	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	5	14	74	359	1,106	—	0	2	9	2	3	1	5	19	60
New Jersey	—	3	11	42	262	—	0	0	—	1	—	0	3	—	39
New York (Upstate)	5	3	18	124	116	—	0	1	2	1	1	0	3	4	5
New York City	—	5	14	132	187	—	0	0	—	—	—	0	2	7	7
Pennsylvania	—	4	56	61	541	—	0	2	7	—	2	0	2	8	9
E.N. Central	10	16	37	404	1,116	—	0	2	3	2	—	1	5	45	54
Illinois	—	5	18	85	659	—	0	1	—	1	—	0	2	18	24
Indiana§	—	1	4	32	38	—	0	0	—	1	—	0	4	20	16
Michigan	3	3	9	92	157	—	0	0	—	—	—	0	1	—	1
Ohio	7	5	27	195	208	—	0	2	3	—	—	0	2	7	9
Wisconsin	—	0	4	—	54	—	0	0	—	—	—	0	1	—	4
W.N. Central	3	11	41	198	1,614	—	0	6	14	8	4	4	27	192	166
Iowa	1	0	4	11	35	—	0	0	—	—	—	0	2	3	5
Kansas§	—	3	12	35	176	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	4	—	31	—	0	0	—	—	—	0	2	—	—
Missouri	2	6	29	141	1,345	—	0	3	10	6	4	4	27	187	159
Nebraska§	—	0	10	7	23	—	0	3	4	2	—	0	1	2	1
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	2	4	4	—	0	0	—	—	—	0	0	—	—
S. Atlantic	70	67	133	2,192	1,279	2	1	6	41	57	17	6	59	195	209
Delaware§	1	0	1	2	35	—	0	1	1	1	—	0	4	12	14
District of Columbia	—	0	3	8	21	—	0	1	1	—	—	0	0	—	—
Florida§	50	38	98	1,586	525	—	0	1	3	2	—	0	2	4	7
Georgia	10	12	26	319	425	1	0	5	24	44	—	0	0	—	—
Maryland§	1	2	7	50	76	—	0	1	2	—	2	0	3	17	31
North Carolina	7	4	36	142	83	1	0	4	6	7	13	1	47	90	76
South Carolina§	1	1	4	32	43	—	0	1	3	—	—	0	2	11	8
Virginia§	—	2	8	49	70	—	0	2	1	3	2	2	12	58	73
West Virginia	—	0	66	4	1	—	0	0	—	—	—	0	1	3	—
E.S. Central	10	13	29	339	447	—	0	3	5	13	5	5	26	157	250
Alabama§	4	4	15	113	93	—	0	1	—	2	—	1	6	28	49
Kentucky	—	1	6	34	174	—	0	0	—	6	—	0	0	—	—
Mississippi	1	2	9	85	29	—	0	1	1	1	—	0	4	2	14
Tennessee§	5	4	14	107	151	—	0	2	4	4	5	4	20	127	187
W.S. Central	58	59	503	1,382	1,384	—	0	8	1	1	11	2	235	106	55
Arkansas§	4	2	7	43	32	—	0	2	1	—	10	0	35	95	25
Louisiana	—	5	14	110	151	—	0	0	—	—	—	0	1	2	2
Oklahoma	11	2	161	57	166	—	0	5	—	—	1	0	202	6	15
Texas§	43	49	338	1,172	1,035	—	0	1	—	1	—	0	5	3	13
Mountain	8	16	32	389	412	—	0	5	5	2	—	0	6	29	6
Arizona	6	6	19	121	226	—	0	4	5	—	—	0	6	20	—
Colorado§	1	2	7	47	51	—	0	1	—	—	—	0	1	2	—
Idaho§	—	0	3	13	16	—	0	0	—	—	—	0	1	1	2
Montana§	1	1	15	107	4	—	0	0	—	2	—	0	0	—	1
Nevada§	—	0	6	12	19	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	3	10	63	72	—	0	0	—	—	—	0	1	1	1
Utah	—	1	4	25	24	—	0	0	—	—	—	0	1	1	2
Wyoming§	—	0	1	1	—	—	0	0	—	—	—	0	1	4	—
Pacific	11	23	63	533	557	—	0	2	—	4	—	0	0	—	1
Alaska	—	0	2	3	—	N	0	0	N	N	N	0	0	N	N
California	6	19	59	419	429	—	0	2	—	4	—	0	0	—	—
Hawaii	2	1	3	36	33	N	0	0	N	N	N	0	0	N	N
Oregon	1	1	4	27	36	—	0	0	—	—	—	0	0	—	1
Washington	2	1	8	48	59	—	0	1	—	—	—	0	0	—	—
Territories															
American Samoa	—	1	1	1	1	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	5	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	4	N	0	0	N	N	N	0	0	N	N
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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	122	298	937	9,048	10,138	10	23	101	668	1,248	85	258	363	7,030	7,878
New England	—	11	79	368	578	—	1	5	28	74	—	8	18	221	276
Connecticut	—	0	49	94	236	—	0	3	6	21	—	1	8	32	50
Maine§	—	2	13	87	83	—	0	1	3	6	—	0	3	10	14
Massachusetts	—	0	3	21	52	—	0	3	8	36	—	5	11	137	174
New Hampshire	—	2	8	69	76	—	0	1	5	4	—	0	3	13	13
Rhode Island§	—	1	8	46	73	—	0	1	1	4	—	0	7	24	23
Vermont§	—	1	6	51	58	—	0	2	5	3	—	0	2	5	2
Mid. Atlantic	2	32	81	932	1,047	—	3	27	82	162	10	31	46	844	1,014
New Jersey	—	13	35	439	468	—	1	4	28	40	—	5	12	132	146
New York (Upstate)	—	2	10	57	104	—	1	9	32	80	3	3	20	108	78
New York City	2	14	42	436	475	—	0	14	22	42	2	15	31	400	569
Pennsylvania	N	0	0	N	N	N	0	0	N	N	5	7	13	204	221
E.N. Central	8	66	113	2,017	2,056	—	4	10	114	186	1	31	53	844	1,160
Illinois	N	0	0	N	N	N	0	0	N	N	—	13	23	335	555
Indiana	—	15	32	438	465	—	0	4	19	37	1	3	14	96	100
Michigan	1	15	29	455	475	—	1	4	25	58	—	4	10	125	159
Ohio	7	26	45	831	798	—	2	7	58	65	—	9	21	259	315
Wisconsin	—	9	24	293	318	—	0	3	12	26	—	1	4	29	31
W.N. Central	2	5	35	95	531	2	0	5	6	72	—	7	18	169	185
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	2	12	15
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	3	13	11
Minnesota	—	0	24	—	400	—	0	5	—	59	—	3	10	69	65
Missouri	N	0	0	N	N	N	0	0	N	N	—	2	9	70	88
Nebraska§	2	2	9	77	90	2	0	1	6	11	—	0	2	5	5
North Dakota	—	0	18	18	41	—	0	1	—	2	—	0	1	—	—
South Dakota	N	0	0	N	N	N	0	0	N	N	—	0	1	—	1
S. Atlantic	86	71	170	2,511	2,744	5	7	22	187	343	50	63	178	1,848	1,783
Delaware	—	1	6	34	24	—	0	1	—	—	—	0	4	13	4
District of Columbia	—	1	3	28	52	—	0	1	4	7	—	3	8	106	88
Florida	7	23	68	927	1,019	1	3	13	85	139	1	22	44	656	641
Georgia	18	22	54	644	866	—	2	7	43	103	11	12	130	333	369
Maryland§	19	10	32	376	348	2	1	4	25	39	13	8	17	263	164
North Carolina	N	0	0	N	N	N	0	0	N	N	13	7	19	217	257
South Carolina§	—	8	25	304	349	—	1	3	18	39	9	3	10	129	82
Virginia§	N	0	0	N	N	N	0	0	N	N	3	4	16	129	175
West Virginia	42	0	48	198	86	2	0	6	12	16	—	0	2	2	3
E.S. Central	6	19	36	613	694	—	1	4	38	68	5	15	34	412	510
Alabama§	N	0	0	N	N	N	0	0	N	N	—	4	11	108	144
Kentucky	N	0	0	N	N	N	0	0	N	N	5	2	16	67	78
Mississippi	N	0	0	N	N	N	0	0	N	N	—	3	16	91	125
Tennessee§	6	19	36	613	694	—	1	4	38	68	—	5	12	146	163
W.S. Central	11	31	368	1,226	1,232	3	4	30	114	165	4	35	71	955	1,200
Arkansas§	—	3	26	152	116	—	0	3	12	11	3	3	10	116	145
Louisiana	—	3	11	107	65	—	0	2	9	16	—	7	36	190	265
Oklahoma	N	0	0	N	N	N	0	0	N	N	1	1	6	30	56
Texas§	11	26	333	967	1,051	3	3	27	93	138	—	23	33	619	734
Mountain	7	32	72	1,180	1,185	—	3	8	90	162	3	12	23	301	346
Arizona	4	11	45	560	581	—	1	5	41	76	3	4	9	104	131
Colorado	2	11	23	364	347	—	1	4	26	46	—	2	8	67	76
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	2	5	2
Montana§	N	0	0	N	N	N	0	0	N	N	—	0	1	3	3
Nevada§	N	0	0	N	N	N	0	0	N	N	—	3	9	82	57
New Mexico§	1	3	13	163	113	—	0	2	11	14	—	1	4	35	29
Utah	—	3	8	74	134	—	0	3	12	24	—	0	4	5	48
Wyoming§	—	0	15	19	10	—	0	1	—	2	—	0	0	—	—
Pacific	—	3	11	106	71	—	0	2	9	16	12	51	66	1,436	1,404
Alaska	—	2	11	105	71	—	0	2	9	16	—	0	1	1	3
California	N	0	0	N	N	N	0	0	N	N	8	41	57	1,193	1,195
Hawaii	—	0	3	1	—	—	0	0	—	—	—	0	5	8	24
Oregon	N	0	0	N	N	N	0	0	N	N	2	1	7	55	34
Washington	N	0	0	N	N	N	0	0	N	N	2	5	13	179	148
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	4	13	139	134
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 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† 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 August 6, 2011, and August 7, 2010 (31st week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	57	259	367	7,111	9,784	—	1	71	24	130	—	0	53	17	132
New England	—	22	46	646	678	—	0	3	—	—	—	0	2	—	1
Connecticut	—	5	16	149	204	—	0	2	—	—	—	0	2	—	1
Maine¶	—	5	16	135	121	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	6	18	260	185	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	0	9	9	84	—	0	1	—	—	—	0	0	—	—
Rhode Island¶	—	1	6	28	19	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	2	10	65	65	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	9	34	67	1,192	1,075	—	0	19	—	26	—	0	13	1	14
New Jersey	6	10	52	618	388	—	0	3	—	2	—	0	6	1	—
New York (Upstate)	N	0	0	N	N	—	0	9	—	15	—	0	7	—	13
New York City	—	0	0	—	—	—	0	7	—	5	—	0	4	—	1
Pennsylvania	3	19	41	574	687	—	0	3	—	4	—	0	3	—	—
E.N. Central	14	68	118	1,776	3,222	—	0	15	—	4	—	0	7	—	3
Illinois	—	17	31	442	817	—	0	10	—	1	—	0	4	—	—
Indiana¶	4	4	18	140	238	—	0	2	—	—	—	0	2	—	2
Michigan	4	20	38	582	973	—	0	6	—	2	—	0	1	—	—
Ohio	6	20	58	611	858	—	0	1	—	1	—	0	1	—	—
Wisconsin	—	0	22	1	336	—	0	0	—	—	—	0	1	—	1
W.N. Central	1	11	42	220	521	—	0	7	1	6	—	0	11	1	31
Iowa	N	0	0	N	N	—	0	1	—	—	—	0	2	—	1
Kansas¶	—	4	15	69	224	—	0	1	—	1	—	0	3	—	5
Minnesota	—	0	0	—	—	—	0	1	—	2	—	0	3	—	—
Missouri	—	5	24	102	240	—	0	1	—	1	—	0	0	—	—
Nebraska¶	—	0	5	3	7	—	0	3	—	2	—	0	7	—	10
North Dakota	—	0	10	25	29	—	0	2	—	—	—	0	2	1	5
South Dakota	1	1	7	21	21	—	0	2	1	—	—	0	3	—	10
S. Atlantic	16	36	64	1,142	1,429	—	0	6	8	8	—	0	4	1	5
Delaware¶	—	0	3	6	20	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	2	12	15	—	0	1	—	—	—	0	1	—	1
Florida¶	16	15	38	568	694	—	0	4	7	2	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	2	—	0	3	1	4
Maryland¶	N	0	0	N	N	—	0	3	—	3	—	0	2	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	0	8	11	74	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	8	25	266	350	—	0	1	1	1	—	0	1	—	—
West Virginia	—	8	32	279	276	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	5	15	172	187	—	0	2	6	2	—	0	3	5	3
Alabama¶	—	5	14	163	180	—	0	0	—	1	—	0	0	—	2
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Mississippi	—	0	3	9	7	—	0	2	6	1	—	0	2	5	1
Tennessee¶	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
W.S. Central	16	43	258	1,490	1,880	—	0	16	1	15	—	0	3	3	7
Arkansas¶	—	3	17	130	133	—	0	3	—	3	—	0	1	—	—
Louisiana	—	2	5	48	48	—	0	3	—	6	—	0	1	2	3
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas¶	16	37	247	1,312	1,699	—	0	15	1	6	—	0	2	1	4
Mountain	1	13	50	404	716	—	0	18	2	48	—	0	15	4	50
Arizona	—	0	0	—	—	—	0	13	2	45	—	0	5	2	30
Colorado¶	—	5	31	155	259	—	0	5	—	2	—	0	11	1	18
Idaho¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Montana¶	—	2	28	100	151	—	0	0	—	—	—	0	0	—	—
Nevada¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
New Mexico¶	—	1	8	23	72	—	0	6	—	—	—	0	2	—	—
Utah	1	4	26	119	221	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	3	7	13	—	0	1	—	1	—	0	1	1	1
Pacific	—	2	6	69	76	—	0	8	6	21	—	0	6	2	18
Alaska	—	1	4	33	29	—	0	0	—	—	—	0	0	—	—
California	—	0	3	7	25	—	0	8	6	21	—	0	6	2	18
Hawaii	—	1	4	29	22	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	4	16	17	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	6	21	100	391	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending August 6, 2011 (31st week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	487	323	110	30	14	10	34
Boston, MA	144	90	34	10	6	4	7
Bridgeport, CT	20	16	3	—	1	—	2
Cambridge, MA	12	7	5	—	—	—	3
Fall River, MA	19	15	4	—	—	—	1
Hartford, CT	49	30	8	5	4	2	5
Lowell, MA	18	15	3	—	—	—	1
Lynn, MA	5	3	2	—	—	—	—
New Bedford, MA	23	16	7	—	—	—	—
New Haven, CT	16	10	4	1	1	—	1
Providence, RI	63	38	15	7	1	2	3
Somerville, MA	2	2	—	—	—	—	—
Springfield, MA	39	26	9	3	—	1	3
Waterbury, CT	25	18	5	—	1	1	2
Worcester, MA	52	37	11	4	—	—	6
Mid. Atlantic	1,710	1,189	373	87	36	24	83
Albany, NY	40	30	4	2	2	2	2
Allentown, PA	21	20	1	—	—	—	—
Buffalo, NY	93	67	19	4	2	1	12
Camden, NJ	28	14	10	1	2	1	2
Elizabeth, NJ	29	15	8	4	—	2	—
Erie, PA	38	28	7	1	2	—	2
Jersey City, NJ	17	14	2	—	1	—	1
New York City, NY	955	665	219	45	15	10	43
Newark, NJ	37	19	9	7	2	—	1
Paterson, NJ	24	17	2	4	—	1	—
Philadelphia, PA	138	83	41	9	3	2	6
Pittsburgh, PA§	42	32	6	2	2	—	2
Reading, PA	27	22	4	1	—	—	1
Rochester, NY	77	54	15	2	3	3	4
Schenectady, NY	18	13	4	—	—	1	—
Scranton, PA	13	10	1	1	—	1	—
Syracuse, NY	56	41	12	2	1	—	3
Trenton, NJ	17	12	5	—	—	—	2
Utica, NY	20	17	3	—	—	—	1
Yonkers, NY	20	16	1	2	1	—	1
E.N. Central	1,874	1,238	447	119	39	31	115
Akron, OH	43	30	11	1	1	—	8
Canton, OH	40	25	11	3	1	—	3
Chicago, IL	214	138	47	22	4	3	8
Cincinnati, OH	85	49	19	4	5	8	10
Cleveland, OH	239	158	64	12	3	2	10
Columbus, OH	216	138	48	20	4	6	9
Dayton, OH	128	95	24	6	3	—	5
Detroit, MI	130	70	48	8	4	—	9
Evansville, IN	36	26	7	3	—	—	—
Fort Wayne, IN	74	50	14	4	3	3	4
Gary, IN	9	4	3	2	—	—	1
Grand Rapids, MI	60	41	11	5	1	2	7
Indianapolis, IN	176	111	47	12	4	2	12
Lansing, MI	40	29	10	1	—	—	3
Milwaukee, WI	98	56	31	6	2	3	6
Peoria, IL	44	30	13	—	—	1	9
Rockford, IL	41	33	6	2	—	—	3
South Bend, IN	51	34	10	5	2	—	1
Toledo, OH	97	71	20	3	2	1	5
Youngstown, OH	53	50	3	—	—	—	2
W.N. Central	604	394	146	33	16	15	39
Des Moines, IA	78	51	19	2	2	4	10
Duluth, MN	21	13	6	1	1	—	2
Kansas City, KS	24	18	6	—	—	—	1
Kansas City, MO	110	72	24	6	5	3	4
Lincoln, NE	35	31	4	—	—	—	1
Minneapolis, MN	71	38	19	7	2	5	5
Omaha, NE	85	56	21	4	2	2	4
St. Louis, MO	32	17	13	1	1	—	2
St. Paul, MN	63	38	15	6	3	1	3
Wichita, KS	85	60	19	6	—	—	7
S. Atlantic	1,056	624	294	71	36	31	47
Atlanta, GA	139	74	49	10	6	—	1
Baltimore, MD	111	58	36	8	5	4	8
Charlotte, NC	102	64	26	7	3	2	6
Jacksonville, FL	101	66	19	11	3	2	7
Miami, FL	134	91	24	12	5	2	5
Norfolk, VA	31	17	10	2	1	1	1
Richmond, VA	81	41	28	7	4	1	2
Savannah, GA	50	32	14	1	—	3	5
St. Petersburg, FL	47	33	7	2	3	2	2
Tampa, FL	159	99	41	9	3	7	5
Washington, D.C.	92	43	37	2	3	7	3
Wilmington, DE	9	6	3	—	—	—	2
E.S. Central	846	540	228	50	15	13	59
Birmingham, AL	169	98	48	11	5	7	9
Chattanooga, TN	115	76	33	5	—	1	9
Knoxville, TN	91	63	19	8	1	—	5
Lexington, KY	69	47	16	5	1	—	6
Memphis, TN	145	87	47	7	2	2	17
Mobile, AL	89	61	18	5	2	3	3
Montgomery, AL	40	25	13	2	—	—	6
Nashville, TN	128	83	34	7	4	—	4
W.S. Central	1,114	713	261	89	25	24	50
Austin, TX	86	62	18	5	—	1	5
Baton Rouge, LA	58	26	15	10	5	2	—
Corpus Christi, TX	57	38	18	—	1	—	6
Dallas, TX	180	99	41	27	6	5	9
El Paso, TX	59	42	10	3	—	4	2
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	160	89	50	12	4	5	11
Little Rock, AR	92	57	25	4	3	3	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	227	154	45	18	6	4	12
Shreveport, LA	60	46	11	3	—	—	3
Tulsa, OK	135	100	28	7	—	—	2
Mountain	1,155	733	292	80	33	17	73
Albuquerque, NM	121	74	31	10	1	5	5
Boise, ID	59	38	17	3	1	—	3
Colorado Springs, CO	54	35	8	4	7	—	1
Denver, CO	69	43	15	9	2	—	5
Las Vegas, NV	338	217	92	19	6	4	31
Ogden, UT	30	21	5	1	3	—	3
Phoenix, AZ	184	99	52	19	8	6	9
Pueblo, CO	31	19	10	1	1	—	1
Salt Lake City, UT	123	82	29	9	2	1	10
Tucson, AZ	146	105	33	5	2	1	5
Pacific	1,536	1,028	351	99	26	32	116
Berkeley, CA	12	6	5	—	—	1	—
Fresno, CA	126	75	32	12	4	3	11
Glendale, CA	29	21	6	2	—	—	3
Honolulu, HI	52	32	14	4	—	2	2
Long Beach, CA	81	53	24	3	1	—	8
Los Angeles, CA	216	138	49	20	5	4	25
Pasadena, CA	22	13	7	1	—	1	4
Portland, OR	96	66	27	1	—	2	5
Sacramento, CA	208	152	36	13	4	3	13
San Diego, CA	144	96	29	11	2	6	10
San Francisco, CA	93	60	22	6	3	2	14
San Jose, CA	157	111	34	6	3	3	8
Santa Cruz, CA	36	24	8	3	1	—	3
Seattle, WA	127	78	34	12	1	2	4
Spokane, WA	52	37	10	2	—	3	3
Tacoma, WA	85	66	14	3	2	—	3
Total¶	**10,382**	**6,782**	**2,502**	**658**	**240**	**197**	**616**

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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