

National Diabetes Month — November 2011

November is National Diabetes Month. In 2010, nearly 26 million persons in the United States had diabetes, a leading cause of blindness, kidney failure, and nontraumatic lower-limb amputations, and 79 million adults were at increased risk for developing type 2 diabetes (1). Persons with diabetes can take steps to control the disease and prevent complications, and persons at increased risk can prevent or delay the onset of type 2 diabetes through weight loss and physical activity (1,2).

CDC and state and territorial diabetes prevention and control programs are working with public and private partners to improve outcomes for persons with diabetes and to reduce new cases of type 2 diabetes. The National Diabetes Prevention Program, led by CDC, is designed to bring communities evidence-based lifestyle interventions for preventing type 2 diabetes (3,4). CDC's Native Diabetes Wellness Program has established cooperative agreements with 17 American Indian and Alaska Native communities to increase access to traditional local foods and increase physical activity. Resources on diabetes control and prevention are available at <http://www.yourdiabetesinfo.org>. Information about diabetes, including the importance of a yearly influenza vaccine, is available at <http://www.cdc.gov/diabetes>.

References

1. CDC. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: US Department of Health and Human Services, CDC; 2011.
2. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393–403.
3. CDC. National Diabetes Prevention Program. Available at <http://www.cdc.gov/diabetes/prevention/index.htm>. Accessed November 16, 2011.
4. Ackermann RT, Finch EA, Brizendine E, Zhou H, Marrero DG. Translating the Diabetes Prevention Program into the community. The DEPLOY pilot study. *Am J Prev Med* 2008;35:357–63.

Self-Reported Visual Impairment Among Persons with Diagnosed Diabetes — United States, 1997–2010

Diabetes can lead to visual impairment (VI) and blindness (1). However, early detection and treatment of many common eye diseases, such as diabetic retinopathy and glaucoma, can reduce the risk for developing VI (1). Surveillance of VI among persons with diabetes is important for evaluating the effectiveness of efforts to reduce VI and other complications of diabetes. To examine trends in the prevalence of self-reported VI among adults (persons aged ≥ 18 years) with diagnosed diabetes in the United States and to assess reported access to eye-care providers, CDC analyzed 1997–2010 data from the National Health Interview Survey (NHIS). This report describes the results of that analysis, which indicated that although the number of adults with diagnosed diabetes reporting VI increased, the age-adjusted percentage of adults with diagnosed diabetes who reported VI declined significantly, from 23.7% in 1997 to 16.7% in 2010. During this 14-year period, age-adjusted VI prevalence declined significantly among most categories of adults with diabetes: men, women, whites, Hispanics, those with some college or higher education, and those diagnosed with diabetes for ≥ 3 years. Prevalence also declined among those aged ≥ 45 years. The percentage of adults with diagnosed diabetes and self-reported VI who reported having consulted an eye-care provider in the past year remained constant at approximately 63%. Continued efforts are needed to sustain and improve the declining trends in self-reported VI and to increase rates of recommended eye examinations in the population with diabetes.

INSIDE

- 1554 Paralytic Shellfish Poisoning — Southeast Alaska, May–June 2011
- 1557 Announcements
- 1559 QuickStats



NHIS is a survey of the civilian, noninstitutionalized population of the United States (2). Adult respondents were asked whether a health professional had ever told them they had diabetes. Women who responded that they had been told they had diabetes during pregnancy only were not considered to have diabetes. Respondents who answer “yes” to the question, “Do you have any trouble seeing even with glasses or contacts?” were considered to have VI. Respondents who answered “yes” to the question, “During the past 12 months, have you seen or talked to an optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses) about your own health?” were considered to have had contact with an eye-care provider in the past year. Prevalence of self-reported VI in persons with diabetes was estimated by age, sex, race, ethnicity, education level, time since diagnosis of diabetes, current insulin use, contact with an eye-care provider in the past year, and health insurance coverage in the past year. The racial groups (i.e., whites and blacks) included persons of both Hispanic and non-Hispanic ethnicity, and the ethnic group (i.e., Hispanics) included persons of any race. Annual prevalences were calculated using 3-year moving averages to improve the precision and reliability of the estimates, and these averaged annual estimates were age-adjusted on the basis of the 2000 U.S. standard population. Joinpoint regression based on single years of data was used to analyze trends. Joinpoint regression uses permutation tests to identify points (i.e., joinpoints) where linear trends change significantly in direction or

magnitude (e.g., zero joinpoints indicates a straight line).^{*} The rate of change for each trend is tested to determine whether it is significantly different from zero, and each trend in the final model is described by an annual percentage change with a 95% confidence interval. Results were considered significant if $p < 0.05$. The NHIS response rate for adult respondents over the entire 14-year period averaged 70.5% but ranged from 80.4% in 1997 to 60.8% in 2010.

From 1997 to 2010, the number of adults with self-reported diabetes and VI increased from 2.7 million to 3.9 million ($p < 0.001$) (Figure 1). However, the crude percentage of adults with diabetes who reported VI decreased from 26.0% in 1997 to 18.6% in 2010 ($p < 0.001$). The age-adjusted prevalence of self-reported VI among persons with diagnosed diabetes decreased from 23.7% to 16.7% ($p < 0.001$). During this period, prevalence of self-reported VI declined significantly in all age groups examined except those aged 18–44 years. The age-adjusted prevalence declined significantly in all groups except blacks and persons diagnosed with diabetes <3 years before (Table). The age-adjusted VI prevalence declined significantly among adults with self-reported diabetes regardless of current insulin use or whether in the past 12 months they had had health insurance coverage or had seen an eye-care provider. Among those with a high school education or less, the age-adjusted VI prevalence declined significantly, from 26.4%

^{*} Additional information available at <http://srab.cancer.gov/joinpoint>.

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

Suggested citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2011;60:[inclusive page numbers].

Centers for Disease Control and Prevention

Thomas R. Frieden, MD, MPH, *Director*
 Harold W. Jaffe, MD, MA, *Associate Director for Science*
 James W. Stephens, PhD, *Director, Office of Science Quality*
 Stephen B. Thacker, MD, MSc, *Deputy Director for Surveillance, Epidemiology, and Laboratory Services*
 Stephanie Zaza, MD, MPH, *Director, Epidemiology and Analysis Program Office*

MMWR Editorial and Production Staff

Ronald L. Moolenaar, MD, MPH, *Editor, MMWR Series*
 John S. Moran, MD, MPH, *Deputy Editor, MMWR Series*
 Robert A. Gunn, MD, MPH, *Associate Editor, MMWR Series*
 Teresa F. Rutledge, *Managing Editor, MMWR Series*
 Douglas W. Weatherwax, *Lead Technical Writer-Editor*
 Donald G. Meadows, MA, Jude C. Rutledge, *Writer-Editors*
 Martha F. Boyd, *Lead Visual Information Specialist*
 Maureen A. Leahy, Julia C. Martinroe,
 Stephen R. Spriggs, Terraye M. Starr
Visual Information Specialists
 Quang M. Doan, MBA, Phyllis H. King
Information Technology Specialists

MMWR Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, *Chairman*
 Virginia A. Caine, MD, Indianapolis, IN
 Jonathan E. Fielding, MD, MPH, MBA, Los Angeles, CA
 David W. Fleming, MD, Seattle, WA
 William E. Halperin, MD, DrPH, MPH, Newark, NJ
 King K. Holmes, MD, PhD, Seattle, WA
 Deborah Holtzman, PhD, Atlanta, GA
 John K. Iglehart, Bethesda, MD
 Dennis G. Maki, MD, Madison, WI
 Patricia Quinlisk, MD, MPH, Des Moines, IA
 Patrick L. Remington, MD, MPH, Madison, WI
 Barbara K. Rimer, DrPH, Chapel Hill, NC
 John V. Rullan, MD, MPH, San Juan, PR
 William Schaffner, MD, Nashville, TN
 Anne Schuchat, MD, Atlanta, GA
 Dixie E. Snider, MD, MPH, Atlanta, GA
 John W. Ward, MD, Atlanta, GA

in 1997 to 18.2% in 2005 (p=0.008) and then increased (but not significantly) to 20.7% in 2010 (p=0.17).

The percentage of adults with self-reported diabetes who reported annual contact with an eye-care provider remained constant throughout the period, regardless of VI status (Figure 2). During 1997–2010, reported annual contact with an eye-care provider was approximately 63% among persons with self-reported diabetes and VI, and approximately 57% among those with self-reported diabetes but no self-reported VI (63.1% versus 56.8% in 2010; p=0.21).

Reported by

Nilka R. Burrows, MPH, Israel A. Hora, MS, Yanfeng Li, MPH, Jinan B. Saaddine, MD, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC. Corresponding contributor: Nilka R. Burrows, nburrows@cdc.gov, 770-488-1057.

Editorial Note

This report highlights encouraging trends in the prevalence of self-reported VI among persons with diagnosed diabetes. From 1997 to 2010, although the number of adults with self-reported diabetes and VI increased, the percentage of adults who reported VI among those with self-reported diabetes declined. Similar declines in the age-adjusted prevalence of self-reported VI suggest that aging of the population had

What is already known on this topic?

Diabetes can lead to visual impairment (VI) and blindness. Early detection and treatment of eye diseases, such as diabetic retinopathy and glaucoma, can reduce the risk for developing VI.

What is added by this report?

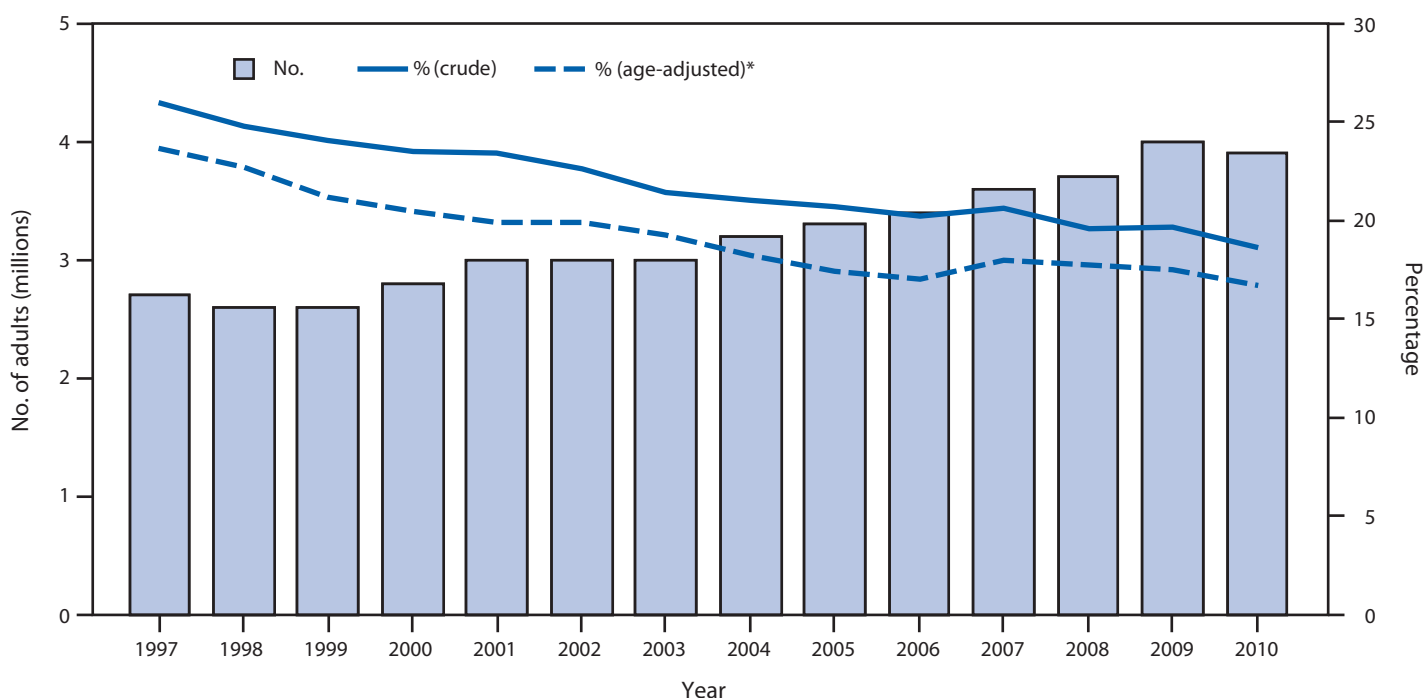
The prevalence of self-reported VI among adults with diagnosed diabetes has declined significantly, with age-adjusted rates decreasing from 23.7% in 1997 to 16.7% in 2010. However, throughout this period, reported annual contact with eye-care providers did not change and remained at approximately 63% among persons with self-reported diabetes and VI.

What are the implications for public health practice?

Surveillance of VI among persons with diabetes is important for evaluating the success of efforts to reduce diabetes complications. Continued awareness of the risk factors for diabetic eye diseases and interventions to improve eye care are needed to sustain and improve the declining trends in self-reported VI among persons with diabetes.

little effect on trends. Consistent with this finding, declining trends in severe diabetic retinopathy have been seen in patients with type 1 diabetes (3,4). The decline in self-reported VI prevalence among persons with diagnosed diabetes during 1997–2010 might be attributable, in part, to better control of VI risk factors (e.g., better blood glucose, blood pressure, and lipid control) (5), improved detection and treatment of eye problems, or other factors. An alternative explanation for

FIGURE 1. Number of adults aged ≥18 years with self-reported diabetes and visual impairment and percentage of adults aged ≥18 years with self-reported diabetes who also reported visual impairment — National Health Interview Survey, United States, 1997–2010



* Based on the 2000 U.S. standard population.

TABLE. Prevalence and trends of self-reported visual impairment (VI) among adults aged ≥ 18 years with self-reported diabetes, by selected characteristics — National Health Interview Survey, United States, 1997–2010

Characteristic	Percentage*		Trend analysis†			
	1997	2010	Period	APC	(95% CI)	p value
Total						
Crude	26.0	18.6	1997–2010	-2.4	(-3.1– -1.7)	<0.001
Age-adjusted [§]	23.7	16.7	1997–2010	-2.3	(-3.4– -1.2)	<0.001
Age group (yrs)						
18–44	20.7	15.0	1997–2010	-2.1	(-4.4– 0.2)	0.06
45–64	26.3	19.9	1997–2010	-2.1	(-3.4– -0.8)	0.005
65–74	24.8	17.7	1997–2010	-2.0	(-3.6– -0.3)	0.02
≥ 75	32.4	19.5	1997–2010	-3.5	(-5.0– -2.0)	<0.001
Sex[§]						
Men	20.7	15.7	1997–2010	-2.2	(-3.6– -0.8)	0.005
Women	26.4	18.6	1997–2010	-2.6	(-4.1– -1.1)	0.003
Race[¶]						
White	22.8	16.3	1997–2010	-2.3	(-3.3– -1.4)	<0.001
Black	25.2	21.6	1997–2010	-1.1	(-3.7– 1.6)	0.38
Hispanic ethnicity^{§**}	21.9	14.0	1997–2010	-2.4	(-4.5– -0.4)	0.02
Education level[§]						
High school or less	26.5	20.7	1997–2005	-4.1	(-6.8– -1.4)	0.008
Some college or more	19.6	13.4	2005–2010	4.0	(-2.0– 10.5)	0.17
			1997–2010	-2.8	(-4.4– -1.1)	0.003
Duration of diabetes (yrs)[§]						
<3	18.8	16.2	1997–2010	-1.8	(-4.4– 0.9)	0.17
3–5	23.3	14.9	1997–2010	-2.5	(-4.5– -0.5)	0.02
6–10	24.3	13.6	1997–2010	-3.3	(-6.0– -0.6)	0.02
≥ 11	27.5	20.9	1997–2010	-2.4	(-3.6– -1.3)	<0.001
Current insulin use[§]						
Yes	27.9	19.7	1997–2010	-2.3	(-3.7– -0.8)	0.007
No	21.4	16.1	1997–2010	-1.9	(-3.3– -0.6)	0.009
Saw eye-care provider in the past 12 mos[§]						
Yes	25.8	19.9	1997–2010	-2.5	(-3.9– -1.2)	0.002
No	21.1	14.1	1997–2010	-2.2	(-4.2– -0.2)	0.03
Health insurance coverage in the past 12 mos[§]						
Yes	22.5	16.8	1997–2010	-2.3	(-3.2– -0.6)	<0.001
No	25.6	20.8	1997–2010	-2.7	(-5.0– -0.5)	0.02

Abbreviations: APC = annual percentage change; CI = confidence interval.

* Annual prevalences were calculated using a 3-year moving average.

† Joinpoint regression based on single years of data was used to analyze trends. Joinpoint regression uses permutation tests to identify points (i.e., joinpoints) where linear trends change significantly in direction or magnitude (e.g., zero joinpoints indicates a straight line). The rate of change for each trend is tested to determine whether it is significantly different from zero, and each trend in the final model is described by an annual percentage change with 95% CI. Results were considered significant if $p < 0.05$.

§ Based on the 2000 U.S. standard population, using age groups 18–44, 45–64, 65–74, and ≥ 75 years.

¶ Whites and blacks include persons of both Hispanic and non-Hispanic ethnicity.

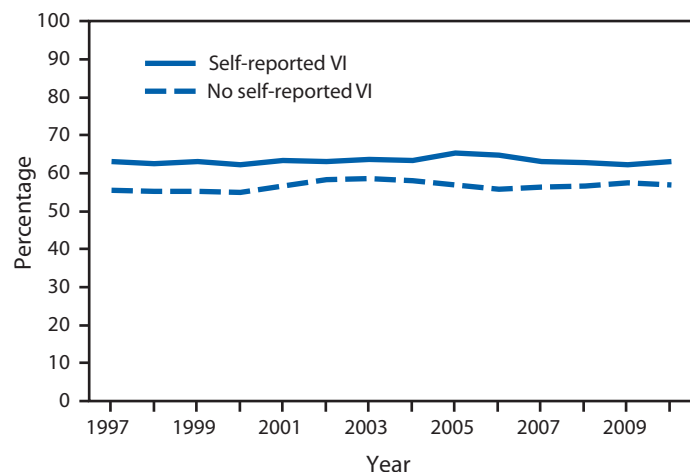
** Persons of Hispanic ethnicity can be of any race.

the declining trend in self-reported VI is that the large and sustained increase of new cases of diabetes since the 1990s (6) might have led to a large number of persons who have not had diabetes long enough to develop VI. Once these patients have had diabetes long enough, the encouraging trends in self-reported VI prevalence might reverse. In addition, reported annual contact with eye-care providers among persons with self-reported diabetes and VI remained constant at approximately 63% during 1997–2010. This finding is consistent with previous studies and surveillance data, which indicate suboptimal levels of eye examination among persons with diabetes (6,7). An annual dilated eye examination is recommended for

persons with diabetes (8). Continued efforts are needed to sustain and improve the declining trends in self-reported VI among persons with diagnosed diabetes, and effective strategies are needed to increase awareness about eye health and improve rates of recommended eye examinations in this population.

In 2010, nearly 26 million persons in the United States had diabetes, and 79 million adults were at high risk for developing type 2 diabetes (1). By 2050, given the current increasing trend in the number of persons with diagnosed diabetes (6), 16.0 million persons aged ≥ 40 years are projected to have diabetic retinopathy, 9.9 million will have cataracts, 3.4 million will have vision-threatening diabetic retinopathy,

FIGURE 2. Age-adjusted* percentage of adults aged ≥ 18 years with self-reported diabetes who reported annual contact with an eye-care provider, by visual impairment (VI) status — National Health Interview Survey, United States, 1997–2010



* Based on the 2000 U.S. standard population.

and 1.4 million will have glaucoma (8). However, persons with diabetes can take steps to control the disease and lower the risk for complications, and persons at high risk for diabetes can prevent or delay the onset of type 2 diabetes with weight loss and physical activity (1).

The findings in this report are subject to at least five limitations. First, NHIS excludes military personnel and persons in nursing homes and other institutions and does not include information on persons with undiagnosed diabetes. Second, NHIS data were self-reported. The validity of self-reported diagnosed diabetes is high (9). However, the validity of self-reported VI and access to eye-care providers among persons with diagnosed diabetes remains unclear. Third, NHIS data about access to eye-care providers does not capture recent advances in screening for diabetic retinopathy, such as digital fundus photography (or telemedicine), and thus might underestimate the level of recommended eye-care received by persons with diabetes (10). Fourth, VI severity could not be assessed. Finally, NHIS response rates averaged 70% but declined during 1997–2010. The potential impact this decline might have had on the trend analysis is unknown.

Although this report highlights encouraging trends in the prevalence of self-reported VI among persons with diagnosed

diabetes, declines were not observed across all population subgroups, and the reported annual contact with eye-care providers remained suboptimal. Continued surveillance of VI among persons with diagnosed diabetes, risk factors for VI, and the level of care received by patients with diabetes, will help public health officials monitor and assess progress toward *Healthy People 2020* national objectives for improving vision health.[†]

[†] Additional information available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=42>.

References

1. CDC. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: US Department of Health and Human Services, CDC, 2011. Available at <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>. Accessed November 10, 2011.
2. CDC. National Health Interview Survey. Questionnaires, datasets, and related documentation: 1997 to the present. Atlanta, GA: US Department of Health and Human Services, CDC, 2011. Available at http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm. Accessed November 10, 2011.
3. Kytö JP, Harjutsalo V, Forsblom C, et al. Decline in the cumulative incidence of severe diabetic retinopathy in patients with type 1 diabetes. *Diabetes Care* 2011;34:2005–7.
4. Hovind P, Tarnow L, Rossing K, et al. Decreasing incidence of severe diabetic microangiopathy in type 1 diabetes. *Diabetes Care* 2003;26:1258–64.
5. Imperatore G, Cadwell BL, Geiss L, et al. Thirty-year trends in cardiovascular risk factor levels among US adults with diabetes: National Health and Nutrition Examination Surveys, 1971–2000. *Am J Epidemiol* 2004;160:531–9.
6. CDC. National Diabetes Surveillance System. Atlanta, GA: US Department of Health and Human Services, CDC; 2011. Available at <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>. Accessed November 10, 2011.
7. Kuo S, Fleming BB, Gittings NS, et al. Trends in care practices and outcomes among Medicare beneficiaries with diabetes. *Am J Prev Med* 2005;29:396–403.
8. Saaddine JB, Honeycutt AA, Narayan KM, Zhang X, Klein R, Boyle JP. Projection of diabetic retinopathy and other major eye diseases among people with diabetes mellitus: United States, 2005–2050. *Arch Ophthalmol* 2008;126:1740–7.
9. Saydah SH, Geiss LS, Tierney E, Benjamin SM, Engelgau M, Brancati F. Review of the performance of methods to identify diabetes cases among vital statistics, administrative, and survey data. *Ann Epidemiol* 2004;14:507–16.
10. Liesenfeld B, Kohner E, Piehlmeier W, et al. A telemedical approach to the screening of diabetic retinopathy: digital fundus photography. *Diabetes Care* 2000;23:345–8.

Paralytic Shellfish Poisoning — Southeast Alaska, May–June 2011

On June 6, 2011, the Section of Epidemiology (SOE) of the Alaska Division of Public Health was notified of a case of paralytic shellfish poisoning (PSP) in southeast Alaska. In collaboration with local partners, SOE investigated and identified a total of eight confirmed and 13 probable PSP cases that occurred during May–June 2011. Warnings to avoid noncommercially harvested shellfish were broadcast on local radio and television and displayed at beaches and in post offices, government offices, and businesses throughout the region. Commercially harvested shellfish, which are tested for the presence of PSP-causing toxins, were safe. Because the risk for PSP is unpredictable, persons who consume noncommercially harvested Alaskan shellfish should know that they are at risk for PSP, and suspected cases should be reported promptly to SOE to initiate control measures in the affected area.

On June 3, 2011, a man aged 52 years residing in Metlakatla, on Annette Island in southeast Alaska, awoke from a nap with numbness around his mouth, tingling in his hands, and slight dyspnea. He was taken to the Annette Island Service Unit, the community's health center, where a clinician inquired about recent seafood consumption. After the man reported eating a meal of steamed cockles shortly before his nap, the clinician diagnosed PSP. The man was transported to Ketchikan where, having become weak and unable to sit up in bed without assistance, he was admitted to the intensive-care unit.

PSP primarily results from ingestion of saxitoxins, toxins produced by marine dinoflagellate algae that accumulate in bivalve mollusks (e.g., butter clams, cockles, geoducks, and mussels) (1). PSP is a potentially fatal neuroparalytic condition. Signs and symptoms of PSP range from mild, short-lived paresthesias of the mouth or extremities to severe, life-threatening paralysis (1). Because PSP is such a serious condition and because a case indicates widespread risk to the shellfish-consuming population of the affected area, immediate reporting of PSP cases to SOE by health-care providers is mandatory in Alaska.

When SOE was notified of the probable case of PSP (in patient A) (Table) on June 6, they also were informed by a nurse in Metlakatla that other community members had eaten cockles and had experienced PSP symptoms. That afternoon, two SOE epidemiologists traveled to Metlakatla (population: 1,460 persons) to investigate. The epidemiologists met with a visiting public health nurse onsite and conducted active case finding by broadcasting messages on local television and radio and through word-of-mouth among community members.

For this investigation, a probable case of PSP was defined as a compatible illness, including paresthesias, in a person shortly after consumption of noncommercially harvested shellfish from Alaska waters during spring 2011. A confirmed case also met this case definition and had detectable saxitoxins in urine or levels $\geq 80 \mu\text{g}$ saxitoxins/100 g of meat (the level at which product is considered unsafe) in the shellfish that had been consumed before illness onset.

SOE identified an additional 12 probable cases in Metlakatla and used a structured questionnaire for patient interviews. The team collected shellfish from two beaches where shellfish associated with PSP had been harvested. They also collected frozen cockles from a community member who harvested them with the index patient (patient A) before that patient became ill.

While conducting the investigation in Metlakatla, SOE was notified of two men working in Ketchikan (population: 8,050 persons) who had been examined in the hospital's emergency department on June 8 and subsequently were admitted with symptoms consistent with PSP, including paresthesias (patients F and G). Both patients were severely ill; one had required intubation and assisted ventilation and was admitted to the intensive-care unit. The men had shared a meal of boiled, noncommercially harvested mussels. The hospital shipped leftover mussels brought in by the men to the Alaska Department of Environmental Conservation's Environmental Health Laboratory. Urine specimens from the two hospitalized men and two persons who had accompanied them to the hospital and had eaten the same meal of mussels, but who had no symptoms themselves, were sent to CDC for analysis (2). SOE requests that clinicians collect the first available urine, freeze it immediately, and ship as soon as possible.

On June 9, the two SOE epidemiologists in Metlakatla traveled to Ketchikan to interview patients F and G and conduct additional case finding. While at the hospital in Ketchikan, the epidemiologists were informed of two additional patients who had been examined in the emergency department in May 2011 and who had been diagnosed with shellfish allergies but who had symptoms consistent with PSP hours after consuming a clam and cockle chowder. Active case finding in Ketchikan identified three additional probable cases.

Overall, eight probable and five confirmed PSP cases were identified in Metlakatla, and five probable and two confirmed cases of PSP were identified in Ketchikan during this outbreak. Another confirmed case of PSP (in patient H) in Ketchikan had

TABLE. Characteristics of laboratory-confirmed cases of paralytic shellfish poisoning — southeast Alaska, May–June 2011

Patient	Location	Date of onset	Symptoms	Time from consumption to symptom onset	Type of shellfish consumed	Toxin level in shellfish consumed (μg saxitoxins/100 g of meat*)	Toxin level in urine (ng/mL)	Hospitalized
A	Metlakatla	6/3/2011	Ataxia, difficulty swallowing, dizziness, difficulty moving, floating sensation, nausea, paresthesia, shortness of breath, weakness	3.5–4 hrs	Cockles	528	N/A	Yes (ICU)
B	Metlakatla	6/3/2011	Paresthesia	10–15 min	Cockles	528	N/A	No
C	Metlakatla	6/3/2011	Paresthesia	2.5–3 hrs	Cockles	528	N/A	No
D	Metlakatla	6/3/2011	Ataxia, dysphagia, floating sensation, paresthesia, weakness	<1 min	Cockles	528	N/A	No
E	Metlakatla	6/3/2011	Paresthesia	<1 min	Cockles	528	N/A	No
F	Ketchikan	6/8/2011	Ataxia, dysphagia, floating sensation, paresthesia, shortness of breath, weakness	<1 min	Blue mussels	5,037	118	Yes (ICU)
G	Ketchikan	6/8/2011	Dizziness, dysphagia, floating sensation, nausea, weakness	1 hr	Blue mussels	5,037	15	Yes
H	Ketchikan	5/22/2011	Ataxia, dizziness, floating sensation, paresthesia, vomiting, weakness	45 min	Butter/Little neck clams	1,321	N/A	Yes

Abbreviations: N/A = not available; ICU = Intensive-care unit.

*The international regulatory action level set by the U.S. Food and Drug Administration for paralytic shellfish toxins in shellfish is $\geq 80 \mu\text{g}$ saxitoxins/100 g of meat.

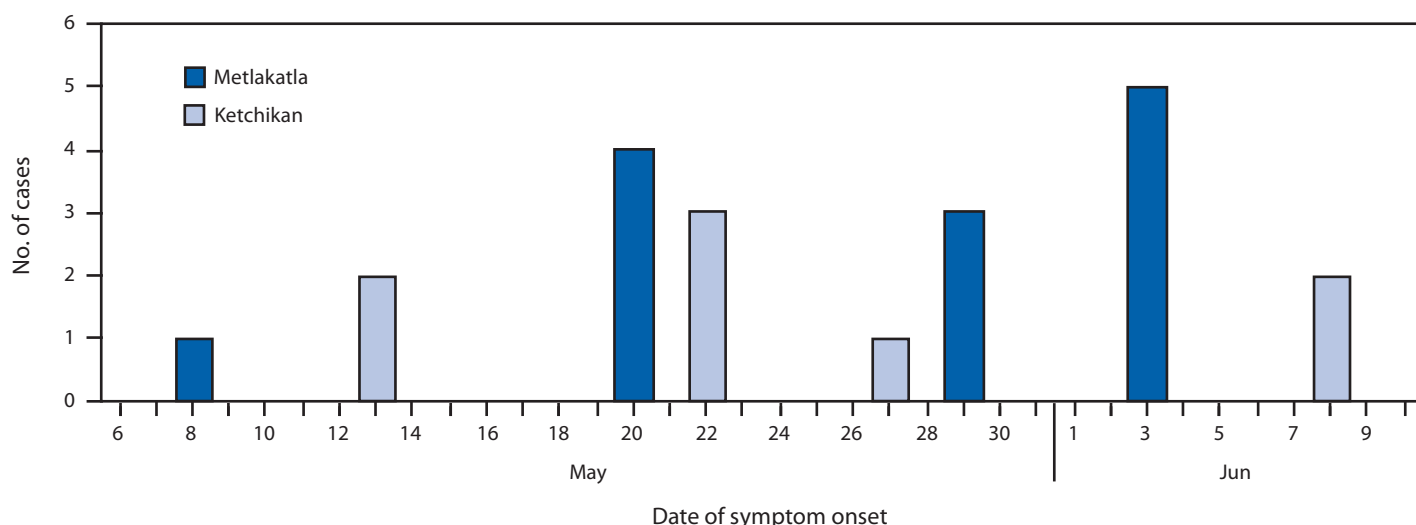
been reported to SOE in May, for a total of eight confirmed cases (Table). In all, 21 cases of PSP were identified in southeast Alaska during May–June 2011 (Figure). All 21 patients reported experiencing paresthesias, with incubation periods for all cases ranging from 0 to 3.75 hours (median: 30 minutes). Four of the 21 (19%) patients were hospitalized (Table); none died. Of the 21 patients, 15 (71%) had consumed cockles; four (19%) had consumed blue mussels; one (5%) had consumed butter clams and cockles; and one (5%) had consumed clams that were otherwise unspecified. Four of the cases were reported to SOE, one after a delay of 3 days.

The cockles collected from the community member in Metlakatla and the mussels collected from the hospital in Ketchikan tested positive for high levels of saxitoxins (Table). Mussels collected from implicated beaches in Metlakatla also tested positive for saxitoxin (range: 4,602–5,429 $\mu\text{g}/100$ g of meat).

Reported by

Joseph B. McLaughlin, MD, Donna A. Fearey, MS, Tari A. Esposito, Alaska Div of Public Health. Kimberly A. Porter, PhD, EIS Officer, CDC. **Corresponding contributor:** Kimberly A. Porter, kporter@cdc.gov, 907-269-8891.

FIGURE. Number of paralytic shellfish poisoning cases (N = 21), by location and date of symptom onset — southeast Alaska, May–June 2011



What is already known on this topic?

Paralytic shellfish poisoning (PSP) is a potentially fatal yet preventable condition that results from ingestion of saxitoxins, a family of neurotoxins produced in certain marine algae and sometimes found in bivalve mollusks. PSP is considered a rare condition and is reportable in Alaska.

What is added by this report?

Of the 21 cases of PSP that were identified in southeast Alaska during May–June 2011, a total of 17 were unreported to the Alaska Section of Epidemiology, indicating that PSP might be underreported in Alaska.

What are the implications for public health practice?

Public health authorities should respond immediately to suspected cases of PSP so that warnings can be provided to the community. Enhanced surveillance during public health responses might increase the number of cases identified, allowing better characterization of the magnitude of the problem. Effective public information campaigns on the risks of noncommercially harvested shellfish and the need to seek medical care if symptoms of PSP develop are an important public health practice in PSP-affected regions.

Editorial Note

The 21 cases of PSP identified in southeast Alaska during May–June 2011 represent a considerable increase in the numbers reported in recent years (≤ 10 cases annually in Alaska since 1998). However, this was not the first time an increase occurred in the annual number of PSP cases in Alaska (3). Active case finding during this outbreak enabled epidemiologists to identify persons with PSP symptoms who had not sought care and thus would never have been reported. This demonstrates that the overall burden of PSP in Alaska likely is underestimated through standard reporting. However, saxitoxin levels were reported to have been higher in shellfish in the region during spring 2011 than in previous years (Kate Sullivan, University of Alaska Southeast, personal communication, 2011), indicating that the increase in the number of cases might not have been a surveillance artifact.

PSP is a preventable condition. Avoidance of noncommercially harvested Alaskan shellfish not tested for saxitoxins is the best way to prevent PSP. Commercially harvested shellfish are tested for saxitoxin in Alaska* and considered safe for human consumption but shellfish collected by persons for their own use are not. Because shellfish harvesting is an important cultural tradition and shellfish are an important subsistence food source for many Alaska Natives and other Alaska residents, not everyone follows the public health recommendation to avoid eating shellfish from noncommercial sources. Furthermore, transient fish-processing workers in Alaska might be unaware

*Food safety requirements for commercial harvesting of shellfish in Alaska are available at http://www.dec.alaska.gov/eh/fss/seafood/shellfish_home.html.

of the potential danger of eating untested Alaskan shellfish because they are unfamiliar with PSP and might have limited English literacy.

During the investigation, SOE epidemiologists posted signs at beaches on Metlakatla and within the community to warn residents about the PSP risks associated with consuming non-commercially harvested shellfish. The warnings were printed in English, Tagalog, Russian, Spanish, and Korean. The Ketchikan Public Health Center and the Alaska Department of Fish and Game posted similar signs throughout Ketchikan and surrounding areas. Additionally, the Alaska Department of Health and Social Services issued press releases and conducted media interviews to inform the public about the outbreak and the need to avoid noncommercial harvesting of shellfish. No additional cases of PSP have been reported in Alaska since this investigation.

Because Alaskan shellfish can have high levels of PSP saxitoxins at any time of year and neither cooking nor freezing destroys the toxin, development of a widely available, inexpensive, and easy-to-use test kit to measure toxin concentrations in noncommercial shellfish would be beneficial. Symptoms of PSP occur within minutes to hours of shellfish consumption (1), and because the course of the illness is unpredictable, immediate medical assessment is strongly recommended. The roles of state and local governments, clinicians, and community leaders include 1) identifying cases so that investigations and control measures (e.g., posting warning signs) can be initiated promptly, 2) educating persons who choose to continue to consume noncommercially harvested shellfish about the signs and symptoms of PSP, and 3) recommending that medical care be sought immediately if symptoms develop. Clinicians should report suspected cases of PSP to local health authorities immediately and promptly collect and freeze samples of patient urine and any uneaten shellfish for PSP toxin testing.

Acknowledgments

Metlakatla Dept of Fish and Wildlife; Annette Island Service Unit staff members; community of Metlakatla; Ketchikan Public Health Center staff members; Karen A. Martinek, Barbara J. Smith, and Eileen L. Nickoloff, Alaska Div of Public Health; Alaska Dept of Environmental Conservation; Kate Sullivan, Univ of Alaska Southeast; Raymond RaLonde, Alaska Sea Grant Marine Advisory Program. Div of Laboratory Sciences, National Center for Environmental Health; Diana M. Bensyl, EIS Field Assignments Br, Scientific Education and Professional Development Program Office, CDC.

References

1. RaLonde R. Paralytic shellfish poisoning: the Alaska problem. *Alaska's Marine Resources* 1996;8:1–7.
2. Johnson RC, Zhou Y, Statler K, et al. Quantification of saxitoxin and neosaxitoxin in human urine utilizing isotope dilution tandem mass spectrometry. *J Anal Toxicol* 2009;33:8–14.
3. State of Alaska Section of Epidemiology. Alaska roulette—paralytic shellfish poisoning, Ketchikan. *State of Alaska Epidemiol Bull* 1982;10.

Announcements

National Alzheimer's Disease Awareness Month — November 2011

November is National Alzheimer's Disease Awareness Month. Alzheimer's disease (AD), the most common cause of dementia, is a major cause of morbidity and mortality worldwide. An estimated 2.4–5.2 million persons in the United States currently have AD (1,2). Although AD is not a normal part of aging, the risk for developing it increases with age; approximately half of persons aged ≥85 years are estimated to have AD (3). In the United States, AD is the sixth leading cause of death for all adults and the fifth leading cause of death for adults aged ≥65 years (4).

AD is an important issue for the public health system and is included as a new topic area (dementias, including Alzheimer's disease) in *Healthy People 2020* (5). *The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health* provides a framework for a coordinated public health response across agencies and organizations to address cognitive health, including AD (6). CDC's Health Brain Initiative works to achieve the desired objectives described in the road map that fall under the purview of CDC's mission and vision. Included are efforts to provide state-level surveillance regarding the impact of perceived cognitive impairment through population-based systems. In 2009, five states (California, Florida, Iowa, Louisiana, and Michigan) piloted a new cognitive impairment module in their Behavioral Risk Factor Surveillance System (BRFSS) survey, and 22 states included the module in 2011. Additional information about CDC's Healthy Brain Initiative, including reports highlighting the 2009 BRFSS cognitive impairment pilot data, is available at <http://www.cdc.gov/aging>.

References

1. National Institutes of Health, National Institute on Aging. Alzheimer's information. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute on Aging; 2011. Available at <http://www.nia.nih.gov/alzheimers/alzheimersinformation/generalinfo>. Accessed November 7, 2011.
2. Alzheimer's Association, Thies W, Bleiler L. 2011 Alzheimer's disease facts and figures. *Alzheimers Dement* 2011;7:208–44.
3. Hebert LE, Scherr PA, Bienias JL, Bennett DA, Evans DA. Alzheimer disease in the US population: prevalence estimates using the 2000 census. *Arch Neurol*. 2003;60:1119–22.
4. Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: final data for 2007. *Natl Vital Stat Rep* 2010;58(19).
5. CDC. Dementias, including Alzheimer's disease. *Healthy People 2020*. Washington, DC: US Department of Health and Human Services; 2011. Available at <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=7>. Accessed November 7, 2011.
6. CDC, Alzheimer's Association. *The Healthy Brain Initiative: a national public health road map to maintaining cognitive health*. Chicago, IL: Alzheimer's Association; 2007. Available at <http://www.cdc.gov/aging>. Accessed November 7, 2011.

Rabies Postexposure Prophylaxis Online Course

Rabies Postexposure Prophylaxis (PEP) Basics: Case Illustrations of the 2010 Advisory Committee on Immunization Practices (ACIP) Guidelines is a free online course developed by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with CDC. It is designed to educate health-care and public health professionals about rabies, the approach used in assessing rabies virus exposure, and administration of rabies PEP based on ACIP recommendations. Continuing Education credits are available to any physician, nurse, pharmacist, or veterinarian who takes the training. The course can be accessed at the Maryland DHMH website at <http://ideha.dhmh.maryland.gov/training/rabies/default.aspx>.

Announcements

World Day of Remembrance for Road Traffic Victims — November 20, 2011

Road traffic crashes kill nearly 1.3 million persons every year and injure or disable as many as 50 million more (1). Road trauma is the leading cause of death among persons aged 10–24 years worldwide and the leading cause of death to those aged 5–34 years in the United States. CDC has declared road traffic injuries a “winnable battle” and supports efforts at the United Nations (UN) and World Health Organization (WHO) to celebrate 2011–2020 as the Decade of Action for Road Safety (2).

In October 2005, the UN General Assembly adopted a resolution* calling for governments to mark the third Sunday in November each year as World Day of Remembrance for

Road Traffic Victims. The day was created as a means to give recognition to persons injured or killed in road traffic crashes and the plight of relatives and others who must cope with the emotional and practical consequences of these events.

WHO and the UN Road Safety Collaboration encourage governments and nongovernmental organizations worldwide to commemorate this day as a means of drawing the public’s attention to road traffic crashes, their consequences and costs, and prevention measures. Additional information about the remembrance day is available at <http://www.worlddayofremembrance.org>. Additional information about motor vehicle injuries and prevention is available at <http://www.cdc.gov/winnablebattles/motorvehicleinjury>.

References

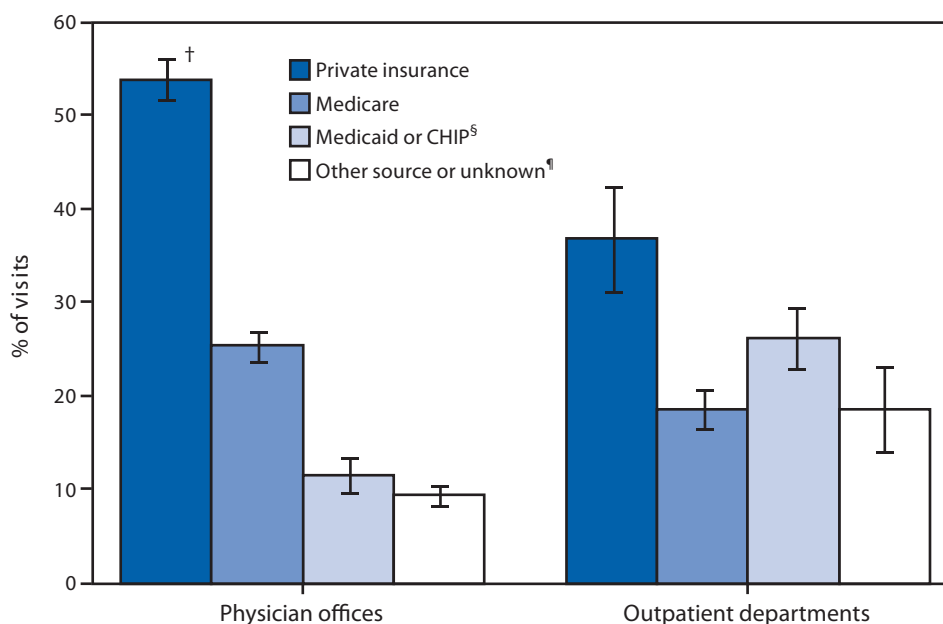
1. World Health Organization. Global status report on road safety: time for action. Geneva, Switzerland: World Health Organization; 2009.
2. CDC. Launch of Decade of Action for Global Road Safety—May 11, 2011. *MMWR* 2011;60:554.

*Improving global road safety, Resolution 60/5, United Nations General Assembly, 60th Sess. (2005). Available at <http://www.un.org/en/roadsafety/background.shtml>.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Patient Visits* to Physician Offices and Outpatient Departments, by Payment Source — United States, 2009



* Estimates based on sampled visits to office-based physicians and hospital outpatient department clinics.

[†] 95% confidence interval.

[§] Children's Health Insurance Program.

[¶] Includes self-pay, workers' compensation, and all other insurance types.

In 2009, an estimated 1,038 million visits were made to physician offices and 96 million visits to hospital outpatient department clinics for ambulatory care. Visits by patients to a doctor in a physician's office were more likely (54%) to be covered by private insurance than by Medicare (25%) or Medicaid (12%). Visits to outpatient departments showed a different payment source pattern: 37% of patients were covered by private insurance, 19% by Medicare, and 26% by Medicaid.

Sources: CDC's National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

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 November 12, 2011 (45th week)*

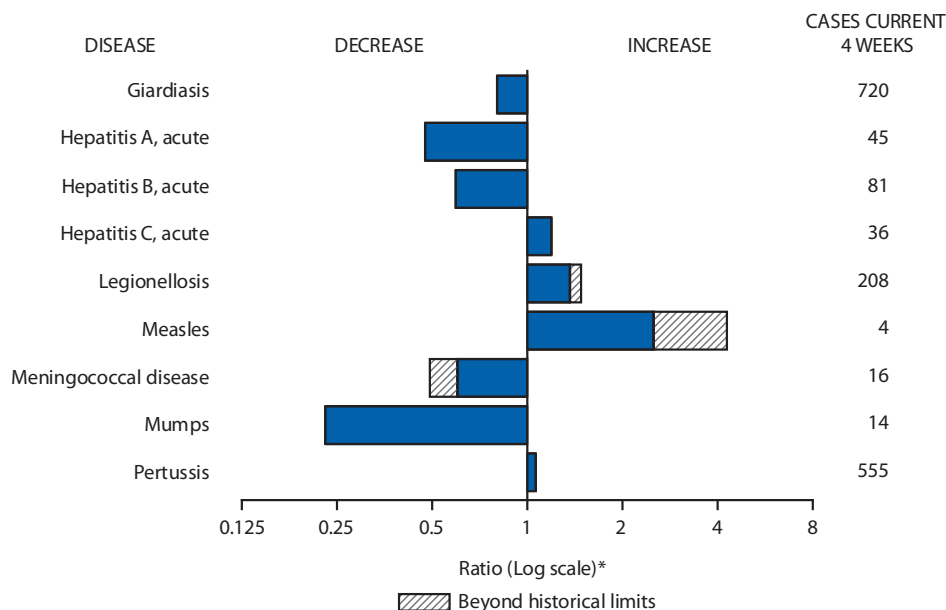
Disease	Current week	Cum 2011	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	1	—	—	1	—	1	1	
Arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	111	0	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	3	—	10	4	4	4	8	
Powassan virus disease	—	14	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	3	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	5	618	0	NN	NN	NN	NN	NN	NH (1), NY (3), AZ (1)
Botulism, total	1	102	2	112	118	145	144	165	
foodborne	—	8	0	7	10	17	32	20	
infant	1	66	1	80	83	109	85	97	PA (1)
other (wound and unspecified)	—	28	1	25	25	19	27	48	
Brucellosis	2	67	2	115	115	80	131	121	FL (2)
Chancroid	—	26	0	24	28	25	23	33	
Cholera	—	29	0	13	10	5	7	9	
Cyclosporiasis [§]	—	140	1	179	141	139	93	137	
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	6	0	23	35	30	22	29	
nonsensory type b	—	90	3	200	236	244	199	175	
unknown serotype	4	201	4	223	178	163	180	179	NC (1), ID (1), AZ (1), HI (1)
Hansen disease [§]	—	40	2	98	103	80	101	66	
Hantavirus pulmonary syndrome [§]	—	19	0	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal [§]	3	159	5	266	242	330	292	288	OH (1), AR (1), CA (1)
Influenza-associated pediatric mortality ^{§, ††}	—	112	5	61	358	90	77	43	
Listeriosis	4	640	16	821	851	759	808	884	MD (1), NC (1), TX (1), WA (1)
Measles ^{§§}	—	204	0	63	71	140	43	55	
Meningococcal disease, invasive ^{¶¶} :									
A, C, Y, and W-135 serogroup B	1	163	5	280	301	330	325	318	AR (1)
other serogroup	—	86	3	135	174	188	167	193	
unknown serogroup	—	10	0	12	23	38	35	32	
unknown serogroup	4	328	9	406	482	616	550	651	ME (1), NY (1), OR (1), CA (1)
Novel influenza A virus infections ^{***}	—	8	0	4	43,774	2	4	NN	
Plague	—	2	0	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	—	NN	
Psittacosis [§]	—	2	0	4	9	8	12	21	
Q fever, total [§]	1	93	2	131	113	120	171	169	
acute	1	70	1	106	93	106	—	—	NC (1)
chronic	—	23	0	25	20	14	—	—	
Rabies, human	—	2	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 [§]	—	95	1	142	161	157	132	125	
Syphilis, congenital (age <1 yr) ^{§§§}	1	200	7	377	423	431	430	349	NY (1)
Tetanus	—	8	0	26	18	19	28	41	
Toxic-shock syndrome (staphylococcal) [§]	—	62	2	82	74	71	92	101	
Trichinellosis	—	9	0	7	13	39	5	15	
Tularemia	2	127	1	124	93	123	137	95	OK (2)
Typhoid fever	—	315	5	467	397	449	434	353	
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	1	56	1	91	78	63	37	6	FL (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	—	0	2	1	—	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	4	632	10	846	789	588	549	NN	FL (4)
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 November 12, 2011 (45th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts.
 * Case counts for reporting year 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 2, 2011, no influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.
 ‡‡ No measles cases were reported for the current week.
 ¶¶ Data for meningococcal disease (all serogroups) are available in Table II.
 *** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the eight 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 are 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 November 12, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Jennifer Ward	Deborah A. Adams
Willie J. Anderson	Lenee Blanton
Rosaline Dhara	Diana Harris Onweh
Pearl C. Sharp	Michael S. Wodajo

Morbidity and Mortality Weekly Report

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	<i>Chlamydia trachomatis</i> 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	9,470	26,478	31,142	1,149,116	1,123,092	67	372	571	16,701	NN	36	128	362	7,265	8,141
New England	357	860	2,043	37,995	36,332	—	0	1	1	NN	1	7	22	349	452
Connecticut	—	213	1,557	8,842	9,864	—	0	0	—	NN	—	1	9	63	77
Maine†	—	58	100	2,670	2,214	—	0	0	—	NN	1	1	4	43	92
Massachusetts	243	433	860	19,379	18,081	—	0	0	—	NN	—	3	7	147	149
New Hampshire	—	55	90	2,335	2,098	—	0	1	1	NN	—	1	5	55	52
Rhode Island†	98	78	154	3,513	2,976	—	0	0	—	NN	—	0	1	1	16
Vermont†	16	26	84	1,256	1,099	—	0	0	—	NN	—	1	5	40	66
Mid. Atlantic	1,495	3,399	5,069	148,029	147,719	1	0	1	5	NN	3	16	40	770	779
New Jersey	145	540	1,071	25,985	22,840	—	0	0	—	NN	—	0	3	22	49
New York (Upstate)	616	718	2,099	31,307	29,629	—	0	0	—	NN	2	4	15	199	196
New York City	82	1,133	2,468	45,894	54,009	—	0	0	—	NN	—	2	5	72	90
Pennsylvania	652	979	1,239	44,843	41,241	1	0	1	5	NN	1	9	26	477	444
E.N. Central	1,187	4,041	7,039	172,443	178,262	—	0	5	43	NN	11	31	142	2,242	2,251
Illinois	16	1,086	1,320	44,715	52,726	—	0	0	—	NN	—	3	26	189	313
Indiana	166	498	3,376	23,304	17,498	—	0	0	—	NN	—	4	14	180	259
Michigan	510	922	1,429	41,811	43,176	—	0	3	26	NN	1	6	14	296	304
Ohio	330	999	1,134	43,188	44,633	—	0	3	17	NN	8	10	95	1,025	431
Wisconsin	165	463	559	19,425	20,229	—	0	0	—	NN	1	8	60	552	944
W.N. Central	150	1,459	1,730	63,138	63,070	—	0	2	6	NN	2	18	86	1,175	1,758
Iowa	2	213	253	9,260	9,259	—	0	0	—	NN	—	6	18	324	372
Kansas	12	202	288	8,962	8,442	—	0	0	—	NN	—	0	10	38	100
Minnesota	—	277	368	11,540	13,494	—	0	0	—	NN	—	0	4	—	380
Missouri	—	529	759	23,330	22,656	—	0	0	—	NN	1	4	63	483	531
Nebraska†	110	112	216	5,469	4,409	—	0	2	6	NN	1	4	12	169	243
North Dakota	—	42	77	1,739	2,048	—	0	0	—	NN	—	0	12	28	30
South Dakota	26	63	93	2,838	2,762	—	0	0	—	NN	—	2	13	133	102
S. Atlantic	3,709	5,355	6,685	242,423	224,738	—	0	2	4	NN	11	21	37	981	951
Delaware	44	86	128	3,750	3,820	—	0	0	—	NN	—	0	1	7	7
District of Columbia	—	109	191	4,777	4,864	—	0	0	—	NN	—	0	1	5	7
Florida	691	1,494	1,698	66,045	65,791	—	0	0	—	NN	6	8	17	394	351
Georgia	400	995	2,384	43,788	38,177	—	0	0	—	NN	2	5	11	240	243
Maryland†	348	473	1,125	21,213	21,220	—	0	2	4	NN	2	1	6	60	37
North Carolina	990	904	1,688	44,867	37,340	—	0	0	—	NN	—	0	13	36	82
South Carolina†	379	518	946	24,725	23,103	—	0	0	—	NN	1	2	8	115	112
Virginia†	806	654	1,144	29,604	27,041	—	0	0	—	NN	—	2	8	108	95
West Virginia	51	80	121	3,654	3,382	—	0	0	—	NN	—	0	5	16	17
E.S. Central	668	1,896	3,314	83,369	79,749	—	0	0	—	NN	—	6	13	268	321
Alabama†	—	544	1,566	24,936	23,383	—	0	0	—	NN	—	2	7	118	167
Kentucky	451	298	2,352	14,248	12,734	—	0	0	—	NN	—	1	2	30	79
Mississippi	—	403	696	17,740	18,671	—	0	0	—	NN	—	0	4	41	24
Tennessee†	217	594	753	26,445	24,961	—	0	0	—	NN	—	1	6	79	51
W.S. Central	530	3,566	4,572	155,082	153,728	—	0	1	5	NN	2	7	62	472	471
Arkansas†	249	305	440	13,872	13,620	—	0	0	—	NN	—	0	2	23	32
Louisiana	232	460	1,052	19,035	23,895	—	0	1	5	NN	—	0	9	43	63
Oklahoma	49	349	1,340	16,378	12,204	—	0	0	—	NN	1	1	34	75	79
Texas†	—	2,449	3,107	105,797	104,009	—	0	0	—	NN	1	5	37	331	297
Mountain	975	1,740	2,155	77,330	72,661	61	292	458	13,079	NN	3	11	30	531	561
Arizona	365	539	726	25,058	23,502	58	288	455	12,930	NN	—	1	4	37	37
Colorado	454	404	848	20,161	17,341	—	0	0	—	NN	1	3	12	140	128
Idaho†	—	81	235	3,512	3,496	—	0	0	—	NN	1	2	9	98	97
Montana†	39	63	88	2,932	2,688	—	0	2	5	NN	1	1	6	71	47
Nevada†	9	201	380	9,126	8,663	3	2	5	87	NN	—	0	2	11	38
New Mexico†	97	202	1,183	9,299	9,417	—	0	4	44	NN	—	2	8	113	122
Utah	—	127	181	5,629	5,803	—	0	2	10	NN	—	1	5	38	66
Wyoming†	11	38	90	1,613	1,751	—	0	2	3	NN	—	0	5	23	26
Pacific	399	3,908	6,559	169,307	166,833	5	80	143	3,558	NN	3	11	29	477	597
Alaska	—	115	157	4,963	5,296	—	0	0	—	NN	—	0	3	13	5
California	214	2,952	5,763	129,107	128,030	5	79	143	3,551	NN	2	7	19	285	317
Hawaii	—	104	135	4,209	5,290	—	0	0	—	NN	—	0	0	—	1
Oregon	—	279	524	11,611	9,713	—	0	1	7	NN	—	2	8	111	199
Washington	185	436	672	19,417	18,504	—	0	0	—	NN	1	1	9	68	75
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	NN	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	13	81	189	843	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	118	102	349	4,650	5,386	—	0	0	—	NN	N	0	0	N	N
U.S. Virgin Islands	—	16	27	642	495	—	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 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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th 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	16	182	660	—	0	1	1	9
New England	—	0	1	2	9	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	1	—	5	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island**	—	0	0	—	1	—	0	0	—	—
Vermont**	—	0	1	2	3	—	0	0	—	—
Mid. Atlantic	—	1	6	55	217	—	0	0	—	5
New Jersey	—	0	1	—	28	—	0	0	—	—
New York (Upstate)	—	0	1	—	30	—	0	0	—	2
New York City	—	1	4	40	138	—	0	0	—	3
Pennsylvania	—	0	2	15	21	—	0	0	—	—
E.N. Central	—	0	2	12	66	—	0	0	—	1
Illinois	—	0	2	2	21	—	0	0	—	—
Indiana	—	0	1	2	14	—	0	0	—	—
Michigan	—	0	1	2	9	—	0	0	—	—
Ohio	—	0	1	2	16	—	0	0	—	—
Wisconsin	—	0	2	4	6	—	0	0	—	1
W.N. Central	—	0	2	11	32	—	0	1	—	—
Iowa	—	0	1	3	2	—	0	0	—	—
Kansas	—	0	1	1	4	—	0	0	—	—
Minnesota	—	0	1	5	14	—	0	0	—	—
Missouri	—	0	1	1	4	—	0	0	—	—
Nebraska**	—	0	0	—	7	—	0	0	—	—
North Dakota	—	0	1	1	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—
S. Atlantic	—	1	8	69	228	—	0	1	1	2
Delaware	—	0	2	2	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	50	180	—	0	0	—	2
Georgia	—	0	1	3	11	—	0	0	—	—
Maryland**	—	0	2	4	—	—	0	0	—	—
North Carolina	—	0	1	2	8	—	0	0	—	—
South Carolina**	—	0	1	1	13	—	0	0	—	—
Virginia**	—	0	1	7	14	—	0	1	1	—
West Virginia	—	0	0	—	2	—	0	0	—	—
E.S. Central	—	0	3	4	7	—	0	0	—	—
Alabama**	—	0	1	2	4	—	0	0	—	—
Kentucky	—	0	0	—	2	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	2	2	1	—	0	0	—	—
W.S. Central	—	0	2	9	27	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	1	3	4	—	0	0	—	—
Oklahoma	—	0	1	—	4	—	0	0	—	—
Texas**	—	0	1	6	19	—	0	0	—	—
Mountain	—	0	2	4	22	—	0	0	—	—
Arizona	—	0	2	2	10	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho**	—	0	0	—	3	—	0	0	—	—
Montana**	—	0	0	—	4	—	0	0	—	—
Nevada**	—	0	1	1	4	—	0	0	—	—
New Mexico**	—	0	0	—	1	—	0	0	—	—
Utah	—	0	1	1	—	—	0	0	—	—
Wyoming**	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	16	52	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	2	5	35	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	6	16	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	26	101	1,107	10,293	—	0	3	17	232
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phps/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance).

§ 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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>					<i>Anaplasma phagocytophilum</i>					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	4	7	109	641	598	6	16	54	657	1,615	—	1	13	96	85
New England	—	0	2	4	5	—	2	26	225	98	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	5	—	32	—	0	0	—	—
Maine [§]	—	0	1	1	3	—	0	2	16	17	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	17	150	—	—	0	0	—	—
New Hampshire	—	0	1	2	2	—	0	4	15	18	—	0	1	1	2
Rhode Island [§]	—	0	1	1	—	—	0	15	40	29	—	0	0	—	—
Vermont [§]	—	0	0	—	—	—	0	1	4	2	—	0	0	—	—
Mid. Atlantic	2	1	7	57	81	5	5	29	298	241	—	0	2	11	12
New Jersey	—	0	1	—	48	—	0	3	—	66	—	0	0	—	1
New York (Upstate)	2	0	7	47	26	5	3	25	254	163	—	0	2	11	8
New York City	—	0	2	10	5	—	0	5	40	11	—	0	0	—	—
Pennsylvania	—	0	0	—	2	—	0	1	4	1	—	0	0	—	3
E.N. Central	—	0	3	27	42	—	0	8	17	492	—	0	5	41	44
Illinois	—	0	2	17	16	—	0	2	8	8	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	32	15
Michigan	—	0	2	4	2	—	0	0	—	4	—	0	2	5	—
Ohio	—	0	1	6	6	—	0	1	6	2	—	0	1	1	—
Wisconsin	—	0	1	—	18	—	0	7	3	478	—	0	1	1	26
W.N. Central	—	1	19	153	119	—	0	20	34	704	—	0	11	14	10
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	1	3	6	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	12	—	—	—	0	20	1	691	—	0	11	—	—
Missouri	—	1	19	148	111	—	0	7	28	12	—	0	7	13	10
Nebraska [§]	—	0	1	1	2	—	0	1	1	—	—	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	1	2	—	—	0	0	—	—
S. Atlantic	1	2	33	224	241	1	1	8	58	58	—	0	1	9	6
Delaware	—	0	2	15	17	—	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	14	8	—	0	3	9	3	—	0	0	—	—
Georgia	—	0	3	17	20	—	0	2	7	1	—	0	1	1	1
Maryland [§]	—	0	3	28	21	—	0	2	6	14	—	0	0	—	2
North Carolina	—	0	17	59	95	—	0	6	20	24	—	0	0	—	—
South Carolina [§]	—	0	1	1	4	—	0	0	—	1	—	0	1	1	—
Virginia [§]	1	1	13	90	73	1	0	3	15	11	—	0	1	6	3
West Virginia	—	0	0	—	3	—	0	0	—	—	—	0	1	1	—
E.S. Central	—	0	8	70	87	—	0	2	15	19	—	0	3	14	8
Alabama [§]	—	0	2	4	11	—	0	1	4	7	N	0	0	N	N
Kentucky	—	0	3	12	16	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	3	3	—	0	1	1	2	—	0	0	—	1
Tennessee [§]	—	0	5	51	57	—	0	2	10	10	—	0	3	14	6
W.S. Central	1	0	87	106	22	—	0	9	7	3	—	0	0	—	1
Arkansas [§]	1	0	13	48	4	—	0	2	5	—	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	82	57	14	—	0	7	2	2	—	0	0	—	—
Texas [§]	—	0	1	1	3	—	0	1	—	1	—	0	0	—	1
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	4	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	3	—
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	1	1	—
Wyoming [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	1	3	—	—	0	1	2	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	2	2
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	3	—	—	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 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/ndss/pdfs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Cumulative total *E. ewingii* cases reported for year 2011 = 13.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th 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	135	290	445	13,063	17,428	2,241	6,047	7,484	262,557	265,487	28	65	141	2,682	2,585
New England	5	27	62	1,328	1,493	35	104	206	4,606	4,803	2	4	12	189	161
Connecticut	—	4	9	186	258	—	44	150	1,918	2,129	—	1	6	48	34
Maine [§]	2	3	10	162	193	—	4	17	211	144	2	0	2	24	11
Massachusetts	—	12	27	622	650	34	48	80	2,036	2,089	—	2	6	89	85
New Hampshire	—	2	8	105	147	—	2	7	109	135	—	0	2	13	11
Rhode Island [§]	—	1	10	58	73	1	6	16	289	258	—	0	2	9	12
Vermont [§]	3	3	19	195	172	—	0	8	43	48	—	0	3	6	8
Mid. Atlantic	31	57	103	2,574	2,959	287	772	1,074	34,142	31,319	3	14	32	607	494
New Jersey	—	3	14	134	431	43	152	258	7,085	5,040	—	2	7	87	91
New York (Upstate)	18	22	72	1,012	1,018	97	114	271	5,014	4,879	—	3	18	155	132
New York City	4	16	29	737	820	20	246	469	10,496	10,377	—	3	7	144	81
Pennsylvania	9	16	27	691	690	127	257	365	11,547	11,023	3	5	11	221	190
E.N. Central	14	47	69	2,054	2,929	343	1,029	2,091	45,412	49,213	6	11	22	471	429
Illinois	—	9	19	381	625	3	275	362	11,534	13,648	—	3	10	132	152
Indiana	—	5	11	189	360	29	119	1,018	5,639	4,941	—	2	7	83	88
Michigan	2	10	18	437	628	183	240	499	10,765	11,866	—	1	4	61	29
Ohio	12	16	30	699	754	74	310	398	13,606	14,382	6	3	7	140	103
Wisconsin	—	8	15	348	562	54	92	121	3,868	4,376	—	1	5	55	57
W.N. Central	9	23	50	999	1,918	34	303	363	13,184	12,914	—	3	10	133	192
Iowa	2	4	15	240	264	1	36	53	1,633	1,552	—	0	1	1	1
Kansas	1	2	7	85	195	2	42	57	1,785	1,784	—	0	2	18	20
Minnesota	—	0	16	—	768	—	37	53	1,585	1,884	—	0	5	—	69
Missouri	4	8	23	381	379	—	149	186	6,429	6,107	—	1	5	76	73
Nebraska [§]	2	4	11	162	193	31	25	50	1,123	1,007	—	0	3	26	19
North Dakota	—	0	12	36	27	—	4	8	174	170	—	0	6	11	10
South Dakota	—	2	8	95	92	—	9	20	455	410	—	0	1	1	—
S. Atlantic	38	50	98	2,362	3,494	1,001	1,478	1,862	65,283	66,595	5	15	31	633	650
Delaware	—	0	3	30	30	15	16	31	694	867	—	0	2	4	5
District of Columbia	—	0	3	29	52	—	38	68	1,708	1,829	—	0	1	—	5
Florida	23	23	50	1,068	1,862	183	377	465	17,106	17,780	—	5	12	200	159
Georgia	—	12	51	631	721	160	313	874	13,319	13,295	—	3	7	115	145
Maryland [§]	9	4	13	253	231	80	120	246	5,028	6,195	—	2	5	82	59
North Carolina	N	0	0	N	N	300	317	548	14,436	12,526	5	1	7	69	110
South Carolina [§]	—	2	8	99	130	117	146	257	7,084	6,970	—	1	5	63	72
Virginia [§]	6	5	32	230	429	129	111	237	5,202	6,641	—	2	8	83	73
West Virginia	—	0	8	22	39	17	16	29	706	492	—	0	9	17	22
E.S. Central	1	3	11	150	197	191	515	1,007	22,842	21,679	2	3	11	161	150
Alabama [§]	1	3	11	150	197	—	165	409	7,646	6,773	—	1	4	45	23
Kentucky	N	0	0	N	N	125	76	712	3,909	3,338	—	0	4	22	32
Mississippi	N	0	0	N	N	—	119	197	4,857	5,323	—	0	3	14	11
Tennessee [§]	N	0	0	N	N	66	141	223	6,430	6,245	2	1	5	80	84
W.S. Central	—	5	15	233	363	152	925	1,319	40,528	42,620	3	2	26	115	118
Arkansas [§]	—	2	9	113	120	73	89	138	4,114	4,128	—	0	3	29	17
Louisiana	—	2	10	120	181	64	130	372	5,562	7,310	—	0	4	40	27
Oklahoma	—	0	0	—	62	15	98	384	4,727	3,701	3	1	19	45	66
Texas [§]	N	0	0	N	N	—	599	821	26,125	27,481	—	0	4	1	8
Mountain	19	26	47	1,166	1,578	101	204	273	9,359	8,275	5	5	12	224	265
Arizona	2	3	6	115	144	60	77	131	3,812	2,762	1	1	6	79	98
Colorado	11	12	25	561	633	35	42	89	1,899	2,430	2	1	5	54	73
Idaho [§]	2	3	9	131	190	—	3	15	120	105	1	0	2	18	16
Montana [§]	2	2	5	72	97	2	1	4	70	93	—	0	1	3	2
Nevada [§]	2	1	7	67	91	—	38	103	1,722	1,555	1	0	2	16	7
New Mexico [§]	—	1	6	77	97	3	30	98	1,482	1,013	—	1	4	36	36
Utah	—	3	9	122	279	—	4	10	217	286	—	0	3	17	27
Wyoming [§]	—	0	5	21	47	1	0	3	37	31	—	0	1	1	6
Pacific	18	48	128	2,197	2,497	97	623	791	27,201	28,069	2	3	8	149	126
Alaska	—	2	7	88	91	—	20	34	851	1,137	—	0	3	23	22
California	5	32	67	1,462	1,516	76	504	695	22,326	22,873	—	0	4	35	23
Hawaii	—	0	4	30	54	—	13	24	543	660	2	0	3	24	19
Oregon	—	7	20	296	437	—	27	52	1,177	912	—	1	6	64	55
Washington	13	7	57	321	399	21	50	79	2,304	2,487	—	0	2	3	7
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	3	—	0	10	6	91	—	0	0	—	—
Puerto Rico	—	1	4	37	85	1	6	14	279	287	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	2	10	113	121	—	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 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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† 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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th 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	10	21	74	993	1,434	15	47	167	2,092	2,845	16	18	39	858	719
New England	—	1	5	59	89	—	1	8	66	50	—	1	5	44	49
Connecticut	—	0	3	17	27	—	0	4	10	20	—	0	3	25	33
Maine†	—	0	2	6	7	—	0	2	8	13	—	0	2	4	2
Massachusetts	—	0	3	27	45	—	1	6	46	10	—	0	2	11	13
New Hampshire	—	0	1	—	1	—	0	1	2	5	N	0	0	N	N
Rhode Island†	—	0	1	3	9	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	2	6	—	—	0	0	—	2	—	0	1	4	1
Mid. Atlantic	1	4	8	182	249	5	5	12	238	249	2	1	6	76	93
New Jersey	—	1	3	29	69	—	1	4	53	71	—	0	4	1	25
New York (Upstate)	1	1	4	43	51	4	1	9	46	41	2	1	4	44	41
New York City	—	1	5	60	79	—	1	5	68	73	—	0	2	2	3
Pennsylvania	—	1	3	50	50	1	2	4	71	64	—	0	4	29	24
E.N. Central	—	4	8	162	189	—	6	37	290	429	2	3	12	162	80
Illinois	—	1	4	49	45	—	1	6	56	114	—	0	2	6	1
Indiana	—	0	3	12	11	—	1	3	49	66	—	1	5	53	25
Michigan	—	1	6	60	69	—	1	6	71	111	1	2	7	96	37
Ohio	—	1	3	35	44	—	1	30	87	89	1	0	1	6	8
Wisconsin	—	0	2	6	20	—	0	3	27	49	—	0	1	1	9
W.N. Central	—	1	25	36	71	—	2	16	113	106	—	0	6	8	20
Iowa	—	0	1	7	11	—	0	1	10	13	—	0	0	—	—
Kansas	—	0	2	3	11	—	0	2	11	10	—	0	1	3	2
Minnesota	—	0	22	9	15	—	0	15	9	8	—	0	6	2	10
Missouri	—	0	1	10	19	—	2	5	70	61	—	0	1	—	6
Nebraska†	—	0	1	5	14	—	0	3	12	12	—	0	1	3	2
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	1	—	0	1	1	2	—	0	0	—	—
S. Atlantic	4	5	12	204	301	7	12	56	576	779	2	4	11	203	164
Delaware	—	0	1	2	7	—	0	2	11	24	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	0	—	3	—	0	0	—	2
Florida	2	1	7	70	123	3	4	8	177	262	1	1	3	50	50
Georgia	—	1	4	40	35	—	2	8	90	145	—	1	3	32	28
Maryland†	—	0	4	24	18	2	1	4	47	61	—	0	3	29	20
North Carolina	1	0	3	25	43	—	2	12	99	89	1	1	7	50	35
South Carolina†	—	0	2	9	23	—	1	3	28	53	—	0	1	1	1
Virginia†	1	1	3	26	44	1	1	6	55	82	—	0	3	16	11
West Virginia	—	0	5	8	7	1	0	43	69	60	—	0	6	25	17
E.S. Central	—	1	6	43	36	2	9	14	374	328	5	4	8	161	139
Alabama†	—	0	2	7	6	—	2	6	101	61	—	0	3	16	6
Kentucky	—	0	6	9	16	—	2	6	86	117	5	2	7	74	96
Mississippi	—	0	1	7	2	—	1	3	39	30	U	0	0	U	U
Tennessee†	—	0	5	20	12	2	4	8	148	120	—	1	5	71	37
W.S. Central	1	3	15	114	128	1	7	67	260	502	1	2	11	79	61
Arkansas†	—	0	0	—	2	—	1	4	43	55	—	0	0	—	1
Louisiana	—	0	1	2	11	—	1	4	27	46	—	0	2	5	3
Oklahoma	—	0	4	3	2	—	1	16	71	85	1	1	10	44	26
Texas†	1	2	11	109	113	1	3	45	119	316	—	0	3	30	31
Mountain	1	1	5	54	133	—	1	4	63	122	1	1	4	53	56
Arizona	—	0	2	15	57	—	0	3	13	23	U	0	0	U	U
Colorado	1	0	2	18	34	—	0	2	15	42	—	0	3	16	15
Idaho†	—	0	1	6	6	—	0	1	2	6	1	0	2	9	9
Montana†	—	0	1	2	4	—	0	0	—	—	—	0	1	3	2
Nevada†	—	0	3	5	14	—	0	3	22	36	—	0	2	10	7
New Mexico†	—	0	1	5	5	—	0	2	6	5	—	0	2	12	13
Utah	—	0	2	1	9	—	0	1	5	8	—	0	1	1	10
Wyoming†	—	0	1	2	4	—	0	1	—	2	—	0	1	2	—
Pacific	3	3	13	139	238	—	3	25	112	280	3	1	12	72	57
Alaska	—	0	1	2	2	—	0	1	4	3	U	0	0	U	U
California	—	2	12	98	196	—	1	22	51	195	1	1	4	31	24
Hawaii	—	0	2	7	7	—	0	1	6	6	U	0	0	U	U
Oregon	—	0	2	8	16	—	0	4	29	35	—	0	3	12	14
Washington	3	0	4	24	17	—	0	4	22	41	2	0	5	29	19
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	7	—	2	8	28	71	—	0	4	10	57
Puerto Rico	—	0	2	6	16	—	0	2	8	24	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 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/pdfs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th 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	45	54	167	3,301	2,937	222	362	1,930	28,041	28,184	13	26	114	1,187	1,507
New England	4	4	41	346	239	1	72	466	5,861	8,423	—	2	20	79	97
Connecticut	—	1	10	67	43	—	28	224	2,312	2,881	—	0	20	10	2
Maine†	—	0	2	17	11	1	14	66	836	637	—	0	2	6	5
Massachusetts	—	3	26	211	116	—	21	94	1,222	3,166	—	1	5	52	68
New Hampshire	—	0	3	20	22	—	9	75	825	1,236	—	0	1	2	4
Rhode Island†	4	0	2	20	38	—	1	31	123	175	—	0	1	3	15
Vermont†	—	0	2	11	9	—	5	66	543	328	—	0	1	6	3
Mid. Atlantic	8	15	82	1,112	832	194	160	1,202	17,501	10,111	2	7	12	279	464
New Jersey	—	2	16	163	137	71	69	586	7,518	3,477	—	0	6	8	93
New York (Upstate)	7	5	27	334	256	35	37	214	3,311	2,379	1	1	4	47	69
New York City	—	3	14	180	147	—	1	16	104	672	—	3	10	172	246
Pennsylvania	1	5	37	435	292	88	69	502	6,568	3,583	1	1	5	52	56
E.N. Central	20	10	51	715	624	1	16	110	1,297	3,719	1	3	10	141	149
Illinois	—	1	11	110	141	—	1	18	155	134	—	1	5	53	55
Indiana	—	1	6	90	55	—	0	15	92	78	—	0	2	9	15
Michigan	1	3	15	172	165	—	1	13	101	92	—	0	4	29	29
Ohio	19	5	34	342	205	—	1	9	43	28	1	1	4	38	38
Wisconsin	—	0	2	1	58	1	13	81	906	3,387	—	0	2	12	12
W.N. Central	3	1	9	75	107	—	2	13	122	2,052	—	1	45	31	65
Iowa	—	0	2	10	14	—	0	11	78	85	—	0	3	18	13
Kansas	—	0	2	10	11	—	0	2	12	10	—	0	2	8	11
Minnesota	—	0	8	—	27	—	0	12	—	1,926	—	0	45	—	3
Missouri	2	1	5	45	33	—	0	0	—	4	—	0	1	—	20
Nebraska†	1	0	1	6	9	—	0	2	8	8	—	0	1	4	15
North Dakota	—	0	1	2	4	—	0	10	21	18	—	0	1	—	—
South Dakota	—	0	1	2	9	—	0	1	3	1	—	0	1	1	3
S. Atlantic	8	9	29	483	474	24	53	171	3,036	3,537	5	9	24	393	399
Delaware	—	0	4	20	15	5	12	48	746	605	—	0	3	7	2
District of Columbia	—	0	3	9	16	1	0	3	29	39	—	0	1	5	11
Florida	4	3	13	161	143	3	2	7	104	75	1	2	7	91	114
Georgia	—	1	3	31	58	—	0	5	24	10	—	1	5	68	64
Maryland†	2	1	14	112	100	6	18	112	1,111	1,528	4	2	14	116	92
North Carolina	1	1	7	58	54	—	0	12	66	73	—	0	6	34	47
South Carolina†	—	0	5	17	13	—	0	6	31	29	—	0	1	5	5
Virginia†	1	1	9	69	62	6	15	76	848	1,061	—	1	8	67	61
West Virginia	—	0	2	6	13	3	0	14	77	117	—	0	0	—	3
E.S. Central	—	2	10	136	123	—	1	5	52	42	—	1	4	31	30
Alabama†	—	0	2	22	18	—	0	2	17	2	—	0	3	6	9
Kentucky	—	0	3	31	26	—	0	1	2	5	—	0	1	7	7
Mississippi	—	0	3	13	12	—	0	1	3	—	—	0	1	1	2
Tennessee†	—	1	8	70	67	—	0	3	30	35	—	0	3	17	12
W.S. Central	—	2	13	111	155	1	1	29	44	103	—	1	18	28	89
Arkansas†	—	0	2	13	16	—	0	0	—	—	—	0	1	5	4
Louisiana	—	0	3	14	10	—	0	1	1	3	—	0	1	1	5
Oklahoma	—	0	3	9	13	—	0	0	—	—	—	0	1	5	5
Texas†	—	2	11	75	116	1	1	29	43	100	—	0	17	17	75
Mountain	—	2	8	88	157	—	0	4	35	27	1	1	4	57	58
Arizona	—	1	4	33	59	—	0	2	10	2	—	0	4	22	23
Colorado	—	0	1	5	29	—	0	1	1	3	1	0	3	20	20
Idaho†	—	0	1	6	6	—	0	2	4	9	—	0	1	2	3
Montana†	—	0	1	1	4	—	0	3	9	4	—	0	1	2	2
Nevada†	—	0	2	14	19	—	0	1	4	1	—	0	2	7	6
New Mexico†	—	0	2	10	9	—	0	2	5	5	—	0	1	3	1
Utah	—	0	2	15	23	—	0	1	1	3	—	0	1	1	3
Wyoming†	—	0	2	4	8	—	0	1	1	—	—	0	0	—	—
Pacific	2	5	21	235	226	1	2	11	93	170	4	4	11	148	156
Alaska	—	0	0	—	2	—	0	2	8	6	—	0	2	5	3
California	—	4	15	196	185	—	1	9	61	113	1	2	8	101	104
Hawaii	—	0	1	2	1	N	0	0	N	N	1	0	1	7	3
Oregon	1	0	3	17	14	—	0	2	11	38	—	0	4	14	14
Washington	1	0	6	20	24	1	0	6	13	13	2	0	3	21	32
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	1	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	N	0	0	N	N	—	0	0	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th 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	5	13	53	587	677	3	8	47	289	2,490	125	279	2,925	12,155	20,473
New England	1	0	3	27	16	—	0	2	11	24	3	11	30	551	462
Connecticut	—	0	1	3	2	—	0	0	—	11	—	1	5	48	102
Maine [§]	1	0	1	5	3	—	0	2	2	1	2	2	19	157	42
Massachusetts	—	0	2	13	6	—	0	1	4	9	—	4	10	192	249
New Hampshire	—	0	1	1	—	—	0	0	—	3	—	2	9	106	17
Rhode Island [§]	—	0	1	—	—	—	0	2	4	—	—	0	4	24	37
Vermont [§]	—	0	3	5	5	—	0	1	1	—	1	0	4	24	15
Mid. Atlantic	1	1	6	67	69	1	1	23	34	2,095	19	31	125	1,370	1,386
New Jersey	—	0	1	5	19	—	0	2	10	347	—	3	7	131	149
New York (Upstate)	1	0	4	21	11	1	0	3	11	663	8	13	81	603	456
New York City	—	0	3	25	17	—	0	22	10	1,038	—	0	36	74	78
Pennsylvania	—	0	2	16	22	—	0	8	3	47	11	12	70	562	703
E.N. Central	—	2	6	83	115	—	2	7	79	63	15	62	198	2,575	4,718
Illinois	—	0	3	24	21	—	1	5	54	24	—	17	50	727	854
Indiana	—	0	2	16	25	—	0	0	—	4	—	4	26	187	643
Michigan	—	0	2	11	21	—	0	2	9	17	4	12	53	580	1,310
Ohio	—	0	2	22	29	—	0	5	13	15	10	13	80	647	1,461
Wisconsin	—	0	2	10	19	—	0	1	3	3	1	10	24	434	450
W.N. Central	—	1	4	42	46	—	0	4	31	81	12	21	501	1,010	2,115
Iowa	—	0	1	10	9	—	0	1	5	38	—	4	36	165	595
Kansas	—	0	1	2	6	—	0	1	4	4	1	2	10	100	158
Minnesota	—	0	2	—	5	—	0	4	1	4	—	0	469	326	648
Missouri	—	0	3	17	19	—	0	3	12	10	10	7	37	301	441
Nebraska [§]	—	0	2	10	5	—	0	1	5	23	1	1	11	49	195
North Dakota	—	0	1	1	2	—	0	3	4	—	—	0	10	41	50
South Dakota	—	0	1	2	—	—	0	0	—	2	—	0	7	28	28
S. Atlantic	—	2	8	117	119	1	0	4	31	53	7	28	106	1,190	1,553
Delaware	—	0	1	1	1	—	0	0	—	—	—	0	5	21	12
District of Columbia	—	0	1	1	1	—	0	0	—	3	—	0	2	3	9
Florida	—	1	5	45	54	—	0	2	7	8	1	6	17	284	277
Georgia	—	0	1	14	10	—	0	2	5	4	1	3	8	150	218
Maryland [§]	—	0	1	11	9	—	0	1	1	11	1	1	7	82	121
North Carolina	—	0	3	13	12	1	0	2	9	9	2	3	35	157	295
South Carolina [§]	—	0	1	9	11	—	0	0	—	4	—	2	25	124	315
Virginia [§]	—	0	2	16	19	—	0	4	9	12	2	7	41	309	221
West Virginia	—	0	3	7	2	—	0	0	—	2	—	0	41	60	85
E.S. Central	—	0	2	22	39	—	0	1	4	10	2	7	28	306	711
Alabama [§]	—	0	2	9	6	—	0	1	1	6	—	2	11	119	182
Kentucky	—	0	2	3	17	—	0	0	—	1	—	1	16	65	239
Mississippi	—	0	1	3	5	—	0	1	3	—	—	0	10	30	89
Tennessee [§]	—	0	2	7	11	—	0	0	—	3	2	2	10	92	201
W.S. Central	1	1	12	52	77	1	1	15	61	107	16	21	297	813	2,605
Arkansas [§]	1	0	2	11	6	—	0	2	3	5	—	1	16	53	187
Louisiana	—	0	2	10	12	—	0	2	—	8	—	0	3	17	41
Oklahoma	—	0	2	10	15	—	0	2	4	—	11	0	92	52	63
Texas [§]	—	0	10	21	44	1	1	14	54	94	5	18	187	691	2,314
Mountain	—	1	4	43	49	—	0	2	7	18	27	37	100	1,668	1,424
Arizona	—	0	1	11	13	—	0	0	—	5	1	14	29	612	420
Colorado	—	0	1	9	18	—	0	1	3	7	10	9	63	362	276
Idaho [§]	—	0	1	5	5	—	0	1	1	1	9	2	11	134	181
Montana [§]	—	0	2	4	1	—	0	0	—	—	6	2	32	127	78
Nevada [§]	—	0	1	4	8	—	0	0	—	1	1	0	5	30	31
New Mexico [§]	—	0	1	2	3	—	0	2	2	—	—	2	16	183	129
Utah	—	0	2	8	1	—	0	0	—	3	—	5	16	211	297
Wyoming [§]	—	0	1	—	—	—	0	1	1	1	—	0	1	9	12
Pacific	2	3	26	134	147	—	0	9	31	39	24	62	1,710	2,672	5,499
Alaska	—	0	1	2	1	—	0	1	1	1	—	0	4	24	37
California	1	2	17	94	95	—	0	9	23	25	—	46	1,569	1,782	4,756
Hawaii	—	0	1	4	1	—	0	1	2	4	—	1	9	76	62
Oregon	1	0	3	21	29	—	0	1	4	3	1	5	23	266	251
Washington	—	0	8	13	21	—	0	1	1	6	23	9	131	524	393
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	4	12	477	—	0	14	31	3
Puerto Rico	—	0	0	—	2	—	0	1	1	1	—	0	1	2	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/pdfs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† 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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing <i>E. coli</i> (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	25	60	119	2,665	3,915	504	874	1,841	40,999	47,745	36	92	264	4,405	4,676
New England	1	4	16	219	276	1	34	107	1,808	2,167	—	3	12	186	195
Connecticut	—	1	10	100	126	—	8	30	405	491	—	0	4	47	60
Maine [§]	—	1	6	59	57	1	2	8	115	117	—	0	3	28	18
Massachusetts	—	0	0	—	—	—	19	45	937	1,175	—	1	9	69	75
New Hampshire	—	0	3	17	16	—	4	8	147	161	—	0	3	23	21
Rhode Island [§]	—	0	6	21	28	—	0	62	135	151	—	0	2	4	3
Vermont [§]	1	0	2	22	49	—	1	8	69	72	—	0	3	15	18
Mid. Atlantic	5	16	35	782	961	25	88	205	4,715	5,301	3	11	36	531	509
New Jersey	—	0	0	—	—	—	16	48	803	1,094	—	2	6	97	112
New York (Upstate)	5	7	20	333	456	14	25	67	1,248	1,284	3	3	12	187	176
New York City	—	0	3	9	142	1	19	42	1,005	1,208	—	1	6	80	68
Pennsylvania	—	9	21	440	363	10	31	111	1,659	1,715	—	3	18	167	153
E.N. Central	1	2	17	168	225	16	86	150	3,930	5,283	—	12	48	756	739
Illinois	—	0	6	46	114	—	29	75	1,401	1,773	—	3	13	169	141
Indiana	—	0	7	26	—	—	9	19	350	690	—	2	8	86	126
Michigan	—	1	6	52	66	2	13	42	737	857	—	3	18	152	139
Ohio	1	1	5	44	45	14	22	46	1,095	1,185	—	3	10	166	126
Wisconsin	N	0	0	N	N	—	8	45	347	778	—	2	20	183	207
W.N. Central	1	1	40	74	235	11	41	103	2,096	2,708	8	12	39	689	826
Iowa	—	0	1	—	26	—	9	19	404	490	—	2	15	174	165
Kansas	—	0	4	29	58	2	7	26	412	403	—	2	8	95	68
Minnesota	—	0	34	—	25	—	0	16	—	663	—	0	7	—	263
Missouri	—	0	1	—	62	8	17	46	875	728	7	5	32	269	211
Nebraska [§]	1	0	3	32	48	1	4	13	225	225	1	1	7	92	70
North Dakota	—	0	6	13	16	—	0	15	37	47	—	0	4	12	17
South Dakota	—	0	0	—	—	—	3	17	143	152	—	1	4	47	32
S. Atlantic	13	18	93	966	1,026	301	278	721	12,686	13,790	8	13	27	568	631
Delaware	—	0	0	—	—	—	3	11	159	163	—	0	2	15	6
District of Columbia	—	0	0	—	—	—	1	5	47	83	—	0	1	3	9
Florida	—	0	84	100	121	144	107	203	5,064	5,506	4	3	15	130	196
Georgia	—	0	0	—	—	33	41	127	2,187	2,582	1	2	8	107	95
Maryland [§]	—	5	13	247	342	11	19	42	852	955	—	1	6	47	88
North Carolina	—	0	0	—	—	99	30	251	1,961	1,849	2	2	11	101	73
South Carolina [§]	N	0	0	N	N	11	31	70	1,368	1,475	—	0	4	15	21
Virginia [§]	12	11	27	542	493	3	21	68	1,003	1,019	1	3	9	147	124
West Virginia	1	0	30	77	70	—	0	14	45	158	—	0	4	3	19
E.S. Central	—	3	11	160	162	27	58	187	3,576	3,599	1	4	22	229	253
Alabama [§]	—	2	7	75	69	18	18	70	1,083	950	—	1	15	70	49
Kentucky	—	0	2	14	19	5	9	20	414	528	—	1	5	43	66
Mississippi	—	0	1	1	—	—	17	66	1,180	1,137	—	0	12	20	29
Tennessee [§]	—	1	6	70	74	4	16	51	899	984	1	1	11	96	109
W.S. Central	3	1	31	83	775	60	132	515	5,515	6,440	4	7	151	344	313
Arkansas [§]	—	0	10	49	33	14	13	53	778	717	3	1	6	51	46
Louisiana	—	0	0	—	—	—	16	44	856	1,236	—	0	1	9	20
Oklahoma	3	0	20	34	41	16	11	95	630	603	1	1	55	62	35
Texas [§]	—	0	17	—	701	30	81	381	3,251	3,884	—	5	95	222	212
Mountain	—	0	4	39	66	14	45	91	2,162	2,619	3	10	26	506	617
Arizona	N	0	0	N	N	1	14	33	675	901	—	2	7	79	86
Colorado	—	0	0	—	—	8	10	24	486	515	1	2	7	99	210
Idaho [§]	—	0	1	6	11	1	3	8	133	146	—	3	7	111	91
Montana [§]	N	0	0	N	N	2	2	10	119	88	1	0	5	37	39
Nevada [§]	—	0	2	16	8	2	3	8	146	279	1	0	7	36	37
New Mexico [§]	—	0	2	10	13	—	5	22	282	311	—	1	3	39	46
Utah	—	0	2	7	10	—	6	15	268	323	—	1	7	80	89
Wyoming [§]	—	0	0	—	24	—	1	9	53	56	—	0	7	25	19
Pacific	1	3	15	174	189	49	99	288	4,511	5,838	9	14	46	596	593
Alaska	—	0	2	11	12	—	1	6	46	74	—	0	1	3	2
California	—	3	11	149	162	30	73	232	3,451	4,330	1	8	36	363	265
Hawaii	—	0	0	—	—	9	7	14	305	299	—	0	1	6	28
Oregon	1	0	2	14	15	—	5	12	226	477	1	1	11	88	104
Washington	—	0	14	—	—	10	12	42	483	658	7	2	13	136	194
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	6	11	—	0	0	—	—
Puerto Rico	—	0	6	32	40	—	5	17	188	549	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/ndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

[†] Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]														
	Shigellosis					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	176	241	742	9,835	12,328	—	3	15	186	133	5	27	245	1,784	1,452
New England	—	4	19	228	304	—	0	1	1	—	—	0	1	6	5
Connecticut	—	0	4	36	69	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	8	29	6	—	0	0	—	—	—	0	0	—	2
Massachusetts	—	3	18	150	202	—	0	0	—	—	—	0	1	4	—
New Hampshire	—	0	1	3	14	—	0	1	1	—	—	0	1	1	1
Rhode Island [§]	—	0	4	6	12	—	0	0	—	—	—	0	1	1	2
Vermont [§]	—	0	1	4	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	7	15	74	830	1,489	—	0	2	15	2	—	1	4	47	97
New Jersey	—	3	16	172	347	—	0	0	—	1	—	0	1	—	58
New York (Upstate)	5	4	20	257	209	—	0	1	3	1	—	0	1	7	15
New York City	2	5	21	295	279	—	0	0	—	—	—	0	3	24	11
Pennsylvania	—	3	56	106	654	—	0	2	12	—	—	0	3	16	13
E.N. Central	3	15	40	668	1,415	—	0	2	9	3	—	1	8	105	75
Illinois	—	5	16	198	788	—	0	1	2	2	—	0	4	43	34
Indiana [§]	—	1	4	43	57	—	0	1	2	1	—	0	4	44	20
Michigan	—	3	10	148	229	—	0	1	2	—	—	0	1	1	1
Ohio	3	5	27	279	275	—	0	2	3	—	—	0	2	17	14
Wisconsin	—	0	4	—	66	—	0	0	—	—	—	0	1	—	6
W.N. Central	3	6	22	266	1,956	—	0	5	27	13	1	4	29	334	270
Iowa	—	0	5	19	47	—	0	0	—	—	—	0	2	5	5
Kansas [§]	1	1	12	54	265	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	2	—	59	—	0	0	—	—	—	0	2	—	—
Missouri	2	4	17	175	1,523	—	0	3	20	10	1	3	29	323	262
Nebraska [§]	—	0	2	14	55	—	0	3	5	3	—	0	1	5	2
North Dakota	—	0	0	—	—	—	0	1	2	—	—	0	0	—	1
South Dakota	—	0	2	4	7	—	0	0	—	—	—	0	1	1	—
S. Atlantic	87	69	134	3,260	2,254	—	1	8	98	80	2	6	54	502	454
Delaware [§]	—	0	2	6	38	—	0	1	1	1	—	0	4	18	19
District of Columbia	—	0	2	12	29	—	0	1	1	1	—	0	1	2	—
Florida [§]	56	45	98	2,293	973	—	0	1	3	3	—	0	2	11	8
Georgia	5	11	24	509	706	—	0	6	62	57	—	0	0	—	—
Maryland [§]	1	2	7	92	116	—	0	1	3	—	—	0	2	29	48
North Carolina	2	3	36	182	169	—	0	4	14	13	—	0	49	249	232
South Carolina [§]	23	1	4	73	63	—	0	2	11	1	—	0	2	20	18
Virginia [§]	—	2	8	89	124	—	0	1	3	4	2	3	14	169	129
West Virginia	—	0	66	4	36	—	0	0	—	—	—	0	1	4	—
E.S. Central	13	14	28	578	683	—	0	2	10	20	—	4	24	313	393
Alabama [§]	11	5	14	219	182	—	0	1	4	5	—	1	8	67	77
Kentucky	1	1	6	40	211	—	0	1	1	6	—	0	0	—	—
Mississippi	—	3	10	161	49	—	0	0	—	1	—	0	2	12	23
Tennessee [§]	1	4	11	158	241	—	0	2	5	8	—	3	18	234	293
W.S. Central	48	56	503	2,343	2,431	—	0	8	11	6	1	2	235	432	144
Arkansas [§]	3	2	7	72	63	—	0	3	6	2	1	0	50	370	95
Louisiana	—	4	21	234	257	—	0	0	—	—	—	0	2	7	2
Oklahoma	28	2	161	167	241	—	0	5	3	3	—	0	202	42	22
Texas [§]	17	42	338	1,870	1,870	—	0	1	2	1	—	0	5	13	25
Mountain	6	15	42	727	751	—	0	5	14	3	1	0	6	45	13
Arizona	2	6	27	333	414	—	0	4	13	1	1	0	6	29	1
Colorado [§]	3	1	8	86	88	—	0	1	—	—	—	0	1	2	1
Idaho [§]	—	0	3	16	23	—	0	1	1	—	—	0	1	1	5
Montana [§]	—	1	15	121	7	—	0	0	—	2	—	0	1	1	1
Nevada [§]	1	0	4	31	47	—	0	0	—	—	—	0	1	2	—
New Mexico [§]	—	2	9	94	129	—	0	0	—	—	—	0	1	1	1
Utah	—	1	4	44	43	—	0	0	—	—	—	0	1	1	3
Wyoming [§]	—	0	1	2	—	—	0	0	—	—	—	0	2	8	1
Pacific	9	21	63	935	1,045	—	0	2	1	6	—	0	0	—	1
Alaska	—	0	2	5	2	N	0	0	N	N	N	0	0	N	N
California	8	17	59	773	843	—	0	1	1	6	—	0	0	—	—
Hawaii	—	1	3	42	42	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	39	57	—	0	0	—	—	—	0	0	—	1
Washington	1	1	6	76	101	—	0	1	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	1	1	4	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 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phps/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.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 November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] invasive disease														
	All ages					Age <5					Syphilis, primary and secondary				
	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	96	292	937	11,400	13,029	3	26	118	1,028	1,825	43	260	363	11,018	11,955
New England	1	15	79	640	721	—	1	5	42	91	2	7	16	316	420
Connecticut	—	6	49	278	286	—	0	3	10	26	—	1	5	39	82
Maine [§]	—	2	13	110	102	—	0	1	4	8	—	0	2	12	27
Massachusetts	—	0	4	31	59	—	0	2	15	41	2	4	9	202	259
New Hampshire	—	2	8	86	109	—	0	1	5	5	—	0	3	17	22
Rhode Island [§]	—	2	8	73	96	—	0	1	2	6	—	0	7	38	28
Vermont [§]	1	1	6	62	69	—	0	2	6	5	—	0	2	8	2
Mid. Atlantic	4	26	81	1,128	1,384	—	2	27	92	204	8	29	53	1,310	1,489
New Jersey	—	13	35	517	614	—	0	4	30	51	—	4	13	189	211
New York (Upstate)	1	1	10	71	129	—	1	9	38	97	2	3	20	154	113
New York City	3	12	42	540	641	—	0	14	24	56	—	15	31	663	845
Pennsylvania	N	0	0	N	N	N	0	0	N	N	6	6	14	304	320
E.N. Central	26	65	114	2,522	2,688	—	5	13	204	328	—	30	48	1,289	1,683
Illinois	N	0	0	N	N	—	1	6	65	84	—	12	24	520	804
Indiana	—	15	33	566	617	—	0	4	26	50	—	3	8	134	158
Michigan	4	14	29	554	615	—	1	3	29	74	—	5	12	224	213
Ohio	19	26	45	1,041	1,019	—	2	7	70	89	—	8	21	362	463
Wisconsin	3	8	24	361	437	—	0	3	14	31	—	1	5	49	45
W.N. Central	2	2	33	143	740	—	1	6	56	140	1	6	13	250	321
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	2	16	18
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	3	21	18
Minnesota	—	0	17	—	567	—	0	3	—	80	—	2	8	102	131
Missouri	N	0	0	N	N	—	0	4	32	34	—	2	6	103	140
Nebraska [§]	2	2	9	99	111	—	0	2	10	14	1	0	2	7	9
North Dakota	—	0	25	44	62	—	0	1	1	2	—	0	1	1	1
South Dakota	N	0	0	N	N	—	0	2	13	10	—	0	0	—	4
S. Atlantic	19	72	170	3,160	3,478	1	6	25	273	487	22	67	178	2,905	2,765
Delaware	—	1	6	40	35	—	0	1	—	—	1	0	4	18	4
District of Columbia	—	1	4	43	65	—	0	1	5	8	—	3	8	132	122
Florida	8	23	68	1,142	1,250	1	3	13	109	171	2	24	36	1,013	1,029
Georgia	8	20	54	844	1,155	—	2	7	64	143	6	14	130	641	593
Maryland [§]	3	10	33	468	447	—	1	4	32	47	1	9	20	385	277
North Carolina	N	0	0	N	N	N	0	0	N	N	4	8	19	325	351
South Carolina [§]	—	7	25	368	425	—	0	3	23	50	1	4	11	197	128
Virginia [§]	N	0	0	N	N	—	0	3	26	49	7	4	12	192	255
West Virginia	—	0	48	255	101	—	0	6	14	19	—	0	1	2	6
E.S. Central	11	18	36	762	881	—	1	4	59	101	—	15	34	660	777
Alabama [§]	N	0	0	N	N	N	0	0	N	N	—	4	11	188	221
Kentucky	N	0	0	N	N	N	0	0	N	N	—	2	16	105	116
Mississippi	N	0	0	N	N	—	0	2	9	15	—	3	14	163	191
Tennessee [§]	11	18	36	762	881	—	1	4	50	86	—	5	11	204	249
W.S. Central	20	30	368	1,519	1,574	—	4	38	173	258	4	37	50	1,549	1,855
Arkansas [§]	—	3	26	188	150	—	0	3	11	17	3	3	10	167	193
Louisiana	—	3	11	134	106	—	0	2	12	24	—	6	25	332	494
Oklahoma	N	0	0	N	N	—	1	8	31	40	1	2	8	86	82
Texas [§]	20	24	333	1,197	1,318	—	2	27	119	177	—	23	31	964	1,086
Mountain	13	30	72	1,390	1,467	2	3	8	115	199	1	11	20	476	536
Arizona	2	12	45	645	671	—	1	5	52	85	1	4	10	197	197
Colorado	11	9	23	449	460	2	0	4	32	58	—	2	6	89	126
Idaho [§]	N	0	0	N	N	—	0	1	4	8	—	0	4	11	2
Montana [§]	N	0	0	N	N	N	0	0	N	N	—	0	1	4	3
Nevada [§]	N	0	0	N	N	N	0	0	N	N	—	2	9	115	103
New Mexico [§]	—	4	13	202	134	—	0	2	15	16	—	1	4	51	46
Utah	—	1	8	74	189	—	0	3	12	29	—	0	2	9	59
Wyoming [§]	—	0	15	20	13	—	0	1	—	3	—	0	0	—	—
Pacific	—	3	11	136	96	—	0	2	14	17	5	54	72	2,263	2,109
Alaska	—	2	11	131	96	—	0	1	11	17	—	0	1	1	3
California	N	0	0	N	N	N	0	0	N	N	3	43	59	1,840	1,790
Hawaii	—	0	3	5	—	—	0	1	3	—	—	0	5	10	30
Oregon	N	0	0	N	N	N	0	0	N	N	1	3	13	157	56
Washington	N	0	0	N	N	N	0	0	N	N	1	5	11	255	230
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	3	4	14	203	199
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 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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 12, 2011, and November 13, 2010 (45th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Neuroinvasive					Nonneuroinvasive [§]				
		Med	Max			Current week	Previous 52 weeks	Cum 2011	Cum 2010	Current week	Previous 52 weeks	Cum 2011	Cum 2010		
United States	155	267	367	11,124	13,409	—	0	55	426	625	—	0	25	195	392
New England	1	21	50	1,013	1,031	—	0	3	14	14	—	0	1	2	5
Connecticut	—	5	16	229	301	—	0	2	8	7	—	0	1	1	4
Maine [¶]	—	4	10	170	211	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	7	18	389	235	—	0	2	4	6	—	0	1	1	1
New Hampshire	—	2	7	102	144	—	0	0	—	1	—	0	0	—	—
Rhode Island [¶]	—	0	6	33	43	—	0	1	1	—	—	0	0	—	—
Vermont [¶]	1	1	10	90	97	—	0	1	1	—	—	0	0	—	—
Mid. Atlantic	24	43	78	2,127	1,511	—	0	11	33	123	—	0	6	21	63
New Jersey	11	16	68	1,265	519	—	0	1	2	15	—	0	2	4	15
New York (Upstate)	N	0	0	N	N	—	0	5	18	56	—	0	4	14	30
New York City	—	0	0	—	—	—	0	4	9	33	—	0	1	2	9
Pennsylvania	13	19	40	862	992	—	0	1	4	19	—	0	1	1	9
E.N. Central	38	64	115	2,539	4,303	—	0	13	71	80	—	0	5	25	30
Illinois	—	15	31	645	1,086	—	0	6	21	45	—	0	4	10	16
Indiana [¶]	1	5	18	218	315	—	0	2	7	6	—	0	1	2	7
Michigan	10	19	38	810	1,266	—	0	7	32	25	—	0	1	1	4
Ohio	27	21	58	865	1,183	—	0	3	10	4	—	0	3	11	1
Wisconsin	—	0	22	1	453	—	0	1	1	—	—	0	1	1	2
W.N. Central	—	7	42	346	841	—	0	8	28	32	—	0	6	27	75
Iowa	N	0	0	N	N	—	0	2	5	5	—	0	2	4	4
Kansas [¶]	—	2	15	93	328	—	0	1	4	4	—	0	0	—	15
Minnesota	—	0	0	—	—	—	0	1	1	4	—	0	1	1	4
Missouri	—	3	24	173	400	—	0	1	4	3	—	0	1	3	—
Nebraska [¶]	—	0	4	7	21	—	0	4	13	10	—	0	3	14	29
North Dakota	—	0	10	36	39	—	0	1	1	2	—	0	1	3	7
South Dakota	—	1	5	37	53	—	0	0	—	4	—	0	1	2	16
S. Atlantic	30	32	64	1,537	1,901	—	0	9	49	38	—	0	4	17	22
Delaware [¶]	—	0	3	6	34	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	2	12	19	—	0	1	1	3	—	0	0	—	3
Florida [¶]	28	16	38	761	876	—	0	5	19	9	—	0	2	2	3
Georgia	N	0	0	N	N	—	0	2	7	4	—	0	1	5	9
Maryland [¶]	N	0	0	N	N	—	0	5	10	17	—	0	3	10	6
North Carolina	N	0	0	N	N	—	0	1	2	—	—	0	0	—	—
South Carolina [¶]	—	0	9	12	75	—	0	0	—	1	—	0	0	—	—
Virginia [¶]	2	7	25	378	495	—	0	2	8	4	—	0	0	—	1
West Virginia	—	6	32	368	402	—	0	1	1	—	—	0	0	—	—
E.S. Central	2	5	15	233	267	—	0	8	47	8	—	0	5	25	10
Alabama [¶]	2	4	14	221	259	—	0	1	3	1	—	0	0	—	2
Kentucky	N	0	0	N	N	—	0	1	2	2	—	0	1	1	1
Mississippi	—	0	3	12	8	—	0	4	26	3	—	0	4	22	5
Tennessee [¶]	N	0	0	N	N	—	0	3	16	2	—	0	1	2	2
W.S. Central	50	44	258	2,250	2,508	—	0	4	25	101	—	0	3	11	20
Arkansas [¶]	5	4	20	257	177	—	0	1	1	6	—	0	0	—	1
Louisiana	—	1	6	68	77	—	0	2	6	18	—	0	2	4	7
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas [¶]	45	39	247	1,925	2,254	—	0	3	18	77	—	0	3	7	12
Mountain	10	18	65	981	943	—	0	10	57	156	—	0	4	25	127
Arizona	—	4	50	409	—	—	0	6	35	106	—	0	2	11	60
Colorado [¶]	10	4	31	233	360	—	0	2	2	26	—	0	2	5	55
Idaho [¶]	N	0	0	N	N	—	0	1	1	—	—	0	1	1	1
Montana [¶]	—	2	28	123	177	—	0	1	1	—	—	0	0	—	—
Nevada [¶]	N	0	0	N	N	—	0	4	12	—	—	0	2	4	2
New Mexico [¶]	—	1	4	38	92	—	0	1	4	21	—	0	0	—	4
Utah	—	3	26	170	298	—	0	1	1	1	—	0	1	2	1
Wyoming [¶]	—	0	3	8	16	—	0	1	1	2	—	0	1	2	4
Pacific	—	2	6	98	104	—	0	17	102	73	—	0	7	42	40
Alaska	—	1	4	50	39	—	0	0	—	—	—	0	0	—	—
California	—	0	2	9	32	—	0	17	102	72	—	0	7	42	39
Hawaii	—	1	4	39	33	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	1	—	0	0	—	1
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	1	4	16	25	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	4	14	166	570	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/ndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

§ 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/ndss/phs/infdiss.htm.

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

Morbidity and Mortality Weekly Report

TABLE III. Deaths in 122 U.S. cities,* week ending November 12, 2011 (45th week)

Reporting area	All causes, by age (years)						P&I†	Reporting area (Continued)	All causes, by age (years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1			Total	All Ages	≥65	45-64	25-44	1-24	
New England	552	399	112	26	9	6	47	S. Atlantic	905	588	209	61	14	33	51
Boston, MA	135	94	29	7	3	2	16	Atlanta, GA	133	96	23	6	4	4	3
Bridgeport, CT	33	24	6	2	—	1	6	Baltimore, MD	114	70	29	11	2	2	9
Cambridge, MA	9	8	—	1	—	—	1	Charlotte, NC	118	81	29	7	—	1	7
Fall River, MA	19	16	1	2	—	—	1	Jacksonville, FL	34	23	5	5	—	1	4
Hartford, CT	60	45	14	—	1	—	6	Miami, FL	57	42	5	6	1	3	1
Lowell, MA	29	23	4	1	1	—	3	Norfolk, VA	41	26	10	2	—	3	—
Lynn, MA	10	5	3	2	—	—	2	Richmond, VA	47	24	13	5	4	1	4
New Bedford, MA	20	15	3	2	—	—	3	Savannah, GA	40	29	7	4	—	—	6
New Haven, CT	32	19	11	—	2	—	2	St. Petersburg, FL	33	24	8	—	1	—	2
Providence, RI	71	50	17	4	—	—	1	Tampa, FL	157	93	47	11	—	6	5
Somerville, MA	4	3	—	—	1	—	—	Washington, D.C.	125	75	32	4	2	12	10
Springfield, MA	44	31	6	4	1	2	3	Wilmington, DE	6	5	1	—	—	—	—
Waterbury, CT	24	15	8	1	—	—	2	E.S. Central	723	467	175	50	14	17	47
Worcester, MA	62	51	10	—	—	1	1	Birmingham, AL	122	79	28	7	6	2	8
Mid. Atlantic	1,801	1,269	377	89	21	45	83	Chattanooga, TN	99	74	18	5	2	—	3
Albany, NY	47	34	10	1	—	2	1	Knoxville, TN	106	75	27	2	1	1	11
Allentown, PA	30	23	6	1	—	—	4	Lexington, KY	53	36	11	2	—	4	1
Buffalo, NY	130	73	20	6	1	30	8	Memphis, TN	126	74	37	9	3	3	13
Camden, NJ	25	13	7	3	—	2	—	Mobile, AL	57	33	14	6	1	3	—
Elizabeth, NJ	9	6	3	—	—	—	—	Montgomery, AL	11	9	2	—	—	—	—
Erie, PA	53	44	7	2	—	—	—	Nashville, TN	149	87	38	19	1	4	11
Jersey City, NJ	17	15	2	—	—	—	2	W.S. Central	1,007	619	263	67	34	24	42
New York City, NY	1,004	710	227	45	17	5	43	Austin, TX	76	45	19	6	5	1	4
Newark, NJ	15	8	3	1	—	3	1	Baton Rouge, LA	61	35	9	11	4	2	—
Paterson, NJ	17	12	2	3	—	—	—	Corpus Christi, TX	64	40	19	3	2	—	4
Philadelphia, PA	141	88	35	14	2	2	6	Dallas, TX	213	125	58	16	5	9	11
Pittsburgh, PA§	37	20	12	5	—	—	1	El Paso, TX	78	53	21	3	1	—	5
Reading, PA	31	26	4	1	—	—	1	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	69	46	18	5	—	—	3	Houston, TX	105	61	25	10	7	2	5
Schenectady, NY	22	19	3	—	—	—	1	Little Rock, AR	42	26	15	1	—	—	—
Scranton, PA	29	25	3	—	1	—	2	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	81	68	11	1	—	1	6	San Antonio, TX	207	131	53	12	7	4	6
Trenton, NJ	13	10	2	1	—	—	—	Shreveport, LA	69	44	16	4	1	4	3
Utica, NY	15	15	—	—	—	—	2	Tulsa, OK	92	59	28	1	2	2	4
Yonkers, NY	16	14	2	—	—	—	2	Mountain	1,014	656	219	68	23	17	58
E.N. Central	1,872	1,250	437	100	44	41	125	Albuquerque, NM	103	68	27	6	—	2	10
Akron, OH	48	29	14	3	—	2	5	Boise, ID	56	35	19	—	1	1	3
Canton, OH	36	26	10	—	—	—	1	Colorado Springs, CO	52	41	9	—	1	1	2
Chicago, IL	226	148	53	18	6	1	15	Denver, CO	104	56	38	9	1	—	4
Cincinnati, OH	70	38	18	6	3	5	7	Las Vegas, NV	285	187	63	26	7	2	20
Cleveland, OH	266	187	62	7	8	2	16	Ogden, UT	29	20	7	2	—	—	1
Columbus, OH	219	139	54	15	5	6	13	Phoenix, AZ	125	67	30	12	6	8	5
Dayton, OH	98	66	22	4	3	3	7	Pueblo, CO	31	20	9	2	—	—	2
Detroit, MI	129	69	38	12	6	4	7	Salt Lake City, UT	104	74	17	7	4	2	6
Evansville, IN	37	25	9	3	—	—	1	Tucson, AZ	125	88	—	4	3	1	5
Fort Wayne, IN	69	45	18	2	3	1	4	Pacific	1,510	1,057	332	61	35	24	118
Gary, IN	14	8	5	1	—	—	—	Berkeley, CA	11	7	3	1	—	—	3
Grand Rapids, MI	51	35	10	4	1	1	8	Fresno, CA	103	75	19	7	2	—	6
Indianapolis, IN	186	121	44	11	4	6	13	Glendale, CA	32	20	10	2	—	—	3
Lansing, MI	31	20	11	—	—	—	1	Honolulu, HI	70	54	9	2	2	3	9
Milwaukee, WI	83	61	16	3	1	2	2	Long Beach, CA	71	48	18	3	1	1	10
Peoria, IL	53	40	11	1	—	1	6	Los Angeles, CA	220	139	50	15	10	6	17
Rockford, IL	61	45	14	1	1	—	4	Pasadena, CA	21	18	3	—	—	—	2
South Bend, IN	43	35	6	—	—	2	2	Portland, OR	90	63	23	1	1	1	1
Toledo, OH	89	62	13	7	2	5	8	Sacramento, CA	185	133	42	6	4	—	19
Youngstown, OH	63	51	9	2	1	—	5	San Diego, CA	142	104	26	5	3	4	8
W.N. Central	525	328	134	42	14	7	36	San Francisco, CA	122	83	29	3	2	5	7
Des Moines, IA	62	43	13	6	—	—	6	San Jose, CA	166	119	40	1	4	2	6
Duluth, MN	30	21	6	1	2	—	2	Santa Cruz, CA	29	24	3	2	—	—	1
Kansas City, KS	23	10	11	2	—	—	—	Seattle, WA	70	45	21	3	1	—	7
Kansas City, MO	108	63	29	11	5	—	4	Spokane, WA	60	41	14	3	—	2	7
Lincoln, NE	25	19	6	—	—	—	2	Tacoma, WA	118	84	22	7	5	—	12
Minneapolis, MN	52	27	16	3	4	2	4	Total¶	9,909	6,633	2,258	564	208	214	607
Omaha, NE	74	46	20	4	2	2	10								
St. Louis, MO	26	13	5	8	—	—	—								
St. Paul, MN	58	41	14	2	—	1	4								
Wichita, KS	67	45	14	5	1	2	4								

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.

Morbidity and Mortality Weekly Report

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, visit *MMWR's* free subscription page at <http://www.cdc.gov/mmwr/mmwrsubscribe.html>. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data presented by the Notifiable Disease Data Team and 122 Cities Mortality Data Team in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to mmwrq@cdc.gov.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

U.S. Government Printing Office: 2012-523-043/21090 Region IV ISSN: 0149-2195