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Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs — United States, 2004–2008

Rates of overdose deaths involving prescription drugs increased rapidly in the United States during 1999–2006 (*1*). However, such mortality data do not portray the morbidity associated with prescription drug overdoses. Data from emergency department (ED) visits can represent this morbidity and can be accessed more quickly than mortality data. To better understand recent national trends in drug-related morbidity, CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA) reviewed the most recent 5 years of available data (2004–2008) on ED visits involving the nonmedical use of prescription drugs from SAMHSA's Drug Abuse Warning Network (DAWN). This report describes the results of that review, which showed that the estimated number of ED visits for nonmedical use of opioid analgesics increased 111% during 2004–2008 (from 144,600 to 305,900 visits) and increased 29% during 2007–2008. The highest numbers of ED visits were recorded for oxycodone, hydrocodone, and methadone, all of which showed statistically significant increases during the 5-year period. The estimated number of ED visits involving nonmedical use of benzodiazepines increased 89% during 2004–2008 (from 143,500 to 271,700 visits) and 24% during 2007–2008. These findings indicate substantial, increasing morbidity associated with the nonmedical use of prescription drugs in the United States during 2004–2008, despite recent efforts to control the problem. Stronger measures to reduce the diversion of prescription drugs to nonmedical purposes are warranted.

DAWN is a public health information system that tracks the impact of drug use, misuse, and abuse in the United States by monitoring drug-related hospital ED visits. In a manner similar to the National Electronic Injury Surveillance System,* DAWN uses a sample of EDs to estimate national ED visit rates (*2*). DAWN collects data from a stratified, simple random sample of approximately 220 nonfederal, short-stay, general hospitals that operate 24-hour EDs in the United States. DAWN's sampling frame is based on the American Hospital Association annual survey database and is updated annually to reflect new, closed, merged, and demerged hospitals, and to give new hospitals an opportunity to be selected into the sample.

The DAWN sample is designed to produce estimates and trends for individual metropolitan areas (12 in 2008) and the United States overall (*2*). To achieve this, the selected metropolitan areas are oversampled. The oversampled hospitals and a supplementary sample of hospitals outside those areas together capture ED visits in all 50 states and the District of Columbia. Trained DAWN reporters review the medical charts of all patients treated in the participating hospital EDs to identify visits for conditions induced by or related to drug use. DAWN reporters record de-identified information from the ED medical records using standard abstraction forms. DAWN does not conduct interviews or follow-up with clinicians, patients, or family members. Rates presented in this report are based on the numbers of ED visits weighted so that they are representative of the U.S. population. Denominators for this report were based on U.S. Census postcensal estimates. Differences between counts and between rates were tested using two-sided *t* tests.†

DAWN defines nonmedical use of a prescription or over-the-counter drug as taking a higher-than-recommended dose, taking a drug prescribed for another person, drug-facilitated assault, or documented misuse or abuse, all of which must be documented in the medical record. DAWN classifies suicide attempts, patients seeking detoxification, and unintentional ingestions in other categories.

* U.S. Consumer Product Safety Commission. NEISS All Injury Program: sample design and implementation. Washington, DC: U.S. Consumer Product Safety Commission; 2001.

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For 2008, a total of 231 hospitals submitted data that were used for estimation. The overall weighted hospital response rate was 32.9% (response rates have been stable from year to year). In 2008, DAWN recorded 351,697 drug-related ED visits. On average, a DAWN member hospital submitted 1,522 DAWN cases.

DAWN estimated 1.6 million ED visits for the misuse and abuse of all drugs in 2004 and 2.0 million in 2008. Among these, illicit drugs such as cocaine and heroin were involved in 1.0 million visits in both 2004 and 2008, whereas prescription or over-the-counter drugs used nonmedically were involved in 0.5 million visits in 2004 and 1.0 million visits in 2008. The estimated number of ED visits involving nonmedical use of opioid analgesics[§] increased from 144,600 in 2004 to 305,900 in 2008 (111%, $p<0.001$), whereas rates increased from 49.4 per 100,000 to 100.6 per 100,000, an increase of 104% ($p<0.05$).

ED visit rates for opioid analgesics were highest for oxycodone, hydrocodone, and methadone during the entire study period (Figure 1). Estimated ED visits involving oxycodone increased from 41,700 to 105,200 ($p<0.001$), and rates increased from 14.2 per 100,000 to 34.6 per 100,000, an increase of 144% ($p<0.05$). The estimated number of ED visits involving nonmedical use of benzodiazepines increased from 143,500 in 2004 to 271,700 in 2008 (89%, $p=0.01$), and rates increased from 49.0 to 89.4 per 100,000, an increase of 82% ($p<0.05$). The increases in numbers of ED visits during 2004–2008 for individual benzodiazepines were significant: alprazolam (125%, $p=0.01$), clonazepam (72%, $p<0.001$), diazepam (70%, $p=0.02$), and lorazepam (107%, $p=0.006$), as was the increase for the sleep aid zolpidem (121%,

[†] To minimize the effect of nonresponse, the DAWN weighting plan includes nonresponse adjustment factors for within-hospital nonresponse and hospital nonresponse; the weighting plan also includes a poststratification adjustment factor that reconciles the weighted number of total visits for responding hospitals with the number of total visits from the most recent American Hospital Association Annual Survey Database. Estimates for all DAWN-eligible hospitals in the United States are produced by applying poststratified weights to the data received from the sampled hospitals. Estimates (and their associated rates and confidence intervals) are suppressed if based on an unweighted count of fewer than 30 cases, if the estimate is less than 30, or if the relative standard error is greater than 50%. The DAWN data collection protocol aims for 100% chart review but accepts any percentage above 90% as complete. In EDs where chart subsampling has been implemented, reporters review 100% of the charts for sampled days. Chart subsampling is employed at large facilities with more than 3,500 visits per month. In these facilities, charts are typically reviewed every other day. Additional information about DAWN is available in appendix C at http://dawninfo.samhsa.gov/files/ed2007/dawn2k7ed.pdf.

[§] An additional 60,900 visits involving "opiates/opioids unspecified" were not included because some might have involved heroin.

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What is already known on this topic?

Deaths involving the nonmedical use of prescription drugs increased in the United States through 2006.

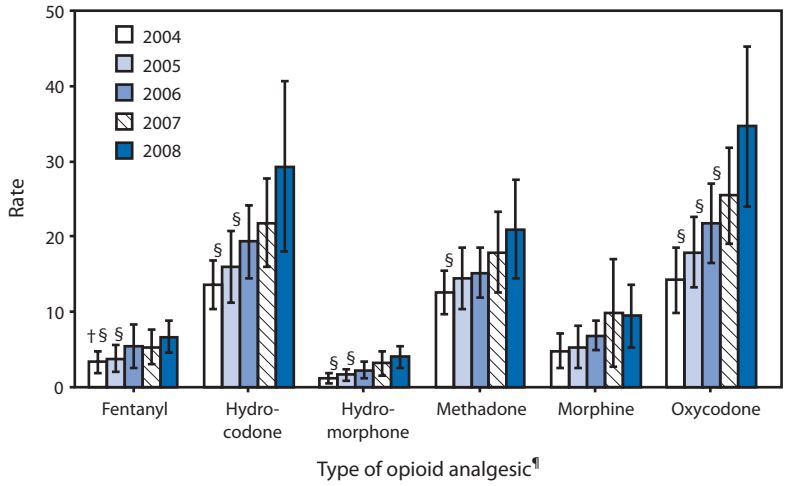
What is added by this report?

Emergency department visits involving nonmedical use of two types of prescription drugs, opioid analgesics and benzodiazepines, more than doubled during 2004–2008 in the United States; visits for misused prescription and over-the-counter drugs are now as common as emergency department visits for use of illicit drugs.

What are the implications for public health practice?

Recent public health and law enforcement measures intended to prevent nonmedical use of such drugs have not prevented rate increases, and additional measures are needed urgently.

FIGURE 1. Rates of emergency department (ED) visits* for nonmedical use of selected opioid analgesics, by type — United States, 2004–2008



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s Drug Abuse Warning Network (DAWN), 2004–2008. Additional information available in appendix C at http://dawninfo.samhsa.gov/files/ed2007/dawn2k7ed.pdf.
* Per 100,000 population.
† 95% confidence interval.
§ Rate significantly less than the rate in 2008, by two-sided *t* test (p<0.05).
¶ Drug types include combination products (e.g., combinations of oxycodone and aspirin).

p=0.002). Carisoprodol-related visits also increased significantly (132%, p=0.04). The estimated number of visits for alprazolam in 2008 (104,800) was more than twice the number for the next most common benzodiazepine, clonazepam (48,400).

Although women had more benzodiazepine-related visits than men (Table), this difference was not statistically significant. Among opioid analgesic–related visits, 38% did not involve any other drug (including alcohol); the corresponding figure was 21% for benzodiazepine-related visits. Benzodiazepines were involved in 26% of opioid analgesic–related visits. Alcohol was involved in 15% and 25% of visits for opioids and benzodiazepines, respectively. Approximately one in four patients was admitted. For the year 2008, rates for both types of drugs increased sharply after age 17 years, peaked in the 21–24 years age group, and declined after age 54 years (Figure 2). The largest increases during 2004–2008 occurred among persons aged 21–29 years.

Reported by

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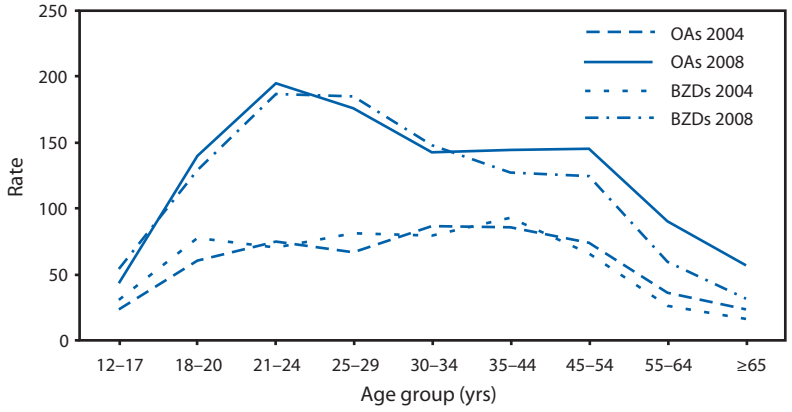
TABLE. Estimated number and rate of emergency department visits for nonmedical use of opioid analgesics and benzodiazepines, by selected characteristics — United States, 2008

	Opioid analgesics			Benzodiazepines		
Characteristic	**No.**	**Rate***	**95% CI†**	**No.**	**Rate**	**95% CI**
Total	**305,900**	**100.6**	**(75.6–125.6)**	**271,700**	**89.4**	**(61.6–117.1)**
Sex						
Male	150,800	100.6	(74.9–126.3)	119,600	79.7	(57.1–102.4)
Female	155,000	100.6	(75.1–126.1)	152,100	98.7	(64.8–132.5)
No. of drugs (including alcohol)						
One drug	116,800	38.4	(31.4–45.4)	56,900	18.7	(15.1–22.3)
Multidrug	189,000	62.2	(42.8–81.6)	214,800	70.6	(45.9–95.4)
Alcohol involvement	46,200	15.2	(10.9–19.5)	68,600	22.6	(14.6–30.6)
Admitted to hospital	72,700	23.9	(15.7–32.1)	81,300	26.8	(14.5–39.0)

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s Drug Abuse Warning Network (DAWN), 2004–2008. Additional information available in appendix C at http://dawninfo.samhsa.gov/files/ed2007/dawn2k7ed.pdf.
* Per 100,000 population
† Confidence interval.

FIGURE 2. Age-specific rates of emergency department visits* for nonmedical use of opioid analgesics (OAs) and benzodiazepines (BZDs) — United States, 2004 and 2008



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s Drug Abuse Warning Network (DAWN), 2004–2008. Additional information available in appendix C at http://dawninfo.samhsa.gov/files/ed2007/dawn2k7ed.pdf.
* Per 100,000 population.

Editorial Note

The number of ED visits involving nonmedical use of prescription or over-the-counter drugs increased rapidly during 2004–2008, and by 2008 matched the number of ED visits involving illicit drugs. ED visits involving such pharmaceuticals accounted for all of the growth in overall drug misuse/abuse rates during 2004–2008. ED visits involving opioids or benzodiazepines were the largest contributors to the increase in ED visits involving the nonmedical use of prescription or over-the-counter drugs.

Notably, results from 2008 indicate that in addition to the large increase in visits compared with 2004, peak visit rates for both opioids and benzodiazepines appear to have shifted into the 21–24 and 25–29 years age groups and away from the 30–34 and 35–44 years age groups. As late as 2006, the peak mortality rate for fatal drug overdoses involving opioid analgesics had been in the 35–54 years age group (*1*).

The 5-year increase in ED visit rates reflects, in part, substantial increases in the prescribing of these classes of drugs (*3*). The increase also might reflect an increase in the rate of nonmedical use of prescription drugs per 1,000 prescriptions, as has been observed for selected opioids (*4*). In the 2008 National Survey of Drug Use and Health (NSDUH), 4.6% of persons aged ≥18 years reported past-year nonmedical use of prescription pain relievers, and 2.1% reported nonmedical use of tranquilizers, a category that includes benzodiazepines (*5*).

In contrast to the results of this study, NSDUH results have shown no increase in self-reported rates of nonmedical use of selected pharmaceuticals since 2004 (*5*). Increasing ED visit rates in the context of stable self-reported nonmedical use rates might indicate that persons seen in EDs are different from typical respondents to NSDUH; a shift toward riskier types of pain relievers and benzodiazepines, riskier modes of use, more frequent or heavier use; and/or an increased tendency to seek emergency care because of greater awareness of the serious consequences of nonmedical use of such drugs. However, changes in health-seeking behavior would not affect changes in drug-related deaths, and DAWN ED visit trends are consistent with medical examiner data from six states also tracked by DAWN (Maine, Maryland, New Hampshire, New Mexico, Utah, and Vermont). In these states, the number of nonsuicidal deaths related to benzodiazepines increased 64.2%, and the number related to opioid analgesics other than methadone increased 47.4% during 2004–2007 (*6*).

The relative magnitudes of the rates shown generally reflect prescription volumes. For example, the benzodiazepine with the highest number of ED visits, alprazolam, was the most prescribed benzodiazepine in the United States in 2008, with an estimated 44 million prescriptions (*7*). However, some exceptions exist: hydrocodone was prescribed nearly 124 million times and oxycodone nearly 45 million times in 2008, but hydrocodone ED rates were not higher than oxycodone ED rates. The high frequency of multidrug involvement is a reflection of the tendency of persons who abuse drugs to combine them to moderate or enhance their effects. The lower proportion of single-drug ED visits among benzodiazepine ED visits compared with opioid analgesic visits is consistent with the relative rarity of a benzodiazepine being the sole drug involved in a fatal overdose (*6,8*).

The findings in this report are subject to at least four limitations. First, the drugs involved in ED visits might not all be identified and documented. The extent to which ED staff members document drug involvement might have increased over time. Second, information on the motivation for use might be incomplete; some of the ED visits might have represented suicide attempts. Third, rates based on population cannot be used to determine risk per patient or per prescription. Finally, distinguishing drugs taken for nonmedical and medical reasons is

not always possible, especially when multiple drugs are involved.

These increases in nonmedical use of pharmaceuticals suggest that previous prevention measures, such as provider and patient education and restrictions on use of specific formulations, have not been adequate. Given the societal burden of the problem, additional interventions are urgently needed, such as more systematic provider education, universal use of state prescription drug monitoring programs by providers, the routine monitoring of insurance claims information for signs of inappropriate use, and efforts by providers and insurers to intervene when patients use drugs inappropriately (*9,10*). This report also reinforces the value of timely, population-based national surveillance for nonmedical use of drugs, which can be used to assess the effect of such interventions.

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Perceived Health Needs and Receipt of Services During Pregnancy — Oklahoma and South Carolina, 2004–2007

Prenatal care visits present an opportunity for health-care providers to offer services recommended by professional societies and educate women regarding behaviors and exposures that might affect their pregnancies. To determine whether women who identified a need for a service during pregnancy received that service, CDC analyzed 2004–2007 data (the most recent available) from the Pregnancy Risk Assessment Monitoring System (PRAMS) for Oklahoma and South Carolina, the only two states to include questions on the topic on their PRAMS questionnaires. This report summarizes the results of that analysis, which indicated substantial differences between perceived need and receipt of 1) assistance in reducing violence in the home, 2) counseling information for family or personal problems, 3) help to quit smoking, 4) help with an alcohol or drug problem, and 5) dental care. In South Carolina and Oklahoma, respectively, 1.7% and 2.9% of pregnant women stated a need for help to reduce violence in the home. Of those, only 12.8% and 21.0% reported receiving that help. In South Carolina and Oklahoma, respectively, 7.4% and 12.6% of pregnant women stated a need for help to quit smoking during pregnancy; of those, only 29.1% and 30.4% reported receiving that help. Adherence by health-care providers to established guidance for treating pregnant women might help reduce the differences between perceived need and receipt of services. Additional research to identify obstacles to receipt of services might enable state programs to further narrow these differences.

PRAMS is a population-based surveillance system that collects data on a wide range of maternal behaviors and experiences before, during, and after pregnancy. PRAMS surveys currently are conducted in 37 states and New York City. Each month, participating sites select a stratified random sample of 100–300 women with recent live births from birth certificate records. A questionnaire is mailed to the women 2–6 months after delivery. The participating sites use a standard core PRAMS questionnaire, to which they can add questions. Women receive up to three questionnaire mailings, and nonresponders receive follow-up telephone calls.

CDC analyzed PRAMS data collected from 7,824 respondents in Oklahoma and 5,474 respondents in South Carolina during 2004–2007; survey response rates ranged from 71% to 80% for Oklahoma and from 68% to 72% for South Carolina. For South Carolina, the 2006 data represented births only from April through September.

Oklahoma and South Carolina are the only two states to add PRAMS questions regarding the self-identified need for selected health services during pregnancy and the subsequent receipt of those services. Regarding needed services, all participants were asked, "During your most recent pregnancy, did you feel you needed any of the following services?" Five services with response choices of "yes" or "no" were listed in both state's surveys: help to reduce violence in your home, counseling information for family or personal problems, help to quit smoking, help with an alcohol or drug problem, and help with or information about breastfeeding. Two additional services were listed in the Oklahoma survey only: dental care and nutrition services (i.e., food stamps; Women, Infants, and Children program; or money to buy food). Two additional services also were listed in the South Carolina survey only: parenting classes and childbirth classes. Regarding receipt of services, all participants also were asked, "During your most recent pregnancy, did you receive any of the following services?" The same services were listed.

Data were weighted in each state to account for complex survey design, nonresponse, and noncoverage. The statistical significance of differences was determined using a chi-square test, with significance determined at $p<0.05$.

Characteristics of survey participants in Oklahoma and South Carolina during 2004–2007 relating to total number of live births and Medicaid payment for prenatal-care were similar (Table 1). However, the weighted percentages of the participant groups by race/ethnicity, age, education level, marital status, and prenatal care initiation differed significantly. For

example, in Oklahoma, 67.3% of participants were non-Hispanic white, 8.3% were non-Hispanic black, 12.8% were Hispanic, and 11.7% were of other races. In contrast, in South Carolina, 56.7% of participants were non-Hispanic white, 31.8% were non-Hispanic black, 8.8% were Hispanic, and 2.6% were of other races (Table 1).

In Oklahoma, the needs most commonly reported were for dental care (50.1%), nutrition assistance (48.0%), and help with or information about breastfeeding (30.0%) (Figure). In South Carolina, the needs most commonly reported were for help with or information about breastfeeding (35.3%), childbirth classes (27.6%), and parenting classes (17.7%) (Figure).

In both states, substantial differences were observed between the percentages of women who perceived needs for services and the percentages of that group who received those services. In Oklahoma and South Carolina, the widest differences were regarding help to reduce violence in the home. Of the 2.9% of women in Oklahoma and 1.7% of women in South Carolina who identified that need during pregnancy, 21.0% and 12.8% reported receiving the service, respectively. Among women who said they needed services in Oklahoma, 27.4% reported receiving counseling information for family or personal problems; 30.4% received help to quit smoking; 34.8% received help with an alcohol or drug problem; and 38.2% received dental care (Table 2). In South Carolina, after help to reduce violence in the home, the widest differences were for help to quit smoking (29.1%) and getting counseling information for family or personal problems (30.0%) (Table 2). Among services included in the surveys of both states, the narrowest difference was observed regarding help with information about breastfeeding. In Oklahoma, 82.4%, and in South Carolina, 79.8%, of those who perceived a need for breastfeeding help received the service.

TABLE 1. Characteristics of women with recent live births — Pregnancy Risk Assessment Monitoring System, Oklahoma and South Carolina, 2004–2007

Characteristic	Oklahoma (N = 7,824*)		South Carolina (N = 5,474*)	
	%†	(95% CI§)	%†	(95% CI)
Race/Ethnicity¶				
White, non-Hispanic	67.3	(65.6–69.1)	56.7	(54.5–58.9)
Black, non-Hispanic	8.3	(7.3–9.3)	31.8	(29.8–33.9)
Hispanic	12.8	(11.5–14.1)	8.8	(7.6–10.2)
Other	11.7	(10.5–12.9)	2.6	(2.0–3.4)
Age group (yrs)¶				
≤17	3.7	(3.1–4.6)	4.4	(3.6–5.4)
18–24	40.6	(38.8–42.5)	38.1	(35.9–40.2)
25–29	30.4	(28.7–32.1)	26.4	(24.6–28.4)
≥30	25.3	(23.8–26.8)	31.1	(29.2–33.1)
Education level¶				
<12th grade	20.3	(18.8–22.0)	23.4	(21.5–25.4)
12th grade	38.0	(36.2–39.8)	25.6	(23.7–27.6)
>12th grade	41.6	(39.9–43.4)	51.1	(48.9–53.2)
Marital status¶				
Married	60.1	(58.3–62.0)	57.0	(54.8–59.2)
Not married	39.9	(38.0–41.7)	43.0	(40.8–45.2)
Total no. of live births				
1	40.5	(38.7–42.3)	42.1	(40.0–44.2)
2	31.5	(29.8–33.2)	32.9	(30.9–35.0)
≥3	28.1	(26.5–29.7)	25.0	(23.2–27.0)
Medicaid paid for prenatal care				
Yes	51.1	(49.2–52.9)	52.8	(50.5–55.0)
No	48.9	(47.1–50.9)	47.2	(45.0–49.5)
Prenatal care initiation¶				
In first trimester	79.8	(78.3–81.3)	76.8	(74.8–78.7)
After first trimester	18.6	(17.2–20.1)	22.3	(20.5–24.3)
No prenatal care	1.5	(1.1–2.1)	0.8	(0.5–1.4)

* Unweighted number of participants.
† Weighted percentage.
§ Confidence interval.
¶ Significant differences between the two states (p<0.05, chi-square test).

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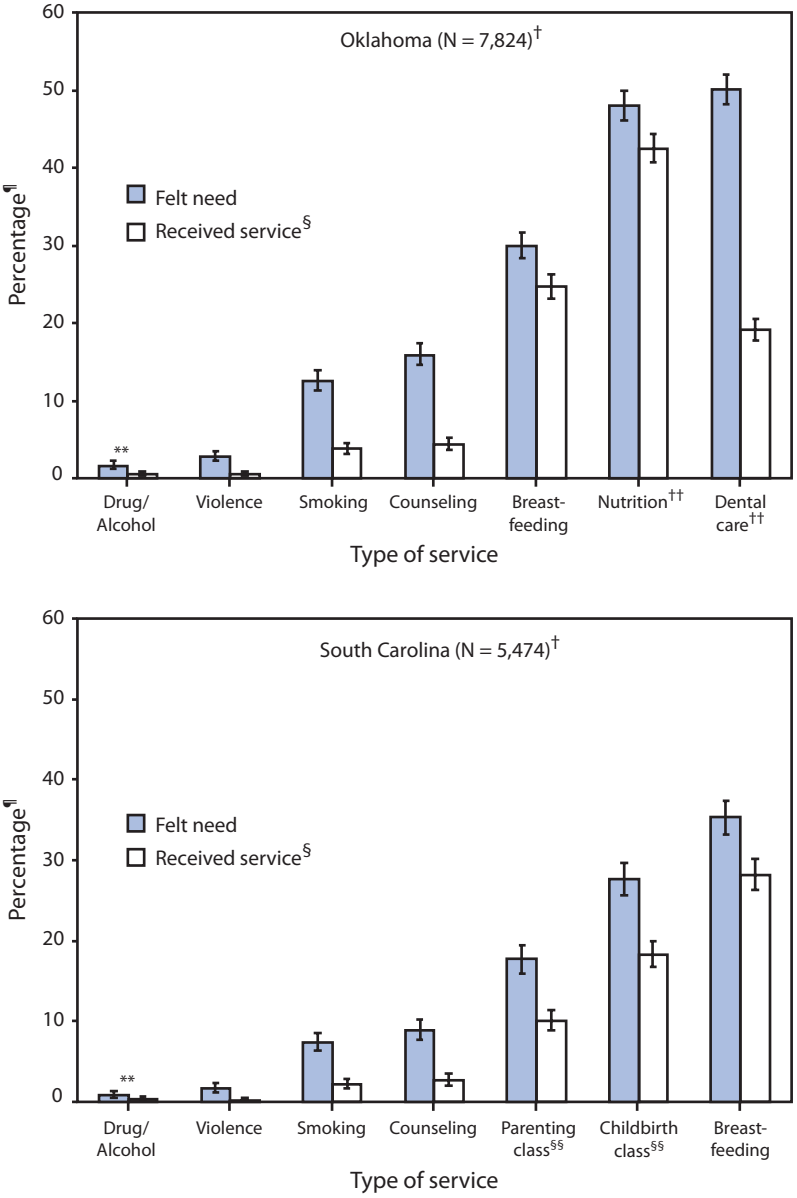
Editorial Note

The findings in this report identify differences between the perceived needs and receipt of certain health services to fill those needs by pregnant women in Oklahoma and South Carolina, despite established guidance for providers to offer these supportive services. For example, only 30.4% of women in Oklahoma who perceived a need during pregnancy for help to quit smoking, and 29.1% of women in South Carolina, received that help. Nationally, an estimated 14% of women smoke during pregnancy, a behavior associated with intrauterine growth restriction, spontaneous abortion, low birth weight, and preterm delivery (*1*). The American College of

FIGURE. Percentage of women with recent live births who felt a need for selected health services during pregnancy, by type of service* and receipt status — Oklahoma and South Carolina, Pregnancy Risk Assessment Monitoring System, 2004–2007



* Help with an alcohol or drug problem, help to reduce violence in the home, help to quit smoking, counseling for family or personal problems, help with or information about breastfeeding, nutrition services, dental care, parenting classes, and childbirth classes.
† Unweighted number of participants.
§ Women who felt a need and also received the service.
¶ Weighted percentage.
** 95% confidence interval.
†† Oklahoma survey only.
§§ South Carolina survey only.

What is already known on this topic?

Established guidance is available for health-care providers regarding key services for pregnant and postpartum women.

What is added by this report?

In Oklahoma and South Carolina, substantial differences were identified between the perceived needs of pregnant women for certain key services and receipt of those services.

What are the implications for public health practice?

Adherence by health-care providers to established guidance for treating pregnant women might help reduce the differences between perceived need and receipt of services; additional research at the state level might identify reasons why more pregnant women do not receive services after identifying needs.

Obstetricians and Gynecologists (ACOG) recommends that physicians screen and counsel pregnant women regarding smoking cessation; ACOG has found that 46% of women who smoked before pregnancy quit during pregnancy (*2*).

The findings show that only 34.8% of women in Oklahoma and 35.8% of women in South Carolina who perceived a need for help with an alcohol or drug problem received that help. A joint statement by ACOG and the American Academy of Pediatrics advises physicians to screen for alcohol use during pregnancy because prenatal exposure to alcohol is a leading preventable cause of fetal neurodevelopmental disorders (*3*). ACOG also recommends screening for illicit drug use and provides physicians with tools to identify and treat drug abuse (*3*).

The data also show that only 21.0% and 12.8% of postpartum women in Oklahoma and South Carolina, respectively, who felt a need for help during pregnancy in reducing violence in their home received that help. The prevalence of women in Oklahoma and South Carolina reporting intimate partner violence during pregnancy was 4.4% and 2.7%, respectively, in 2007 (*4*). The American College of Nurse-Midwives (ACNM) recommends that health-care providers attempt to identify intimate partner violence and provide information on resources available to women (*5*).

The most commonly reported need in Oklahoma was dental care, a need perceived by 50.1% of

TABLE 2. Percentage of women with recent live births who felt a need for selected health services during pregnancy and who received those services — Pregnancy Risk Assessment Monitoring System, Oklahoma and South Carolina, 2004–2007

	Oklahoma (N = 7,824*)							South Carolina (N = 5,474*)						
	Felt need			Received service		% of those who felt need who subsequently received service		Felt need			Received service		% of those who felt need who subsequently received service	
Type of service	No.*	%†	(95% CI§)	%¶	(95% CI)	%	(95% CI)	No.	%	(95% CI)	%	(95% CI)	%	(95% CI)
Help to reduce violence in the home	240	2.9	(2.3–3.6)	0.6	(0.4–1.0)	21.0	(13.2–31.8)	115	1.7	(1.2–2.4)	0.2	(0.1–0.5)	12.8	(5.9–25.7)
Counseling information for family or personal problems	1,229	15.9	(14.6–17.4)	4.4	(3.7–5.2)	27.4	(23.4–31.8)	538	8.9	(7.7–10.3)	2.7	(2.0–3.5)	30.0	(23.6–37.2)
Help to quit smoking	1,032	12.6	(11.4–13.9)	3.8	(3.1–4.6)	30.4	(25.6–35.6)	415	7.4	(6.3–8.6)	2.1	(1.6–2.9)	29.1	(22.1–37.3)
Help with an alcohol or drug problem	104	1.6	(1.2–2.2)	0.6	(0.3–1.0)	34.8	(21.5–50.9)	66	0.8	(0.5–1.3)	0.3	(0.1–0.6)	35.8	(16.8–60.7)
Dental care**	3,753	50.1	(48.2–51.9)	19.1	(17.7–20.6)	38.2	(35.7–40.8)	—	—	—	—	—	—	—
Parenting classes††	—	—	—	—	—	—	—	1,011	17.7	(16.0–19.4)	10.0	(8.8–11.4)	56.7	(51.5–61.8)
Childbirth classes††	—	—	—	—	—	—	—	1,507	27.6	(25.7–29.6)	18.3	(16.7–20.0)	66.4	(62.4–70.3)
Help with or information about breastfeeding	2,472	30.0	(28.3–31.7)	24.7	(23.2–26.3)	82.4	(79.7–84.8)	2,039	35.3	(33.2–37.4)	28.2	(26.3–30.2)	79.8	(76.8–82.6)
Food stamps; Women, Infants, and Children program; or money to buy food**	3,543	48.0	(46.2–49.9)	42.5	(40.7–44.4)	88.6	(86.8–90.2)	—	—	—	—	—	—	—

* Unweighted number of participants.
† Weighted percentages.
§ Confidence interval.
¶ Women who felt a need and also received a service.
** Oklahoma survey only.
†† South Carolina survey only.

pregnant women, but a service received by only 38.2% of those who cited the need. The American Academy of Periodontology recommends women visit dentists for care during their pregnancy (*6*). However, a survey of obstetrician-gynecologists found that 38% did not advise their patients to seek dental care, and 77% reported their patients had declined dental services because they were pregnant, despite evidence showing that receipt of oral health care during pregnancy is safe (*7*).

An encouraging finding is that, in both Oklahoma and South Carolina, approximately 80% of women who perceived a need for breastfeeding support received it. ACOG and ACNM recommend that health-care professionals, hospitals, and employers support women who choose to breastfeed their infants (*8,9*). Breastfeeding initiation rates increased nationally from 26.5% in the 1970s to 74.2% in 2005 (*10*). This gain can, in part, be attributed to an increased number of health-care providers educating women on breastfeeding, lactation support, breastfeeding accommodations in the workplace, and legislation that has created a more supportive environment for breastfeeding women (*10*).

The findings in this report are subject to at least three limitations. First, the results apply only to women who delivered live-born infants and not to all women who were pregnant. Second, contextual information regarding the services was not collected, such as information that might indicate the degree to which women sought the needed services or why they were not able to obtain them (e.g., lack of dental care coverage). Finally, all PRAMS data are self-reported and subject to recall bias if women did not accurately remember what needs they had and services they received during pregnancy.

The PRAMS surveillance system was established to provide state-level data on women's health before, during, and after pregnancy to help health agencies and researchers monitor trends in maternal and infant health indicators. Other states might consider collecting information on women's perceived need and receipt of services during pregnancy. Continued use of PRAMS data to monitor access to services is important for evaluating and setting priorities for future initiatives to address issues important to women and their families.

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Travel-Associated Dengue Surveillance — United States, 2006–2008

Dengue is caused by four antigenically related viruses (DENV-1, DENV-2, DENV-3, and DENV-4). Dengue fever is endemic in most tropical and subtropical areas of the world, and in 2007 nearly 1 million cases were reported in the Americas alone. Dengue infections commonly occur among U.S. residents returning from travel to endemic areas (*1–4*) and are more prevalent than malaria among returning travelers from the Caribbean, South America, South Central Asia, and Southeast Asia (*5*). This report summarizes information about dengue cases reported to CDC through two CDC-maintained passive surveillance systems: 1) the ArboNET surveillance system, a national CDC arboviral surveillance system maintained by CDC's Arboviral Diseases Branch and initially developed in response to the introduction of West Nile virus in the United States, and 2) a system maintained for decades by the CDC Dengue Branch (CDCDB), which collects information on all suspected dengue cases whose specimens are sent to the branch. During 2006–2008, a total of 1,125 unique reports were made to either ArboNET or CDCDB. Of these, the highest proportion of laboratory-confirmed and probable cases with known travel histories were in persons who reported travel to the Dominican Republic (121; 20%), Mexico (55; 9%), and India (43; 7%). Health-care providers should consider dengue in the differential diagnosis of patients with a history of travel to endemic areas within 14 days of fever onset.

Dengue cases are reported to ArboNET from state and metropolitan health departments. The dengue surveillance system at CDCDB receives reports of suspected dengue cases among U.S. travelers from clinicians and officials at state health departments, who forward patient specimens to CDC for diagnostic testing. Age, sex, birth date, and onset date are used to match cases reported to both systems, and duplicate cases are eliminated.

For both CDCDB and ArboNET, a case of laboratory-diagnosed infection (i.e., probable or laboratory-confirmed) in a resident of one of the 50 states or the District of Columbia (DC) who traveled in the 14 days before symptom onset to a dengue-endemic area outside the 50 states. Because autochthonous dengue transmission in the continental United States is uncommon, all cases reported to ArboNET or CDC are classified as travel-associated unless they are identified specifically as locally acquired.

Cases submitted to ArboNET are classified as probable or laboratory-confirmed by the reporting jurisdiction; specimens submitted to CDC are classified as probable or laboratory-confirmed based on testing conducted at CDCDB. Probable cases are defined by a single immunoglobulin M (IgM) specimen in late acute phase or convalescent phase of illness. Laboratory-confirmed cases are defined by a positive polymerase chain reaction (PCR) test result or by viral isolation.

During 2006–2008, 57 duplicate reports were reported to both ArboNET and CDCDB and were assigned to CDCDB. During that period, ArboNET received reports of 596 cases, of which 468 (79%) were reported as probable and 128 (21%) were reported as laboratory-confirmed.

During 2006–2008, CDCDB received a total of 529 specimens from 524 patients in 41 states and DC for dengue testing (153 in 2006, 272 in 2007, and 104 in 2008). Of the 529 specimens, 136 (26%) resulted in a diagnosis of dengue. Among those 136 specimens, 106 (78%) had elevated antidengue IgM antibodies (probable recent dengue infection), and 30 (22%) had a dengue virus identified in serum by either reverse transcription–polymerase chain reaction (RT-PCR) or viral isolation (confirmed acute dengue infection). Serotype specific data were available for those 30 cases, of which 14 were DENV-1, seven were DENV-2, six were DENV-3, and three were DENV-4. Results for 162 (31%) specimens were classified as indeterminate because blood samples were not collected within specified timeframes. Among the 215 patients (41% of all specimens received) whose laboratory results were negative (RT-PCR or IgM negative, or no virus isolated), 38 (18%) had evidence of past flavivirus infection. In addition, the amount of serum provided for 16 (3%) of the patients was insufficient for testing, and in one sample the infecting virus could not be identified.

The 596 case reports were received by ArboNET from 25 states; more than half (57%) were reported from three states: 178 (30%) from New York, 99 (17%) from Florida, and 61 (10%) from Texas. Among the 136 dengue-positive cases identified by CDCDB, 42 (31%) were submitted from New York,

17 (13%) from Massachusetts, 10 (7%) from Arizona, and 10 (7%) from Georgia. Males accounted for 52% of all cases reported to ArboNET and 54% of positive specimens to CDCDB. Median age of patients was similar for both systems; 40 years and 42 years, respectively.

Of the 732 confirmed and probable cases from ArboNET and CDCDB combined (596 cases from ArboNET and 136 positive cases from CDC), history of travel was reported by 649 persons (89%), among whom country-specific travel information was available for 613 (95%). By region, 262 persons (43%) had traveled to the Caribbean; 208 (34%) to Mexico, Central America, or South America; 131 (21%) to Asia and the Pacific; and 12 (2%) to Africa. By country, 121 persons (20%) reported travel to the Dominican Republic, 55 (9%) to Mexico, and 43 (7%) to India during the 14 days before illness onset (Table 1). One laboratory-confirmed case reported to ArboNET from Texas in 2008 was characterized as

TABLE 1. Cases* of imported dengue reported to ArboNET and CDC Dengue Branch (CDCDB), by state, 2006–2008†

	Reported to CDCDB			Reported to ArboNET			Total	
	Case classification		Travel history	Case classification		Travel history	Case classification	
State	Probable§	Laboratory-confirmed¶	Travel destinations of laboratory-confirmed dengue (No. of laboratory-positive specimens and serotype, if available)**	Probable§	Laboratory-confirmed¶	Travel destinations for laboratory-confirmed dengue**	Probable§	Laboratory-confirmed¶
Alabama	0	0		6	2	Brazil, Indonesia	**6**	**2**
Alaska	1	0		0	0		**1**	**0**
Arizona	9	1	Dominican Republic (DENV-1)	13	0		**22**	**1**
Arkansas	0	0		0	0		**0**	**0**
California	2	0		0	0		**2**	**0**
Colorado	1	2	Costa Rica (DENV-1), St. Barthelemy (DENV-2)	0	0		**1**	**2**
Connecticut	1	1	Unknown (DENV-1)	0	0		**1**	**1**
Delaware	0	0		0	2	India, Tahiti	**0**	**2**
District of Columbia	0	0		0	0		**0**	**0**
Florida	0	1	St. Lucia (DENV-2)	89	10	Brazil, Costa Rica, Dominican Republic (2), El Salvador, Guatemala and Honduras, Mexico, Puerto Rico (3)	**89**	**11**
Georgia	6	4	Costa Rica (DENV-1), Honduras (2, DENV-1), India (DENV-3)	0	12	Dominican Republic, Haiti, Honduras (2), India (2), Mexico, Nicaragua, Nigeria, Puerto Rico, St. Barthelemy (2)	**6**	**16**
Hawaii	6	2	Unknown (DENV-1), unknown (DENV-2)	0	0		**6**	**2**
Idaho	0	0		0	0		**0**	**0**
Illinois	1	0		6	0		**7**	**0**
Indiana	0	0		0	0		**0**	**0**
Iowa	0	0		12	0		**12**	**0**
Kansas	0	0		0	0		**0**	**0**
Kentucky	0	0		0	0		**0**	**0**
Louisiana	1	0		0	0		**1**	**0**
Maine	7	1	Haiti, Turks, and Caicos (DENV-1)	2	0		**9**	**1**
Maryland	0	2	Tahiti (2, DENV-1)	0	0		**0**	**2**
Massachusetts	13	4	Costa Rica (DENV-1), New Zealand (DENV-1), Puerto Rico (DENV-3), St. Kitt's (DENV-3).	0	0		**13**	**4**
Michigan	1	0		0	0		**1**	**0**
Minnesota	0	0		44	0		**44**	**0**
Mississippi	0	0		0	0		**0**	**0**
Missouri	2	0		10	0		**12**	**0**
Montana	0	0		0	0		**0**	**0**
Nebraska	0	0		0	0		**0**	**0**
Nevada	1	0		6	1	Dominican Republic	**7**	**1**
New Hampshire	0	0		2	2	Brazil, India	**2**	**2**
New Jersey	0	2	Puerto Rico (2, DENV-2)	0	0		**0**	**2**
New Mexico	0	0		2	0		**2**	**0**
New York	38	4	Dominican Republic (2), (DENV-1, DENV-4), Haiti (DENV-1), St. Martin and Antilles (DENV-3)	158	20	Bangladesh (2), Caribbean (unspecified), Dominican Republic (3), Guatemala (4), Haiti and Zambia, India, Indonesia (2), Mexico, Peru, Puerto Rico (2), unknown (2)	**196**	**24**
North Carolina	5	0		4	0		**9**	**0**
North Dakota	0	0		0	0		**0**	**0**
Ohio	1	2	India (DENV-2), Cambodia (DENV-3)	22	0		**23**	**2**
Oklahoma	0	0		3	2	Mexico, St. Barthelemy	**3**	**2**

TABLE 1. (*Continued*) Cases* of imported dengue reported to ArboNET and CDC Dengue Branch (CDCDB), by state, 2006–2008†

	Reported to CDCDB			Reported to ArboNET			Total	
	Case classification		Travel history	Case classification		Travel history	Case classification	
State	Probable§	Laboratory-confirmed¶	Travel destinations of laboratory-confirmed dengue (No. of laboratory-positive specimens and serotype, if available)**	Probable§	Laboratory-confirmed¶	Travel destinations for laboratory-confirmed dengue**	Probable§	Laboratory-confirmed¶
Oregon	1	0		0	0		**1**	**0**
Pennsylvania	0	1	Unknown (DENV-3)	13	8	Bangladesh, Honduras, Jamaica, Puerto Rico (3), St. Martin, Thailand	**13**	**9**
Rhode Island	0	0		0	0		**0**	**0**
South Carolina	0	0		0	1	Puerto Rico	**0**	**1**
South Dakota	1	0		2	1	Haiti	**3**	**1**
Tennessee	0	0		0	0		**0**	**0**
Texas	6	1	Maldives (DENV-2)	22	39	Bangladesh (2), Brazil (2), El Salvador (2), Guatemala, Honduras (2), India (6), Malaysia, Mexico (6), Pakistan, Panama, Paraguay, Philippines, Puerto Rico (5), Singapore (2),Tahiti, Thailand, unknown (2), Venezuela (2)	**28**	**40**
Utah	0	0		0	0		**0**	**0**
Vermont	0	0		0	0		**0**	**0**
Virginia	0	1	St. Barthelemy and St. Thomas (DENV-4)	25	5	Costa Rica, El Salvador, Jamaica, Puerto Rico, St. Thomas	**25**	**6**
Washington	0	0		21	7	El Salvador, Honduras, Nicaragua (3), Philippines, Sri Lanka	**21**	**7**
West Virginia	0	0		2	0		**2**	**0**
Wisconsin	1	0		4	16	Costa Rica (2), Granada, Guatemala and Mexico, Honduras, Laos, Mexico (3), Nicaragua, Nigeria, Puerto Rico (2), St. Lucia, Saudi Arabia, Thailand	**5**	**16**
Wyoming	1	1	Ecuador (DENV-4)	0	0		**1**	**1**
Total	**106**	**30**		**468††**	**128§§**		**574**	**158**

* Includes probable and laboratory-confirmed cases.
† CDCDB received a total of 529 specimens. The 596 total cases reported to ArboNET are the sum of probable (468) and confirmed (128) cases.
§ Probable is defined as a single immunoglobulin M (IgM)-positive specimen in late acute phase or convalescent phase of illness.
¶ Laboratory-confirmed results were positive by polymerase chain reaction (PCR) or viral isolation.
** If not specified otherwise, the number of cases from each country is one. Unknown indicates that no location-specific travel history was provided. Does not include travel destinations of persons with probable cases.
†† Of the 518 probable cases reported to ArboNET, 50 probable cases also were reported to CDCDB. These 50 probable cases were subtracted from the ArboNET total and included in the CDCDB total, resulting in 468 probable cases.
§§ Of 135 laboratory-confirmed cases reported to ArboNET, seven laboratory-confirmed cases also were reported to CDCDB. These seven cases were subtracted from the ArboNET total and included in the CDCDB total, resulting in 128 laboratory-confirmed cases.

"not imported," with no travel history, and might have represented autochthonous dengue transmission.

For ArboNET cases, the type of clinical syndrome was recorded in 596 cases; 429 (72%) were categorized as uncomplicated fever, 95 (16%) as dengue hemorrhagic fever or dengue shock syndrome, 56 (9%) as other syndrome or unknown, and 16 (3%) as dengue with hemorrhage (Table 2). For CDCDB cases, clinical syndrome was recorded for 54 (40%) of 136 laboratory-diagnosed cases; 32 (59%) were classified as dengue fever, four (7%) cases as dengue hemorrhagic fever, and no cases of dengue shock syndrome. The most frequently reported signs and symptoms included 77 (57%) cases with fever, 57 (42%) with headache, and 55 (40%) with body ache. Among the 136 CDCDB cases, 27 (20%) included at least one hemorrhagic symptom (e.g., petechiae, purpura,

What is already known on this topic?

Dengue infections commonly occur among U.S. residents returning from travel to endemic areas and are more prevalent than malaria among returning travelers from the Caribbean, South America, South Central Asia, and Southeast Asia.

What is added by this report?

During 2006–2008, an average of 244 confirmed and probable travel-associated dengue cases annually were identified by two CDC-maintained passive surveillance systems, substantially more than the 33.5 cases (range: 13–77 cases) identified annually during 1990–2005.

What are the implications for public health practice?

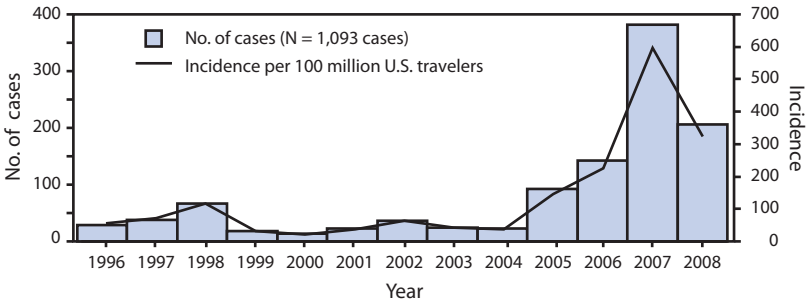
Health-care providers should consider dengue in the differential diagnosis of patients with a history of travel to endemic areas within 14 days of fever onset.

TABLE 2. Characteristics of laboratory-confirmed cases of dengue among U.S. travelers — combined ArboNET and CDC Dengue Branch (CDCDB),* 2006–2008

Characteristic	Cases	
	No.	(%)†
Total	**732**	**(100)**
Sex		
Female	350	(48)
Male	375	(51)
Unknown	7	(1)
Age group (yrs)		
≤20	118	(16)
21–40	256	(35)
41–60	243	(33)
>60	95	(13)
Unknown	20	(3)
Clinical syndrome		
Dengue fever	32	(4)
Dengue fever with hemorrhage	34	(5)
Dengue hemorrhagic fever/Dengue shock syndrome	99	(14)
Other clinical	36	(5)
Uncomplicated fever	429	(59)
Unknown	102	(14)
Outcome		
Hospitalized	318	(43)
Died	1	(<1)

* Cases were reported via ArboNET or to CDCDB; 57 cases were detected in both systems.
† Might not add to 100% because of rounding.

FIGURE. Number and incidence of laboratory-confirmed cases* per 100 million U.S. travelers† — combined ArboNET and CDC Dengue Branch (CDCDB), 1996–2008



* Based on 1996–2005 data from CDCDB, and 2006–2008 data from the CDCDB and ArboNET electronic surveillance system.
† **Source:** Office of Travel and Tourism Industries. 2007 United States resident travel abroad. Washington, DC: US Department of Commerce, International Trade Administration, Office of Travel and Tourism Industries; 2008. Available at http://www.tinet.ita.doc.gov/outreachpages/download_data_table/2007_us_travel_abroad.pdf.

hemoptysis, hematemesis, hematuria, vaginal bleeding, bleeding gums, or epistaxis). A higher proportion of cases submitted to ArboNET (292; 49%) resulted in hospitalization compared with CDCDB cases (26; 19%). One travel-associated dengue fatality was laboratory confirmed by CDCDB.

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Editorial Note

During 2006–2008, an average of 244 confirmed and probable travel-associated dengue cases were identified by ArboNET or CDCDB annually (Figure), compared with an annual average of 33.5 cases (range:13–77 cases) identified during 1990–2005. Most of this increase likely resulted from the 2003 addition of dengue reporting to the ArboNET surveillance system, which supplements CDCDB (*6*). However, a portion of the increase also likely resulted from substantial increases in dengue incidence throughout subtropical and tropical areas of the world, including the Americas (*6*). During 2006–2008, dengue outbreaks were reported in numerous countries, including Belize, Brazil, Costa Rica, Cuba, Ecuador, El Salvador, Guadeloupe, India, Madagascar, Martinique, Mexico, Nicaragua, Pakistan, Paraguay, the United States (Puerto Rico, U.S. Virgin Islands), Venezuela, and multiple island nations in the South Pacific. Most U.S. residents become infected during travel to tropical and subtropical areas outside the continental United States, although autochthonous transmission has been documented on multiple occasions since 1980 in Texas (*7,8*), during 2001–2002 in Hawaii (*9*), and during 2009–2010 in Florida (*10*).

Dengue has an incubation period of 3–14 days. Because U.S. travelers spend a median of 10 nights abroad, many returning travelers who are infected could be viremic and able to infect endemic *Aedes* spp. vector mosquitoes (principally *Ae. aegypti* and *Ae. albopictus*) in some locations in the continental United States, thus creating the potential for localized dengue transmission. Clinically recognized cases of travel-associated dengue likely underestimate the risk for importation because many dengue infections are asymptomatic or mildly symptomatic (Box).

BOX. Dengue surveillance and diagnosis

After the Council of State and Territorial Epidemiologists (CSTE) recommended addition of dengue to the list of nationally notifiable diseases, in January 2010, CDC added dengue to the list. Public health jurisdictions are encouraged to report cases via the ArboNET system. Health-care providers are encouraged to submit specimens to the CDC Dengue Branch for diagnostic testing, as follows:

- Obtain an acute phase (0–5 days after onset of symptoms) serum sample, for directly detecting dengue virus.
- Obtain a convalescent phase serum sample, preferably 1–2 weeks after the first sample, for detecting antidengue antibody. Serologic testing can detect diagnostic levels of antidengue immunoglobulin M antibody for approximately 30 days after symptom onset and longer in some patients.
- To obtain viral identification and serologic diagnosis, send specimens through state or territorial health departments to the Dengue Branch, Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, 1324 Calle Cañada, San Juan, PR 00920-3860; telephone 787-706-2399; fax 787-706-2496.
- Attach a summary of clinical and epidemiologic information to all serum samples; be sure to include date of disease onset, date of sample collection, and detailed recent travel history.

Additional information is available at http://www.cdc.gov/dengue/resources/testpoleng_2.pdf.

The findings in this report are subject to at least three limitations. First, these surveillance results likely are subject to underreporting because both CDCDB and ArboNET are based on passive reporting (i.e., each rely on public health jurisdictions and health-care providers to detect and report infection) and dengue was designated a nationally notifiable disease in the United States in 2010, after the ending date of this report. Second, cases submitted to ArboNET were classified as either probable or laboratory-confirmed by the reporting jurisdiction largely based on interpretation of laboratory results from private laboratories using several different laboratory diagnostic tests, which might have affected classification and reporting of results. Finally, travel histories and clinical information were not available for all cases and might not have been representative of all persons with travel-associated dengue.

Travelers to tropical areas can reduce their risk for dengue by avoiding exposure to mosquitoes. No vaccine is available for preventing dengue infection. Persons traveling to areas where dengue is endemic should use insect repellents, wear protective clothing, and reside in facilities with screens and air conditioning when available. Preventing travel-associated dengue not only benefits the traveler, but also helps prevent the introduction of dengue virus into tropical areas and subtropical areas of the United States (primarily the southeastern states), where vector mosquitoes could transmit the virus indigenously.

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Errata: Vol. 59, No. SS-2

In the Surveillance Summary, "Surveillance for Human West Nile Virus Disease — United States, 1999–2008," the values in the legend for Figure 6 on page 12 were incorrect. The figure legend should read as follows (from darkest to lightest shading): **≥2.00, 1.50–1.99, 1.00–1.49, 0.50–0.99, 0.01–0.49,** and **0.00.**

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 June 12, 2010 (23rd week)*

Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	32	3	116	145	144	165	135	
foodborne	—	4	0	10	17	32	20	19	
infant	—	21	2	81	109	85	97	85	
other (wound and unspecified)	—	7	0	25	19	27	48	31	
Brucellosis	1	43	2	115	80	131	121	120	CA (1)
Chancroid	—	26	0	28	25	23	33	17	
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis§	—	32	12	141	139	93	137	543	
Diphtheria	—	1	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	1	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	0	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	7	0	35	30	22	29	9	
nonserotype b	—	83	3	236	244	199	175	135	
unknown serotype	2	97	4	178	163	180	179	217	FL (1), TN (1)
Hansen disease§	1	17	2	103	80	101	66	87	PA (1)
Hantavirus pulmonary syndrome§	—	2	1	18	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	5	55	5	242	330	292	288	221	MO (2), TN (1), AR (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	53	2	359	90	77	43	45	
Listeriosis	4	229	12	852	759	808	884	896	DE (1), FL (2), CA (1)
Measles¶¶	—	26	4	67	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	—	121	6	301	330	325	318	297	
serogroup B	—	51	4	174	188	167	193	156	
other serogroup	—	5	0	23	38	35	32	27	
unknown serogroup	5	176	12	482	616	550	651	765	MO (1), KS (1), FL (1), CA (2)
Mumps	52	1,760	35	2,069	454	800	6,584	314	NY (5), NYC (45), PA (1), IA (1)
Novel influenza A virus infections†††	—	1	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	4	0	9	8	12	21	16	
Q fever, total§,§§§	—	34	4	112	120	171	169	136	
acute	—	25	2	92	106	—	—	—	
chronic	—	9	0	20	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	2	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	79	2	162	157	132	125	129	CT (1), NV (1)
Syphilis, congenital (age <1 yr)††††	—	67	7	424	431	430	349	329	
Tetanus	—	—	0	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	39	2	74	71	92	101	90	CA (1)
Trichinellosis	—	1	0	13	39	5	15	16	
Tularemia	—	11	5	93	123	137	95	154	
Typhoid fever	—	139	6	399	449	434	353	324	
Vancomycin-intermediate *Staphylococcus aureus*§	3	38	1	77	63	37	6	2	MO (3)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	7	117	6	790	588	549	NN	NN	MD (1), VA (1), FL (4), CA (1)
Viral hemorrhagic fever§§§§	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 12, 2010 (23rd week)*

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

* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/ncphi/disss/nndss/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 278 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008-09 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, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus.

§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

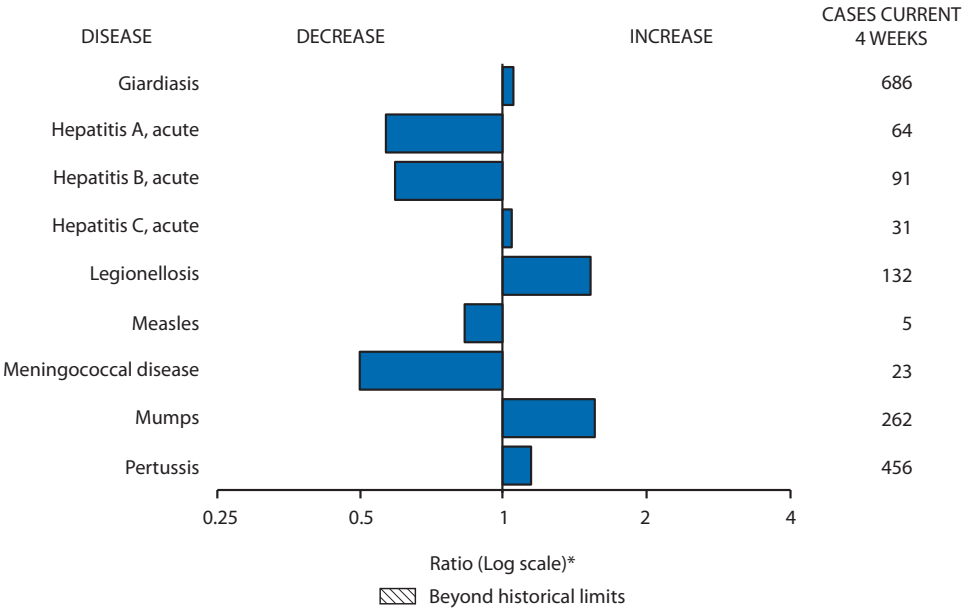
¶¶¶ No rubella cases were reported for the current week.

**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

†††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

§§§§ There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 12, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	13,156	22,517	27,358	456,353	554,311	61	120	284	2,155	2,257
New England	1,081	742	1,396	16,954	17,539	—	5	35	111	153
Connecticut	350	213	736	4,023	5,192	—	0	31	31	38
Maine†	50	48	75	1,094	1,127	—	1	4	25	17
Massachusetts	607	393	767	8,961	8,216	—	1	15	—	43
New Hampshire	55	36	114	865	928	—	1	6	25	24
Rhode Island†	—	70	130	1,490	1,544	—	0	8	7	2
Vermont†	19	23	63	521	532	—	1	9	23	29
Mid. Atlantic	2,886	3,144	4,619	72,731	69,963	9	14	38	242	260
New Jersey	483	440	624	9,620	11,119	—	0	5	—	16
New York (Upstate)	670	634	2,530	14,482	12,823	4	3	16	59	57
New York City	1,310	1,182	2,144	28,531	26,590	—	1	5	23	36
Pennsylvania	423	865	1,056	20,098	19,431	5	8	19	160	151
E.N. Central	644	3,411	4,413	61,208	91,016	11	28	73	490	556
Illinois	—	1,034	1,322	9,334	27,741	—	3	8	65	55
Indiana	—	302	602	5,293	10,471	—	4	11	60	117
Michigan	517	885	1,416	21,725	21,286	1	6	11	119	99
Ohio	122	940	1,073	18,855	21,852	10	7	16	154	150
Wisconsin	5	372	493	6,001	9,666	—	8	39	92	135
W.N. Central	330	1,309	1,711	27,602	31,702	14	20	59	348	306
Iowa	26	177	252	4,366	4,416	—	4	13	74	75
Kansas	52	191	571	4,182	4,492	2	2	6	41	32
Minnesota	—	263	337	5,178	6,609	—	5	31	94	64
Missouri	210	492	638	11,016	11,711	5	3	12	60	57
Nebraska†	—	95	237	2,087	2,384	3	2	9	42	31
North Dakota	42	32	93	773	747	4	0	18	10	1
South Dakota	—	49	82	—	1,343	—	2	10	27	46
S. Atlantic	2,803	4,174	6,098	75,509	114,558	8	19	50	376	385
Delaware	37	87	145	1,863	2,117	—	0	2	2	1
District of Columbia	104	112	178	2,291	3,150	—	0	1	2	4
Florida	664	1,402	1,669	31,644	33,346	5	8	24	153	120
Georgia	—	410	1,323	3,098	18,694	—	6	31	140	155
Maryland†	466	448	1,031	9,485	10,008	1	0	3	12	22
North Carolina	—	586	1,291	—	19,560	—	1	11	11	32
South Carolina†	727	523	1,331	12,115	12,288	2	1	7	20	20
Virginia†	805	598	924	13,454	13,657	—	1	7	30	26
West Virginia	—	67	137	1,559	1,738	—	0	2	6	5
E.S. Central	1,513	1,761	2,268	35,818	41,012	2	4	10	83	65
Alabama†	450	474	629	10,099	12,196	—	1	5	34	22
Kentucky	351	312	642	6,807	4,584	2	1	4	26	16
Mississippi	238	424	640	7,505	10,907	—	0	3	4	5
Tennessee†	474	561	734	11,407	13,325	—	1	5	19	22
W.S. Central	1,763	2,914	5,784	63,451	70,890	1	8	40	112	119
Arkansas†	228	228	402	2,722	6,498	—	1	5	13	12
Louisiana	—	367	1,055	2,922	13,816	—	1	6	16	13
Oklahoma	—	252	2,727	6,386	3,224	—	2	9	22	32
Texas†	1,535	2,051	3,212	51,421	47,352	1	5	30	61	62
Mountain	428	1,559	2,118	29,883	31,538	—	9	25	176	172
Arizona	94	484	713	9,437	11,330	—	0	3	12	14
Colorado	—	428	709	7,775	5,511	—	2	10	50	43
Idaho†	37	64	185	1,228	1,583	—	1	7	29	19
Montana†	21	57	76	1,320	1,414	—	1	4	25	14
Nevada†	218	174	478	4,316	4,316	—	0	2	5	7
New Mexico†	—	163	453	2,213	3,708	—	2	8	29	52
Utah	48	117	175	2,748	2,815	—	1	4	19	10
Wyoming†	10	37	70	846	861	—	0	2	7	13
Pacific	1,708	3,481	5,350	73,197	86,093	16	13	27	217	241
Alaska	—	105	145	2,571	2,365	—	0	1	1	2
California	1,444	2,677	4,406	57,999	66,030	11	8	20	130	125
Hawaii	—	117	158	2,466	2,776	—	0	0	—	1
Oregon	—	173	468	1,367	4,878	—	2	10	54	83
Washington	264	393	638	8,794	10,044	5	1	8	32	30
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	2	27	82	60	—	0	0	—	—
Puerto Rico	—	113	329	2,229	3,261	N	0	0	N	N
U.S. Virgin Islands	—	9	16	132	241	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	0	8	39	NN	—	0	0	—	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island¶	—	0	0	—	NN	—	0	0	—	NN
Vermont¶	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	3	12	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	2	8	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	2	5	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	2	5	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	1	1	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska¶	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	2	14	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	2	13	NN	—	0	0	—	NN
Georgia	—	0	1	1	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina¶	—	0	0	—	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama¶	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee¶	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas¶	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	2	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	0	—	NN	—	0	0	—	NN
Montana¶	—	0	0	—	NN	—	0	0	—	NN
Nevada¶	—	0	1	1	NN	—	0	0	—	NN
New Mexico¶	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming¶	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	4	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	1	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	3	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	82	925	NN	—	0	3	22	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage.
§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	14	8	176	108	187	9	11	308	69	163	—	2	34	11	58
New England	—	0	4	3	6	1	2	21	14	28	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	13	—	—	—	0	0	—	—
Maine§	—	0	1	2	1	—	0	3	5	6	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	1	1	1	0	3	6	7	—	0	1	1	1
Rhode Island§	—	0	4	—	4	—	0	20	3	15	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	3	15	11	35	8	3	27	28	59	—	0	4	1	14
New Jersey	—	0	8	—	23	—	0	7	1	21	—	0	0	—	—
New York (Upstate)	1	1	15	6	7	8	2	20	27	37	—	0	2	1	1
New York City	—	0	2	4	1	—	0	1	—	1	—	0	0	—	1
Pennsylvania	—	0	5	1	4	—	0	1	—	—	—	0	3	—	12
E.N. Central	—	0	7	2	37	—	2	23	19	72	—	0	6	2	28
Illinois	—	0	4	—	17	—	0	1	—	2	—	0	1	—	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	1	15
Michigan	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	3	—	0	0	—	1	—	0	1	—	—
Wisconsin	—	0	3	2	16	—	2	22	19	69	—	0	3	1	10
W.N. Central	8	2	23	30	35	—	0	261	—	—	—	0	30	3	4
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	—	3	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	8	1	22	29	32	—	0	2	—	—	—	0	4	3	2
Nebraska§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	4	3	14	40	42	—	0	2	7	3	—	0	2	—	—
Delaware	—	0	3	7	6	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	2	0	1	4	4	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	8	—	0	1	1	1	—	0	0	—	—
Maryland§	—	0	4	5	16	—	0	1	3	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
Virginia§	2	1	13	14	5	—	0	1	1	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	1	1	11	15	28	—	0	1	1	1	—	0	5	4	10
Alabama§	—	0	3	2	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	2	2	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	2	—	1	—	0	0	—	—	—	0	0	—	—
Tennessee§	1	1	10	11	25	—	0	1	1	1	—	0	5	4	10
W.S. Central	—	0	141	7	2	—	0	23	—	—	—	0	0	—	—
Arkansas§	—	0	34	—	1	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	6	1	—	0	16	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (***Continued***) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	172	345	662	6,666	6,965	3,045	5,397	6,935	102,370	132,896	23	56	171	1,237	1,421
New England	4	26	65	314	556	142	92	197	2,272	2,100	1	3	21	36	88
Connecticut	—	6	15	94	107	69	46	170	1,044	960	1	0	15	18	23
Maine§	4	4	13	81	78	4	3	11	92	62	—	0	2	4	12
Massachusetts	—	9	36	—	244	65	39	81	919	861	—	0	8	—	43
New Hampshire	—	3	11	54	50	4	2	7	70	49	—	0	2	7	5
Rhode Island§	—	1	7	19	23	—	6	19	120	145	—	0	2	4	1
Vermont§	—	4	14	66	54	—	1	17	27	23	—	0	1	3	4
Mid. Atlantic	29	63	112	1,167	1,316	595	635	941	14,335	13,415	6	12	34	272	250
New Jersey	—	7	15	89	186	130	92	133	2,050	2,071	—	2	7	38	48
New York (Upstate)	18	24	84	442	474	88	101	422	2,250	2,272	2	3	20	75	58
New York City	4	16	25	345	361	282	215	396	5,266	4,831	—	2	6	58	30
Pennsylvania	7	15	37	291	295	95	208	277	4,769	4,241	4	4	9	101	114
E.N. Central	13	51	92	1,012	1,082	158	1,070	1,536	17,040	28,633	—	8	18	172	232
Illinois	—	12	22	208	230	—	347	441	2,305	9,208	—	2	9	45	87
Indiana	—	6	14	99	95	—	85	183	1,443	3,425	—	1	5	28	46
Michigan	4	13	25	256	266	135	248	502	6,084	6,792	—	0	4	17	12
Ohio	9	16	28	356	332	23	314	372	5,822	6,811	—	2	6	52	49
Wisconsin	—	7	23	93	159	—	90	185	1,386	2,397	—	1	5	30	38
W.N. Central	11	27	165	611	600	81	272	367	5,525	6,682	4	3	24	82	77
Iowa	4	6	15	111	118	3	31	46	688	753	—	0	1	1	—
Kansas	1	4	14	91	56	6	40	83	815	1,117	—	0	2	8	10
Minnesota	—	0	135	136	137	—	41	64	762	1,066	—	0	17	23	18
Missouri	4	9	27	156	187	72	123	172	2,757	2,903	2	1	6	36	32
Nebraska§	1	3	9	78	64	—	22	55	448	620	1	0	3	8	12
North Dakota	1	0	8	10	4	—	2	11	55	50	1	0	4	6	5
South Dakota	—	1	10	29	34	—	3	16	—	173	—	0	0	—	—
S. Atlantic	64	74	143	1,619	1,490	828	1,260	1,774	20,937	33,389	10	14	27	324	400
Delaware	—	0	3	12	13	4	19	37	422	367	—	0	1	4	3
District of Columbia	—	1	4	10	31	60	43	86	863	1,239	—	0	1	—	1
Florida	51	37	87	820	780	226	379	482	8,389	9,497	8	3	9	94	134
Georgia	—	13	52	382	313	—	135	494	1,108	6,271	—	3	9	79	75
Maryland§	2	6	12	131	113	141	128	237	2,709	2,638	1	1	6	25	46
North Carolina	N	0	0	N	N	—	210	386	—	6,485	—	1	6	20	51
South Carolina§	2	2	7	49	41	207	159	394	3,569	3,696	—	2	7	49	33
Virginia§	9	8	36	199	181	190	164	271	3,680	2,946	1	2	5	42	39
West Virginia	—	1	5	16	18	—	8	19	197	250	—	0	5	11	18
E.S. Central	3	7	22	105	160	388	482	655	9,628	11,661	1	3	12	84	96
Alabama§	—	4	13	59	74	121	135	187	2,909	3,375	—	0	2	10	26
Kentucky	N	0	0	N	N	75	88	156	1,714	1,348	—	0	5	14	10
Mississippi	N	0	0	N	N	88	127	198	2,085	3,327	—	0	2	7	6
Tennessee§	3	3	18	46	86	104	145	206	2,920	3,611	1	2	10	53	54
W.S. Central	—	9	18	135	169	446	842	1,554	16,437	20,436	—	2	20	60	63
Arkansas§	—	2	9	41	51	86	72	139	798	1,968	—	0	3	10	11
Louisiana	—	3	10	52	77	—	108	343	910	4,478	—	0	2	12	11
Oklahoma	—	3	10	42	41	—	79	616	1,671	1,128	—	1	15	33	38
Texas§	N	0	0	N	N	360	568	964	13,058	12,862	—	0	2	5	3
Mountain	1	32	64	610	560	60	172	266	3,402	3,896	1	5	14	155	132
Arizona	—	3	7	59	86	7	63	109	1,098	1,245	—	2	10	60	45
Colorado	—	12	26	282	158	—	50	127	1,046	1,197	—	1	6	39	37
Idaho§	1	4	10	85	56	—	2	8	35	42	1	0	2	8	2
Montana§	—	3	11	54	44	—	2	6	50	39	—	0	1	2	1
Nevada§	—	2	11	25	37	44	27	94	777	771	—	0	2	5	11
New Mexico§	—	1	8	29	51	—	18	41	238	440	—	1	5	23	18
Utah	—	5	13	61	103	7	6	14	143	134	—	0	4	13	17
Wyoming§	—	1	5	15	25	2	1	7	15	28	—	0	2	5	1
Pacific	47	53	133	1,093	1,032	347	550	664	12,794	12,684	—	2	9	52	83
Alaska	—	2	7	37	31	—	23	36	591	369	—	0	2	11	7
California	32	34	61	699	728	303	458	557	10,746	10,458	—	0	3	6	31
Hawaii	—	0	2	—	8	—	10	24	265	289	—	0	2	—	17
Oregon	1	9	17	204	141	—	13	43	106	501	—	1	5	32	25
Washington	14	8	75	153	124	44	43	84	1,086	1,067	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	1	—	0	3	5	5	—	0	0	—	—
Puerto Rico	—	1	10	10	67	—	4	24	101	96	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	4	25	76	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	17	33	68	584	857	27	57	203	1,153	1,516	9	14	43	316	333
New England	—	1	5	19	45	—	1	3	19	26	—	1	5	11	24
Connecticut	—	0	2	12	10	—	0	3	4	5	—	1	4	11	18
Maine†	—	0	1	3	1	—	0	2	9	6	—	0	1	—	—
Massachusetts	—	1	4	—	24	—	0	2	—	12	—	0	1	—	5
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	0	—	2	—	0	1	1	—	—	0	0	—	1
Mid. Atlantic	1	4	10	82	118	1	5	10	121	178	3	2	4	43	45
New Jersey	—	0	4	8	35	—	1	4	25	57	—	0	2	5	6
New York (Upstate)	—	1	3	25	21	1	1	6	24	32	2	1	3	26	20
New York City	—	1	5	25	32	—	1	4	37	33	—	0	1	—	1
Pennsylvania	1	1	6	24	30	—	1	5	35	56	1	0	3	12	18
E.N. Central	2	4	19	79	130	6	8	14	167	218	—	2	6	59	39
Illinois	—	1	13	14	48	—	2	6	27	50	—	0	1	—	3
Indiana	—	0	4	8	9	—	1	5	19	38	—	0	3	10	5
Michigan	1	1	4	26	34	1	2	6	48	64	—	1	6	45	13
Ohio	1	0	4	15	24	5	2	4	54	54	—	0	3	3	16
Wisconsin	—	0	3	16	15	—	0	3	19	12	—	0	1	1	2
W.N. Central	1	1	10	24	52	2	3	15	59	54	—	0	11	12	5
Iowa	—	0	3	4	15	—	1	3	9	12	—	0	4	1	2
Kansas	—	0	2	7	5	—	0	2	3	4	—	0	0	—	1
Minnesota	—	0	8	1	12	—	0	13	2	10	—	0	9	3	—
Missouri	1	0	3	11	9	2	1	5	36	17	—	0	1	7	—
Nebraska†	—	0	3	1	9	—	0	2	9	10	—	0	1	1	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	1	—	0	1	—	—
S. Atlantic	4	7	14	128	192	10	16	39	342	404	2	3	8	64	91
Delaware	—	0	1	5	3	—	1	2	15	16	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	4	—	0	1	2	—
Florida	4	3	8	51	88	8	5	11	139	141	2	1	4	24	16
Georgia	—	1	3	16	19	—	3	7	62	62	—	0	2	5	20
Maryland†	—	0	4	10	18	—	1	6	24	42	—	0	3	12	15
North Carolina	—	0	3	11	32	—	1	4	4	58	—	0	4	9	17
South Carolina†	—	1	4	19	17	1	1	4	24	20	—	0	0	—	1
Virginia†	—	1	3	14	14	1	2	14	43	38	—	0	2	6	6
West Virginia	—	0	2	1	—	—	0	19	29	23	—	0	3	6	16
E.S. Central	1	1	3	18	19	4	6	13	125	163	—	2	7	53	46
Alabama†	—	0	1	4	6	—	1	5	27	48	—	0	2	2	5
Kentucky	—	0	2	9	3	2	2	6	39	41	—	1	5	37	26
Mississippi	—	0	1	—	5	—	0	3	12	12	—	0	0	—	—
Tennessee†	1	0	2	5	5	2	2	6	47	62	—	0	4	14	15
W.S. Central	3	3	19	66	79	3	9	109	165	255	—	1	14	23	23
Arkansas†	—	0	3	—	5	—	1	4	18	32	—	0	1	—	1
Louisiana	—	0	1	4	2	—	1	5	18	27	—	0	1	2	4
Oklahoma	—	0	3	—	1	—	1	19	29	48	—	0	12	12	3
Texas†	3	3	18	62	71	3	5	87	100	148	—	0	4	9	15
Mountain	—	3	8	63	65	—	2	6	39	65	1	1	4	18	24
Arizona	—	1	5	34	26	—	0	3	14	28	—	0	0	—	—
Colorado	—	1	4	11	19	—	0	2	1	11	—	0	3	2	13
Idaho†	—	0	1	3	—	—	0	2	4	2	—	0	2	6	1
Montana†	—	0	1	4	4	—	0	1	—	—	—	0	0	—	1
Nevada†	—	0	2	6	7	—	1	3	16	13	1	0	1	2	2
New Mexico†	—	0	1	3	6	—	0	1	2	4	—	0	2	5	5
Utah	—	0	2	2	3	—	0	1	2	4	—	0	1	3	2
Wyoming†	—	0	1	—	—	—	0	1	—	3	—	0	0	—	—
Pacific	5	5	16	105	157	1	6	20	116	153	3	1	6	33	36
Alaska	—	0	0	—	2	—	0	1	1	2	—	0	2	—	—
California	4	4	15	85	118	1	4	16	81	110	1	0	4	13	17
Hawaii	—	0	2	—	6	—	0	1	—	4	—	0	0	—	—
Oregon	—	0	2	10	8	—	1	4	18	19	—	0	3	10	9
Washington	1	0	2	10	23	—	0	4	16	18	2	0	6	10	10
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	10	13	—	1	6	22	43	—	1	5	19	30
Puerto Rico	—	0	2	2	15	—	0	5	7	14	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	36	57	174	794	818	256	388	2,345	4,719	8,227	12	25	87	425	496
New England	—	3	18	22	35	9	109	857	743	3,051	—	1	4	7	22
Connecticut	—	1	5	11	10	—	29	295	232	1,202	—	0	3	1	1
Maine†	—	0	3	3	—	8	14	76	164	81	—	0	1	3	1
Massachusetts	—	0	9	—	22	—	35	401	—	1,245	—	0	3	—	15
New Hampshire	—	0	3	2	1	1	19	95	294	445	—	0	1	1	1
Rhode Island†	—	0	4	5	1	—	1	29	10	17	—	0	1	1	2
Vermont†	—	0	1	1	1	—	4	45	43	61	—	0	1	1	2
Mid. Atlantic	6	19	73	182	225	186	152	999	2,657	3,171	2	7	17	126	143
New Jersey	—	2	14	3	51	—	37	430	606	1,418	—	1	5	1	40
New York (Upstate)	4	5	29	61	64	116	56	577	665	683	2	1	4	29	20
New York City	—	3	19	34	34	—	10	58	3	237	—	3	12	72	63
Pennsylvania	2	6	25	84	76	70	68	475	1,383	833	—	1	4	24	20
E.N. Central	6	10	41	141	159	2	18	258	218	586	2	2	12	42	63
Illinois	—	1	11	7	22	—	1	12	6	30	—	1	7	19	27
Indiana	—	1	5	10	18	—	1	6	10	20	—	0	4	2	9
Michigan	—	3	13	30	27	1	1	9	7	9	—	0	3	5	10
Ohio	6	5	17	81	69	—	1	5	6	6	2	0	6	15	14
Wisconsin	—	1	6	13	23	1	17	239	189	521	—	0	2	1	3
W.N. Central	2	2	19	34	28	—	3	1,395	16	79	1	1	11	22	25
Iowa	—	0	3	2	8	—	0	14	8	38	—	0	1	6	5
Kansas	—	0	1	3	3	—	0	2	4	9	—	0	1	3	2
Minnesota	—	0	16	10	1	—	0	1,380	—	26	—	0	11	3	10
Missouri	1	1	5	12	10	—	0	1	1	1	—	0	1	3	5
Nebraska†	1	0	2	3	5	—	0	3	3	4	1	0	2	7	2
North Dakota	—	0	1	2	1	—	0	15	—	—	—	0	1	—	—
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	12	11	24	172	168	54	59	258	938	1,223	3	6	15	110	147
Delaware	—	0	5	5	1	9	12	65	233	287	—	0	1	2	1
District of Columbia	—	0	5	2	6	—	0	7	3	16	—	0	3	5	5
Florida	4	3	10	69	64	—	2	11	24	13	—	2	7	47	36
Georgia	—	1	4	21	23	—	0	6	3	18	—	0	6	2	31
Maryland†	4	3	12	40	32	10	28	134	415	607	—	1	13	22	39
North Carolina	—	0	5	2	25	—	0	7	12	47	—	0	3	5	15
South Carolina†	1	0	2	4	3	1	1	3	14	16	—	0	1	3	1
Virginia†	3	1	6	24	14	34	14	79	219	186	3	1	5	24	18
West Virginia	—	0	3	5	—	—	0	33	15	33	—	0	2	—	1
E.S. Central	3	2	12	43	45	1	1	4	18	9	1	0	4	10	15
Alabama†	—	0	2	4	8	—	0	1	—	1	1	0	3	2	3
Kentucky	—	0	3	9	18	—	0	1	1	1	—	0	3	3	5
Mississippi	—	0	2	2	2	—	0	0	—	—	—	0	1	—	—
Tennessee†	3	1	9	28	17	1	1	4	17	7	—	0	1	5	7
W.S. Central	—	2	14	36	45	—	3	44	26	40	—	2	31	47	14
Arkansas†	—	0	1	6	3	—	0	0	—	—	—	0	1	1	1
Louisiana	—	0	3	1	5	—	0	0	—	—	—	0	1	—	3
Oklahoma	—	0	4	5	3	—	0	2	—	—	—	0	1	3	—
Texas†	—	1	10	24	34	—	3	42	26	40	—	1	30	43	10
Mountain	4	3	8	47	47	1	0	4	6	18	1	1	6	15	14
Arizona	2	1	4	19	22	1	0	1	1	1	1	0	2	7	1
Colorado	—	0	4	2	4	—	0	1	1	—	—	0	3	2	9
Idaho†	—	0	2	—	1	—	0	3	2	6	—	0	1	—	1
Montana†	—	0	1	2	4	—	0	1	—	1	—	0	3	1	1
Nevada†	2	0	2	14	6	—	0	2	—	6	—	0	1	2	—
New Mexico†	—	0	2	2	1	—	0	1	1	—	—	0	0	—	—
Utah	—	0	4	7	8	—	0	1	1	4	—	0	1	3	2
Wyoming†	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
Pacific	3	4	19	117	66	3	4	10	97	50	2	2	19	46	53
Alaska	—	0	0	—	1	—	0	1	1	3	—	0	1	2	1
California	3	3	19	107	52	3	3	9	68	28	2	1	13	32	40
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	3	6	—	1	4	27	17	—	0	1	4	6
Washington	—	0	4	7	6	—	0	3	1	2	—	0	5	8	5
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	5	16	43	353	503	109	264	1,751	4,656	6,017	22	67	147	1,101	2,290
New England	—	0	2	5	16	—	7	21	33	304	1	5	24	103	142
Connecticut	—	0	2	—	2	—	1	4	14	14	1	1	22	53	59
Maine§	—	0	1	2	2	—	0	8	7	55	—	1	4	25	22
Massachusetts	—	0	1	—	9	—	3	12	—	181	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	4	4	39	—	0	3	3	17
Rhode Island§	—	0	1	—	1	—	0	8	5	8	—	0	5	3	17
Vermont§	—	0	1	3	1	—	0	1	3	7	—	1	5	19	27
Mid. Atlantic	—	1	4	34	58	15	19	42	303	508	9	10	25	272	259
New Jersey	—	0	2	8	9	—	3	10	41	114	—	0	0	—	—
New York (Upstate)	—	0	3	8	11	8	6	27	113	75	9	9	22	208	157
New York City	—	0	2	8	12	3	0	11	16	46	—	0	11	64	2
Pennsylvania	—	0	2	10	26	4	7	22	133	273	—	0	0	—	100
E.N. Central	—	2	7	53	93	47	56	105	1,127	1,212	5	2	19	45	62
Illinois	—	0	4	7	22	—	10	29	164	295	—	1	9	16	19
Indiana	—	0	2	11	23	—	6	16	79	139	—	0	5	—	13
Michigan	—	0	5	9	12	13	18	41	353	245	1	1	6	17	19
Ohio	—	1	2	17	22	34	19	49	506	461	4	0	5	12	11
Wisconsin	—	0	2	9	14	—	2	12	25	72	—	0	0	—	—
W.N. Central	2	2	6	29	39	7	25	627	366	972	5	6	18	99	171
Iowa	—	0	3	6	6	—	5	17	127	100	—	0	4	7	14
Kansas	1	0	2	3	6	—	3	12	53	103	—	1	4	22	46
Minnesota	—	0	2	2	8	—	0	601	6	178	—	0	9	14	20
Missouri	1	0	3	14	13	2	12	35	124	493	4	1	5	28	17
Nebraska§	—	0	2	4	4	1	2	5	38	87	—	1	6	24	47
North Dakota	—	0	1	—	—	4	0	12	4	2	1	0	7	4	4
South Dakota	—	0	2	—	2	—	1	6	14	9	—	0	4	—	23
S. Atlantic	1	2	7	71	100	15	23	63	448	664	—	29	58	438	1,029
Delaware	—	0	1	1	2	—	0	2	—	6	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	2	3	—	0	0	—	—
Florida	1	1	5	37	30	6	6	29	128	230	—	0	21	46	161
Georgia	—	0	1	6	18	—	3	8	78	121	—	5	14	—	199
Maryland§	—	0	1	3	5	—	2	8	45	55	—	7	15	149	163
North Carolina	—	0	2	5	25	—	1	9	—	97	—	4	17	—	213
South Carolina§	—	0	1	6	6	6	5	20	128	77	—	0	0	—	—
Virginia§	—	0	2	11	10	3	4	15	59	70	—	10	26	210	243
West Virginia	—	0	2	2	4	—	0	6	8	5	—	2	6	33	50
E.S. Central	—	0	4	19	18	3	15	31	316	352	—	2	7	49	77
Alabama§	—	0	2	4	5	1	4	16	87	132	—	0	4	17	—
Kentucky	—	0	2	8	3	—	4	15	116	103	—	0	2	3	25
Mississippi	—	0	1	2	2	1	1	6	22	37	—	0	1	—	1
Tennessee§	—	0	2	5	8	1	4	10	91	80	—	1	6	29	51
W.S. Central	—	1	9	39	41	13	68	753	1,155	1,103	—	8	40	17	404
Arkansas§	—	0	2	5	5	—	5	29	43	121	—	0	10	11	27
Louisiana	—	0	3	8	10	—	1	7	14	80	—	0	0	—	—
Oklahoma	—	0	7	12	2	—	0	41	11	13	—	0	15	6	4
Texas§	—	0	7	14	24	13	61	681	1,087	889	—	6	30	—	373
Mountain	—	1	4	27	40	1	18	41	400	457	—	1	8	18	47
Arizona	—	0	2	7	8	—	6	13	159	93	—	0	5	—	—
Colorado	—	0	3	8	11	—	3	13	48	120	—	0	0	—	—
Idaho§	—	0	1	4	5	1	1	19	71	42	—	0	2	1	—
Montana§	—	0	1	1	5	—	1	6	12	11	—	0	4	2	13
Nevada§	—	0	1	4	3	—	0	6	7	6	—	0	1	—	—
New Mexico§	—	0	1	2	3	—	1	6	33	31	—	0	3	5	15
Utah	—	0	1	1	1	—	3	8	68	137	—	0	2	—	2
Wyoming§	—	0	1	—	4	—	0	2	2	17	—	0	3	10	17
Pacific	2	3	16	76	98	8	31	186	508	445	2	3	12	60	99
Alaska	—	0	2	1	3	—	0	6	12	27	—	0	2	11	9
California	2	2	13	51	63	—	19	162	312	180	2	3	11	45	89
Hawaii	—	0	2	—	3	—	0	4	—	16	—	0	0	—	—
Oregon	—	0	5	15	20	1	5	12	119	91	—	0	2	4	1
Washington	—	0	7	9	9	7	4	24	65	131	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	—	1	3	21	21
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	514	900	1,521	11,951	15,893	32	67	195	1,027	1,513	171	263	523	5,195	7,107
New England	2	20	169	309	1,184	—	2	30	32	133	—	3	28	34	116
Connecticut	—	0	164	164	430	—	0	18	18	67	—	0	23	23	43
Maine§	2	2	7	37	48	—	0	2	3	9	—	0	2	3	2
Massachusetts	—	14	47	—	456	—	0	6	—	35	—	1	27	—	59
New Hampshire	—	3	9	57	168	—	0	3	9	16	—	0	5	3	2
Rhode Island§	—	2	11	33	54	—	0	26	—	—	—	0	7	4	7
Vermont§	—	1	5	18	28	—	0	3	2	6	—	0	1	1	3
Mid. Atlantic	58	84	208	1,595	1,862	4	7	24	127	156	12	38	90	689	1,389
New Jersey	—	15	47	196	379	—	1	5	11	46	—	6	23	108	315
New York (Upstate)	29	24	78	420	416	3	3	15	56	35	4	4	19	73	86
New York City	2	23	46	405	424	—	1	4	14	34	—	7	15	128	207
Pennsylvania	27	29	67	574	643	1	2	8	46	41	8	20	63	380	781
E.N. Central	43	74	168	1,326	2,042	4	10	29	129	270	9	28	233	796	1,368
Illinois	—	24	52	423	578	—	1	6	11	84	—	9	227	524	325
Indiana	—	9	31	37	227	—	1	9	13	28	—	1	5	14	37
Michigan	3	15	34	266	415	—	2	7	42	49	2	4	10	84	126
Ohio	40	25	52	514	558	4	2	11	43	42	6	9	46	138	642
Wisconsin	—	8	30	86	264	—	2	11	20	67	1	4	23	36	238
W.N. Central	35	45	94	796	1,064	7	10	41	191	189	48	45	88	1,246	354
Iowa	5	7	16	127	172	—	2	14	31	45	—	0	5	22	40
Kansas	9	6	20	126	139	1	1	5	17	24	10	4	14	114	109
Minnesota	—	10	32	179	238	—	2	17	31	43	—	1	6	14	30
Missouri	16	13	29	249	206	3	2	29	86	43	37	39	75	1,080	158
Nebraska§	4	4	12	68	187	3	1	6	20	28	1	0	3	13	12
North Dakota	1	0	39	9	13	—	0	7	—	2	—	0	5	—	3
South Dakota	—	2	9	38	109	—	0	12	6	4	—	0	2	3	2
S. Atlantic	135	285	503	3,238	3,738	5	12	23	185	262	28	40	73	741	1,062
Delaware	—	3	9	37	30	—	0	2	1	6	—	3	10	32	37
District of Columbia	—	2	6	23	40	—	0	1	2	1	—	0	3	11	14
Florida	87	131	277	1,571	1,592	1	3	7	71	75	25	11	22	301	196
Georgia	—	41	105	489	648	—	1	4	21	30	—	12	23	260	285
Maryland§	10	15	32	278	283	1	1	6	25	31	—	4	17	38	174
North Carolina	—	33	90	230	507	—	1	5	4	53	—	2	26	15	208
South Carolina§	15	18	66	246	251	1	0	3	7	12	1	1	6	31	62
Virginia§	23	17	68	287	321	2	3	15	49	46	2	3	15	52	81
West Virginia	—	4	23	77	66	—	0	5	5	8	—	0	2	1	5
E.S. Central	38	46	118	700	913	—	4	10	60	89	3	11	36	267	452
Alabama§	3	14	40	200	283	—	1	4	16	21	—	2	10	41	86
Kentucky	19	8	18	154	176	—	1	4	6	26	2	3	26	124	119
Mississippi	3	12	42	142	216	—	0	2	9	6	—	1	4	14	16
Tennessee§	13	13	33	204	238	—	1	8	29	36	1	5	14	88	231
W.S. Central	66	110	547	1,196	1,630	3	4	68	55	105	53	47	251	852	1,364
Arkansas§	11	10	25	125	179	3	1	4	15	10	1	3	12	21	154
Louisiana	—	19	46	254	343	—	0	3	4	13	—	3	8	77	100
Oklahoma	—	10	46	146	196	—	0	27	3	6	—	7	96	133	87
Texas§	55	58	477	671	912	—	3	41	33	76	52	34	144	621	1,023
Mountain	15	48	133	861	1,130	2	7	26	106	179	5	14	43	225	505
Arizona	3	18	50	277	392	2	1	4	24	23	4	9	38	112	359
Colorado	—	11	33	213	219	—	2	11	17	73	—	2	6	40	37
Idaho§	2	3	10	55	70	—	1	7	16	20	1	0	1	6	2
Montana§	—	2	7	39	57	—	0	7	17	8	—	0	1	4	11
Nevada§	10	4	13	84	113	—	0	4	9	11	—	1	7	14	30
New Mexico§	—	5	40	89	120	—	1	3	13	15	—	1	8	40	55
Utah	—	5	14	89	128	—	1	11	9	27	—	0	4	9	11
Wyoming§	—	1	9	15	31	—	0	2	1	2	—	0	2	—	—
Pacific	122	115	299	1,930	2,330	7	9	46	142	130	13	21	64	345	497
Alaska	—	1	6	33	28	—	0	1	—	—	—	0	2	—	1
California	88	84	227	1,401	1,783	2	5	35	69	81	13	16	51	296	389
Hawaii	—	4	62	—	104	—	0	2	—	3	—	0	4	—	11
Oregon	4	8	49	252	175	2	1	11	22	11	—	1	4	24	24
Washington	30	15	61	244	240	3	3	18	51	35	—	2	9	25	72
American Samoa	—	1	1	1	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	5	—	0	0	—	—	—	0	0	—	2
Puerto Rico	—	7	39	69	220	—	0	0	—	—	—	0	1	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	3	2	12	26	45	17	12	416	207	448
New England	—	0	1	—	1	—	0	2	1	5
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	2	6	1	—	1	7	14	33
New Jersey	—	0	1	—	1	—	0	3	—	26
New York (Upstate)	—	0	1	1	—	—	0	3	3	1
New York City	—	0	1	—	—	—	0	2	7	2
Pennsylvania	—	0	2	5	—	—	0	2	4	4
E.N. Central	—	0	1	—	4	—	0	7	—	36
Illinois	—	0	1	—	—	—	0	6	—	23
Indiana	—	0	0	—	3	—	0	2	—	3
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	9
Wisconsin	—	0	1	—	—	—	0	1	—	1
W.N. Central	—	0	3	3	6	4	2	23	57	71
Iowa	—	0	1	—	—	—	0	1	—	2
Kansas	—	0	1	1	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	2	3	4	2	22	57	68
Nebraska§	—	0	2	—	3	—	0	1	—	1
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	0	7	10	26	7	3	31	68	155
Delaware	—	0	1	1	—	—	0	3	5	3
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	1	0	3	9	2
Georgia	—	0	6	5	24	—	0	0	—	—
Maryland§	1	0	1	2	—	1	0	3	4	23
North Carolina	—	0	2	1	1	—	1	23	27	92
South Carolina§	—	0	1	—	1	—	0	1	2	13
Virginia§	—	0	1	—	—	5	0	5	21	22
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	3	—	6	3	16	54	92
Alabama§	—	0	1	—	—	—	1	7	11	18
Kentucky	—	0	1	2	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	1	—	8
Tennessee§	—	0	2	1	—	6	2	13	43	66
W.S. Central	—	0	3	1	1	—	1	408	12	46
Arkansas§	—	0	1	—	—	—	0	110	—	28
Louisiana	—	0	0	—	—	—	0	0	—	2
Oklahoma	—	0	3	—	—	—	0	287	8	5
Texas§	—	0	1	1	1	—	0	11	4	11
Mountain	—	0	2	—	5	—	0	3	1	10
Arizona	—	0	2	—	2	—	0	2	—	5
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	1	—
Montana§	—	0	1	—	3	—	0	1	—	3
Nevada§	—	0	0	—	—	—	0	1	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	2	0	1	3	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	2	0	1	3	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	93	74	448	7,458	1,775	11	49	160	1,203	1,300	107	236	413	4,522	6,069
New England	8	2	98	432	30	—	1	24	34	43	10	7	22	194	140
Connecticut	6	0	93	225	—	—	0	22	22	—	3	1	10	39	29
Maine§	2	1	6	65	8	—	0	2	6	2	—	0	3	14	1
Massachusetts	—	0	1	—	2	—	0	3	—	32	6	5	12	117	96
New Hampshire	—	0	7	59	—	—	0	2	3	6	1	0	1	8	10
Rhode Island§	—	0	7	40	11	—	0	1	2	1	—	0	5	14	4
Vermont§	—	0	6	43	9	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	9	6	52	654	101	2	7	52	175	160	27	33	47	725	803
New Jersey	—	0	7	57	—	—	1	4	32	26	4	4	12	104	109
New York (Upstate)	3	3	12	101	39	1	3	19	73	76	2	2	11	43	50
New York City	—	1	25	218	3	—	1	28	38	47	12	18	39	416	490
Pennsylvania	6	2	22	278	59	1	0	5	32	11	9	6	14	162	154
E.N. Central	14	16	83	1,123	407	3	8	18	196	215	1	27	44	390	647
Illinois	—	0	7	51	—	—	1	5	45	35	—	13	21	99	306
Indiana	—	5	20	241	162	—	1	6	27	42	—	3	9	49	71
Michigan	8	1	26	372	18	—	1	6	43	44	—	4	13	98	105
Ohio	6	8	19	239	227	3	2	6	54	73	1	7	13	140	141
Wisconsin	—	0	28	220	—	—	1	5	27	21	—	0	2	4	24
W.N. Central	14	5	182	518	109	2	3	12	95	93	—	5	12	97	133
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	3	11
Kansas	—	1	7	57	42	—	0	2	11	13	—	0	3	7	10
Minnesota	—	1	179	282	20	—	1	10	42	32	—	1	5	24	33
Missouri	1	1	8	67	39	—	1	3	26	32	—	3	8	59	72
Nebraska§	2	0	7	74	—	1	0	2	10	5	—	0	1	4	4
North Dakota	11	0	10	27	6	1	0	1	1	4	—	0	1	—	3
South Dakota	—	0	3	11	2	—	0	2	5	7	—	0	0	—	—
S. Atlantic	31	32	143	1,914	807	4	12	28	317	320	13	59	218	1,125	1,401
Delaware	—	0	3	21	11	—	0	2	—	—	—	0	3	3	14
District of Columbia	—	0	4	17	14	—	0	1	6	3	2	2	8	58	81
Florida	22	17	89	921	483	2	3	18	116	121	1	19	32	398	492
Georgia	—	10	28	299	223	—	4	12	84	73	—	13	167	180	268
Maryland§	6	0	25	264	4	1	1	6	32	49	4	6	12	116	118
North Carolina	—	0	0	—	—	—	0	0	—	—	3	9	31	191	235
South Carolina§	2	0	25	298	—	—	1	4	33	30	—	2	6	57	55
Virginia§	1	0	4	36	—	1	1	4	34	29	3	4	22	119	134
West Virginia	—	1	21	58	72	—	0	4	12	15	—	0	2	3	4
E.S. Central	5	7	50	699	179	—	2	8	67	76	18	20	39	368	501
Alabama§	—	0	0	—	—	—	0	0	—	—	1	5	17	86	202
Kentucky	—	2	16	101	49	—	0	2	8	7	3	1	13	52	24
Mississippi	—	1	6	32	29	—	0	2	6	10	10	5	17	90	84
Tennessee§	5	3	44	566	101	—	2	7	53	59	4	7	15	140	191
W.S. Central	2	5	88	911	70	—	6	41	145	194	26	44	72	651	1,230
Arkansas§	1	1	8	91	34	—	0	3	10	25	6	5	14	53	85
Louisiana	—	1	8	46	36	—	0	3	16	17	—	7	27	64	364
Oklahoma	—	0	5	31	—	—	1	5	31	30	—	1	6	27	43
Texas§	1	0	81	743	—	—	3	34	88	122	20	27	46	507	738
Mountain	6	3	82	1,045	70	—	5	12	151	182	7	8	18	154	240
Arizona	6	0	51	508	—	—	2	7	69	81	3	3	10	57	113
Colorado	—	0	20	294	—	—	1	4	40	27	—	2	5	45	42
Idaho§	—	0	1	8	—	—	0	1	4	6	—	0	1	2	3
Montana§	—	0	1	10	—	—	0	1	1	—	—	0	1	—	—
Nevada§	—	1	4	43	27	—	0	1	4	6	4	1	10	38	47
New Mexico§	—	0	8	91	—	—	0	4	13	22	—	1	4	7	20
Utah	—	1	9	83	36	—	1	4	18	39	—	0	2	5	14
Wyoming§	—	0	2	8	7	—	0	1	2	1	—	0	1	—	1
Pacific	4	0	14	162	2	—	0	7	23	17	5	39	61	818	974
Alaska	—	0	9	65	—	—	0	5	16	10	—	0	0	—	—
California	4	0	12	97	—	—	0	2	7	—	4	35	56	724	866
Hawaii	—	0	1	—	2	—	0	1	—	7	—	0	3	17	17
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	23
Washington	—	0	0	—	—	—	0	0	—	—	1	3	7	71	68
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	78	98
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 12, 2010, and June 13, 2009 (23rd week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive¶				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	139	329	466	7,646	12,995	—	0	46	1	10	—	0	49	—	8
New England	2	17	36	305	551	—	0	0	—	—	—	0	0	—	—
Connecticut	—	6	20	119	270	—	0	0	—	—	—	0	0	—	—
Maine§	—	4	15	96	92	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	1	3	8	65	114	—	0	0	—	—	—	0	0	—	—
Rhode Island§	1	1	12	13	21	—	0	0	—	—	—	0	0	—	—
Vermont§	—	1	10	12	51	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	20	33	66	826	1,227	—	0	2	—	—	—	0	1	—	—
New Jersey	1	9	30	294	259	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	19	22	52	532	968	—	0	0	—	—	—	0	0	—	—
E.N. Central	43	107	170	2,716	4,158	—	0	4	—	—	—	0	3	—	—
Illinois	—	26	49	652	987	—	0	3	—	—	—	0	0	—	—
Indiana§	2	5	35	247	305	—	0	1	—	—	—	0	1	—	—
Michigan	20	35	62	875	1,212	—	0	1	—	—	—	0	0	—	—
Ohio	21	28	56	787	1,309	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	7	57	155	345	—	0	1	—	—	—	0	0	—	—
W.N. Central	3	13	40	294	850	—	0	5	—	—	—	0	11	—	3
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	—	4	18	94	369	—	0	1	—	—	—	0	2	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	3	6	16	162	409	—	0	2	—	—	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	29	38	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	7	9	34	—	0	3	—	—	—	0	2	—	2
S. Atlantic	28	36	94	1,168	1,596	—	0	4	—	—	—	0	2	—	—
Delaware§	2	0	3	15	7	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	7	21	—	0	1	—	—	—	0	0	—	—
Florida§	16	15	57	627	815	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	34	69	90	—	0	2	—	—	—	0	0	—	—
Virginia§	3	10	34	206	428	—	0	2	—	—	—	0	0	—	—
West Virginia	7	8	26	244	235	—	0	0	—	—	—	0	0	—	—
E.S. Central	4	6	28	161	340	—	0	6	1	2	—	0	4	—	—
Alabama§	4	6	27	160	337	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	1	1	3	—	0	5	1	—	—	0	4	—	—
Tennessee§	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
W.S. Central	29	71	285	1,566	3,004	—	0	19	—	5	—	0	6	—	1
Arkansas§	1	4	32	100	307	—	0	1	—	2	—	0	0	—	—
Louisiana	—	2	8	25	67	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	28	61	272	1,441	2,630	—	0	16	—	3	—	0	4	—	1
Mountain	10	25	48	593	1,197	—	0	12	—	1	—	0	17	—	4
Arizona	—	0	0	—	—	—	0	4	—	1	—	0	2	—	—
Colorado§	—	10	41	227	645	—	0	7	—	—	—	0	14	—	1
Idaho§	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana§	9	2	17	117	105	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	1
New Mexico§	1	1	7	55	82	—	0	2	—	—	—	0	1	—	—
Utah	—	6	22	182	365	—	0	1	—	—	—	0	0	—	1
Wyoming§	—	0	3	12	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	17	72	—	0	12	—	2	—	0	12	—	—
Alaska	—	0	4	17	43	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	2	—	0	6	—	—
Hawaii	—	0	2	—	29	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	8	12	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	5	30	103	293	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).
¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending June 12, 2010 (23rd week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	522	359	129	24	3	7	47
Boston, MA	127	83	36	3	2	3	14
Bridgeport, CT	30	20	8	1	—	1	1
Cambridge, MA	16	14	2	—	—	—	1
Fall River, MA	26	18	6	2	—	—	2
Hartford, CT	63	41	19	3	—	—	6
Lowell, MA	26	19	6	1	—	—	4
Lynn, MA	12	10	1	1	—	—	2
New Bedford, MA	22	17	3	2	—	—	1
New Haven, CT	20	14	5	—	1	—	—
Providence, RI	72	50	14	7	—	1	4
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	32	24	7	—	—	1	3
Waterbury, CT	30	22	6	2	—	—	3
Worcester, MA	45	26	16	2	—	1	6
Mid. Atlantic	1,770	1,242	389	92	23	23	99
Albany, NY	38	27	5	3	—	3	2
Allentown, PA	24	17	3	3	1	—	1
Buffalo, NY	70	51	15	2	1	1	8
Camden, NJ	25	14	8	—	1	2	1
Elizabeth, NJ	21	13	7	1	—	—	3
Erie, PA	45	33	8	4	—	—	1
Jersey City, NJ	25	17	7	—	1	—	4
New York City, NY	1,007	719	215	49	12	12	45
Newark, NJ	34	19	10	4	1	—	1
Paterson, NJ	20	13	5	1	—	1	1
Philadelphia, PA	171	108	44	11	5	2	9
Pittsburgh, PA§	30	23	5	—	1	1	3
Reading, PA	23	20	2	1	—	—	—
Rochester, NY	72	46	20	5	—	1	10
Schenectady, NY	11	9	1	1	—	—	2
Scranton, PA	29	19	8	2	—	—	2
Syracuse, NY	67	55	9	3	—	—	5
Trenton, NJ	29	17	11	1	—	—	—
Utica, NY	15	11	3	1	—	—	1
Yonkers, NY	14	11	3	—	—	—	—
E.N. Central	2,060	1,381	488	113	45	33	113
Akron, OH	55	28	18	4	3	2	5
Canton, OH	41	31	9	1	—	—	4
Chicago, IL	238	152	55	23	8	—	13
Cincinnati, OH	92	58	24	1	2	7	10
Cleveland, OH	288	206	67	8	4	3	16
Columbus, OH	170	124	31	7	5	3	13
Dayton, OH	136	101	26	6	2	1	7
Detroit, MI	206	114	67	16	7	2	4
Evansville, IN	52	40	9	2	1	—	—
Fort Wayne, IN	67	50	12	3	—	2	3
Gary, IN	19	8	6	3	1	1	—
Grand Rapids, MI	51	34	13	2	—	2	1
Indianapolis, IN	192	113	61	13	4	1	13
Lansing, MI	42	29	8	4	1	—	2
Milwaukee, WI	112	73	25	7	3	4	6
Peoria, IL	39	30	3	4	1	1	1
Rockford, IL	48	37	6	2	2	1	1
South Bend, IN	38	29	8	—	—	1	3
Toledo, OH	106	72	27	6	1	—	7
Youngstown, OH	68	52	13	1	—	2	4
W.N. Central	545	356	125	33	13	18	44
Des Moines, IA	61	48	9	2	2	—	6
Duluth, MN	21	17	4	—	—	—	—
Kansas City, KS	24	11	8	3	2	—	3
Kansas City, MO	90	58	21	5	—	6	5
Lincoln, NE	34	30	4	—	—	—	1
Minneapolis, MN	72	38	21	8	2	3	4
Omaha, NE	102	71	24	3	2	2	13
St. Louis, MO	22	7	4	5	3	3	2
St. Paul, MN	49	30	16	3	—	—	6
Wichita, KS	70	46	14	4	2	4	4
S. Atlantic	1,282	786	355	76	41	24	69
Atlanta, GA	166	90	53	11	9	3	4
Baltimore, MD	153	86	43	12	7	5	12
Charlotte, NC	98	60	30	4	2	2	4
Jacksonville, FL	194	132	54	6	—	2	11
Miami, FL	89	54	25	6	2	2	6
Norfolk, VA	64	43	13	4	—	4	2
Richmond, VA	60	38	14	6	1	1	5
Savannah, GA	65	39	16	6	2	2	2
St. Petersburg, FL	49	31	12	3	1	2	4
Tampa, FL	218	141	57	11	8	1	6
Washington, D.C.	116	67	33	7	9	—	13
Wilmington, DE	10	5	5	—	—	—	—
E.S. Central	844	560	200	42	24	17	62
Birmingham, AL	150	101	31	10	3	5	15
Chattanooga, TN	89	57	19	7	4	2	3
Knoxville, TN	96	77	14	1	3	1	2
Lexington, KY	64	41	17	3	1	2	5
Memphis, TN	146	84	49	7	6	—	13
Mobile, AL	104	81	15	5	1	2	10
Montgomery, AL	34	23	9	—	—	2	3
Nashville, TN	161	96	46	9	6	3	11
W.S. Central	1,163	713	306	76	30	38	75
Austin, TX	92	63	19	4	2	4	9
Baton Rouge, LA	76	34	14	10	13	5	—
Corpus Christi, TX	64	43	8	9	2	2	1
Dallas, TX	194	103	63	13	5	10	15
El Paso, TX	67	53	11	3	—	—	6
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	150	80	47	10	1	12	5
Little Rock, AR	52	31	17	4	—	—	2
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	267	179	67	14	5	2	14
Shreveport, LA	52	26	21	3	1	1	6
Tulsa, OK	149	101	39	6	1	2	17
Mountain	1,101	752	237	57	31	23	70
Albuquerque, NM	128	98	23	4	1	2	17
Boise, ID	49	39	9	1	—	—	4
Colorado Springs, CO	60	41	11	6	2	—	3
Denver, CO	81	49	23	5	3	1	3
Las Vegas, NV	258	181	61	7	8	1	15
Ogden, UT	25	21	2	1	1	—	3
Phoenix, AZ	169	90	48	13	10	7	8
Pueblo, CO	37	26	7	1	2	1	1
Salt Lake City, UT	104	73	20	8	1	2	12
Tucson, AZ	190	134	33	11	3	9	4
Pacific	1,663	1,123	389	91	29	29	160
Berkeley, CA	16	11	2	2	1	—	1
Fresno, CA	123	78	23	15	4	3	10
Glendale, CA	32	27	4	1	—	—	7
Honolulu, HI	47	31	12	2	2	—	8
Long Beach, CA	71	41	24	4	1	1	8
Los Angeles, CA	265	152	86	17	8	2	31
Pasadena, CA	18	11	5	1	—	1	3
Portland, OR	130	94	28	5	2	1	7
Sacramento, CA	208	152	41	8	3	4	23
San Diego, CA	155	111	32	9	1	2	15
San Francisco, CA	100	61	27	3	1	6	18
San Jose, CA	179	129	37	8	4	1	16
Santa Cruz, CA	30	18	9	3	—	—	1
Seattle, WA	107	69	25	8	1	4	6
Spokane, WA	60	47	11	2	—	—	1
Tacoma, WA	122	91	23	3	1	4	5
Total¶	**10,950**	**7,272**	**2,618**	**604**	**239**	**212**	**739**

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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