

## Severe Influenza Among Children and Young Adults with Neurologic and Neurodevelopmental Conditions — Ohio, 2011

Children with neurologic and neurodevelopmental conditions are at increased risk for severe outcomes from influenza, including death (1–3). In April 2011, the Ohio Department of Health and CDC investigated an influenza outbreak that began in February 2011 in a residential facility for 130 children and young adults with neurologic and neurodevelopmental conditions. This report summarizes the characteristics and clinical courses of 13 severely ill residents with suspected or confirmed influenza; 10 were hospitalized, and seven died. Diagnosis is challenging in this population, and clinicians should consider influenza in patients with neurologic and neurodevelopmental conditions who have respiratory illness or a decline in baseline medical status when influenza is circulating in the community. Prompt testing, early and aggressive antiviral treatment, and antiviral chemoprophylaxis are important for these patients (4,5). When influenza is suspected, antiviral treatment should be given as soon as possible after symptom onset, ideally within 48 hours. Treatment should not wait for laboratory confirmation of influenza (4). During outbreaks, antiviral chemoprophylaxis should be provided to all residents of institutional facilities (e.g., nursing homes and long-term-care facilities), regardless of vaccination status (5). Residential facilities for patients with neurologic and neurodevelopmental conditions are encouraged to vaccinate all eligible residents and staff members against influenza.

As part of the investigation, the Ohio Department of Health and CDC reviewed medical records of all residents of the facility. A confirmed influenza case was defined as laboratory-confirmed influenza (by reverse transcriptase–polymerase chain reaction [RT-PCR] or rapid influenza diagnostic test [RIDT]) in a facility resident. Because the majority of residents were severely neurologically impaired and had difficulty communicating, a suspected case was broadly defined as 1) an increase in the frequency or severity of respiratory abnormalities (e.g., labored breathing, coughing, or wheezing) or 2) an abnormal temperature plus increased crying, irritability/fussiness,

refusing feeding, vomiting, or diarrhea in a resident without laboratory confirmation of influenza. Temperature abnormalities included fever ( $\geq 100.4^{\circ}\text{F}$  [ $\geq 38.9^{\circ}\text{C}$ ]) or a  $2^{\circ}\text{F}$  temperature deviation from the mean of three previously recorded quarterly temperatures. A severe case of influenza was a laboratory-confirmed or suspected case that resulted in hospitalization or death. For case ascertainment, the outbreak duration was defined as February 1–28, 2011, a period designated to include all confirmed cases and begin at least 1 week before identification of the first confirmed case.

The residential facility provides medical, recreational, and educational services for children and young adults with neurologic and neurodevelopment conditions that affect their ability to perform basic skills of daily living. At the time of the outbreak, the facility provided beds for 130 long-term residents. Median resident age on February 1, 2011, was 21 years (range: 2–41 years). Common diagnoses among residents included severe to profound intellectual disability, epilepsy, cerebral palsy, scoliosis, quadriplegia, visual impairment, recurrent pneumonia, and gastroesophageal reflux.

During the outbreak, 76 residents had acute onset of respiratory illness; 13 were severely ill, including seven with confirmed influenza and six with suspected influenza

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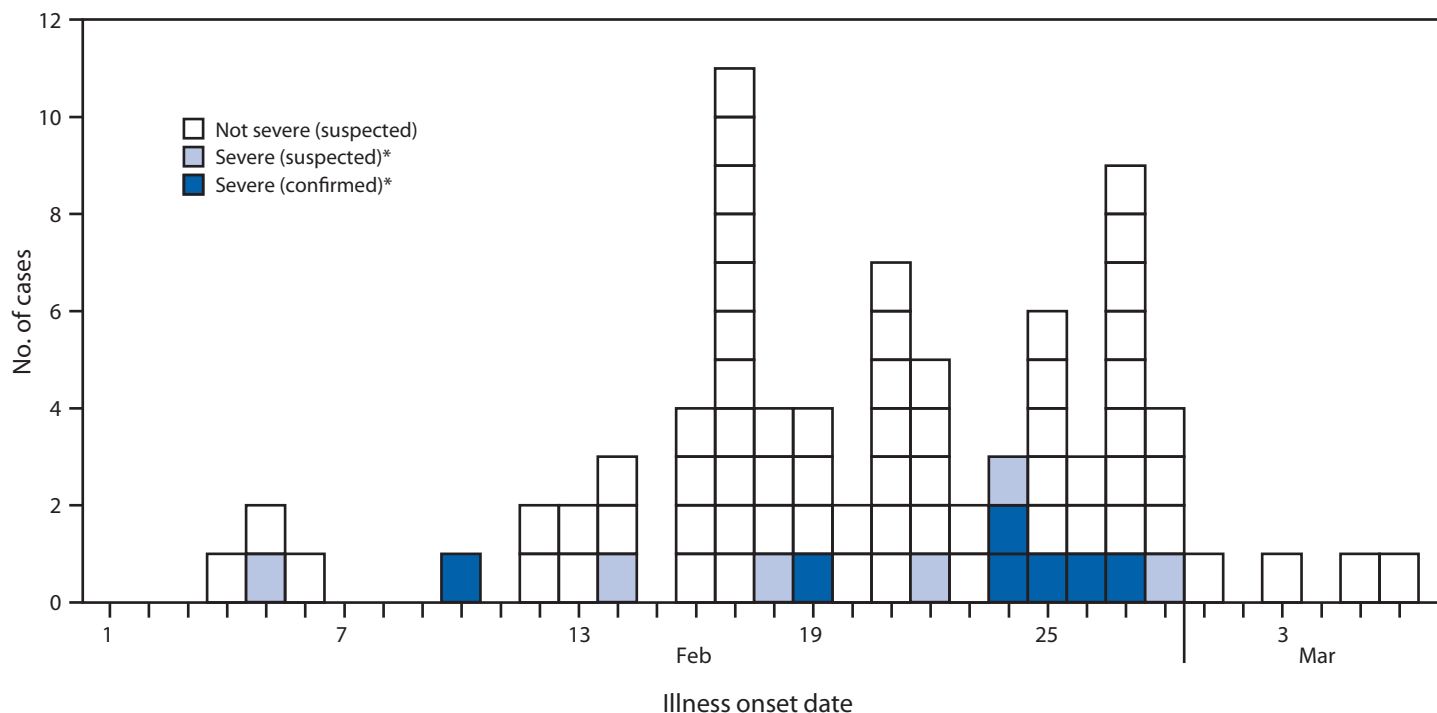
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(Figure). Median age of the severely ill residents was 22 years (range: 14–33 years). Mean duration of illness for severely ill residents was 18 days (range: 6–35 days). All 13 residents with severe influenza had severe to profound neurologic and

neurodevelopmental disabilities, including physical limitations (e.g., scoliosis, hemiplegia or quadriplegia, or cerebral palsy) (Table 1), and nine had “do not resuscitate” orders. All 13 severely ill residents received 2010–11 seasonal influenza

FIGURE. Number of cases of influenza-related illness (N = 76) at a residential facility, by illness onset date and severity — Ohio, 2011



\* Cases were defined as severe if the patient was hospitalized or died.

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**TABLE 1. Clinical characteristics of facility residents with influenza-related illness (hospitalization and deaths)\* — Ohio, 2011**

Characteristic	No. (N = 13)	(%)
<b>Clinical characteristics</b>		
Cerebral palsy	13	(100)
Intellectual disability	13	(100)
Epilepsy	12	(92)
Scoliosis	10	(77)
Visual impairment	10	(77)
Recurrent pneumonia	10	(77)
Gastroesophageal reflux disease	10	(77)
Asthma	4	(31)
Obstructive apnea	3	(23)
<b>Mobility limitations</b>		
Quadriplegia	12	(92)
Hemiplegia	1	(8)
<b>Feeding needs</b>		
Gastrostomy tube (G-tube)	9	(69)
G-tube or gastro-jejunostomy tube (exclusively)	4	(31)
<b>Etiology of conditions</b>		
Developmental	11	(85)
Traumatic	2	(15)

\* Children and young adults might have more than one condition.

vaccine during October–November 2010. No temperature data were available for the facility's refrigerator, which was used for vaccine storage during October–November 2010, when facility residents were vaccinated, but the mean recorded temperature of this unit during the investigation was 27°F (range: 10°–42°F) (-2.8°C, range: -12.2°–5.6°C). Fever was the most common clinical sign at illness onset and respiratory failure was the most common hospital discharge diagnosis/cause of death (Table 2). Of nine severely ill residents tested, six were positive for influenza A virus infection by RIDT and one for 2009 influenza A (H1N1)\* by RT-PCR. Eight of 13 (62%) severely ill residents received oseltamivir treatment; four (31%) received treatment within 48 hours of illness onset. No facility resident received oseltamivir prophylaxis until February 28, 2011. Ten hospitalizations and seven deaths occurred among the 13 severely ill residents.

### Selected Case Reports

**Patient A.** On February 19, 2011, patient A had fever of 101.2°F (38.4°C), and his oxygen saturation was 88% on room air; empiric treatment with ciprofloxacin was initiated. With his neurologic impairment he was able to make sounds but unable to speak or move on his own volition. He had multiple prior admissions for aspiration pneumonia and a history of abnormalities noted on chest radiography. On illness day 2, he developed mild cough and wheezing and was given supplemental oxygen. On illness day 3, he became tachypneic

**TABLE 2. Clinical features and discharge diagnosis/cause of death of facility residents with severe influenza-related illness (hospitalization and deaths) — Ohio, 2011**

Characteristic	No. (N = 13)	(%)
<b>Signs or symptoms</b>		
Fever	12	(92)
Rhonchi	11	(85)
Increased respiratory rate	10	(77)
Cough	10	(77)
Wheezing	9	(69)
Increased work of breathing	8	(62)
Required more frequent suctioning	7	(54)
Congestion	6	(46)
Irritability	5	(38)
Gagging	3	(23)
Vomiting	3	(23)
Nasal drainage	3	(23)
Altered mental status	1	(8)
<b>Discharge diagnosis/Cause of death</b>		
Respiratory failure (secondary to influenza A)	7	(54)
Pneumonia	5	(38)
Septic shock	2	(15)
Acute respiratory distress syndrome	2	(15)
Multiple organ failure	1	(8)

and required increased respiratory suctioning. On illness day 5, he was hospitalized with fever of 101.3°F (38.5°C) and respiratory rate of 24 breaths-per-minute; empiric treatment with piperacillin/tazobactam and vancomycin was initiated. On illness day 6, he tested positive for influenza A by RIDT and was treated with oseltamivir (60 mg twice daily). On the same day, he developed both acute respiratory distress syndrome requiring mechanical ventilation and sepsis with hypotension requiring vasopressor support. On illness day 7, chest radiography showed diffuse lung opacities that progressed to complete opacity of both lungs. He died on illness day 8.

**Patient B.** On February 24, 2011, patient B developed fever of 102.2°F (39.0°C), nonproductive cough, rhonchi, tachypnea, increased tracheostomy secretions, and oxygen saturation of 84% on room air. His neurologic impairment rendered him unable to move, make sounds, or speak. On illness day 2, he developed wheezing and had diminished left lower lung breath sounds. He was hospitalized with temperature of 98.8°F (37.1°C), elevated white blood cell count, tachycardia, and respiratory failure requiring mechanical ventilation. Chest radiography showed hazy opacities with low lung volume. He tested positive for influenza A, and treatment with oseltamivir (75 mg once daily) was initiated. He recovered from the acute illness and was discharged to the residential facility after 8 days of hospitalization.

\* Now termed influenza A(H1N1)pdm09.

**What is already known on this topic?**

Children and young adults with neurologic and neurodevelopmental conditions have increased risk for severe illness and complications from seasonal influenza, including death.

**What is added by this report?**

This report documents severe influenza-related illness resulting in 10 hospitalizations and seven deaths among 130 persons in a residential facility for persons with neurologic and neurodevelopmental conditions. For some of these residents, underlying medical conditions might have hindered early diagnosis and treatment and contributed to the severity of illness.

**What are the implications for public health practice?**

Clinicians should be alert to possible influenza among children and young adults with neurologic and neurodevelopmental conditions, especially during influenza season. Prompt testing and early empiric antiviral treatment in residents with respiratory symptoms in residential or long-term care facilities is important. Influenza prevention efforts should include vaccination of residents, health-care personnel, and others who might transmit influenza to residents, use of infection control precautions, and appropriate use of antiviral medications.

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**Editorial Note**

The 13 children and young adults with severe influenza illnesses in this outbreak likely would have benefited from earlier treatment with influenza antiviral medications. Although eight residents received antiviral treatment, oseltamivir was initiated within 48 hours of illness onset in only four cases. Treatment with a neuraminidase inhibitor is best started within 48 hours of symptom onset; however, recent observational data indicate that, even when started more than 48 hours after illness onset, treatment can help prevent influenza-related complications and death in persons at higher risk or with more severe illness (4). The 13 cases in this report highlight two important considerations for influenza in persons with neurologic and neurodevelopmental conditions: 1) the challenges of early

diagnosis and treatment, and 2) the increased risk for severe illness in this population.

Clinicians might encounter challenges in diagnosing influenza in persons with severe neurologic or neurodevelopmental conditions because patients might have only subtle deviations from their baseline medical status and be unable to communicate symptoms effectively. Patients with neurologic and neurodevelopmental conditions also might exhibit impaired pulmonary function resulting from muscle abnormalities or conditions such as severe scoliosis. They might, therefore, be less able to clear pulmonary secretions and be at increased risk for subsequent lower respiratory tract infection (1,5). Clinicians who care for these patients should be alert to potential signs and symptoms of influenza during influenza season and administer early and aggressive antiviral treatment if influenza is suspected. Because influenza can appear as a nonspecific respiratory infection, clinicians should consider coadministration of empiric antiviral and antibiotic treatment, if warranted. Side effects such as nausea, vomiting, dizziness, runny or stuffy nose, cough, diarrhea, headache, and some behavioral side effects have been associated with the use of influenza antiviral drugs; however, these are uncommon, and use of antiviral medications is still recommended, especially in this high-risk group.

All 13 severely ill residents reportedly were vaccinated with the influenza vaccine recommended for the 2010–11 influenza season. Although vaccination is the best method for preventing influenza and its complications (4,5), its effectiveness varies depending on vaccine virus match and the age and health of the person vaccinated. Preliminary data for the 2010–11 influenza season indicate that influenza vaccine effectiveness was approximately 60% for all age groups combined, and that almost all influenza viruses isolated were well-matched to the vaccine strains (CDC, unpublished data, 2011). Influenza vaccine effectiveness, however, can be considerably lower in immunosuppressed persons or those with underlying medical conditions (6,7). Influenza can spread rapidly among patients and staff members in residential settings, and outbreaks are not uncommon. Vaccination of health-care personnel has been associated with a decrease in influenza and related mortality in patients in long-term care facilities (8,9). Because persons with neurologic and neurodevelopmental disorders are at high risk for complications and the vaccine might not protect them fully, vaccination should be one part of a larger program of influenza prevention in these settings. The program should include vaccination of residents of long-term care facilities, health-care personnel, and others who might transmit influenza to residents. The program also should include use of infection control precautions, and early use of influenza antiviral medications for

treatment of persons with suspected or confirmed influenza and for prevention in other residents and staff members as soon as an outbreak is identified (4).

Low temperatures for vaccine storage can lead to less than optimal vaccine potency. Influenza vaccine should be stored at 35°–46°F (2°–8°C). Although vaccine storage temperature data were not available for the period when the residents were vaccinated, the vaccine refrigerator temperature was considerably below optimal temperature during the investigation. Vaccines must be stored properly from the time they are manufactured until they are administered. Many vaccines can be inactivated by exposure to temperatures colder than 33°F (0.6°C) (10). Temperatures in all refrigerators and freezers used to store vaccine should be read and recorded twice daily.<sup>†</sup>

The findings in this report are subject to at least two limitations. First, a broad case definition was used to identify suspected cases, and not all ill residents underwent diagnostic testing; thus, respiratory pathogens other than influenza might have contributed to this outbreak. Second, residents of this facility are considerably more medically fragile than patients with mild neurologic and neurodevelopmental conditions; therefore, this report is not generalizable to all patients with neurologic and neurodevelopmental conditions or all patients in residential-care centers.

Clinicians caring for patients with neurologic and neurodevelopmental conditions should be vigilant for signs and symptoms that might indicate early respiratory illness and should initiate influenza antiviral treatment as soon as warranted, especially during influenza season. Prompt testing for influenza and empiric antiviral treatment are recommended for these patients when influenza is suspected (4,5). Antiviral chemoprophylaxis also should be provided to all eligible residents of long-term-care facilities during influenza outbreaks (4,5). Health-care personnel should be vaccinated, and clinicians should continue to encourage influenza vaccination in these patients, given the challenges posed by diagnosis and their increased risk for severe influenza-related outcomes.

<sup>†</sup>Additional guidance on proper storage of vaccines is provided in the “Pink Book,” *Epidemiology and Prevention of Vaccine-Preventable Diseases*, available at <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>.

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## Imported Human Rabies — New Jersey, 2011

On July 8, 2011, the New Jersey Department of Health and Senior Services (NJDHSS) contacted CDC about possible rabies in a hospitalized Haitian woman aged 73 years. Rabies was included in the differential diagnosis because she had acute, progressive encephalitis of unknown etiology. No history of animal exposure had been reported at the time of hospitalization. On July 18, CDC confirmed rabies virus infection, later identified as a canine rabies virus variant present in Haiti. The patient's neurologic status continued to deteriorate, leading to her death on July 20. This report summarizes the patient's clinical course and the associated public health investigation. This is the third report of human rabies in the United States acquired in Haiti since 2000 and highlights the importance of obtaining a detailed history for patients who have traveled from a rabies-endemic country and the value of consultation with medical and public health professionals regarding any animal bites.

### Case Report

On June 30, the patient went to a New Jersey emergency department (ED) with right shoulder pain, chest pain, headaches, and increased blood pressure (157/100 mm Hg) despite hypertension medication. Based on her signs and medical history of hypertension, high cholesterol, and diabetes mellitus type II, pulmonary embolism and ischemic heart disease were suspected. A complete blood count (CBC), routine chemistries, a troponin level, an electrocardiogram, chest radiographs, and a chest computerized tomography (CT) scan were normal. When given pain medication, the patient had difficulty swallowing, but she declined testing for dysphagia and was released with pain medication and directions to follow-up with a primary-care physician.

The next day, she visited two different EDs, reporting shortness of breath, spasms, hallucinations, and difficulty maintaining balance. A drug reaction was suspected. A CBC showed a slight monocytosis, and a urinalysis was positive for leukocytes and blood with many bacteria on sediment examination suggestive of a urinary tract infection. A chemistry panel and head CT scan were normal. Treatment with antibiotics and anxiolytics was begun. While in the ED, the patient became progressively combative and incoherent and was admitted on July 2 for evaluation of altered mental status. The next day she became febrile with a temperature of 101.3°F (38.5°C), which was attributed to a urinary tract infection. On July 5, her respiratory secretions increased, her temperature was 102.8°F (39.3°C), and she experienced several episodes of upper extremity tremors.

The patient was transferred to the intensive-care unit, where she was intubated and a nasogastric tube placed. A video electroencephalogram revealed subclinical seizures and possible status epilepticus. Cerebral spinal fluid (CSF) was unremarkable except for a slight increase in the number of white blood cells (7/ $\mu$ L [normal: 0–5/ $\mu$ L]), predominantly lymphocytes. Magnetic resonance imaging of the brain revealed chronic periventricular white matter changes. Encephalitis was diagnosed, and infectious disease consultation was sought on July 7. To rule out infectious etiologies, CSF was tested for herpes simplex virus 1 and 2, West Nile virus, Eastern encephalitis virus, and St. Louis encephalitis virus; all were negative. Viral, bacterial, and fungal cultures also were negative. A nuchal skin biopsy was obtained on July 12 for rabies diagnostics. The patient became hypotensive and hypothermic and exhibited hypothyroidism; she was subsequently diagnosed with central diabetes insipidus and hypopituitarism. By July 14, she was comatose and had a high-grade atrioventricular block.

Samples of serum, CSF, saliva, and a nuchal skin biopsy were sent to CDC on July 15 for rabies testing. Rabies virus antigens were detected in the skin biopsy by direct fluorescent antibody testing on July 18. Rabies virus RNA was detected in the biopsy and saliva by reverse transcription–polymerase chain reaction testing. Sequencing of viral amplicons revealed a rabies virus variant with an RNA sequence closest to that found in a 2004 Florida human rabies patient, associated with a canine rabies virus variant from Haiti. On July 18, the patient was considered brain dead, and she was declared dead 2 days later.

### Public Health Investigation

On July 7, NJDHSS was notified of a woman hospitalized with acute encephalitis and recent residence in a rabies-endemic country but no history of animal exposure. NJDHSS consulted CDC, and a decision was made to continue to rule out other etiologies while collecting specimens for rabies testing. Delays in specimen collection and shipment occurred, and specimens were not received by CDC until July 15. Rabies was diagnosed on July 18. On July 19, the patient's daughter informed NJDHSS that a telephone call to a cousin in Haiti revealed that in April the patient had been bitten by a dog she adopted. She did not consider the bite severe and did not seek medical attention. This was confirmed by family member interviews conducted in Haiti by the Haitian Ministry of Health.

Her daughter reported that the patient experienced intermittent right arm numbness and headaches starting approximately June 25. Family members and members of the patient's church congregation were identified as potential close contacts

## Editorial Note

## What is already known on this topic?

Canine rabies virus variants have not been reported to circulate in the United States since 2004 but continue to circulate in dogs in Haiti. Rabies is nearly always fatal without prompt and appropriate administration of rabies postexposure prophylaxis.

## What is added by this report?

In July 2011, a woman aged 73 years, who was bitten in April 2011 by an adopted street dog in her home country of Haiti, died of rabies in New Jersey. This is the third human case reported in the United States associated with canine rabies exposure in Haiti.

## What are the implications for public health practice?

Rabies should be considered in the differential diagnosis of patients with unexplained, acute, progressive encephalitis, especially those with a history of travel or residence in a country where canine rabies is endemic, even when a history of animal exposure is unknown.

of the patient in the 2 weeks preceding illness onset. Three family members and a frequent house guest received rabies postexposure prophylaxis (PEP) in accordance with Advisory Committee on Immunization Practices guidelines (ACIP) (1). An educational talk about rabies and an informational flyer were provided to church members prior to services on July 24. No church members were identified as being exposed.

Starting on July 18, the risk for rabies virus exposure to hospital staff members was assessed through a questionnaire by NJDHSS and the hospital's infection prevention program. Risk levels ranging from nil (for no exposure at all) to high (for definite exposure to fluids without use of personal protective equipment) were assigned. A total of 246 hospital staff members were identified as having possible contact with the patient during ED visits and hospitalization, of whom 10 (4%) received PEP. Of these 10 staff members, five had not followed standard infection control procedures, two had potential exposure to patient saliva at an open wound or mucous membrane, and three received PEP despite assessments of infection risks which were nil to low.

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The most recent case of human rabies caused by a canine rabies virus variant circulating within the United States was in 1994, and no U.S. canine rabies virus variants have been identified in dogs since 2004 (2,3). Since 2000, eight human rabies cases associated with dog bite exposures have been reported in the United States, all acquired abroad. Three, including the case described in this report, were acquired in Haiti (4–6). Since 2000, approximately 96% of all domestically acquired human rabies infections in the United States have been associated with bat rabies virus variants. In 1983, Pan American Health Organization (PAHO) member countries, including Haiti, began consolidated efforts to prevent dog-transmitted rabies in humans. During the past 20 years, the number of human rabies cases has been reduced by approximately 90% (7). Before 2006, five to 13 human rabies cases were reported annually in Haiti, where the dog and cat population is estimated at 1 million, and less than 50% are vaccinated against rabies. National canine rabies vaccination campaigns were interrupted by the 2010 earthquake, but CDC, PAHO, and other partners are working closely with the Haitian government to improve rabies surveillance as well as diagnostic and animal control capabilities (8). Rabies education and canine vaccination campaigns based on the Global Alliance for Rabies Control *Blueprint for Rabies Prevention and Control*\* are planned.

As is typical of human rabies cases in the United States, rabies was not considered early in the patient's clinical course because animal contact history had not been elicited. Although no standard treatment for rabies exists once symptoms begin, experimental intervention may be considered if the disease is detected early (1,9). Early identification also can limit secondary exposures to medical personnel and patient contacts, minimizing the need for PEP. Standard infection control practices, as outlined by the Hospital Infection Control Practices Advisory Committee, should prevent most health-care worker exposures (10). Goggles, masks, and gloves should be worn during high-risk activities, such as intubation and suctioning. Human-to-human transmission has not been documented in a health-care setting; nevertheless, transmission of rabies virus could occur if open wounds or mucous membranes were contaminated with saliva or neural tissue (1). In the case described in this report, several exposed personnel had not adhered to standard infection control procedures. Prompt and thorough education of employees was critical for assessing exposure risk and minimizing unnecessary PEP.

Rabies should be considered as a differential diagnosis for any severe, progressive, unexplained encephalitis. This case

\* Available at <http://www.rabiesblueprint.com>.

illustrates the importance of clinicians obtaining complete animal exposure histories, as well as the need for prompt medical and public health evaluation of all animal bites, regardless of perceived severity. Rabies is preventable if PEP is administered soon after exposure (1). In countries where canine rabies is endemic, all dog bites should be managed as a rabies exposure until the dog's disease-free status can be confirmed.

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## Receipt of A(H1N1)pdm09 Vaccine by Prisons and Jails — United States, 2009–10 Influenza Season

Approximately 2.3 million inmates were confined to U.S. prisons and jails on any given day in 2009 (1,2). However, over the course of a year, approximately 10 million persons spend time in a correctional facility (3). To determine to what extent correctional facility populations were included in the national vaccine response to the influenza A (H1N1) pdm09 pandemic, staff members at the Emory University Preparedness and Emergency Response Research Center, aided by the National Commission on Correctional Health Care (NCCHC), conducted a survey to document whether jails and prisons received A(H1N1)pdm09 vaccine during the 2009–10 pandemic period. This report summarizes the results of that survey, which found that 55% of jails did not receive A(H1N1) pdm09 vaccine during the pandemic period, whereas only 14% of federal prisons and 11% of state prisons did not receive the vaccine. Greater inclusion of correctional facilities, especially smaller facilities, in pandemic preparedness planning might better protect correctional facility populations and the community as a whole in the event of future influenza pandemics.

U.S. institutions run by state or federal governments that house persons sentenced to >1 year are referred to as prisons. Those run by city or county governments in which persons are detained before trial or are incarcerated for sentences of ≤1 year generally are referred to as jails. Most jail inmates are released in a matter of days, contributing to a high ratio of releasees mixed in with the public. Strengthening correctional facility pandemic preparedness efforts can enhance pandemic preparedness in the surrounding community, the first step for releasees (4).

A national survey\* was conducted of medical authorities in a representative sample of U.S. prisons and jails. To select the sample, both the Bureau of Justice Statistics ranking of the 50 largest jails by population in 2009 and other jail census data for 2006† were analyzed. To sample one third of each stratum, 17 (34.0%) of the 50 largest jails were chosen randomly to be surveyed, as were 968 (33.4%) of the 2,899 smaller jails (Figure 1). In addition, 34 of the 102 (33.3%) federal prisons and 573 (33.3%) of 1,719 state prisons listed in Bureau of Justice Statistics 2005 prison census data‡ were selected.

Because of facility closures, consolidations, and outdated information, NCCHC was able to provide valid contact information for medical authorities at only 1,008 (63.3%) of

the 1,592 randomly selected facilities. To supplement these 1,008 facilities, the NCCHC mailing list was used to add convenience samples of 114 jails and 64 state prisons. This resulted in a total final sample of 1,186 facilities: 814 jails (of which 114 [14.0%] had been selected for convenience), 341 state prisons (of which 64 [18.8%] had been selected for convenience), and 31 federal prisons (all randomly selected) (Figure 1). The 37-question survey was distributed by fax and e-mail during July–November 2010. Follow-up requests were sent to nonresponders 1 week after distribution of the survey. Three successive rounds of reminder calls were made to nonresponders. Facilities whose fax numbers or e-mail addresses were incorrect also were called to correct that contact information. Three months after the survey was first distributed, an option of a 10-question telephone version of the survey was offered to facilities that had not yet responded.

To estimate the proportions of inmates in jails that responded to the survey, the average daily population (ADP) was used. For jails with a capacity of fewer than 3,145 inmates, ADP listings from the 2009–2010 American Correctional Association National Jail and Adult Detention Directory were used; when ADP was not available, the population was estimated using the legal capacity of the facility (5). ADPs for the largest jails were taken from Bureau of Justice Statistics data (2). Responding jails housed 50% of the number of inmates in all sampled jail facilities.

Medical authorities in 38% of facilities responded (447 of 1,186), including 94% (29 of 31) of those in federal prisons, 39% (132 of 341) in state prisons, and 35% (286 of 814) in jails. Overall, during the A(H1N1)pdm09 pandemic, 39% of responding facilities reported not receiving any A(H1N1) pdm09 vaccine. However, proportions of vaccine distribution differed with respect to facility type. Only 14% of federal prisons and 11% of state prisons reported not receiving A(H1N1)pdm09 vaccine during the pandemic period. In contrast, 55% of the sampled U.S. jails did not receive vaccine during the pandemic period.

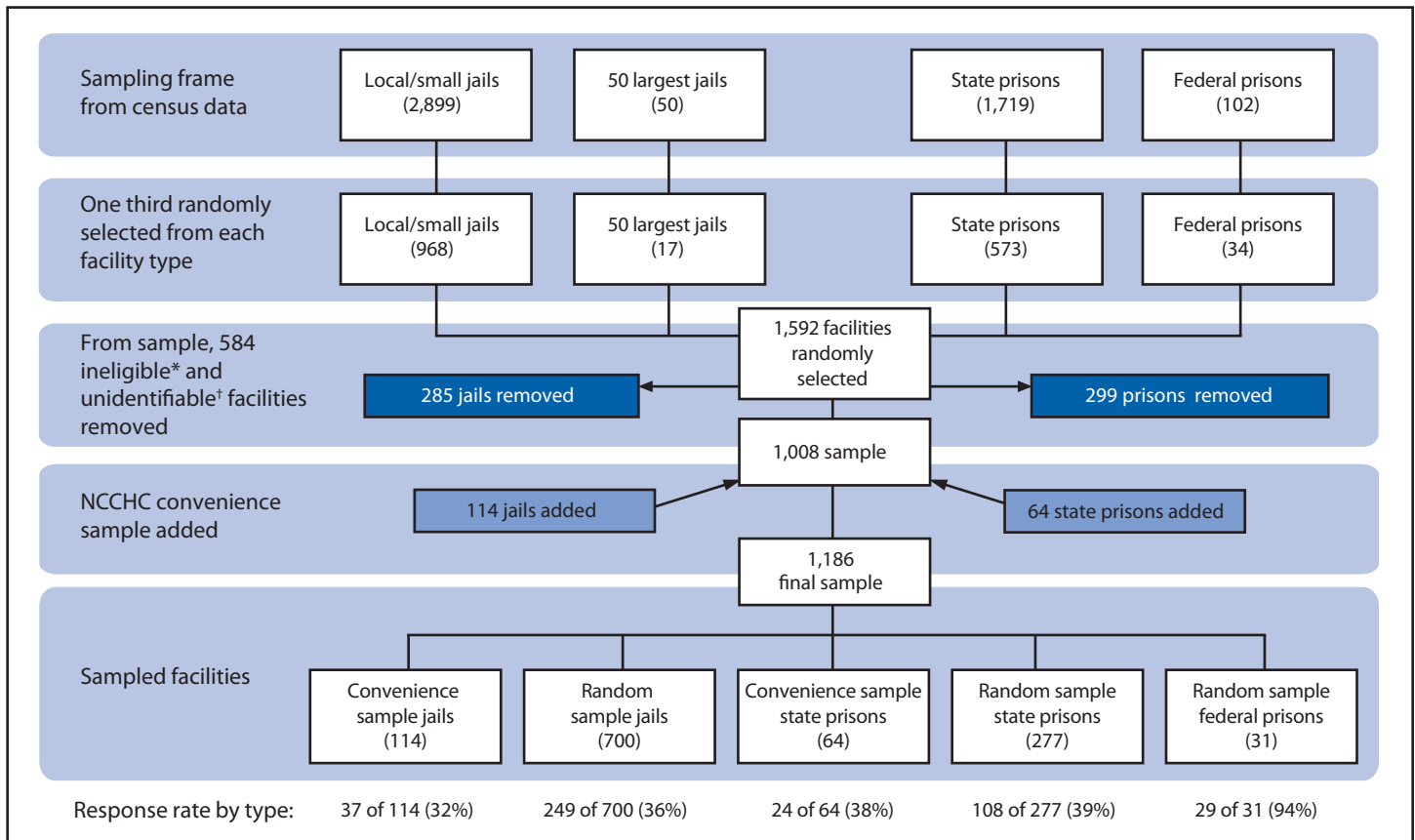
Most of the facilities that received vaccine did so during October 2009–January 2010, when vaccine was allocated to persons at high risk. Some facilities in each of the category types began receiving vaccine before all the vaccine became available to the general population in January 2010 (Figure 2). A(H1N1) pdm09 vaccine distribution was begun earlier for federal prisons (median: October 30, 2009) than for either state prisons (median: November 15) or jails (median: November 14). When facilities that reported receipt of vaccine but did not report a

\* Available at <http://www.chip.sph.emory.edu/documents/tool%20for%20internet%20h1n1%20cf%20survey-08-2010.pdf>.

† Available at <http://dx.doi.org/10.3886/icpsr26602>.

‡ Available at <http://dx.doi.org/10.3886/icpsr24642>.

FIGURE 1. Sampling strategy for A(H1N1)pdm09 vaccine survey of correctional facilities — United States, 2009–10 influenza season



**Abbreviation:** NCCHC = National Commission on Correctional Health Care.

\* Juvenile facilities, halfway houses/community corrections, immigration and customs enforcement facilities, substance abuse centers, and facilities shut down since census.

† Because of facility closures, consolidations, and outdated information, some facilities were removed from the original sample.

receipt date were excluded, the proportions receiving vaccine by April 2010 were 71% for federal prisons, 55% for state prisons, and 28% for jails (Figure 2).

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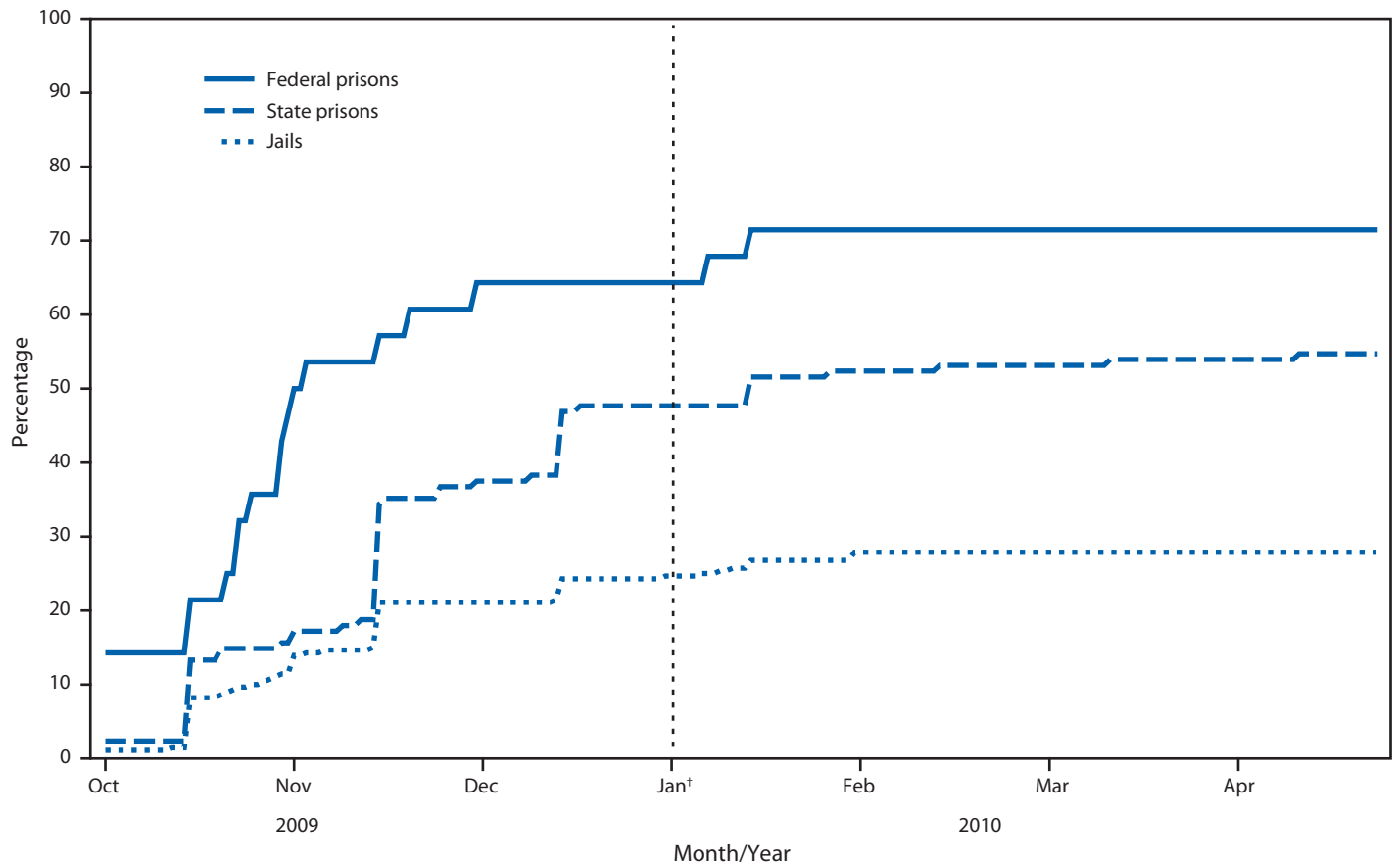
### Editorial Note

Inmates of jails and prisons have high rates of chronic and infectious diseases (4); 5.2% of women entering jails are pregnant (5). Persons dwelling in jails and prisons are at increased risk for exposure to infectious agents because new

entrants can constantly introduce new pathogens, and close confinement can facilitate disease transmission (6). For some inmates, incarceration is their first contact with the health-care system as an adult. Improving the health of inmates, especially controlling communicable disease among them, is important not only for their health and that of their fellow inmates, but for the health of the public at large (7).

The findings in this report indicate that, although some correctional facilities were able to obtain A(H1N1)pdm09 vaccine in a timely manner after it became available, 55% of jails in the United States did not receive any vaccine during the 2009 influenza pandemic period. Inmate populations include groups in the highest risk categories for A(H1N1)pdm09 influenza (e.g., pregnant women). The distribution process for A(H1N1)pdm09 influenza vaccine was a state-directed process, in which states received population-based allocations and determined the best way to use those allocations. Some states might need to reexamine their priorities in dispensing vaccine so that they can protect persons in jails who might otherwise be missed during vaccination efforts and pandemic influenza planning.

**FIGURE 2. Percentage of correctional facilities receiving A(H1N1)pdm09 vaccine, by date and facility type, among facilities that provided receipt dates in their response — United States, 2009–10 influenza season\***



\* In total, 265 facilities indicated that they received the vaccine, 171 indicated that they did not receive the vaccine, and 11 did not indicate either way. Of the 265 that indicated they received the vaccine, 177 provided the date received. Curves reflect those that provided a receipt date or reported that they did not receive vaccine. Those that reported that they received vaccine but did not report a receipt date are not included.

† All A(H1N1)pdm09 vaccine had entered the marketplace by January 2010.

The findings in this report are subject to at least three limitations. First, the study focused on delivery of vaccine to facilities and not on vaccination coverage among inmates and staff members. For facilities reporting receipt of vaccine, coverage rates varied. Second, because contact information for a number of facilities could not be found, a convenience sample was added to the random sample. These insertions were selected arbitrarily. A retrospective sensitivity analysis determined that the convenience sample did not bias the estimates in the study.<sup>¶</sup> Finally, response rates were below 50% for jails and state prisons and differed by strata and selection method. Among the randomly selected facilities, response rates were 38% for jails, 94% for federal prisons, and 39% for state prisons. Among the convenience samples, response rates were 36% for jails and 45% for state prisons. However, surveys of correctional health-care personnel often have low response

rates (10), in part because of a reluctance to engage in any form of health research. As a result, many correctional health studies have resorted to using convenience samples. The overall correctional facility response rate of 40% is comparable with other surveys that have been conducted within the context of correctional health care (10).

Failing to address the vaccination needs of incarcerated populations affects inmate populations and correctional workers, including health-care workers, because of their persistent contact with inmates. As inmates are released, this cycle has the potential to influence the health of the public in nearby communities as well. Because a large proportion of the inmate population is apt to be medically underserved before incarceration as a result of factors such as lack of insurance coverage or inadequate access to primary health care (9), entry into incarceration might be an inmate's first contact with the health care system as an adult. Consequently, correctional health-care workers need adequate resources and vaccine to protect these populations.

<sup>¶</sup> Primary outcome estimates changed by <1% when adjusting for the convenience sample.

## References

## What is already known on this topic?

Jail inmates are at high risk for infectious diseases because of multiple factors, including a high turnover rate, which constantly introduces pathogens, and close confinement, which facilitates transmission.

## What is added by this report?

Among a sample of U.S. correctional facilities responding to a survey, a disproportionate number of jails (55%) reported not receiving any A(H1N1)pdm09 influenza vaccine during the 2009 pandemic period in contrast with 14% of federal prisons and 11% of state prisons.

## What are the implications for public health practice?

Involving correctional facilities, especially smaller facilities, in pandemic preparedness planning might better protect correctional facility populations and the community as a whole in the event of future pandemics.

The United States undoubtedly will experience future pandemics, some of which might be more severe than the 2009 influenza pandemic. Meeting the need for adequate vaccine delivery to jails can affect the health of inmates and the general population. The experience of vaccine distribution for the A(H1N1)pdm09 influenza pandemic highlights the importance of including correctional health-care leaders in emergency pandemic planning.

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## Update: Influenza A (H3N2)v Transmission and Guidelines — Five States, 2011

*On December 23, 2011, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).*

From August 17 to December 23, 2011, CDC received reports of 12 human infections with influenza A (H3N2)v viruses that have the matrix (M) gene from the influenza A (H1N1)pdm09 virus (formerly called swine-origin influenza A [H3N2] and pandemic influenza A [H1N1] 2009 viruses, respectively [Box]). The 12 cases occurred in five states (Indiana, Iowa, Maine, Pennsylvania, and West Virginia), and 11 were in children (1,2). Six of the 12 patients had no identified recent exposure to swine. Three of the 12 patients were hospitalized, and all have recovered fully.

A case in an adult male in Indiana with occupational exposure to swine was among the 12, and two children in West Virginia who regularly attended the same day care accounted for the latest cases. This report describes those cases and swine influenza virus (SIV) surveillance being conducted by the U.S. Department of Agriculture (USDA).

### Case Reports

**Indiana.** On October 28, 2011, CDC was notified by the Indiana Department of Health of a suspected case of A(H3N2)v virus infection in an adult male. The patient experienced onset of fever, cough, shortness of breath, nausea, vomiting, and body aches on October 20, and was hospitalized for 4 days. He did not receive treatment with influenza antiviral medications and recovered fully.

On October 22, a respiratory specimen from the patient was positive for influenza at the hospital. On October 28, the virus was identified by real-time, reverse transcription–polymerase chain reaction (rRT-PCR) testing at the Indiana State Public Health Laboratory as an inconclusive influenza A virus, consistent with results seen with other recent A(H3N2)v infections. On October 31, genome sequencing at CDC confirmed the virus as A(H3N2)v with the M gene from the A(H1N1)pdm09 virus, similar to the viruses identified in the other cases of human infection in the United States since August 2011.

The patient reported direct contact with swine during his work in the week before illness onset. He said he did not wear any personal protective equipment (PPE) because the swine did not exhibit signs of illness. No illness was reported among the patient's household members or other close contacts.

**West Virginia.** On November 19, a child aged <5 years developed acute onset of fever after 1 week of cough and congestion. The child had been hospitalized for an unrelated condition 2 days before the onset of fever. On November 21, a respiratory specimen was collected. Rapid diagnostic tests

conducted by the hospital were negative for influenza and respiratory syncytial virus, but influenza A was identified by an alternative rRT-PCR at the hospital. The specimen was forwarded to the West Virginia Office of Laboratory Services, where it was identified as a suspected influenza A (H3N2)v virus. Subsequent genome sequencing conducted at CDC confirmed the virus as A(H3N2)v with the M gene from the A(H1N1)pdm09 virus. The child, who had no recent travel or exposure to swine, was discharged on November 21, and has since recovered from the influenza illness.

An investigation was conducted to ascertain respiratory illnesses among contacts of the child that occurred during November 9–December 19. Multiple contacts, including children who regularly attended day care with the child, were found to have had respiratory illness during this period. On November 29, a second child aged <5 years who attended day care regularly with the first child and who had no recent travel or swine exposure became ill with fever, cough, diarrhea, and rhinorrhea. The second child did not seek medical care and recovered fully from the illness. A respiratory specimen obtained from the second child on December 7 was inconclusive by rRT-PCR at the West Virginia Office of Laboratory Services; however, the specimen was confirmed as influenza A (H3N2)v with the M gene from the A(H1N1)pdm09 virus via genome sequencing at CDC.

No additional A(H3N2)v cases have been identified among the other ill day care attendees or contacts of either patient. Enhanced surveillance for influenza-like illness and increased diagnostic testing of respiratory specimens is being conducted in West Virginia and adjacent counties in Maryland as part of the ongoing investigation of these cases. Currently, no evidence of additional human-to-human transmission in the community has been identified.

### Influenza Surveillance of U.S. Swine

Surveillance for SIV in the United States is overseen by USDA, largely in swine that display influenza-like illness. In July 2009, USDA's Animal and Plant Health Inspection Service and the swine industry implemented a SIV surveillance program\* to characterize the distribution of SIV in U.S. swine herds. To date, approximately 150 SIV isolates have undergone sequencing of three genes (hemagglutinin, matrix, and neuraminidase gene segments) and sequences have been submitted to GenBank.† Thirty isolates have been identified as A(H3N2) viruses and

\*Additional information is available at [http://www.aphis.usda.gov/animal\\_health/animal\\_dis\\_spec/swine/siv\\_surv\\_manual.shtml](http://www.aphis.usda.gov/animal_health/animal_dis_spec/swine/siv_surv_manual.shtml).

† Available at <http://www.ncbi.nlm.nih.gov/genbank>.

**BOX. Changes in nomenclature for the swine-origin influenza A (H3N2) and pandemic influenza A (H1N1) 2009 viruses**

After discussions among the World Health Organization (WHO), the World Organization for Animal Health, the Food and Agriculture Organization, CDC, and other U.S. federal agencies, swine-origin influenza viruses identified in humans will now be referred to as “variant” viruses and denoted with a “v.” Influenza viruses identified in swine populations will continue to be referred to as “swine influenza” viruses.

This change in nomenclature follows announcement by WHO of a decision to standardize nomenclature for the pandemic influenza A (H1N1) 2009 virus (which has had diverse names) as influenza A (H1N1)pdm09 (1).

Since August 2011, CDC has identified 12 human infections in five states with swine-origin influenza A (H3N2) viruses. Per the new naming convention, these H3N2 viruses will now be referred to as “influenza A (H3N2) variant viruses with genes from avian, swine and human viruses,” and will be abbreviated as “A(H3N2)v” for scientific use and “H3N2v” for general public use. These 12 A(H3N2)v viruses also have the M gene from the A(H1N1)pdm09 virus.

**Reference**

1. World Health Organization. Standardization of terminology of the pandemic A(H1N1) 2009 virus. *Wkly Epidemiol Rec* 2011;86:480.

eight of those 30 have the M gene from the influenza A (H1N1) pdm09 virus as determined by an informal analysis of GenBank submission data by the USDA Agricultural Research Service. Further characterization and analysis are ongoing, and new submissions are added as diagnostic work is completed.

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**Editorial Note**

Human infections with the influenza viruses currently circulating among swine are rare. Since 2005, only 35 cases have been reported in the United States, but the frequency with which they have been detected increased in 2011. When different influenza viruses simultaneously infect a single host (e.g., a human or swine), exchange of genetic material can occur, resulting in a new influenza virus. Depending on the antigenic distance between the new virus and recently circulating seasonal viruses, little or no immunity might exist in the human population. Influenza A (H3N2)v viruses resulted from reassortment of influenza A (H1N1)pdm09 viruses with swine influenza A (H3N2) viruses. A diagram depicting this reassortment is available online from CDC’s Public Health Image Library.<sup>§</sup> Because these viruses carry a newly identified combination of genes, little information is available regarding transmission efficiency in swine, in humans, or between swine and humans. However, the recent human cases involving swine exposure and results of SIV surveillance indicate that these viruses also currently are circulating in swine herds.

The case of influenza A (H3N2)v infection after occupational contact with swine in Indiana and the apparent limited human-to-human transmission of A(H3N2)v virus that occurred in a day care setting in West Virginia represent two different possible scenarios for transmission of this virus. Work exposure highlights the risk for interspecies influenza transmission in occupational settings where humans are exposed to swine, an association that has been described previously (3–7). To minimize the risk for interspecies influenza transmission in occupational settings, CDC and the Occupational Safety and Health Administration (OSHA) encourage swine workers to 1) get vaccinated against human seasonal influenza, 2) wear appropriate PPE, and 3) practice good hygiene, such as washing hands thoroughly with soap and water, when in contact with swine, especially swine that show signs of illness. The National Pork Board also recommends producers work with their veterinarian to develop appropriate prevention and control measures for influenza in swine, which can include vaccinating swine against swine influenza. Similar to humans, swine infected with influenza viruses do not always exhibit signs of infection (8). Persons with swine exposure in the week before onset of an illness with symptoms of influenza

<sup>§</sup> Available at <http://phil.cdc.gov/phil/details.asp> (image ID: 13469).

requiring medical care should notify their health-care provider of their swine exposures. Persons who develop symptoms of influenza after close contact with swine are recommended to stay home until well to minimize contact with persons and swine as much as possible.

Guidance materials for persons who work with swine have been published by OSHA.<sup>‡</sup> In addition, the National Pork Board,<sup>\*\*</sup> CDC, and the National Association of State Public Health Veterinarians have published guidance for persons exposed to swine in public settings (9). Clinicians should consider variant influenza virus infection in the differential diagnosis of patients with febrile respiratory illness who have been near swine whether at work or at an agricultural event, such as a fair or exhibit.

The A(H3N2)v cases in West Virginia involved two children who attended the same day care, but the first child was unlikely to have transmitted the virus to the second child, given the ≥10-day difference in their symptom onset dates. This represents a scenario of limited human-to-human transmission occurring in a day care setting. Therefore, clinicians also should consider the possibility of influenza A (H3N2)v infections in patients who have not had exposure to swine, particularly young children in those states where influenza A (H3N2)v cases have been reported. Clinicians who suspect variant influenza virus infection should obtain a nasopharyngeal swab, place the swab in viral transport medium, and contact their state or local health department to facilitate transport and timely diagnosis (10). Influenza A (H3N2)v viruses detected to date are susceptible to oseltamivir and zanamivir for the treatment of influenza. Clinicians who suspect variant influenza infection in a patient should consider treatment with these medications if clinically indicated (10). Because these viruses have the M gene from the influenza A (H1N1)pdm09 virus, they are resistant to amantadine and rimantadine. CDC requests that state public health laboratories notify CDC immediately of suspected variant influenza A specimens and send them to the CDC Influenza Division's Virus Surveillance and Diagnostics Branch Laboratory. Confirmed cases should be investigated thoroughly and expeditiously to ascertain whether swine-to-human or human-to-human transmission is ongoing and to limit further exposures between humans with others and swine. Such investigations require close collaboration among state, local, and federal public and animal health officials.

CDC is working with USDA and state public health and animal health experts in the locations where these cases have occurred

#### What is already known on this topic?

During August–December 2011, a total of 12 human infections with influenza A (H3N2)v viruses were identified in the United States (two from Indiana, three from Iowa, two from Maine, three from Pennsylvania, and two from West Virginia).

#### What is added by this report?

This report provides the new nomenclature for the virus and describes three cases, one in an adult with occupational exposure and two in children involving limited human-to-human transmission in a day care setting. It also provides an overview of the U.S. Department of Agriculture's swine influenza virus (SIV) surveillance program along with data on influenza A (H3N2) viruses in swine. Out of approximately 150 SIV isolates that have undergone sequencing of three genes (hemagglutinin, matrix, and neuraminidase gene segments), 30 have been identified as A(H3N2) viruses; eight of those 30 have the M gene from the influenza A (H1N1)pdm09 virus.

#### What are the implications for public health practice?

Nonhuman influenza virus infections rarely result in human-to-human transmission, but the implications of sustained ongoing transmission between humans is potentially severe; therefore, prompt and thorough identification and investigation of sporadic human infections with novel influenza viruses are needed to reduce the risk for sustained transmission.

to investigate each case fully and to enhance influenza surveillance to detect human cases of variant influenza virus infections. The CDC rRT-PCR assay that was approved by the Food and Drug Administration in September 2011 is able to identify these cases as presumptive influenza A (H3N2)v cases. These diagnostic test kits have been distributed to public health laboratories in the United States and National Influenza Centers designated by the World Health Organization in other countries. Additional rRT-PCR test enhancements to further improve detection of influenza A (H3N2)v viruses are under development.

Limited serologic studies conducted to date indicate that young children have little preexisting immunity to influenza A (H3N2)v viruses. Because the hemagglutinin genes of these viruses are related to human influenza A (H3N2) viruses that circulated in the 1990s, older children and adults might have limited immunity against these viruses. Certain persons, including young children, pregnant women, persons with chronic health conditions such as asthma, diabetes, or heart and lung disease, and persons aged ≥65 years, are likely to be at greater risk for serious influenza-related complications from variant influenza viruses such as influenza A (H3N2)v. The influenza A (H3N2)v virus is different enough from current human seasonal influenza viruses that the seasonal influenza vaccine is not expected to provide significant protection.

<sup>‡</sup> Available at <http://www.osha.gov/publications/influenza-workers-pigs-factsheet.pdf>.

<sup>\*\*</sup> Additional information is available at <http://pork.org/filelibrary/factsheets/swine%20health/publichealth%20influenza04726.pdf>.

CDC will provide routine and timely communications regarding these influenza A (H3N2)v viruses and other variant influenza viruses with the public, partners, state and local health departments, and stakeholders. Updated information and guidance documents related to A(H3N2)v viruses are available online from CDC at <http://www.cdc.gov/flu/swineflu/influenza-variant-viruses.htm>.

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## Notes from the Field

### *Escherichia coli* O157:H7 Gastroenteritis Associated with a State Fair — North Carolina, 2011

On October 24, 2011, the North Carolina Division of Public Health (NCDPH) was notified of four Shiga toxin-producing *Escherichia coli* (STEC) infections among persons who had attended the 2011 North Carolina State Fair, held October 13–23 in Raleigh. Approximately 1 million visitors had attended the fair.

NCDPH conducted a case-control study to identify the source of transmission. A case was defined as laboratory evidence of STEC, hemolytic uremic syndrome (HUS), or acute bloody diarrhea with no other identified etiology in a person who attended the fair 1–10 days before illness onset. Active case finding was performed by using a network of hospital-based public health epidemiologists.\* Passive surveillance was enhanced through notifications to public health officials, health-care providers, laboratory directors, and the public. Control subjects were recruited by contacting 11,000 randomly selected advanced ticket purchasers by e-mail with a request to participate in the investigation. Three control subjects were matched to each case by age (<18 years or ≥18 years) and date of fair attendance. A stool specimen was requested of all case-patients for laboratory confirmation of *E. coli*. Pulsed-field gel electrophoresis (PFGE) patterns were compared with known strains in the national PulseNet database.† Case-patients' exposures to food, animals, and fair activities were assessed by using a scripted questionnaire administered to case-patients and control subjects.

Twenty-five cases were identified with case-patients' illness onsets during October 16–25; median age was 26 years (range: 1–77 years). Eight case-patients (32%) were hospitalized; four (16%) experienced HUS. Nineteen case-patients provided stool specimens, and 11 (44%) had laboratory confirmation of *E. coli* O157:H7 with matching PFGE patterns. This PFGE pattern is the eighth most common pattern in the PulseNet database and has been associated with previous foodborne outbreaks (CDC, unpublished data, 2011).

The only exposure associated with illness was having visited one of the permanent structures in which sheep, goats, and pigs were housed for livestock competitions (matched odds ratio: 5.6; 95% confidence interval: 1.6–19.2). Fair attendees were not intended to have physical contact with animals in the building; however, 25% of case-patients (three of 12) and

24% of control subjects (five of 21) who visited the building reported direct contact with animals.

A previous STEC outbreak linked to a petting zoo at the 2004 North Carolina State Fair resulted in 187 illnesses, 15 of which were complicated by HUS (1). The 2004 outbreak led to the passage of Aedin's Law in North Carolina, which created regulations for exhibitions housing animals intended for physical contact with the public.§ These regulations include requirements for permitting, education, and signage to inform the public of health and safety concerns, enhanced maintenance of animal facilities, transitional entrances and exits, and easily accessible hand-washing stations. The 2011 outbreak was associated with an animal exhibit not subject to Aedin's Law. Preventive measures such as educational signs and hand-washing facilities were in place, based on national guidelines compiled in the 2011 *Compendium of Measures to Prevent Disease Associated with Animals in Public Settings* (2). As a result of this outbreak, a multiagency task force is being created in North Carolina to evaluate the preventive measures that were in place during the 2011 state fair and to identify additional interventions that could be applied to prevent disease transmission in livestock exhibitions where physical contact with the public might occur.

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§ Aedin's Law. GS 106-520.3A General Assembly of North Carolina (July 15, 2005). Available at <http://www.ncga.state.nc.us/sessions/2005/bills/senate/pdf/s268v4.pdf>.

\* Additional information available at <http://epi.publichealth.nc.gov/phpr/phe.html>.

† Additional information available at <http://www.cdc.gov/pulsenet>.

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## Announcement

### National Birth Defects Prevention Month and Folic Acid Awareness Week — January 2012

This year, National Birth Defects Prevention Month focuses on one of the most common types of birth defects, congenital heart defects. Each year, nearly 40,000 infants in the United States are born with heart defects (1), which are a leading cause of death during the first year of life (2). As medical care and treatment have improved, persons with congenital heart defects are living longer lives. An estimated 1 million adults are now living with a heart defect (3,4). These persons face unique challenges with their health and require specialized lifelong care.

CDC's National Birth Defects Prevention Study has identified some modifiable maternal risk factors for congenital heart defects, including smoking during pregnancy (5), uncontrolled diabetes in pregnancy (6), and prepregnancy obesity (7). Health-care providers should talk with their patients of reproductive age and encourage them to quit smoking, control diagnosed diabetes, and strive to achieve and maintain a healthy weight. Additional information about congenital heart defects is available at <http://www.cdc.gov/heartdefects>.

January 8–14 is National Folic Acid Awareness Week. Consuming folic acid daily before and during early pregnancy will help reduce the risk for neural tube defects, such as spina bifida and anencephaly (8). Health-care providers should encourage every woman to consume 400 mcg of synthetic folic acid daily from fortified foods or supplements, or a combination of the two, in addition to consuming food folate from a varied diet. Additional information about folic acid is available at <http://www.cdc.gov/folicacid>.

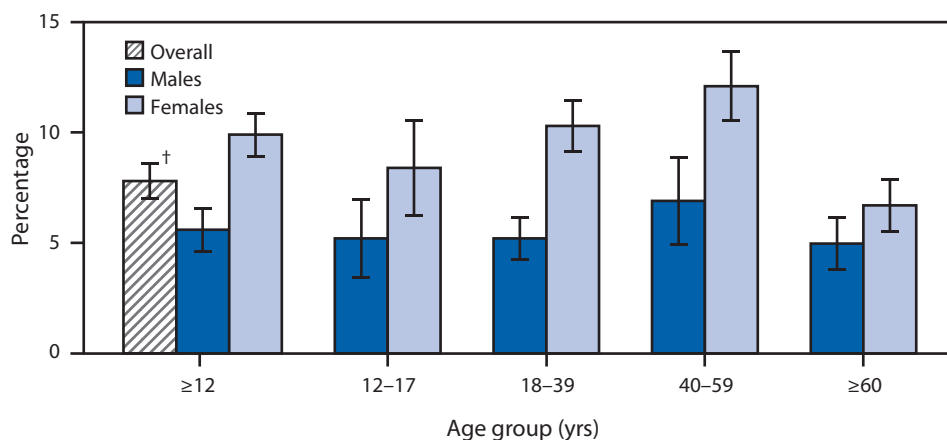
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## QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

### Prevalence of Current Depression\* Among Persons Aged $\geq 12$ Years, by Age Group and Sex — United States, National Health and Nutrition Examination Survey, 2007–2010



\* Current depression was determined based on responses to the Patient Health Questionnaire, which asks about symptoms of depression during the preceding 2 weeks. Depression was defined by a score of  $\geq 10$  out of a possible total score of 27.

<sup>†</sup> 95% confidence interval.

Nearly 8% of persons aged  $\geq 12$  years (6% of males and 10% of females) report current depression. Females have higher rates of depression than males in every age group. Males aged 40–59 years have higher rates of depression (7%) than males aged  $\geq 60$  years (5%). Females aged 40–59 years have higher rates of depression (12%) than females aged 12–17 years (8%) and females aged  $\geq 60$  years (7%).

**Source:** National Health and Nutrition Examination Survey data, 2007–2010. Available at <http://www.cdc.gov/nchs/nhanes.htm>.

## Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 24, 2011 (51st week)\*

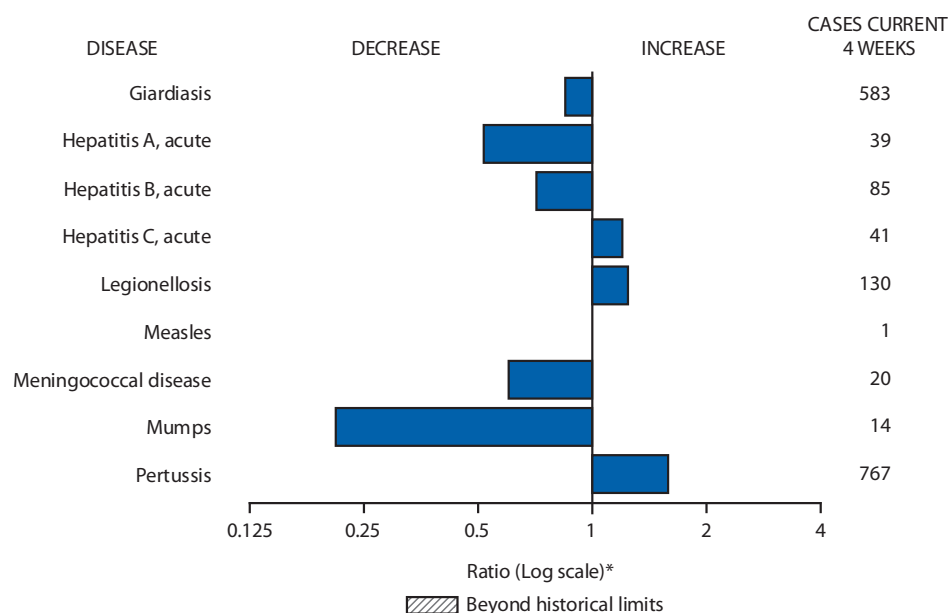
Disease	Current week	Cum 2011	5-year weekly average <sup>†</sup>	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	1	0	—	1	—	1	1	
Arboviral diseases <sup>§, ¶</sup> :									
California serogroup virus disease	—	125	0	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	4	—	10	4	4	4	8	
Powassan virus disease	—	14	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	5	—	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	4	628	0	NN	NN	NN	NN	NN	NY (4)
Botulism, total	1	108	4	112	118	145	144	165	
foodborne	—	9	1	7	10	17	32	20	
infant	1	69	3	80	83	109	85	97	TN (1)
other (wound and unspecified)	—	30	1	25	25	19	27	48	
Brucellosis	—	74	3	115	115	80	131	121	
Chancroid	—	26	1	24	28	25	23	33	
Cholera	—	29	0	13	10	5	7	9	
Cyclosporiasis <sup>§</sup>	1	141	3	179	141	139	93	137	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	8	1	23	35	30	22	29	
nonsensory type b	1	103	5	200	236	244	199	175	OH (1)
unknown serotype	3	231	6	223	178	163	180	179	NY (1), OH (1), OK (1)
Hansen disease <sup>§</sup>	1	49	1	98	103	80	101	66	FL (1)
Hantavirus pulmonary syndrome <sup>§</sup>	—	20	1	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal <sup>§</sup>	—	204	7	266	242	330	292	288	
Influenza-associated pediatric mortality <sup>§, ††</sup>	—	118	2	61	358	90	77	43	
Listeriosis	10	743	22	821	851	759	808	884	OH (4), FL (6)
Measles <sup>§§</sup>	—	212	1	63	71	140	43	55	
Meningococcal disease, invasive <sup>¶¶</sup> :									
A, C, Y, and W-135	—	176	8	280	301	330	325	318	
serogroup B	3	103	4	135	174	188	167	193	OH (1), TX (1), WA (1)
other serogroup	—	12	1	12	23	38	35	32	
unknown serogroup	5	366	13	406	482	616	550	651	NY (1), PA (1), WV (1), FL (1), TX (1)
Novel influenza A virus infections <sup>***</sup>	—	8	0	4	43,774	2	4	NN	
Plague	—	2	—	2	8	3	7	17	
Polio myelitis, paralytic	—	—	0	—	1	—	—	—	
Polio virus Infection, nonparalytic <sup>§</sup>	—	—	—	—	—	—	—	NN	
Psittacosis <sup>§</sup>	—	2	0	4	9	8	12	21	
Q fever, total <sup>§</sup>	3	109	3	131	113	120	171	169	
acute	1	79	2	106	93	106	—	—	NC (1)
chronic	2	30	1	25	20	14	—	—	MO (1), MT (1)
Rabies, human	—	2	0	2	4	2	1	3	
Rubella <sup>†††</sup>	—	5	0	5	3	16	12	11	
Rubella, congenital syndrome	—	—	—	—	2	—	—	1	
SARS-CoV <sup>§</sup>	—	—	—	—	—	—	—	—	
Smallpox <sup>§</sup>	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome <sup>§</sup>	2	108	4	142	161	157	132	125	OH (2)
Syphilis, congenital (age <1 yr) <sup>§§§</sup>	—	236	8	377	423	431	430	349	
Tetanus	—	9	1	26	18	19	28	41	
Toxic-shock syndrome (staphylococcal) <sup>§</sup>	—	69	2	82	74	71	92	101	
Trichinellosis	—	9	0	7	13	39	5	15	
Tularemia	—	137	2	124	93	123	137	95	
Typhoid fever	1	313	9	467	397	449	434	353	MO (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> <sup>§</sup>	—	62	1	91	78	63	37	6	
Vancomycin-resistant <i>Staphylococcus aureus</i> <sup>§</sup>	—	—	0	2	1	—	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) <sup>§</sup>	4	720	12	846	789	588	549	NN	MD (1), FL (3)
Viral hemorrhagic fever <sup>¶¶¶</sup>	—	—	—	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 December 24, 2011 (51st 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](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](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](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 December 24, 2011, with historical data**



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

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Morbidity and Mortality Weekly Report

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st 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		
<b>United States</b>	10,054	26,568	31,142	1,292,620	1,276,751	86	383	579	19,105	NN	69	130	388	8,044	8,757
<b>New England</b>	813	871	2,043	43,946	41,471	—	0	1	1	NN	1	7	22	371	486
Connecticut	112	227	1,557	10,460	11,092	—	0	0	—	NN	—	1	9	68	77
Maine†	—	58	98	2,916	2,554	—	0	0	—	NN	1	1	4	48	93
Massachusetts	664	427	860	22,448	20,810	—	0	0	—	NN	—	3	8	152	171
New Hampshire	1	56	90	2,754	2,423	—	0	1	1	NN	—	1	5	61	57
Rhode Island†	—	79	154	3,919	3,359	—	0	0	—	NN	—	0	1	1	18
Vermont†	36	27	84	1,449	1,233	—	0	0	—	NN	—	1	5	41	70
<b>Mid. Atlantic</b>	1,700	3,231	3,953	161,889	169,874	—	0	1	6	NN	11	15	41	823	850
New Jersey	159	539	1,003	27,225	25,936	—	0	0	—	NN	—	0	1	—	51
New York (Upstate)	716	717	2,099	35,557	34,180	—	0	0	—	NN	6	4	15	224	215
New York City	251	1,094	1,315	48,928	63,089	—	0	0	—	NN	—	1	6	83	105
Pennsylvania	574	978	1,235	50,179	46,669	—	0	1	6	NN	5	9	26	516	479
<b>E.N. Central</b>	931	4,050	5,171	197,899	204,443	—	1	5	52	NN	17	32	143	2,426	2,381
Illinois	26	1,100	1,327	50,807	59,757	—	0	0	—	NN	—	3	26	210	333
Indiana	177	537	1,405	27,777	22,632	—	0	0	—	NN	—	3	14	180	280
Michigan	466	955	1,429	47,803	48,820	—	0	3	33	NN	3	6	14	335	316
Ohio	176	1,009	1,124	49,307	50,361	—	0	3	19	NN	14	11	95	1,096	467
Wisconsin	86	464	553	22,205	22,873	—	0	0	—	NN	—	8	61	605	985
<b>W.N. Central</b>	147	1,488	1,794	72,574	71,112	—	0	2	7	NN	8	17	87	1,238	1,836
Iowa	20	212	253	10,535	10,401	—	0	0	—	NN	—	6	19	344	392
Kansas	16	209	288	10,260	9,480	—	0	0	—	NN	—	0	11	41	106
Minnesota	—	307	388	14,358	15,118	—	0	0	—	NN	—	0	3	—	394
Missouri	—	529	759	26,034	25,644	—	0	0	—	NN	5	5	63	508	547
Nebraska†	86	113	218	6,261	4,998	—	0	2	7	NN	3	2	12	175	259
North Dakota	—	40	77	1,891	2,327	—	0	0	—	NN	—	0	12	28	31
South Dakota	25	63	93	3,235	3,144	—	0	0	—	NN	—	2	13	142	107
<b>S. Atlantic</b>	4,347	5,380	7,379	278,125	253,335	—	0	2	6	NN	8	21	37	1,097	1,057
Delaware	94	85	148	4,326	4,393	—	0	0	—	NN	—	0	1	7	9
District of Columbia	175	107	190	5,507	5,494	—	0	0	—	NN	—	0	1	5	8
Florida	770	1,494	1,696	74,422	73,756	—	0	0	—	NN	6	8	17	429	401
Georgia	714	1,018	2,384	50,649	42,763	—	0	0	—	NN	1	5	11	260	263
Maryland†	284	481	1,125	24,453	25,067	—	0	2	5	NN	—	1	6	64	40
North Carolina	1,418	982	1,688	52,040	41,085	—	0	0	—	NN	—	0	23	62	94
South Carolina†	—	526	946	27,933	26,329	—	0	0	—	NN	—	2	8	127	120
Virginia†	810	659	1,575	34,576	30,610	—	0	1	1	NN	1	2	8	127	102
West Virginia	82	81	121	4,219	3,838	—	0	0	—	NN	—	0	5	16	20
<b>E.S. Central</b>	487	1,878	3,314	92,682	89,847	—	0	0	—	NN	3	7	25	430	345
Alabama†	—	546	1,566	28,008	26,830	—	0	0	—	NN	2	2	7	131	184
Kentucky	255	301	2,352	16,246	14,024	—	0	0	—	NN	—	1	17	165	83
Mississippi	—	392	696	18,580	21,032	—	0	0	—	NN	—	1	4	45	24
Tennessee†	232	599	751	29,848	27,961	—	0	0	—	NN	1	2	6	89	54
<b>W.S. Central</b>	142	3,372	4,329	166,529	175,433	—	0	1	8	NN	13	8	62	543	516
Arkansas†	—	309	440	15,449	15,201	—	0	0	—	NN	—	0	2	26	33
Louisiana	142	395	1,071	22,503	28,674	—	0	1	8	NN	—	0	9	47	66
Oklahoma	—	173	850	9,198	13,452	—	0	0	—	NN	2	1	34	85	86
Texas†	—	2,426	3,137	119,379	118,106	—	0	0	—	NN	11	5	37	385	331
<b>Mountain</b>	910	1,752	2,295	87,271	81,618	86	301	459	15,043	NN	4	11	30	578	597
Arizona	332	548	781	28,478	26,501	83	297	456	14,872	NN	—	1	4	42	38
Colorado	352	421	847	22,517	19,277	—	0	0	—	NN	3	2	12	149	132
Idaho†	—	80	235	4,081	4,039	—	0	0	—	NN	1	1	9	105	107
Montana†	—	64	87	3,273	3,041	—	0	2	5	NN	—	1	6	75	49
Nevada†	200	204	380	10,214	9,561	3	2	5	100	NN	—	0	2	14	38
New Mexico†	—	200	1,183	10,235	10,523	—	0	4	48	NN	—	3	9	126	134
Utah	26	132	190	6,695	6,587	—	0	2	15	NN	—	0	5	42	71
Wyoming†	—	35	67	1,778	2,089	—	0	2	3	NN	—	0	5	25	28
<b>Pacific</b>	577	3,951	6,559	191,705	189,618	—	83	145	3,982	NN	4	11	21	538	689
Alaska	42	110	157	5,690	5,947	—	0	0	—	NN	—	0	3	14	6
California	—	2,971	5,763	145,775	144,680	—	82	145	3,975	NN	—	6	15	317	372
Hawaii	—	113	141	5,556	5,927	—	0	0	—	NN	—	0	1	1	1
Oregon	250	276	412	13,685	12,074	—	0	1	7	NN	2	2	8	130	217
Washington	285	431	672	20,999	20,990	—	0	0	—	NN	2	1	9	76	93
<b>Territories</b>															
American Samoa	—	0	0	—	—	—	0	0	—	NN	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	14	44	189	905	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	—	104	349	5,225	5,871	—	0	0	—	NN	N	0	0	N	N
U.S. Virgin Islands	—	16	27	642	580	—	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](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 December 24, 2011, and December 25, 2010 (51st 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			
<b>United States</b>	—	3	16	203	685	—	0	1	2	10
<b>New England</b>	—	0	1	2	10	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	0	—	6	—	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	—	—
<b>Mid. Atlantic</b>	—	1	6	56	222	—	0	0	—	5
New Jersey	—	0	0	—	29	—	0	0	—	—
New York (Upstate)	—	0	1	—	31	—	0	0	—	2
New York City	—	0	4	40	141	—	0	0	—	3
Pennsylvania	—	0	2	16	21	—	0	0	—	—
<b>E.N. Central</b>	—	0	2	14	67	—	0	1	1	1
Illinois	—	0	2	4	21	—	0	1	1	—
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	7	—	0	0	—	1
<b>W.N. Central</b>	—	0	2	11	33	—	0	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	5	—	0	0	—	—
Nebraska**	—	0	0	—	7	—	0	0	—	—
North Dakota	—	0	1	1	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	1
<b>S. Atlantic</b>	—	1	8	81	238	—	0	1	1	2
Delaware	—	0	2	2	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	61	189	—	0	0	—	2
Georgia	—	0	1	3	12	—	0	0	—	—
Maryland**	—	0	2	5	—	—	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	—	—
<b>E.S. Central</b>	—	0	3	8	7	—	0	0	—	—
Alabama**	—	0	1	2	4	—	0	0	—	—
Kentucky	—	0	1	3	2	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	2	3	1	—	0	0	—	—
<b>W.S. Central</b>	—	0	2	9	28	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	1	3	4	—	0	0	—	—
Oklahoma	—	0	0	—	5	—	0	0	—	—
Texas**	—	0	1	6	19	—	0	0	—	—
<b>Mountain</b>	—	0	1	4	24	—	0	0	—	—
Arizona	—	0	1	2	12	—	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	—	—
<b>Pacific</b>	—	0	4	18	56	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	2	5	36	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	8	19	—	0	0	—	—
<b>Territories</b>										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	21	82	1,361	10,622	—	0	3	30	237
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.

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

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

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

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st 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			
<b>United States</b>	1	7	109	681	631	12	15	57	785	1,733	—	2	13	106	91
<b>New England</b>	—	0	1	4	8	—	3	28	273	120	—	0	1	2	2
Connecticut	—	0	0	—	—	—	0	2	—	41	—	0	0	—	—
Maine <sup>§</sup>	—	0	1	1	4	—	0	3	24	17	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	172	—	—	0	0	—	—
New Hampshire	—	0	1	2	3	—	0	4	22	20	—	0	1	1	2
Rhode Island <sup>§</sup>	—	0	1	1	1	—	0	15	47	40	—	0	1	1	—
Vermont <sup>§</sup>	—	0	0	—	—	—	0	1	8	2	—	0	0	—	—
<b>Mid. Atlantic</b>	—	1	7	58	85	11	5	31	361	277	—	0	2	10	15
New Jersey	—	0	1	—	52	—	0	2	—	75	—	0	0	—	1
New York (Upstate)	—	0	7	47	26	11	3	27	305	190	—	0	2	10	11
New York City	—	0	2	11	5	—	1	5	52	11	—	0	0	—	—
Pennsylvania	—	0	0	—	2	—	0	1	4	1	—	0	0	—	3
<b>E.N. Central</b>	—	0	5	31	44	—	0	2	22	511	—	1	6	46	46
Illinois	—	0	4	21	16	—	0	2	10	9	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	36	15
Michigan	—	0	2	4	2	—	0	0	—	4	—	0	2	5	—
Ohio	—	0	1	6	7	—	0	1	9	2	—	0	1	1	—
Wisconsin	—	0	0	—	19	—	0	1	3	496	—	0	1	2	28
<b>W.N. Central</b>	—	1	19	162	120	—	0	8	35	733	—	0	11	14	10
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	5	6	—	0	1	2	1	—	0	1	1	—
Minnesota	—	0	12	—	—	—	0	1	1	720	—	0	11	—	—
Missouri	—	1	19	155	112	—	0	7	29	12	—	0	7	13	10
Nebraska <sup>§</sup>	—	0	1	1	2	—	0	1	1	—	—	0	0	—	—
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	—	—
<b>S. Atlantic</b>	—	2	33	239	251	1	1	8	67	64	—	0	2	13	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	15	8	1	0	3	11	3	—	0	0	—	—
Georgia	—	0	3	18	20	—	0	2	9	1	—	0	1	2	1
Maryland <sup>§</sup>	—	0	3	27	22	—	0	2	6	15	—	0	1	1	2
North Carolina	—	0	17	66	99	—	0	6	20	28	—	0	0	—	—
South Carolina <sup>§</sup>	—	0	1	2	5	—	0	0	—	1	—	0	1	1	—
Virginia <sup>§</sup>	—	1	13	96	77	—	0	3	20	12	—	0	1	8	3
West Virginia	—	0	0	—	3	—	0	0	—	—	—	0	1	1	—
<b>E.S. Central</b>	—	1	8	74	88	—	0	2	16	20	—	0	3	14	9
Alabama <sup>§</sup>	—	0	2	4	12	—	0	1	4	7	N	0	0	N	N
Kentucky	—	0	3	14	16	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	3	3	—	0	1	1	2	—	0	0	—	1
Tennessee <sup>§</sup>	—	0	5	53	57	—	0	2	11	11	—	0	3	14	7
<b>W.S. Central</b>	1	0	87	113	33	—	0	9	8	8	—	0	0	—	1
Arkansas <sup>§</sup>	1	0	13	52	14	—	0	3	6	4	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	82	59	15	—	0	7	2	2	—	0	0	—	—
Texas <sup>§</sup>	—	0	1	2	3	—	0	1	—	2	—	0	0	—	1
<b>Mountain</b>	—	0	0	—	—	—	0	0	—	—	—	0	1	5	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	4	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Wyoming <sup>§</sup>	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
<b>Pacific</b>	—	0	0	—	2	—	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	0	—	2	—	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	—	—
<b>Territories</b>															
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	—	—

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

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



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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st 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		
<b>United States</b>	135	282	445	14,550	19,366	2,326	5,973	6,880	295,896	302,461	38	64	141	3,121	3,010
<b>New England</b>	2	27	64	1,481	1,650	93	108	206	5,381	5,508	—	4	12	209	192
Connecticut	—	4	10	216	287	19	45	150	2,279	2,419	—	1	5	50	44
Maine <sup>§</sup>	—	3	10	171	222	—	5	17	249	157	—	0	2	25	13
Massachusetts	—	12	29	701	719	69	47	80	2,349	2,436	—	2	6	102	94
New Hampshire	—	2	8	115	156	4	2	7	125	150	—	0	2	15	12
Rhode Island <sup>§</sup>	—	1	10	66	82	—	6	35	331	288	—	0	2	10	15
Vermont <sup>§</sup>	2	3	19	212	184	1	0	6	48	58	—	0	2	7	14
<b>Mid. Atlantic</b>	24	55	103	2,782	3,319	384	738	916	37,856	36,372	11	15	32	727	571
New Jersey	—	0	10	—	475	51	150	232	7,601	5,832	—	2	6	105	105
New York (Upstate)	16	21	72	1,162	1,158	130	115	271	5,837	5,645	3	3	18	174	152
New York City	5	16	29	844	912	62	242	315	11,324	12,265	—	3	10	179	96
Pennsylvania	3	16	29	776	774	141	255	361	13,094	12,630	8	5	11	269	218
<b>E.N. Central</b>	34	46	78	2,352	3,251	235	1,034	1,478	52,091	56,641	4	11	22	542	498
Illinois	—	10	19	463	687	6	280	362	13,133	15,480	—	3	11	151	169
Indiana	—	4	11	189	393	23	130	419	6,623	6,455	—	2	7	91	103
Michigan	—	10	21	501	688	132	238	499	12,404	13,476	—	1	4	67	34
Ohio	31	15	30	785	858	55	314	398	15,539	16,225	4	3	7	168	120
Wisconsin	3	8	18	414	625	19	88	118	4,392	5,005	—	1	5	65	72
<b>W.N. Central</b>	10	21	50	1,093	2,096	25	307	372	15,223	14,742	2	2	10	153	226
Iowa	1	4	15	265	281	3	38	55	1,897	1,763	—	0	1	3	1
Kansas	—	2	8	100	207	5	42	57	2,084	2,056	—	0	2	22	24
Minnesota	—	0	13	—	834	—	42	58	1,978	2,095	—	0	5	—	76
Missouri	6	8	23	409	423	—	149	204	7,245	7,017	1	1	5	84	86
Nebraska <sup>§</sup>	2	3	11	174	218	17	25	51	1,273	1,152	1	0	2	29	27
North Dakota	1	0	12	39	31	—	4	8	185	198	—	0	6	14	12
South Dakota	—	2	8	106	102	—	11	20	561	461	—	0	1	1	—
<b>S. Atlantic</b>	36	50	98	2,641	3,906	1,254	1,486	1,934	74,851	74,742	16	14	31	714	752
Delaware	—	0	3	33	35	11	15	31	792	986	—	0	2	5	6
District of Columbia	—	0	3	31	55	68	38	98	1,996	2,064	—	0	0	—	6
Florida	24	23	50	1,217	2,089	208	377	464	19,246	19,891	11	4	12	229	186
Georgia	—	9	51	649	791	247	311	874	15,417	14,978	1	2	7	127	164
Maryland <sup>§</sup>	4	6	13	302	260	81	120	203	5,851	7,210	—	1	5	91	70
North Carolina	N	0	0	N	N	460	325	548	16,608	13,789	—	1	7	74	126
South Carolina <sup>§</sup>	—	2	8	111	144	—	152	241	7,938	7,900	—	1	5	70	82
Virginia <sup>§</sup>	3	5	32	270	480	166	111	352	6,217	7,353	—	2	8	95	82
West Virginia	5	0	8	28	52	13	17	29	786	571	4	0	9	23	30
<b>E.S. Central</b>	2	3	9	162	218	115	505	1,007	25,395	24,587	—	3	12	203	180
Alabama <sup>§</sup>	2	3	9	162	218	—	162	408	8,583	7,848	—	1	4	47	33
Kentucky	N	0	0	N	N	42	77	712	4,414	3,633	—	1	4	41	37
Mississippi	N	0	0	N	N	—	111	191	5,062	6,077	—	0	3	19	15
Tennessee <sup>§</sup>	N	0	0	N	N	73	142	222	7,336	7,029	—	2	5	96	95
<b>W.S. Central</b>	4	5	15	254	386	42	883	1,181	43,302	48,871	4	2	26	144	141
Arkansas <sup>§</sup>	4	2	9	121	129	—	89	138	4,525	4,679	—	0	3	31	19
Louisiana	—	2	10	133	195	42	133	255	6,540	8,762	—	1	4	45	30
Oklahoma	—	0	0	—	62	—	46	254	2,663	4,115	4	1	19	66	84
Texas <sup>§</sup>	N	0	0	N	N	—	589	839	29,574	31,315	—	0	4	2	8
<b>Mountain</b>	14	25	45	1,317	1,736	122	209	292	10,647	9,376	1	5	12	258	301
Arizona	2	2	6	125	164	48	81	130	4,432	3,191	—	1	6	86	109
Colorado	8	11	25	626	684	43	41	89	2,171	2,759	1	1	5	65	82
Idaho <sup>§</sup>	2	3	9	161	210	—	2	13	128	139	—	0	2	21	18
Montana <sup>§</sup>	2	2	5	81	108	—	1	4	79	100	—	0	1	3	2
Nevada <sup>§</sup>	—	1	7	74	106	30	39	103	1,932	1,708	—	0	2	17	10
New Mexico <sup>§</sup>	—	1	6	92	104	—	33	98	1,605	1,131	—	1	4	44	42
Utah	—	3	9	136	306	1	5	10	260	308	—	0	3	20	32
Wyoming <sup>§</sup>	—	0	5	22	54	—	0	3	40	40	—	0	1	2	6
<b>Pacific</b>	9	47	128	2,468	2,804	56	628	791	31,150	31,622	—	3	9	171	149
Alaska	—	2	7	100	97	6	20	31	977	1,258	—	0	3	26	27
California	—	33	67	1,619	1,706	—	518	695	25,608	25,746	—	1	5	44	27
Hawaii	—	0	4	34	58	—	13	24	642	742	—	0	3	27	20
Oregon	2	6	20	353	479	11	27	60	1,416	1,049	—	1	6	71	66
Washington	7	6	57	362	464	39	49	79	2,507	2,827	—	0	1	3	9
<b>Territories</b>															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	3	—	0	5	6	99	—	0	0	—	—
Puerto Rico	—	0	4	38	92	—	6	14	322	311	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	3	10	113	134	—	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](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 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 December 24, 2011, and December 25, 2010 (51st 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			
<b>United States</b>	13	21	74	1,117	1,596	23	48	167	2,443	3,207	11	18	39	983	811
<b>New England</b>	1	1	5	68	94	—	1	8	76	54	—	1	5	61	54
Connecticut	—	0	3	19	28	—	0	4	16	22	—	0	5	40	37
Maine†	1	0	2	7	7	—	0	2	8	13	—	0	2	4	2
Massachusetts	—	0	3	31	48	—	1	6	49	12	—	0	2	11	13
New Hampshire	—	0	1	—	2	—	0	1	3	5	N	0	0	N	N
Rhode Island†	—	0	1	5	9	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	2	6	—	—	0	0	—	2	—	0	1	6	2
<b>Mid. Atlantic</b>	4	3	7	169	271	1	5	11	210	277	3	1	5	90	101
New Jersey	—	0	2	—	75	—	0	2	—	76	—	0	0	—	28
New York (Upstate)	2	1	4	48	56	—	1	9	54	51	3	1	4	51	44
New York City	—	1	5	64	88	—	1	5	79	79	—	0	1	3	3
Pennsylvania	2	1	3	57	52	1	2	4	77	71	—	0	4	36	26
<b>E.N. Central</b>	—	3	8	176	203	—	6	37	320	472	—	2	8	132	92
Illinois	—	1	4	53	48	—	1	6	59	129	—	0	2	7	1
Indiana	—	0	3	12	12	—	1	3	58	74	—	0	5	55	27
Michigan	—	1	6	66	73	—	1	6	84	120	—	1	4	62	45
Ohio	—	1	3	39	47	—	1	30	88	95	—	0	1	6	9
Wisconsin	—	0	1	6	23	—	0	3	31	54	—	0	1	2	10
<b>W.N. Central</b>	1	1	25	40	77	1	2	16	125	114	—	0	6	8	20
Iowa	—	0	1	8	11	—	0	1	10	14	—	0	0	—	—
Kansas	—	0	2	3	13	—	0	2	13	11	—	0	1	3	2
Minnesota	—	0	22	9	15	—	0	15	9	8	—	0	6	2	10
Missouri	1	0	1	13	20	1	1	5	80	67	—	0	0	—	6
Nebraska†	—	0	1	5	14	—	0	3	12	12	—	0	1	3	2
North Dakota	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	1	—	0	1	1	2	—	0	0	—	—
<b>S. Atlantic</b>	3	4	12	233	339	8	12	57	686	883	5	4	11	240	184
Delaware	—	0	1	2	7	—	0	2	13	24	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	0	—	3	—	0	0	—	2
Florida	2	1	7	81	138	4	4	7	203	294	—	1	3	57	56
Georgia	1	1	5	51	39	—	2	7	123	165	—	0	3	35	32
Maryland†	—	0	4	25	22	2	1	4	60	66	—	0	3	35	24
North Carolina	—	0	3	27	47	—	2	9	106	112	—	1	7	60	39
South Carolina†	—	0	2	10	26	—	1	3	32	58	—	0	1	1	1
Virginia†	—	0	3	29	49	—	1	6	68	91	—	0	3	21	13
West Virginia	—	0	5	8	10	2	0	43	81	70	5	0	6	31	17
<b>E.S. Central</b>	1	1	6	48	48	—	10	15	463	380	—	4	10	218	161
Alabama†	1	0	2	8	8	—	2	6	108	67	—	0	3	18	7
Kentucky	—	0	2	10	26	—	3	7	136	134	—	2	7	121	108
Mississippi	—	0	1	7	2	—	1	4	45	33	U	0	0	U	U
Tennessee†	—	0	5	23	12	—	4	8	174	146	—	1	5	79	46
<b>W.S. Central</b>	3	3	15	132	143	13	5	67	308	563	—	2	11	82	70
Arkansas†	—	0	1	1	2	—	1	4	48	62	—	0	0	—	1
Louisiana	—	0	2	5	11	—	1	4	34	53	—	0	2	5	4
Oklahoma	—	0	4	3	2	7	1	16	88	99	—	1	10	46	31
Texas†	3	2	11	123	128	6	3	45	138	349	—	0	3	31	34
<b>Mountain</b>	—	1	5	57	141	—	1	4	74	134	2	1	5	66	65
Arizona	—	0	2	16	61	—	0	3	16	26	U	0	0	U	U
Colorado	—	0	2	18	36	—	0	2	15	45	—	0	2	17	19
Idaho†	—	0	1	6	7	—	0	1	2	6	1	0	2	12	11
Montana†	—	0	1	2	4	—	0	0	—	—	1	0	1	5	4
Nevada†	—	0	3	5	14	—	0	3	28	41	—	0	2	10	7
New Mexico†	—	0	1	5	5	—	0	2	8	5	—	0	2	12	14
Utah	—	0	2	3	10	—	0	1	5	8	—	0	2	8	10
Wyoming†	—	0	1	2	4	—	0	0	—	3	—	0	1	2	—
<b>Pacific</b>	—	3	13	194	280	—	3	25	181	330	1	2	12	86	64
Alaska	—	0	1	2	5	—	0	1	4	5	U	0	0	U	U
California	—	3	12	151	230	—	2	22	114	230	—	1	4	38	28
Hawaii	—	0	2	8	8	—	0	1	6	6	U	0	0	U	U
Oregon	—	0	2	9	17	—	0	4	31	42	—	0	3	15	16
Washington	—	0	4	24	20	—	0	4	26	47	1	0	5	33	20
<b>Territories</b>															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	7	—	2	8	28	77	—	0	3	10	61
Puerto Rico	—	0	1	7	20	—	0	2	8	28	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.

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st 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		
<b>United States</b>	34	59	160	3,604	3,263	221	336	1,480	23,568	29,749	4	25	114	1,340	1,659
<b>New England</b>	—	5	39	390	267	1	76	493	6,762	8,890	—	2	20	87	104
Connecticut	—	1	10	74	53	—	30	227	2,606	3,047	—	0	20	12	2
Maine†	—	0	3	18	12	—	13	66	923	728	—	0	2	6	6
Massachusetts	—	3	24	235	129	—	19	106	1,354	3,257	—	1	6	56	73
New Hampshire	—	0	3	24	22	—	13	86	1,131	1,324	—	0	1	2	5
Rhode Island†	—	0	9	28	42	—	1	31	150	181	—	0	2	5	15
Vermont†	—	0	2	11	9	1	6	67	598	353	—	0	1	6	3
<b>Mid. Atlantic</b>	10	15	72	1,071	923	194	164	742	11,408	10,770	2	6	13	324	511
New Jersey	—	0	2	—	150	58	0	61	154	3,685	—	0	2	—	104
New York (Upstate)	7	5	27	378	289	52	56	213	3,721	2,573	—	1	4	50	77
New York City	1	3	14	205	161	—	1	12	125	726	1	4	11	218	270
Pennsylvania	2	5	37	488	323	84	94	517	7,408	3,786	1	1	5	56	60
<b>E.N. Central</b>	8	11	51	801	675	—	15	190	1,599	3,827	—	3	10	152	162
Illinois	—	1	11	121	148	—	1	18	166	135	—	1	5	55	60
Indiana	—	2	7	109	56	—	1	15	101	78	—	0	2	10	15
Michigan	—	2	15	190	178	—	1	12	109	94	—	0	4	32	31
Ohio	8	6	34	380	231	—	1	6	51	43	—	1	4	41	41
Wisconsin	—	0	1	1	62	—	12	148	1,172	3,477	—	0	2	14	15
<b>W.N. Central</b>	—	1	8	84	126	—	1	16	144	2,088	—	1	45	58	70
Iowa	—	0	2	11	15	—	0	13	84	85	—	0	3	22	14
Kansas	—	0	2	12	12	—	0	2	16	10	—	0	2	9	13
Minnesota	—	0	4	—	39	—	0	3	—	1,957	—	0	45	—	3
Missouri	—	1	5	50	37	—	0	2	9	4	—	0	2	20	21
Nebraska†	—	0	2	7	9	—	0	2	10	8	—	0	1	6	15
North Dakota	—	0	1	2	5	—	0	10	21	23	—	0	0	—	1
South Dakota	—	0	1	2	9	—	0	2	4	1	—	0	1	1	3
<b>S. Atlantic</b>	15	10	29	587	549	21	56	177	3,387	3,807	1	8	24	428	440
Delaware	—	0	4	24	18	—	12	48	804	647	—	0	3	7	2
District of Columbia	—	0	3	9	19	—	0	3	31	41	—	0	1	5	13
Florida	5	3	13	185	167	3	2	8	130	82	—	2	6	100	133
Georgia	—	1	3	42	64	1	0	5	26	10	—	1	5	73	69
Maryland†	2	1	14	130	111	4	18	114	1,249	1,613	—	2	14	126	99
North Carolina	2	1	7	79	63	—	0	12	70	82	—	0	6	38	52
South Carolina†	—	0	5	22	16	—	0	6	33	29	—	0	1	6	6
Virginia†	1	1	7	84	76	7	16	76	961	1,169	1	1	8	73	63
West Virginia	5	0	2	12	15	6	0	14	83	134	—	0	0	—	3
<b>E.S. Central</b>	1	2	11	165	132	2	1	5	63	43	—	0	4	35	31
Alabama†	—	0	2	26	22	—	0	2	22	2	—	0	3	6	9
Kentucky	—	1	4	47	27	1	0	1	3	5	—	0	2	9	8
Mississippi	—	0	3	13	12	—	0	1	3	—	—	0	1	1	2
Tennessee†	1	1	8	79	71	1	0	4	35	36	—	0	3	19	12
<b>W.S. Central</b>	—	2	13	130	168	2	1	29	55	116	1	1	18	35	95
Arkansas†	—	0	2	14	19	—	0	0	—	—	—	0	1	5	4
Louisiana	—	0	3	18	11	—	0	1	1	3	—	0	1	1	5
Oklahoma	—	0	3	9	13	—	0	0	—	—	—	0	1	6	5
Texas†	—	2	11	89	125	2	1	29	54	113	1	0	17	23	81
<b>Mountain</b>	—	2	8	103	170	—	0	4	42	28	—	1	5	62	66
Arizona	—	1	4	42	65	—	0	2	11	2	—	0	4	22	28
Colorado	—	0	1	6	31	—	0	1	1	3	—	0	3	22	21
Idaho†	—	0	1	8	8	—	0	2	4	9	—	0	1	2	4
Montana†	—	0	1	1	4	—	0	3	11	4	—	0	1	2	3
Nevada†	—	0	2	16	20	—	0	1	4	2	—	0	2	8	6
New Mexico†	—	0	2	11	9	—	0	2	5	5	—	0	1	3	1
Utah	—	0	2	15	25	—	0	1	4	3	—	0	1	3	3
Wyoming†	—	0	2	4	8	—	0	1	2	—	—	0	0	—	—
<b>Pacific</b>	—	5	21	273	253	1	2	11	108	180	—	3	11	159	180
Alaska	—	0	0	—	2	—	0	3	14	7	—	0	2	5	5
California	—	4	15	229	209	—	1	9	64	120	—	2	8	108	118
Hawaii	—	0	2	3	2	N	0	0	N	N	—	0	1	8	4
Oregon	—	0	3	19	16	—	0	2	12	39	—	0	4	17	14
Washington	—	0	6	22	24	1	0	6	18	14	—	0	2	21	39
<b>Territories</b>															
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	0	—	2	N	0	0	N	N	—	0	0	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st week)\*

Reporting area	Meningococcal disease, invasive†					Mumps					Pertussis				
	All serogroups														
	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			
<b>United States</b>	8	13	53	657	780	1	7	47	363	2,565	244	292	2,925	14,747	24,625
<b>New England</b>	—	0	3	29	21	—	0	2	10	25	2	14	32	719	513
Connecticut	—	0	1	3	3	—	0	0	—	11	—	1	5	56	106
Maine <sup>§</sup>	—	0	1	5	5	—	0	2	2	2	1	2	19	200	51
Massachusetts	—	0	2	14	7	—	0	1	4	9	—	4	10	222	278
New Hampshire	—	0	1	1	—	—	0	0	—	3	—	2	13	143	20
Rhode Island <sup>§</sup>	—	0	1	1	1	—	0	2	3	—	—	0	4	28	41
Vermont <sup>§</sup>	—	0	3	5	5	—	0	1	1	—	1	0	16	70	17
<b>Mid. Atlantic</b>	2	1	5	75	79	—	1	23	48	2,124	60	31	112	1,798	1,868
New Jersey	—	0	1	—	22	—	0	2	10	354	—	3	10	173	168
New York (Upstate)	1	0	4	23	12	—	0	3	11	663	44	12	81	799	640
New York City	—	0	3	30	19	—	0	22	24	1,039	—	1	41	150	92
Pennsylvania	1	0	2	22	26	—	0	8	3	68	16	12	40	676	968
<b>E.N. Central</b>	1	2	6	97	131	—	2	12	107	83	18	65	126	3,261	5,638
Illinois	—	0	3	30	23	—	1	10	75	31	—	18	57	945	1,026
Indiana	—	0	2	19	31	—	0	1	2	4	—	4	19	246	737
Michigan	—	0	2	11	22	—	0	2	11	19	2	12	41	652	1,538
Ohio	1	0	2	24	34	—	0	2	15	24	12	13	37	745	1,771
Wisconsin	—	0	2	13	21	—	0	1	4	5	4	12	27	673	566
<b>W.N. Central</b>	—	1	3	51	58	—	0	4	34	82	29	22	501	1,205	2,423
Iowa	—	0	1	14	10	—	0	2	7	38	—	4	15	207	685
Kansas	—	0	1	4	8	—	0	1	4	5	—	2	10	123	179
Minnesota	—	0	1	—	9	—	0	4	1	4	—	0	469	326	671
Missouri	—	0	3	18	23	—	0	3	12	10	21	6	23	403	601
Nebraska <sup>§</sup>	—	0	2	11	6	—	0	1	6	23	—	1	7	56	207
North Dakota	—	0	1	1	2	—	0	3	4	—	8	0	10	59	51
South Dakota	—	0	1	3	—	—	0	0	—	2	—	0	7	31	29
<b>S. Atlantic</b>	2	2	8	127	132	—	0	4	37	56	15	26	106	1,378	1,924
Delaware	—	0	1	1	2	—	0	0	—	—	—	0	5	23	15
District of Columbia	—	0	1	1	1	—	0	1	1	3	—	0	2	8	15
Florida	1	1	5	50	59	—	0	2	10	8	3	6	17	312	320
Georgia	—	0	1	14	12	—	0	2	5	5	—	3	8	167	240
Maryland <sup>§</sup>	—	0	1	13	9	—	0	1	2	11	—	2	8	114	137
North Carolina	—	0	3	15	14	—	0	2	9	10	2	2	35	179	341
South Carolina <sup>§</sup>	—	0	1	9	12	—	0	1	1	4	—	2	25	140	388
Virginia <sup>§</sup>	—	0	2	16	21	—	0	4	9	13	4	6	41	360	343
West Virginia	1	0	3	8	2	—	0	0	—	2	6	0	41	75	125
<b>E.S. Central</b>	—	0	3	26	43	—	0	1	5	10	4	9	25	450	834
Alabama <sup>§</sup>	—	0	2	10	8	—	0	1	1	6	—	2	11	132	202
Kentucky	—	0	2	5	17	—	0	0	—	1	3	3	16	167	299
Mississippi	—	0	1	3	5	—	0	1	3	—	—	0	4	43	105
Tennessee <sup>§</sup>	—	0	2	8	13	—	0	1	1	3	1	2	7	108	228
<b>W.S. Central</b>	2	1	12	59	88	1	1	15	68	120	32	19	297	937	3,044
Arkansas <sup>§</sup>	—	0	2	12	6	—	0	2	3	5	—	1	16	59	229
Louisiana	—	0	2	12	17	—	0	0	—	8	—	0	3	17	48
Oklahoma	—	0	2	10	16	—	0	2	4	—	—	0	92	52	106
Texas <sup>§</sup>	2	0	10	25	49	1	1	14	61	107	32	17	187	809	2,661
<b>Mountain</b>	—	1	4	48	57	—	0	2	8	20	18	36	79	1,958	1,891
Arizona	—	0	1	11	14	—	0	0	—	5	1	12	28	665	534
Colorado	—	0	1	10	21	—	0	1	3	7	8	8	31	432	518
Idaho <sup>§</sup>	—	0	1	7	5	—	0	2	2	1	8	2	12	187	186
Montana <sup>§</sup>	—	0	2	4	2	—	0	0	—	—	—	1	32	131	120
Nevada <sup>§</sup>	—	0	1	5	8	—	0	0	—	1	1	0	4	32	38
New Mexico <sup>§</sup>	—	0	1	3	4	—	0	1	2	2	—	3	23	247	143
Utah	—	0	2	8	1	—	0	0	—	3	—	5	16	255	340
Wyoming <sup>§</sup>	—	0	1	—	2	—	0	1	1	1	—	0	1	9	12
<b>Pacific</b>	1	3	26	145	171	—	0	11	46	45	66	61	1,710	3,041	6,490
Alaska	—	0	1	3	1	—	0	1	1	1	—	0	4	27	42
California	—	2	17	100	114	—	0	11	37	29	—	34	1,569	1,940	5,626
Hawaii	—	0	1	4	1	—	0	1	2	5	—	1	9	93	66
Oregon	—	0	3	22	32	—	0	1	4	3	1	5	23	296	280
Washington	1	0	8	16	23	—	0	1	2	7	65	11	131	685	476
<b>Territories</b>															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	12	484	—	2	14	31	3
Puerto Rico	—	0	0	—	2	—	0	1	1	1	—	0	1	2	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

\* Case counts for reporting year 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](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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st week)\*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) <sup>†</sup>				
	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		
<b>United States</b>	9	58	119	2,876	4,212	355	853	1,820	45,363	53,122	18	88	264	4,899	5,212
<b>New England</b>	1	4	16	255	303	3	36	107	2,031	2,318	—	3	13	210	209
Connecticut	—	1	10	121	142	—	8	30	445	491	—	1	4	53	60
Maine <sup>§</sup>	—	1	6	64	62	2	2	8	129	128	—	0	3	29	21
Massachusetts	—	0	0	—	—	—	19	44	1,041	1,273	—	1	9	80	82
New Hampshire	—	0	3	20	17	—	3	8	159	173	—	0	3	24	21
Rhode Island <sup>§</sup>	—	0	6	25	29	—	1	62	181	172	—	0	2	8	3
Vermont <sup>§</sup>	1	0	2	25	53	1	1	8	76	81	—	0	3	16	22
<b>Mid. Atlantic</b>	3	15	35	813	1,041	28	73	169	4,297	5,771	2	8	30	490	567
New Jersey	—	0	0	—	—	—	0	15	9	1,188	—	0	2	—	127
New York (Upstate)	3	7	20	364	492	20	25	67	1,376	1,409	2	3	12	215	201
New York City	—	0	3	9	145	1	19	42	1,103	1,300	—	1	6	93	79
Pennsylvania	—	8	21	440	404	7	30	111	1,809	1,874	—	3	18	182	160
<b>E.N. Central</b>	—	2	17	180	228	16	82	157	4,258	5,799	4	14	49	846	805
Illinois	—	0	6	50	114	—	27	80	1,554	1,968	—	3	14	215	155
Indiana	—	0	7	26	—	—	6	19	351	765	—	1	8	86	140
Michigan	—	1	6	57	68	1	14	42	820	928	1	3	19	181	153
Ohio	—	1	5	47	46	15	21	46	1,177	1,295	3	3	10	182	137
Wisconsin	N	0	0	N	N	—	7	45	356	843	—	2	20	182	220
<b>W.N. Central</b>	1	1	40	79	243	15	40	103	2,278	2,971	4	11	40	732	901
Iowa	—	0	0	—	27	1	9	19	443	521	—	2	15	183	170
Kansas	—	0	4	31	60	3	8	29	453	431	—	1	8	104	77
Minnesota	—	0	34	—	25	—	0	6	—	706	—	0	2	—	288
Missouri	—	0	1	1	63	10	16	46	944	834	3	5	32	295	236
Nebraska <sup>§</sup>	—	0	3	33	52	1	4	13	242	244	1	1	7	99	78
North Dakota	1	0	6	14	16	—	0	15	41	51	—	0	4	13	17
South Dakota	—	0	0	—	—	—	3	10	155	184	—	1	4	38	35
<b>S. Atlantic</b>	3	15	93	1,026	1,120	167	252	724	14,396	15,646	3	12	28	657	732
Delaware	—	0	0	—	—	—	2	11	164	177	—	0	2	15	6
District of Columbia	—	0	0	—	—	—	1	5	53	92	—	0	1	3	9
Florida	—	0	84	117	121	116	106	203	5,848	6,196	2	3	15	152	224
Georgia	—	0	0	—	—	18	40	128	2,388	2,768	—	2	8	119	99
Maryland <sup>§</sup>	—	5	13	247	361	4	18	42	937	1,076	1	1	3	62	106
North Carolina	—	0	0	—	—	—	30	251	2,270	2,316	—	2	11	120	97
South Carolina <sup>§</sup>	N	0	0	N	N	7	26	70	1,506	1,699	—	0	4	15	24
Virginia <sup>§</sup>	—	11	27	578	561	12	21	68	1,173	1,142	—	3	9	167	142
West Virginia	3	0	30	84	77	10	0	14	57	180	—	0	1	4	25
<b>E.S. Central</b>	—	3	11	170	170	16	63	190	4,145	3,937	1	5	18	274	270
Alabama <sup>§</sup>	—	2	7	81	69	6	20	70	1,218	1,051	—	0	15	73	55
Kentucky	—	0	2	16	21	—	9	30	569	585	—	1	5	72	70
Mississippi	—	0	1	1	—	3	22	66	1,347	1,211	—	0	4	25	30
Tennessee <sup>§</sup>	—	1	6	72	80	7	16	52	1,011	1,090	1	1	11	104	115
<b>W.S. Central</b>	—	1	31	112	838	83	120	515	6,565	7,323	3	9	151	441	373
Arkansas <sup>§</sup>	—	0	10	57	34	4	14	52	844	764	1	1	6	61	48
Louisiana	—	0	0	—	—	—	14	44	971	1,352	—	0	1	12	20
Oklahoma	—	0	21	55	42	14	12	95	726	659	1	1	55	72	49
Texas <sup>§</sup>	—	0	12	—	762	65	85	381	4,024	4,548	1	6	95	296	256
<b>Mountain</b>	1	0	4	44	66	11	44	93	2,432	2,869	—	10	26	532	672
Arizona	N	0	0	N	N	3	15	34	794	985	—	1	7	81	99
Colorado	—	0	0	—	—	6	10	24	534	574	—	2	7	106	219
Idaho <sup>§</sup>	—	0	1	6	11	—	3	8	142	165	—	2	8	116	109
Montana <sup>§</sup>	N	0	0	N	N	—	2	10	124	95	—	0	5	39	42
Nevada <sup>§</sup>	—	0	2	16	8	2	3	7	161	304	—	0	7	40	41
New Mexico <sup>§</sup>	1	0	2	15	13	—	5	22	316	335	—	1	3	41	49
Utah	—	0	2	7	10	—	5	15	306	347	—	1	7	84	94
Wyoming <sup>§</sup>	—	0	0	—	24	—	1	9	55	64	—	0	7	25	19
<b>Pacific</b>	—	3	15	197	203	16	97	288	4,961	6,488	1	15	46	717	683
Alaska	—	0	2	14	12	—	1	6	54	79	—	0	1	4	2
California	—	3	12	169	174	—	73	232	3,777	4,841	—	8	36	442	318
Hawaii	—	0	0	—	—	3	7	14	336	321	—	0	2	9	29
Oregon	—	0	1	14	17	1	5	12	257	509	—	1	11	103	116
Washington	—	0	14	—	—	12	9	42	537	738	1	2	13	159	218
<b>Territories</b>															
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	38	41	—	3	12	193	613	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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<sup>†</sup> Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st week)\*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF) <sup>†</sup>									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Confirmed					Probable				
		Med	Max			Current week	Previous 52 weeks	Cum 2011	Cum 2010	Current week	Previous 52 weeks	Cum 2011	Cum 2010		
United States	121	238	742	11,491	14,044	1	3	15	200	145	4	27	245	2,004	1,577
<b>New England</b>	—	5	21	262	318	—	0	1	1	—	—	0	1	8	5
Connecticut	—	0	4	37	69	—	0	0	—	—	—	0	0	—	—
Maine <sup>§</sup>	—	0	8	32	8	—	0	0	—	—	—	0	1	1	2
Massachusetts	—	3	20	175	210	—	0	0	—	—	—	0	1	4	—
New Hampshire	—	0	1	3	14	—	0	1	1	—	—	0	1	1	1
Rhode Island <sup>§</sup>	—	0	3	9	16	—	0	0	—	—	—	0	1	2	2
Vermont <sup>§</sup>	—	0	1	6	1	—	0	0	—	—	—	0	0	—	—
<b>Mid. Atlantic</b>	17	14	74	870	1,610	—	0	2	19	2	1	1	4	63	104
New Jersey	—	0	4	5	369	—	0	0	—	1	—	0	1	—	60
New York (Upstate)	17	5	20	339	221	—	0	1	4	1	—	0	2	10	18
New York City	—	6	28	407	299	—	0	0	—	—	—	0	3	31	11
Pennsylvania	—	2	56	119	721	—	0	2	15	—	1	0	3	22	15
<b>E.N. Central</b>	8	14	40	733	1,533	—	0	2	9	3	—	2	10	116	77
Illinois	—	4	16	211	836	—	0	1	2	2	—	1	4	48	34
Indiana <sup>§</sup>	—	1	4	45	63	—	0	1	2	1	—	0	4	48	20
Michigan	—	3	11	171	256	—	0	1	2	—	—	0	1	2	1
Ohio	8	4	27	306	305	—	0	2	3	—	—	0	2	18	15
Wisconsin	—	0	1	—	73	—	0	0	—	—	—	0	0	—	7
<b>W.N. Central</b>	4	5	18	297	2,059	—	0	4	27	13	1	4	29	351	276
Iowa	—	0	3	20	57	—	0	0	—	—	—	0	2	7	5
Kansas <sup>§</sup>	3	1	6	67	296	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	66	—	0	0	—	—	—	0	2	—	—
Missouri	1	3	14	190	1,577	—	0	3	19	10	1	4	29	339	268
Nebraska <sup>§</sup>	—	0	2	14	56	—	0	3	5	3	—	0	1	5	2
North Dakota	—	0	0	—	—	—	0	1	2	—	—	0	0	—	1
South Dakota	—	0	2	6	7	—	0	1	1	—	—	0	0	—	—
<b>S. Atlantic</b>	44	73	134	3,759	2,725	1	1	8	103	82	1	6	55	553	506
Delaware <sup>§</sup>	—	0	2	6	39	—	0	1	1	1	—	0	4	18	21
District of Columbia	—	0	5	20	35	—	0	1	1	1	—	0	1	3	—
Florida <sup>§</sup>	35	50	98	2,610	1,169	—	0	1	3	3	1	0	2	14	11
Georgia	7	10	24	578	783	1	0	6	65	57	—	0	0	—	—
Maryland <sup>§</sup>	—	1	7	98	130	—	0	1	3	—	—	0	2	31	49
North Carolina	—	3	19	205	253	—	0	4	15	15	—	0	49	265	269
South Carolina <sup>§</sup>	1	1	54	138	70	—	0	2	11	1	—	0	2	21	19
Virginia <sup>§</sup>	—	2	8	99	137	—	0	1	4	4	—	3	14	197	137
West Virginia	1	0	5	5	109	—	0	0	—	—	—	0	1	4	—
<b>E.S. Central</b>	8	17	47	958	787	—	0	2	14	20	—	4	25	335	403
Alabama <sup>§</sup>	6	5	21	302	237	—	0	1	5	5	—	1	8	73	78
Kentucky	1	3	22	231	221	—	0	1	3	6	—	0	1	1	—
Mississippi	1	4	24	229	60	—	0	0	—	1	—	0	2	12	25
Tennessee <sup>§</sup>	—	4	11	196	269	—	0	2	6	8	—	3	20	249	300
<b>W.S. Central</b>	34	52	503	2,761	2,909	—	0	8	11	7	1	2	235	520	185
Arkansas <sup>§</sup>	—	2	7	78	78	—	0	3	6	2	—	1	51	421	130
Louisiana	—	4	21	277	288	—	0	0	—	—	—	0	2	7	3
Oklahoma	13	2	161	219	255	—	0	5	3	3	1	0	202	67	26
Texas <sup>§</sup>	21	41	338	2,187	2,288	—	0	1	2	2	—	0	5	25	26
<b>Mountain</b>	5	14	42	806	845	—	0	2	15	12	—	1	7	58	20
Arizona	2	5	27	377	461	—	0	2	15	9	—	0	6	41	8
Colorado <sup>§</sup>	—	1	8	99	96	—	0	0	—	1	—	0	1	2	1
Idaho <sup>§</sup>	—	0	3	16	23	—	0	0	—	—	—	0	1	1	5
Montana <sup>§</sup>	—	1	15	123	9	—	0	0	—	2	—	0	1	1	1
Nevada <sup>§</sup>	3	0	4	35	48	—	0	0	—	—	—	0	1	2	—
New Mexico <sup>§</sup>	—	2	7	106	160	—	0	0	—	—	—	0	0	—	1
Utah	—	1	4	48	48	—	0	0	—	—	—	0	1	1	3
Wyoming <sup>§</sup>	—	0	1	2	—	—	0	0	—	—	—	0	2	10	1
<b>Pacific</b>	1	20	63	1,045	1,258	—	0	2	1	6	—	0	0	—	1
Alaska	—	0	2	5	2	N	0	0	N	N	N	0	0	N	N
California	—	16	59	859	1,039	—	0	1	1	6	—	0	0	—	—
Hawaii	—	1	3	45	49	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	44	58	—	0	0	—	—	—	0	0	—	1
Washington	1	1	9	92	110	—	0	1	—	—	—	0	0	—	—
<b>Territories</b>															
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	—	6	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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<sup>†</sup> 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.

<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st week)\*

Reporting area	<i>Streptococcus pneumoniae</i> , <sup>†</sup> 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		
<b>United States</b>	153	246	937	12,545	15,427	16	24	118	1,183	2,056	75	264	363	12,532	13,411
<b>New England</b>	4	12	79	692	863	—	1	5	46	102	7	7	16	368	471
Connecticut	—	6	49	282	340	—	0	3	10	27	2	0	5	43	93
Maine <sup>§</sup>	3	2	13	128	117	—	0	1	4	10	—	0	2	12	32
Massachusetts	—	1	3	35	69	—	0	2	18	45	5	5	10	247	282
New Hampshire	—	1	8	97	137	—	0	1	5	6	—	0	3	18	22
Rhode Island <sup>§</sup>	1	1	6	81	118	—	0	1	3	8	—	0	7	39	39
Vermont <sup>§</sup>	—	1	6	69	82	—	0	2	6	6	—	0	2	9	3
<b>Mid. Atlantic</b>	9	15	81	741	1,620	1	1	27	76	235	8	31	53	1,490	1,672
New Jersey	1	0	29	17	725	—	0	4	—	60	—	5	13	215	244
New York (Upstate)	1	1	10	84	145	1	1	9	47	111	5	4	20	186	126
New York City	7	12	42	640	750	—	0	14	29	64	—	15	30	729	941
Pennsylvania	N	0	0	N	N	N	0	0	N	N	3	6	16	360	361
<b>E.N. Central</b>	44	61	115	2,965	3,198	1	5	13	241	363	4	30	47	1,464	1,867
Illinois	N	0	0	N	N	—	1	6	73	96	—	12	24	597	894
Indiana	—	14	33	656	749	—	0	3	32	55	3	3	8	167	173
Michigan	2	14	26	643	726	—	1	3	34	81	—	5	12	245	231
Ohio	39	26	44	1,246	1,200	1	2	7	81	96	1	8	17	402	520
Wisconsin	3	8	24	420	523	—	0	3	21	35	—	1	5	53	49
<b>W.N. Central</b>	2	2	33	173	842	2	1	4	66	154	—	6	13	292	351
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	18	19
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	24	19
Minnesota	—	0	17	—	632	—	0	1	—	86	—	2	8	123	147
Missouri	N	0	0	N	N	2	0	4	38	39	—	2	6	117	149
Nebraska <sup>§</sup>	2	2	9	119	137	—	0	2	12	16	—	0	2	9	10
North Dakota	—	0	25	54	73	—	0	1	2	2	—	0	1	1	3
South Dakota	N	0	0	N	N	—	0	2	14	11	—	0	0	—	4
<b>S. Atlantic</b>	42	65	170	3,596	4,112	5	6	25	336	552	45	68	178	3,352	3,108
Delaware	—	1	6	47	46	—	0	1	—	1	1	0	4	25	5
District of Columbia	1	1	5	51	77	—	0	1	6	9	3	3	8	156	132
Florida	14	22	68	1,279	1,441	3	3	13	130	191	2	23	36	1,171	1,169
Georgia	7	20	54	998	1,407	—	2	5	84	161	8	14	130	746	665
Maryland <sup>§</sup>	10	9	33	537	516	1	1	3	44	52	4	8	20	436	316
North Carolina	N	0	0	N	N	N	0	0	N	N	21	8	19	388	387
South Carolina <sup>§</sup>	—	7	25	408	500	—	0	3	28	56	—	4	11	215	154
Virginia <sup>§</sup>	N	0	0	N	N	—	0	3	28	56	6	4	12	213	274
West Virginia	10	0	48	276	125	1	0	6	16	26	—	0	1	2	6
<b>E.S. Central</b>	10	18	37	901	1,052	2	2	4	76	113	2	13	34	728	870
Alabama <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	—	4	11	201	253
Kentucky	N	0	0	N	N	N	0	0	N	N	2	2	16	122	123
Mississippi	N	0	0	N	N	—	0	2	11	18	—	3	14	167	218
Tennessee <sup>§</sup>	10	18	37	901	1,052	2	1	4	65	95	—	5	11	238	276
<b>W.S. Central</b>	27	32	368	1,747	1,895	2	4	38	200	293	1	35	50	1,725	2,054
Arkansas <sup>§</sup>	5	4	26	217	168	—	0	3	14	19	—	4	10	182	205
Louisiana	—	2	11	157	148	—	0	2	16	28	1	6	25	379	543
Oklahoma	N	0	0	N	N	—	1	8	36	47	—	1	4	50	91
Texas <sup>§</sup>	22	24	333	1,373	1,579	2	2	27	134	199	—	23	37	1,114	1,215
<b>Mountain</b>	14	27	72	1,573	1,732	3	3	8	127	227	5	12	20	560	614
Arizona	8	12	45	726	793	1	1	5	54	102	1	5	10	236	222
Colorado	6	9	23	495	525	2	0	4	35	63	—	2	6	107	137
Idaho <sup>§</sup>	N	0	0	N	N	—	0	1	5	8	—	0	4	12	6
Montana <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	—	0	1	4	3
Nevada <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	4	2	9	133	130
New Mexico <sup>§</sup>	—	4	13	235	161	—	0	2	17	18	—	1	4	57	53
Utah	—	1	8	94	224	—	0	3	16	32	—	0	2	11	63
Wyoming <sup>§</sup>	—	0	3	23	29	—	0	0	—	4	—	0	0	—	—
<b>Pacific</b>	1	3	11	157	113	—	0	2	15	17	3	50	74	2,553	2,404
Alaska	1	3	11	150	109	—	0	1	11	17	—	0	2	5	3
California	N	0	0	N	N	N	0	0	N	N	—	41	62	2,077	2,035
Hawaii	—	0	1	7	4	—	0	1	4	—	—	0	2	11	35
Oregon	N	0	0	N	N	N	0	0	N	N	—	4	14	185	71
Washington	N	0	0	N	N	N	0	0	N	N	3	5	11	275	260
<b>Territories</b>															
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	—	—	—	4	14	240	221
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](http://www.cdc.gov/osels/ph_surveillance/ndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf). Data for TB are displayed in Table IV, which appears quarterly.

<sup>†</sup> 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).

<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2011, and December 25, 2010 (51st 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		
<b>United States</b>	113	259	364	11,817	15,063	—	0	59	464	629	—	0	31	222	392
<b>New England</b>	1	23	50	1,150	1,152	—	0	3	14	14	—	0	1	2	5
Connecticut	—	5	16	283	320	—	0	2	8	7	—	0	1	1	4
Maine¶	—	4	11	201	242	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	9	18	429	255	—	0	2	4	6	—	0	1	1	1
New Hampshire	—	1	7	102	161	—	0	0	—	1	—	0	0	—	—
Rhode Island¶	—	0	6	34	46	—	0	1	1	—	—	0	0	—	—
Vermont¶	1	1	9	101	128	—	0	1	1	—	—	0	0	—	—
<b>Mid. Atlantic</b>	25	19	39	1,020	1,707	—	0	11	34	123	—	0	6	22	63
New Jersey	9	0	17	37	564	—	0	1	2	15	—	0	2	5	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	16	19	39	983	1,143	—	0	2	5	19	—	0	1	1	9
<b>E.N. Central</b>	39	64	110	3,073	4,831	—	0	13	73	80	—	0	6	27	30
Illinois	—	15	31	761	1,189	—	0	6	22	45	—	0	5	12	16
Indiana¶	3	5	20	276	356	—	0	2	7	6	—	0	1	2	7
Michigan	5	19	44	991	1,444	—	0	7	32	25	—	0	1	1	4
Ohio	31	21	58	1,043	1,330	—	0	3	10	4	—	0	3	11	1
Wisconsin	—	0	5	2	512	—	0	1	2	—	—	0	1	1	2
<b>W.N. Central</b>	1	19	63	710	1,007	—	0	9	31	32	—	0	7	29	75
Iowa	N	0	0	N	N	—	0	2	5	5	—	0	2	4	4
Kansas¶	1	14	60	403	387	—	0	1	4	4	—	0	0	—	15
Minnesota	—	0	1	1	—	—	0	1	1	4	—	0	1	1	4
Missouri	—	3	23	207	486	—	0	2	6	3	—	0	2	4	—
Nebraska¶	—	0	2	7	25	—	0	4	14	10	—	0	3	15	29
North Dakota	—	0	7	36	49	—	0	1	1	2	—	0	1	3	7
South Dakota	—	1	6	56	60	—	0	0	—	4	—	0	1	2	16
<b>S. Atlantic</b>	24	33	65	1,733	2,082	—	0	10	52	38	—	0	7	27	22
Delaware¶	—	0	2	9	39	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	2	12	20	—	0	1	3	3	—	0	5	10	3
Florida¶	24	17	38	861	967	—	0	5	20	9	—	0	2	3	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	9	6
North Carolina	N	0	0	N	N	—	0	1	2	—	—	0	0	—	—
South Carolina¶	—	0	9	12	83	—	0	0	—	1	—	0	0	—	—
Virginia¶	—	8	26	437	539	—	0	2	8	4	—	0	0	—	1
West Virginia	—	6	32	402	434	—	0	1	1	—	—	0	0	—	—
<b>E.S. Central</b>	1	5	15	264	302	—	0	11	55	8	—	0	5	25	10
Alabama¶	1	5	14	251	293	—	0	2	5	1	—	0	0	—	2
Kentucky	N	0	0	N	N	—	0	2	4	2	—	0	1	1	1
Mississippi	—	0	3	13	9	—	0	5	30	3	—	0	4	22	5
Tennessee¶	N	0	0	N	N	—	0	3	16	2	—	0	1	2	2
<b>W.S. Central</b>	16	49	258	2,629	2,812	—	0	4	26	104	—	0	3	11	20
Arkansas¶	2	5	20	295	209	—	0	1	1	6	—	0	0	—	1
Louisiana	—	1	6	78	90	—	0	1	6	20	—	0	2	4	7
Oklahoma	N	0	0	N	N	—	0	0	—	1	—	0	0	—	—
Texas¶	14	43	247	2,256	2,513	—	0	3	19	77	—	0	3	7	12
<b>Mountain</b>	6	18	65	1,101	1,048	—	0	10	69	157	—	0	5	34	127
Arizona	2	4	50	423	—	—	0	6	47	107	—	0	4	20	60
Colorado¶	4	4	31	283	403	—	0	2	2	26	—	0	2	5	55
Idaho¶	N	0	0	N	N	—	0	1	1	—	—	0	1	1	1
Montana¶	—	2	28	133	197	—	0	1	1	—	—	0	0	—	—
Nevada¶	N	0	0	N	N	—	0	4	12	—	—	0	2	4	2
New Mexico¶	—	1	4	45	95	—	0	1	4	21	—	0	0	—	4
Utah	—	3	26	204	332	—	0	1	1	1	—	0	1	2	1
Wyoming¶	—	0	1	13	21	—	0	1	1	2	—	0	1	2	4
<b>Pacific</b>	—	3	9	137	122	—	0	18	110	73	—	0	7	45	40
Alaska	—	1	4	68	48	—	0	0	—	—	—	0	0	—	—
California	—	0	4	29	36	—	0	18	110	72	—	0	7	45	39
Hawaii	—	1	4	40	38	—	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
<b>Territories</b>															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	16	28	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	4	12	179	631	—	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](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](http://www.cdc.gov/osels/ph_surveillance/ndss/phs/infdiss.htm).

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





## 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 December 31, 2011 (52nd week)\*

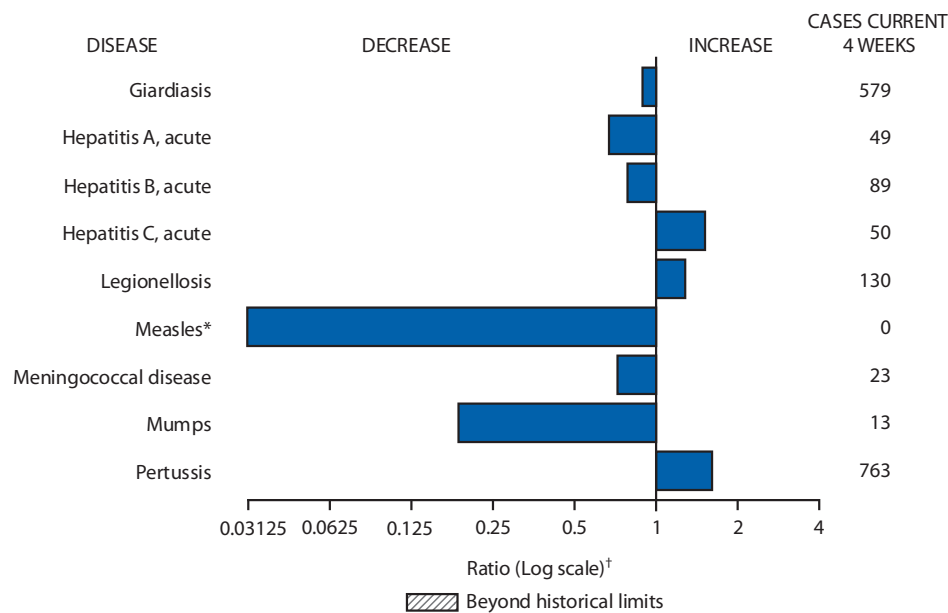
Disease	Current week	Cum 2011	5-year weekly average <sup>†</sup>	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	1	—	—	1	—	1	1	
Arboviral diseases <sup>§, ¶</sup> :									
California serogroup virus disease	—	125	0	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	4	—	10	4	4	4	8	
Powassan virus disease	—	14	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	5	—	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	—	632	0	NN	NN	NN	NN	NN	
Botulism, total	—	109	4	112	118	145	144	165	
foodborne	—	9	0	7	10	17	32	20	
infant	—	70	2	80	83	109	85	97	
other (wound and unspecified)	—	30	1	25	25	19	27	48	
Brucellosis	—	74	3	115	115	80	131	121	
Chancroid	—	28	1	24	28	25	23	33	
Cholera	—	30	0	13	10	5	7	9	
Cyclosporiasis <sup>§</sup>	4	145	3	179	141	139	93	137	FL (4)
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	8	1	23	35	30	22	29	
nonsensory type b	—	105	6	200	236	244	199	175	
unknown serotype	3	237	6	223	178	163	180	179	NYC (1), NC (1), TN (1)
Hansen disease <sup>§</sup>	1	50	1	98	103	80	101	66	NYC (1)
Hantavirus pulmonary syndrome <sup>§</sup>	—	20	1	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal <sup>§</sup>	—	208	7	266	242	330	292	288	
Influenza-associated pediatric mortality <sup>§, ††</sup>	—	118	2	61	358	90	77	43	
Listeriosis	4	763	20	821	851	759	808	884	WV (1), FL (2), CA (1)
Measles <sup>§§</sup>	—	212	1	63	71	140	43	55	
Meningococcal disease, invasive <sup>¶¶</sup> :									
A, C, Y, and W-135	—	179	7	280	301	330	325	318	
serogroup B	1	107	4	135	174	188	167	193	WV (1)
other serogroup	1	14	1	12	23	38	35	32	WV (1)
unknown serogroup	5	374	14	406	482	616	550	651	MI (1), KS (1), MD (1), FL (1), CA (1)
Novel influenza A virus infections <sup>***</sup>	—	8	0	4	43,774	2	4	NN	
Plague	—	2	0	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	0	—	1	—	—	—	
Polio virus Infection, nonparalytic <sup>§</sup>	—	—	—	—	—	—	—	NN	
Psittacosis <sup>§</sup>	—	2	0	4	9	8	12	21	
Q fever, total <sup>§</sup>	—	115	3	131	113	120	171	169	
acute	—	84	2	106	93	106	—	—	
chronic	—	31	1	25	20	14	—	—	
Rabies, human	—	2	0	2	4	2	1	3	
Rubella <sup>†††</sup>	—	4	0	5	3	16	12	11	
Rubella, congenital syndrome	—	—	—	—	2	—	—	1	
SARS-CoV <sup>§</sup>	—	—	—	—	—	—	—	—	
Smallpox <sup>§</sup>	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome <sup>§</sup>	2	114	4	142	161	157	132	125	VT (1), NY (1)
Syphilis, congenital (age <1 yr) <sup>§§§</sup>	—	240	8	377	423	431	430	349	
Tetanus	—	9	1	26	18	19	28	41	
Toxic-shock syndrome (staphylococcal) <sup>§</sup>	—	71	2	82	74	71	92	101	
Trichinellosis	—	10	0	7	13	39	5	15	
Tularemia	—	137	2	124	93	123	137	95	
Typhoid fever	1	314	9	467	397	449	434	353	NC (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> <sup>§</sup>	3	65	1	91	78	63	37	6	MD (1), NC (1), FL (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> <sup>§</sup>	—	—	0	2	1	—	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) <sup>§</sup>	4	729	11	846	789	588	549	NN	OH (1), FL (3)
Viral hemorrhagic fever <sup>¶¶¶</sup>	—	—	—	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 December 31, 2011 (52nd 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](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](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](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 December 31, 2011, with historical data**



\* No measles cases were reported for the current 4-week period yielding a ratio for week 52 of zero (0).  
 † 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**

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2011, and January 1, 2011 (52nd 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		
<b>United States</b>	9,313	26,640	31,142	1,317,128	1,307,893	76	384	582	19,552	NN	36	131	389	8,132	8,944
<b>New England</b>	468	870	2,043	44,979	43,514	—	0	1	1	NN	1	7	22	375	490
Connecticut	—	227	1,557	10,826	12,649	—	0	0	—	NN	—	1	9	68	77
Maine†	—	58	98	2,916	2,586	—	0	0	—	NN	1	1	4	49	93
Massachusetts	399	427	860	22,846	21,080	—	0	0	—	NN	—	3	8	152	173
New Hampshire	2	56	90	2,786	2,462	—	0	1	1	NN	—	1	5	63	59
Rhode Island†	58	80	170	4,147	3,480	—	0	0	—	NN	—	0	1	2	18
Vermont†	9	27	84	1,458	1,257	—	0	0	—	NN	—	0	5	41	70
<b>Mid. Atlantic</b>	1,468	3,231	3,954	164,466	173,580	—	0	1	6	NN	3	15	42	833	875
New Jersey	111	540	1,004	27,740	26,142	—	0	0	—	NN	—	0	1	—	52
New York (Upstate)	675	715	2,099	36,232	36,279	—	0	0	—	NN	3	4	16	232	228
New York City	86	1,094	1,315	49,435	63,641	—	0	0	—	NN	—	1	6	83	107
Pennsylvania	596	980	1,235	51,059	47,518	—	0	1	6	NN	—	9	26	518	488
<b>E.N. Central</b>	380	4,050	5,171	199,414	207,361	1	1	5	54	NN	7	32	143	2,450	2,403
Illinois	—	1,100	1,327	50,807	60,672	—	0	0	—	NN	—	3	26	210	334
Indiana	81	542	1,405	28,359	22,825	—	0	0	—	NN	—	4	14	186	285
Michigan	145	956	1,429	48,189	49,478	—	0	3	34	NN	—	6	14	338	320
Ohio	105	1,009	1,124	49,424	51,150	1	0	3	20	NN	6	11	95	1,102	476
Wisconsin	49	464	553	22,635	23,236	—	0	0	—	NN	1	8	61	614	988
<b>W.N. Central</b>	219	1,493	1,808	75,136	72,196	—	0	2	7	NN	3	17	87	1,244	1,854
Iowa	11	212	253	10,673	10,542	—	0	0	—	NN	1	6	19	347	396
Kansas	7	209	288	10,428	9,601	—	0	0	—	NN	—	0	11	42	107
Minnesota	—	310	395	14,812	15,294	—	0	0	—	NN	—	0	3	—	397
Missouri	85	539	759	27,590	26,049	—	0	0	—	NN	1	5	63	509	548
Nebraska†	113	116	216	6,422	5,114	—	0	2	7	NN	1	2	12	176	264
North Dakota	3	39	77	1,976	2,404	—	0	0	—	NN	—	0	12	28	35
South Dakota	—	63	93	3,235	3,192	—	0	0	—	NN	—	2	13	142	107
<b>S. Atlantic</b>	3,672	5,381	7,381	283,021	259,382	—	0	2	6	NN	14	21	41	1,120	1,080
Delaware	182	85	148	4,508	4,464	—	0	0	—	NN	—	0	1	7	9
District of Columbia	4	109	190	5,520	5,589	—	0	0	—	NN	—	0	1	7	8
Florida	718	1,495	1,697	75,774	74,744	—	0	0	—	NN	10	8	17	439	408
Georgia	—	1,018	2,384	50,649	45,147	—	0	0	—	NN	—	5	11	260	266
Maryland†	—	477	1,125	24,453	26,192	—	0	2	5	NN	1	1	6	66	42
North Carolina	1,002	991	1,688	53,063	42,048	—	0	0	—	NN	—	0	25	65	94
South Carolina†	1,336	526	946	29,826	26,525	—	0	0	—	NN	—	2	8	128	123
Virginia†	368	662	1,575	34,945	30,797	—	0	1	1	NN	1	2	8	130	109
West Virginia	62	82	121	4,283	3,876	—	0	0	—	NN	2	0	5	18	21
<b>E.S. Central</b>	626	1,880	3,314	94,216	93,161	—	0	0	—	NN	3	7	25	436	348
Alabama†	352	549	1,566	28,929	27,041	—	0	0	—	NN	1	2	7	134	184
Kentucky	201	301	2,352	16,447	16,376	—	0	0	—	NN	—	1	17	165	85
Mississippi	—	392	696	18,580	21,417	—	0	0	—	NN	—	1	4	46	24
Tennessee†	73	599	751	30,260	28,327	—	0	0	—	NN	2	2	6	91	55
<b>W.S. Central</b>	1,057	3,372	4,327	171,279	178,749	—	0	1	8	NN	—	9	62	544	578
Arkansas†	205	309	440	15,949	15,424	—	0	0	—	NN	—	0	2	26	33
Louisiana	47	382	1,071	22,551	29,151	—	0	1	8	NN	—	0	9	47	66
Oklahoma	—	173	850	9,198	14,302	—	0	0	—	NN	—	2	34	85	120
Texas†	805	2,419	3,129	123,581	119,872	—	0	0	—	NN	—	5	37	386	359
<b>Mountain</b>	773	1,753	2,295	88,427	83,773	67	302	459	15,304	NN	1	11	30	585	608
Arizona	407	548	782	29,095	26,861	67	297	456	15,132	NN	—	1	4	42	40
Colorado	322	421	847	22,873	19,447	—	0	0	—	NN	—	3	12	149	134
Idaho†	—	80	235	4,081	4,208	—	0	0	—	NN	1	1	9	106	110
Montana†	38	65	88	3,384	3,082	—	0	2	5	NN	—	1	6	75	49
Nevada†	—	204	380	10,214	9,666	—	2	5	100	NN	—	0	2	14	38
New Mexico†	—	200	1,183	10,235	11,706	—	0	4	49	NN	—	3	9	129	137
Utah	6	132	189	6,767	6,690	—	0	2	15	NN	—	1	5	45	72
Wyoming†	—	34	67	1,778	2,113	—	0	2	3	NN	—	0	5	25	28
<b>Pacific</b>	650	3,958	6,559	196,190	196,177	8	83	145	4,166	NN	4	11	21	545	708
Alaska	21	110	157	5,774	6,019	—	0	0	—	NN	—	0	3	14	6
California	406	2,981	5,763	149,953	150,443	8	82	145	4,159	NN	2	6	15	321	381
Hawaii	—	113	141	5,556	6,015	—	0	0	—	NN	—	0	1	1	1
Oregon	—	275	412	13,685	12,352	—	0	1	7	NN	2	2	8	133	218
Washington	223	431	672	21,222	21,348	—	0	0	—	NN	—	1	9	76	102
<b>Territories</b>															
American Samoa	—	0	0	—	—	—	0	0	—	NN	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	14	44	189	905	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	178	104	349	5,664	5,960	—	0	0	—	NN	N	0	0	N	N
U.S. Virgin Islands	—	16	27	642	587	—	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](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 December 31, 2011, and January 1, 2011 (52nd 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			
<b>United States</b>	1	3	16	204	690	—	0	1	2	10
<b>New England</b>	—	0	1	2	10	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	0	—	6	—	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	—	—
<b>Mid. Atlantic</b>	—	1	6	56	224	—	0	0	—	5
New Jersey	—	0	0	—	29	—	0	0	—	—
New York (Upstate)	—	0	1	—	32	—	0	0	—	2
New York City	—	0	4	40	141	—	0	0	—	3
Pennsylvania	—	0	2	16	22	—	0	0	—	—
<b>E.N. Central</b>	—	0	2	14	69	—	0	1	1	1
Illinois	—	0	2	4	23	—	0	1	1	—
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	7	—	0	0	—	1
<b>W.N. Central</b>	—	0	2	11	34	—	0	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	6	—	0	0	—	—
Nebraska**	—	0	0	—	7	—	0	0	—	—
North Dakota	—	0	1	1	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	1
<b>S. Atlantic</b>	1	1	8	82	238	—	0	1	1	2
Delaware	—	0	2	2	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	61	189	—	0	0	—	2
Georgia	—	0	1	3	12	—	0	0	—	—
Maryland**	1	0	2	6	—	—	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	—	—
<b>E.S. Central</b>	—	0	3	8	7	—	0	0	—	—
Alabama**	—	0	1	2	4	—	0	0	—	—
Kentucky	—	0	1	3	2	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	2	3	1	—	0	0	—	—
<b>W.S. Central</b>	—	0	2	9	28	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	1	3	4	—	0	0	—	—
Oklahoma	—	0	0	—	5	—	0	0	—	—
Texas**	—	0	1	6	19	—	0	0	—	—
<b>Mountain</b>	—	0	1	4	24	—	0	0	—	—
Arizona	—	0	1	2	12	—	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	—	—
<b>Pacific</b>	—	0	4	18	56	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	2	5	36	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	8	19	—	0	0	—	—
<b>Territories</b>										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	20	82	1,375	10,674	—	0	3	31	237
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

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

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2011, and January 1, 2011 (52nd 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			
<b>United States</b>	1	8	109	689	740	3	17	57	801	1,761	—	2	13	106	104
<b>New England</b>	—	0	1	4	8	—	3	28	281	122	—	0	1	2	2
Connecticut	—	0	0	—	—	—	0	2	—	43	—	0	0	—	—
Maine <sup>§</sup>	—	0	1	1	4	—	0	3	25	17	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	172	—	—	0	0	—	—
New Hampshire	—	0	1	2	3	—	0	4	25	20	—	0	1	1	2
Rhode Island <sup>§</sup>	—	0	1	1	1	—	0	15	51	40	—	0	1	1	—
Vermont <sup>§</sup>	—	0	0	—	—	—	0	1	8	2	—	0	0	—	—
<b>Mid. Atlantic</b>	—	1	7	58	92	3	6	31	369	293	—	0	2	10	17
New Jersey	—	0	0	—	52	—	0	2	—	77	—	0	0	—	1
New York (Upstate)	—	0	7	47	33	3	3	27	313	204	—	0	2	10	13
New York City	—	0	2	11	5	—	1	5	52	11	—	0	0	—	—
Pennsylvania	—	0	0	—	2	—	0	1	4	1	—	0	0	—	3
<b>E.N. Central</b>	—	0	5	31	44	—	0	2	22	512	—	1	6	46	46
Illinois	—	0	4	21	16	—	0	2	10	9	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	36	15
Michigan	—	0	2	4	2	—	0	0	—	4	—	0	2	5	—
Ohio	—	0	1	6	7	—	0	1	9	2	—	0	1	1	—
Wisconsin	—	0	0	—	19	—	0	1	3	497	—	0	1	2	28
<b>W.N. Central</b>	—	1	19	164	132	—	0	8	35	733	—	0	11	14	21
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	5	6	—	0	1	2	1	—	0	1	1	—
Minnesota	—	0	12	—	12	—	0	1	1	720	—	0	11	—	11
Missouri	—	1	19	157	112	—	0	7	29	12	—	0	7	13	10
Nebraska <sup>§</sup>	—	0	1	1	2	—	0	1	1	—	—	0	0	—	—
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	—	—
<b>S. Atlantic</b>	—	2	33	243	254	—	1	8	67	64	—	0	2	13	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	15	10	—	0	3	11	3	—	0	0	—	—
Georgia	—	0	3	18	20	—	0	2	9	1	—	0	1	2	1
Maryland <sup>§</sup>	—	0	3	27	22	—	0	2	6	15	—	0	1	1	2
North Carolina	—	0	17	70	99	—	0	6	20	28	—	0	0	—	—
South Carolina <sup>§</sup>	—	0	1	2	5	—	0	0	—	1	—	0	1	1	—
Virginia <sup>§</sup>	—	1	13	96	78	—	0	3	20	12	—	0	1	8	3
West Virginia	—	0	0	—	3	—	0	0	—	—	—	0	1	1	—
<b>E.S. Central</b>	—	0	8	75	88	—	0	2	16	20	—	0	3	14	9
Alabama <sup>§</sup>	—	0	2	4	12	—	0	1	4	7	N	0	0	N	N
Kentucky	—	0	3	15	16	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	3	3	—	0	1	1	2	—	0	0	—	1
Tennessee <sup>§</sup>	—	0	5	53	57	—	0	2	11	11	—	0	3	14	7
<b>W.S. Central</b>	1	0	87	114	120	—	0	9	8	17	—	0	0	—	1
Arkansas <sup>§</sup>	—	0	13	52	19	—	0	3	6	5	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	82	59	97	—	0	7	2	9	—	0	0	—	—
Texas <sup>§</sup>	1	0	1	3	3	—	0	1	—	3	—	0	0	—	1
<b>Mountain</b>	—	0	0	—	—	—	0	0	—	—	—	0	1	5	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	4	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Wyoming <sup>§</sup>	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
<b>Pacific</b>	—	0	0	—	2	—	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	0	—	2	—	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	—	—
<b>Territories</b>															
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	—	—

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† 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 December 31, 2011, and January 1, 2011 (52nd week)\*

Reporting area	<i>Streptococcus pneumoniae</i> , <sup>†</sup> 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		
<b>United States</b>	189	240	937	12,886	16,364	19	23	118	1,212	2,174	33	265	363	12,803	13,774
<b>New England</b>	3	12	79	700	942	—	1	5	46	107	3	7	20	387	482
Connecticut	—	6	49	282	389	—	0	3	10	30	—	0	12	53	98
Maine <sup>§</sup>	3	2	13	132	130	—	0	1	4	10	—	0	2	12	32
Massachusetts	—	0	3	35	71	—	0	2	18	47	—	5	10	251	285
New Hampshire	—	1	8	101	145	—	0	1	5	6	1	0	3	19	22
Rhode Island <sup>§</sup>	—	1	6	81	123	—	0	1	3	8	2	0	7	43	41
Vermont <sup>§</sup>	—	1	6	69	84	—	0	2	6	6	—	0	2	9	4
<b>Mid. Atlantic</b>	12	15	81	799	1,701	3	1	27	80	262	7	30	53	1,507	1,711
New Jersey	—	0	29	17	754	—	0	4	—	64	—	4	13	216	244
New York (Upstate)	3	1	30	116	155	3	1	9	51	120	1	4	20	188	146
New York City	9	12	42	666	792	—	0	14	29	78	2	14	30	738	952
Pennsylvania	N	0	0	N	N	N	0	0	N	N	4	6	16	365	369
<b>E.N. Central</b>	35	62	123	3,078	3,299	2	5	14	248	375	—	30	47	1,468	1,895
Illinois	N	0	0	N	N	—	1	6	73	100	—	12	24	597	908
Indiana	1	14	36	722	781	—	1	4	37	55	—	3	8	172	175
Michigan	2	14	26	652	744	—	0	3	34	82	—	5	12	243	235
Ohio	29	27	44	1,275	1,227	2	2	7	83	100	—	8	17	402	528
Wisconsin	3	8	24	429	547	—	0	3	21	38	—	1	5	54	49
<b>W.N. Central</b>	3	2	33	176	875	—	1	4	66	157	—	6	13	300	358
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	18	19
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	24	19
Minnesota	—	0	17	—	649	—	0	1	—	87	—	2	8	123	149
Missouri	N	0	0	N	N	—	0	4	38	40	—	2	6	125	152
Nebraska <sup>§</sup>	3	2	9	122	139	—	0	2	12	16	—	0	2	9	12
North Dakota	—	0	25	54	87	—	0	1	2	3	—	0	1	1	3
South Dakota	N	0	0	N	N	—	0	2	14	11	—	0	0	—	4
<b>S. Atlantic</b>	85	63	170	3,687	4,282	11	6	25	349	577	9	68	178	3,374	3,286
Delaware	—	1	4	47	50	—	0	1	—	2	2	0	4	27	9
District of Columbia	—	1	5	51	78	—	0	1	6	9	—	3	8	156	134
Florida	48	21	68	1,327	1,509	8	3	13	138	204	5	23	36	1,182	1,184
Georgia	—	20	54	998	1,461	—	2	5	84	162	—	14	130	746	795
Maryland <sup>§</sup>	8	9	33	549	526	1	1	3	46	53	—	8	20	436	328
North Carolina	N	0	0	N	N	N	0	0	N	N	—	8	21	388	396
South Carolina <sup>§</sup>	3	7	25	411	519	—	0	3	28	56	—	4	11	222	155
Virginia <sup>§</sup>	N	0	0	N	N	—	0	3	28	59	2	4	12	215	279
West Virginia	26	0	48	304	139	2	0	6	19	32	—	0	1	2	6
<b>E.S. Central</b>	15	18	37	927	1,084	1	2	4	79	114	1	13	34	740	904
Alabama <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	1	4	11	208	260
Kentucky	N	0	0	N	N	N	0	0	N	N	—	2	16	122	139
Mississippi	N	0	0	N	N	—	0	2	11	19	—	3	14	167	228
Tennessee <sup>§</sup>	15	18	37	927	1,084	1	1	4	68	95	—	5	11	243	277
<b>W.S. Central</b>	24	31	368	1,773	2,263	1	4	38	201	331	4	36	50	1,800	2,073
Arkansas <sup>§</sup>	3	4	26	220	194	—	0	3	14	22	1	4	10	183	205
Louisiana	—	2	11	157	157	—	0	2	16	28	—	7	25	390	546
Oklahoma	N	0	0	N	N	—	0	8	36	55	—	1	4	50	92
Texas <sup>§</sup>	21	24	333	1,396	1,912	1	2	27	135	226	3	23	37	1,177	1,230
<b>Mountain</b>	12	26	72	1,589	1,804	1	3	8	128	234	—	11	20	568	625
Arizona	12	11	45	738	823	1	1	5	55	105	—	5	10	237	230
Colorado	—	9	23	495	546	—	0	4	35	63	—	2	6	114	138
Idaho <sup>§</sup>	N	0	0	N	N	—	0	1	5	8	—	0	4	12	6
Montana <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	—	0	1	4	3
Nevada <sup>§</sup>	N	0	0	N	N	N	0	0	N	N	—	2	9	133	130
New Mexico <sup>§</sup>	—	4	13	235	174	—	0	2	17	20	—	1	4	57	53
Utah	—	1	8	98	232	—	0	3	16	34	—	0	2	11	65
Wyoming <sup>§</sup>	—	0	3	23	29	—	0	0	—	4	—	0	0	—	—
<b>Pacific</b>	—	3	11	157	114	—	0	2	15	17	9	53	74	2,659	2,440
Alaska	—	2	11	150	110	—	0	1	11	17	—	0	2	5	3
California	N	0	0	N	N	N	0	0	N	N	7	42	62	2,181	2,065
Hawaii	—	0	1	7	4	—	0	1	4	—	—	0	2	11	35
Oregon	N	0	0	N	N	N	0	0	N	N	—	4	14	185	71
Washington	N	0	0	N	N	N	0	0	N	N	2	5	11	277	266
<b>Territories</b>															
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	—	—	—	4	14	257	228
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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf](http://www.cdc.gov/osels/ph_surveillance/nndss/pdfs/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf). Data for TB are displayed in Table IV, which appears quarterly.<sup>†</sup> 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).<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS).





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