Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 59 / No. 29 July 30, 2010

Proportion of Workers Who Were Work-Injured and Payment by Workers' Compensation Systems — 10 States, 2007

Work-related injuries are a major cause of morbidity in the United States, with approximately 4 million employer-reported nonfatal injuries and illnesses in 2007 (*1*). Currently, few population-based state-level estimates of nonfatal occupational injury rates exist. In the few extant studies, self-reported, nonfatal occupational injury rates exceed estimates based on employer reports or state workers' compensation systems (*2,3*). To estimate the proportion of workers who were work-injured during the preceding 12 months and the proportion of those injured for whom workers' compensation insurance programs paid for medical care, 10 states added a module to their 2007 Behavioral Risk Factor Surveillance System (BRFSS) survey. This report summarizes the results of that survey, which found that the proportion of workers who were work-injured during the preceding 12 months ranged from 4.0 to 6.9 work-injured persons per 100 employed persons (Kentucky and New York, respectively). The proportion of self-reported work-injured persons for whom medical treatment was paid by workers' compensation insurance ranged from 47% in Texas to 77% in Kentucky. This study shows the feasibility of complementing existing occupational injury surveillance through the use of population-based surveys. States that wish to enhance existing occupational injury surveillance should consider similar studies. Additional research is needed to understand the reasons for nonpayment of worker-reported occupational injuries by workers' compensation insurance programs.

BRFSS is a state-based, random digit–dialed, landline telephone survey of the noninstitutionalized U.S. civilian population aged ≥18 years that collects data on health conditions and behaviors. For the 2007 BRFSS, a module developed by the 10 participating states* was administered to determine whether respondents employed for wages during the preceding 12 months had a work-related injury requiring medical care or medical advice and, if so, whether workers' compensation insurance paid for the treatment or advice. For this report, respondents were considered to be employed for wages during the preceding 12 months if they responded affirmatively to questions regarding being currently "employed for wages" or "out of work for less than 1 year." Respondents who were currently "students," "retired," "unable to work," or "homemakers" were screened further regarding any employment during the preceding 12 months with the following question: "During the past 12 months, have you been employed for any period of time, either part-time, full-time, or self-employed?" An affirmative response led to inclusion in subsequent data collection.

Those who acknowledged employment during the preceding 12 months were asked, "During the past 12 months were you injured seriously enough while performing your job that you got medical advice or treatment?" Those who answered affirmatively were asked, "For your most recent work-related injury, who paid for your treatment?" Respondents answering that 1) their treatment had been paid using a state or federal workers' compensation system or military insurance,† or 2) they had initiated a workers' compensation claim were assumed to have had payment within a workers' compensation insurance system. Response and cooperation rates for each state were calculated using Council of American Survey and Research Organizations (CASRO) guidelines.

* California, Connecticut, Kentucky, Massachusetts, Michigan, New Jersey, New York, Oregon, Texas, and Washington

† The military health system provides benefits to active duty personnel, their dependents, military retirees, and others for service-related and non–service-related injuries and illnesses. Inclusion of these injuries as covered under workers' compensation reflects the inability to differentiate the injury circumstances and relationship to military service.

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Response rates ranged from 26.9% (New Jersey) to 60.1% (Kentucky) (median: 39.0%), and cooperation rates ranged from 49.6% (New Jersey) to 77.2% (Kentucky) (median: 64.6%) (*4*).

The proportion of workers who were work-injured during the preceding 12 months was calculated by dividing the total number of employed respondents with a work-related injury during the preceding 12 months by all employed respondents. The proportion of work-injured persons for whom the self-reported work injury was paid for by workers' compensation was determined by dividing those with a self-reported injury paid by workers' compensation by those reporting having been injured during the preceding 12 months. Because self-employed workers usually are not required to have workers' compensation insurance, data collected for self-employed workers were excluded from all analyses. The number of work injuries to the respondents during the preceding 12 months was not included as part of the BRFSS module; therefore, an injury rate could not be calculated.

BRFSS is administered monthly during a calendar year. However, injured persons data were collected for the preceding 12-month period; therefore, work injuries for the population surveyed might have occurred during January 2006–December 2007, but each respondent had, at a maximum, a 12-month exposure period. All data were weighted to population-based estimates according to age-, race-, and sex-specific state population estimates and the respondent's probability of selection.

The proportion of workers who were work-injured during the preceding 12 months ranged from 4.0 (Kentucky) to 6.9 work-injured persons per 100 employed persons (New York) (median: 5.9 work-injured persons per 100 employed persons) (Table). The proportion of self-reported work-injured persons for whom medical treatment was paid by workers' compensation insurance ranged from 47% in Texas to 77% in Kentucky (median: 61%).

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

Suggested citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2010;59:[inclusive page numbers].

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What is already known on this topic?

Few data on state-level, self-reported, nonfatal occupational injuries are available, and studies have shown that rates relying on employer reporting and workers' compensation claims underestimate total injuries.

What is added by this report?

Among 10 states collecting data in the 2007 Behavioral Risk Factor Surveillance System survey, the median proportion of workers who were work-injured during the preceding 12 months was 5.9 per 100 employed persons, and a median of 61% of self-reported work injuries had treatment paid by workers' compensation. Many reasons might explain why medical treatment for a self-reported injury might not result in payment by workers' compensation.

What are the implications for public health practice?

Worker injury surveillance can be complemented through the use of population-based surveys. States that wish to enhance existing occupational injury surveillance should consider similar studies. Additional research is needed to understand the reasons for nonpayment of worker-reported occupational injuries by workers' compensation insurance programs.

TABLE. Estimated incidence of self-reported, work-injured adults* and proportion for whom treatment was paid by workers' compensation, by state — Behavioral Risk Factor Surveillance System, 10 states, 2007

State	No. of respondents	Work-injured rate†		% injured with payment by workers' compensation¶	
		Rate	(95% CI§)	%	(95% CI)
Kentucky	2,552	4.0	(2.8–5.2)	77	(65–89)
Massachusetts	2,310	4.2	(3.1–5.4)	60	(45–75)
New Jersey	1,730	4.3	(3.1–5.5)	64	(51–78)
Connecticut	3,778	4.7	(3.7–5.6)	63	(53–74)
Oregon	2,425	5.9	(4.6–7.2)	62	(50–74)
Texas	4,643	5.9	(4.6–7.5)	47	(35–59)
Washington	7,348	6.0	(5.2–6.7)	61	(55–67)
Michigan	1,482	6.3	(4.8–8.2)	56	(41–69)
California	2,758	6.3	(5.1–7.4)	61	(55–66)
New York	3,173	6.9	(5.6–8.2)	50	(39–60)

* Respondents aged >18 years who were employed for wages at some time during the preceding 12 months and who responded to the work injury question. Work injuries were defined as those receiving medical advice or treatment.

† Data are weighted to be representative of the state population; rate per 100 employed persons.

§ Confidence interval.

¶ Respondents indicated that treatment was paid for by state or federal workers' compensation program, military insurance, or a pending workers' compensation payment decision; percentages are based on weighted data.

Editorial Note

In the United States, the primary surveillance system for state and federal level estimates of occupational injury is the Bureau of Labor Statistics' Survey of Occupational Injury and Illness (BLS SOII), which relies on data collection through employer-based case reporting (*1*). Employer-based reporting underestimates the full burden of occupational injury because of worker underreporting of occupational injuries to their employers or incomplete employer recording of injuries (*2,3*). BRFSS can supplement employer-based occupational injury surveillance systems by providing population-based information on worker injuries. The findings presented in this report are a good example; BRFSS was used to estimate the proportion of occupational injuries for which the costs of medical treatment or advice were paid by workers' compensation programs. An advantage to using BRFSS to supplement occupational injury surveillance is that the injuries captured by BRFSS are broader than the injuries captured by BLS SOII, which generates estimates of occupational injury based only on those cases that are required to be recorded under Occupational Safety and Health Administration (OSHA) recordkeeping rules. OSHA recordkeeping rules do not include all injuries for which a respondent might answer positively to a BRFSS work injury question. For example, injuries OSHA defines as receiving first aid are not required to be recorded on the OSHA log.[§] Examples of first aid include drilling a fingernail or toenail to relieve pressure, or cleaning, flushing, or soaking wounds on the skin surface. Further research could help determine the worker, employer, and injury characteristics of worker-reported occupational injuries that were likely recordable under OSHA recordkeeping rules but were not recorded.

In the United States, workers' compensation systems typically are state-regulated social insurance programs designed to extend no-fault liability for workplace injuries, coupled with guaranteed medical benefits and partial wage compensation to workers injured during employment (*5*). In this report, the proportion of respondents with medical treatment paid for by workers' compensation varied greatly among the 10 states, from 47% in Texas to 77% in Kentucky. Several reasons might exist for this large variation. First, the ability to make state-to-state comparisons using workers' compensation data is substantially limited. In nearly all states, workers' compensation insurance is mandatory for most private

[§] Available at http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf.

and nonfederal public sector employers,¶ with benefits available for most workers employed for wages (*5*). However, highly variable state-specific exclusions for mandatory employer workers' compensation insurance exist for specific occupations (domestic workers or corporate officers), and small employers (typically employers ranging from one to five employees) (*5*). In Texas, employers may choose not to have workers' compensation insurance. In most states, self-employed workers are not required to have workers' compensation insurance and this was the rationale for exclusion of this population from the analysis. Second, although an injured worker might be covered by workers' compensation insurance, the particular injury sustained might not be compensable by the workers' compensation program. For example, injuries resulting from repetitive trauma or from an aggravation of a non–work-related injury or pre-existing injury might not be eligible for compensation in some states. Third, an injured worker with workers' compensation coverage and an eligible injury might not report an injury or seek compensation. Reasons for not reporting an injury to workers' compensation likely include, among others, access to alternative health-care insurance, less severe injuries, longer employment duration, low wages, poor job security, immigrant status, and concerns over employer or coworker retribution for injury reporting (*3*).

Several state-based occupational injury surveillance systems identify hospitalizations as work-related if the payer was workers' compensation insurance (*6*). The substantial portion of occupational injury cases where workers' compensation was not used for payment suggests that this methodology might yield underestimates of occupational injury rates.

The findings in this report are subject to at least three limitations. First, the recall period of 12 months increased the likelihood of reporting inaccuracy, although whether this resulted in underreporting or overreporting is unknown. Second, work-related injury rates vary by occupation and industry and employment by occupation and industry varies by state. However, standardized estimates (which would enhance state-to-state comparisons) could not be developed because respondent industry and occupation data were not collected. Finally, although the BRFSS weighting procedures correct for nonresponse, the low response rates increase the risk for response bias.

Evaluations of CDC's National Institute for Occupational Safety and Health (NIOSH) surveillance programs have recommended expansion of nonfatal occupational injury surveillance to include the use of nonemployer data sources such as BRFSS (*7*). The analysis presented in this report is an example of how BRFSS can be used. NIOSH also is exploring the use of other population-based surveys, such as the National Health Interview Survey and the Current Population Survey, which is the primary source of U.S. labor force data (*8*). In doing so, NIOSH is considering costs, the feasibility of producing reliable national and state estimates, the ability to address illnesses as well as injuries, the collection of industry and occupation data, the ability to address health disparities, and other factors. NIOSH also has initiated new research to examine underreporting of occupational injuries and illnesses, which will help inform surveillance expansion efforts.

¶ Alternative federally administered workers' compensation programs cover federal, railroad, and maritime employees.

References

1. US Department of Labor, Bureau of Labor Statistics. Workplace injuries and illnesses—2008. Washington, DC: US Department of Labor; 2009. Available at http://www.bls.gov/iif/oshwc/osh/os/osnr0032.txt. Accessed July 20, 2010.
2. Leigh JP, Marcin JP, Miller TR. An estimate of the U.S. government's undercount of nonfatal occupational injuries. J Occ Env Med 2004;46:10–8.
3. Azaroff LS, Levenstein C, Wegman DH. Occupational injury and illness surveillance: conceptual filters explain underreporting. Am J Public Health 2002;92:1421–9.
4. CDC. Behavioral Risk Factor Surveillance System 2007 summary data quality report. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. Available at http://www.cdc.gov/brfss/technical_infodata/quality.htm. Accessed July 20, 2010.
5. Sengupta I, Reno V, Burton JF Jr. Workers' compensation: benefits, coverage, and costs, 2007. Washington, DC: National Academy of Social Insurance; 2009. Available at http://www.nasi.org/sites/default/files/research/Workers_Comp_Report_2007.pdf. Accessed July 20, 2010.
6. Council of State and Territorial Epidemiologists. Putting data to work: occupational health indicators from thirteen pilot states for 2000. Atlanta, GA: Council of State and Territorial Epidemiologists; 2005. Available at http://www.cste.org/pdffiles/newpdffiles/cste_ohi.pdf. Accessed July 20, 2010.
7. Institute of Medicine and National Research Council. Traumatic Injury Research at NIOSH. Reviews of research programs of the National Institute for Occupational Safety and Health. Washington, DC: The National Academies Press; 2008.
8. US Census Bureau. Current Population Survey design and methodology. Technical paper 66. Washington, DC: US Census Bureau; 2006. Available at http://www.census.gov/prod/2006pubs/tp-66.pdf. Accessed July 20, 2010.

Update: Influenza Activity — United States, 2009–10 Season

During the 2009–10 influenza season, the second wave of influenza activity from 2009 pandemic influenza A (H1N1) occurred in the United States; few seasonal influenza viruses were detected. Influenza activity* peaked in late-October and was associated with higher pediatric mortality and higher rates of hospitalizations in children and young adults than in previous seasons. The proportion of visits to healthcare providers for influenza-like illness (ILI), as reported in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), was among the highest since ILI surveillance began in 1997 in its current form. This report summarizes influenza activity in the United States during the 2009–10 influenza season (August 30, 2009–June 12, 2010).

U.S. Viral Surveillance

Since April 2009, the beginning of the 2009 H1N1 pandemic, through June 12, 2010, approximately 740,000 influenza specimens were tested for influenza, and the number of laboratory-confirmed positives was approximately four times the average of the previous four seasons. Two peaks in percentage of specimens testing positive for influenza occurred: 43.1% in June during the initial pandemic wave, and 38.2% in October during the second wave. During August 30, 2009–June 12, 2010, the 2009–10 influenza season, World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in the United States tested 468,218 specimens for influenza viruses; 91,152 (19.5%) were positive (Figure 1). The proportion of specimens testing positive for influenza during the 2009–10 season exceeded 20% during the week ending August 30, 2009, peaked at 38.2% during the week ending October 24, and declined to less than 10% during the week ending December 12. Of the 91,152 positive specimens from 2009–10 season, 90,758 (99.6%) were influenza A viruses and 394 (0.4%) were influenza B viruses. Among the influenza A viruses, 67,022 (73.8%) were subtyped; 66,916 (99.8%) were 2009 pandemic H1N1, 72 (0.1%) were influenza A (H3N2), and 34 (0.1%) were seasonal influenza A (H1N1) viruses.

Antigenic Characterization

Since September 1, 2009, CDC has antigenically characterized two seasonal influenza A (H1N1), 14 influenza A (H3N2), 43 influenza B, and 1,904 of the 2009 pandemic H1N1 viruses. Of those 2009 pandemic H1N1 viruses tested, 1,895 (99.5%) were related to the A/California/07/2009 (H1N1) reference virus selected by WHO as the monovalent 2009 pandemic H1N1 vaccine virus used during the 2009–10 season, and as a component in the 2010–11 Northern Hemisphere seasonal influenza vaccine.

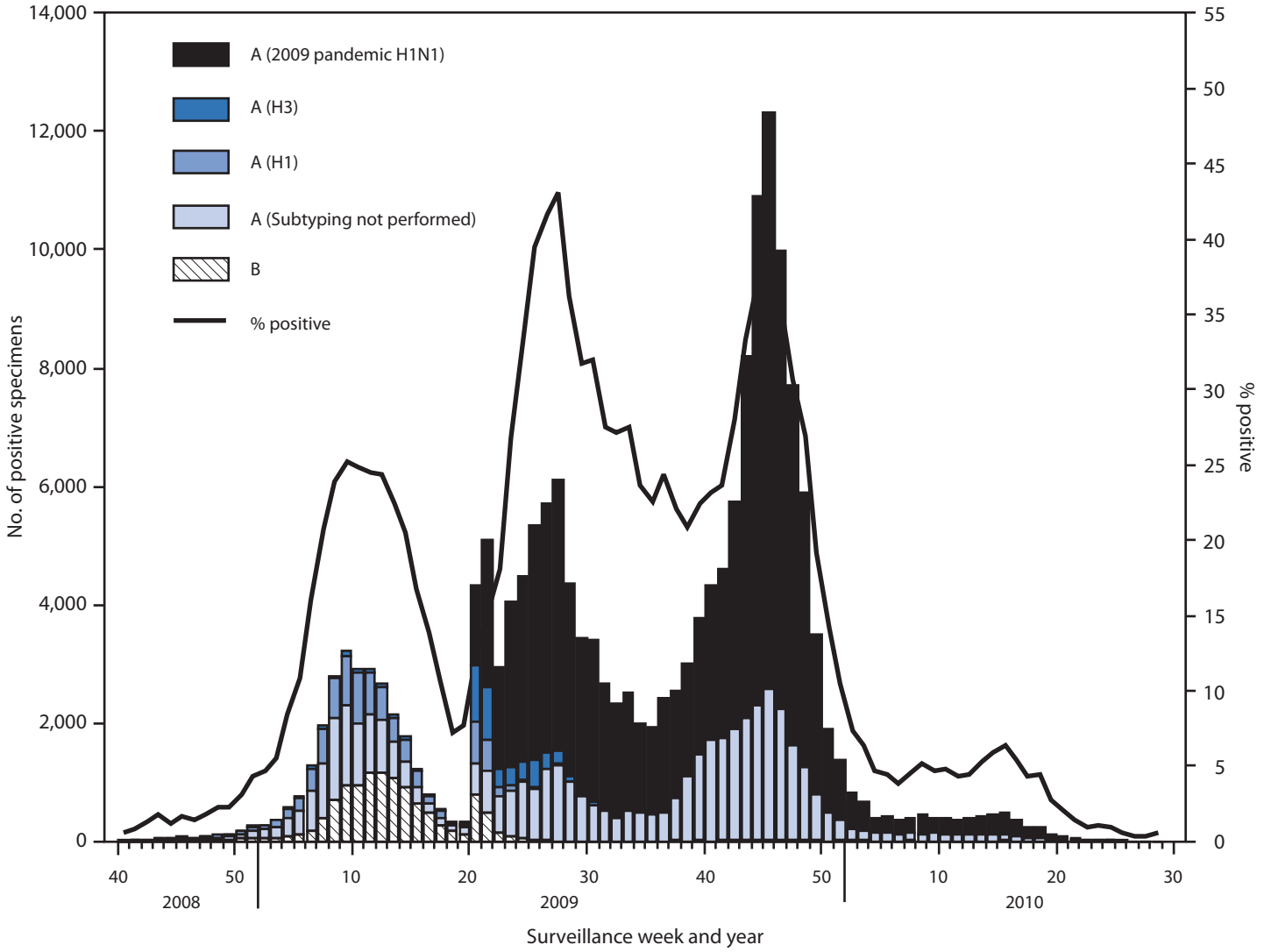
Both seasonal influenza A (H1N1) viruses tested were related to A/Brisbane/59/2007, the influenza A (H1N1) component of the 2009–10 Northern Hemisphere influenza vaccine. The 14 influenza A (H3N2) viruses tested showed reduced titers with antisera produced against A/Brisbane/10/2007, the 2009–10 Northern Hemisphere influenza A (H3N2) vaccine component, and were antigenically related to A/Perth/16/2009, the WHO recommended influenza A (H3N2) component of the 2010 Southern Hemisphere and 2010–11 Northern Hemisphere vaccine formulations. Of the 43 influenza B viruses from the United States tested, 38 (88.4%) belonged to the B/Victoria lineage and were related to B/Brisbane/60/2008, the influenza B vaccine component for the 2009–10 and 2010–11 Northern Hemisphere influenza vaccine. Five (11.6%) viruses tested belonged to the B/Yamagata lineage.

U.S. Novel Influenza Cases

Early identification and investigation of novel influenza A cases is critical to evaluate possible human-to-human transmission. CDC conducts surveillance for human infections with novel influenza A viruses year-round and carries out extensive epidemiologic investigations on each case. During the 2009–10

* The CDC influenza surveillance system collects five categories of information from eight data sources: 1) viral surveillance (World Health Organization collaborating laboratories, the National Respiratory and Enteric Virus Surveillance System, and novel influenza A virus case reporting); 2) outpatient illness surveillance (U.S. Outpatient Influenza-like Illness Surveillance Network); 3) mortality (122 Cities Mortality Reporting System and influenza-associated pediatric mortality reports); 4) hospitalizations (Emerging Infections Program); and 5) summary of geographic spread of influenza (state and territorial epidemiologist reports).

FIGURE 1. Number* and percentage of respiratory specimens testing positive for influenza,† by type, weekly national summary — World Health Organization and National Respiratory and Enteric Virus Surveillance System, August 30, 2008 – June 12, 2010§



* N = 90,298
† Influenza A (unable to be subtyped) not shown; n = 1,036.
§ As of June 19, 2010.

season, in addition to the pandemic strain virus infections, three cases of human infection with novel influenza A viruses were identified and then characterized at CDC. These three cases, identified in Kansas, Iowa, and Minnesota, were isolated cases of human infections with contemporary North American swine-lineage influenza A (H3N2) viruses currently circulating in swine herds. No additional human cases were linked to these three patients. Although the Minnesota patient reported visiting a live animal market in the days preceding illness onset (May 8, 2010), only the Kansas patient specifically reported contact with pigs in the week preceding symptom onset (July 28, 2009). The Iowa patient had onset of symptoms in September 2009. The Kansas and Iowa patients did not require hospitalization; the Minnesota patient was hospitalized, and recovered fully.

Resistance to Antiviral Medications

In the United States, two classes of antiviral drugs are approved by the Food and Drug Administration for use in treating or preventing influenza virus

infections: neuraminidase inhibitors (oseltamivir and zanamivir) and adamantanes (amantadine and rimantidine). During the 2009–10 influenza season, testing of the 2009 pandemic H1N1 viruses found that 1.1% of 4,811 tested viruses were resistant to oseltamivir. All of the oseltamivir-resistant 2009 pandemic H1N1 viruses shared a single genetic mutation conferring oseltamivir resistance.

Since September 1, 2009, one seasonal influenza A (H1N1) virus was tested and found to be resistant to oseltamivir. No oseltamivir resistance was identified among the 19 influenza A (H3N2) or the 36 influenza B viruses tested. All tested viruses retained their sensitivity to zanamivir. Adamantane resistance continued to be high among influenza A (H3N2) viruses, with 100% of the 18 influenza A (H3N2) viruses tested resistant to the adamantanes. Adamantane resistance among seasonal influenza A (H1N1) viruses was not detected in the single virus tested. However, among 2009 pandemic H1N1 viruses tested, 1,895 (99.8%) of 1,899 were resistant to adamantanes.

U.S. Outpatient Illness Surveillance

During the initial wave of 2009 pandemic H1N1 activity, the percentage of outpatient visits for ILI[†] was at or exceeded national baseline levels[§] for only 1 week (the week ending May 1, 2009), but was elevated compared with spring and summer weeks in previous years. ILI activity next exceeded baseline beginning the week ending August 23, 2009, and continued to be elevated above baseline through January 2, 2010, for a total of 19 consecutive weeks. ILI activity peaked at 7.6% during the week ending October 24, 2009 (Figure 2). During the previous three influenza seasons, the peak percentage of patient visits for ILI ranged from 3.5% to 6.0% and occurred during mid- to late February (CDC, unpublished data, 2010).

During the 2009–10 season, August 30, 2009, through June 12, 2010, the peak proportion of outpatient visits to healthcare providers for ILI was among the highest seen since the system began in its current form in 1997 and was approximately equal to that seen during the 2003–04 influenza season. During the 2003–04 season, influenza A (H3N2) predominated and affected all age groups, whereas older persons were less affected during the 2009–10 season.

U.S. State-Specific Activity Levels

State and territorial epidemiologists report the geographic distribution of influenza in their state through a weekly influenza activity code.[¶] The geographic distribution of influenza activity was most extensive during the weeks ending October 24 and 31, 2009, when 48 states reported widespread influenza activity and all 50 states reported widespread or regional influenza activity. No states reported widespread influenza activity by the week ending January 9, 2010. The peak number of states reporting widespread or regional activity during the previous three seasons has ranged from 25 to 48 states (CDC, unpublished data, 2010).

U.S. Influenza-Associated Hospitalization

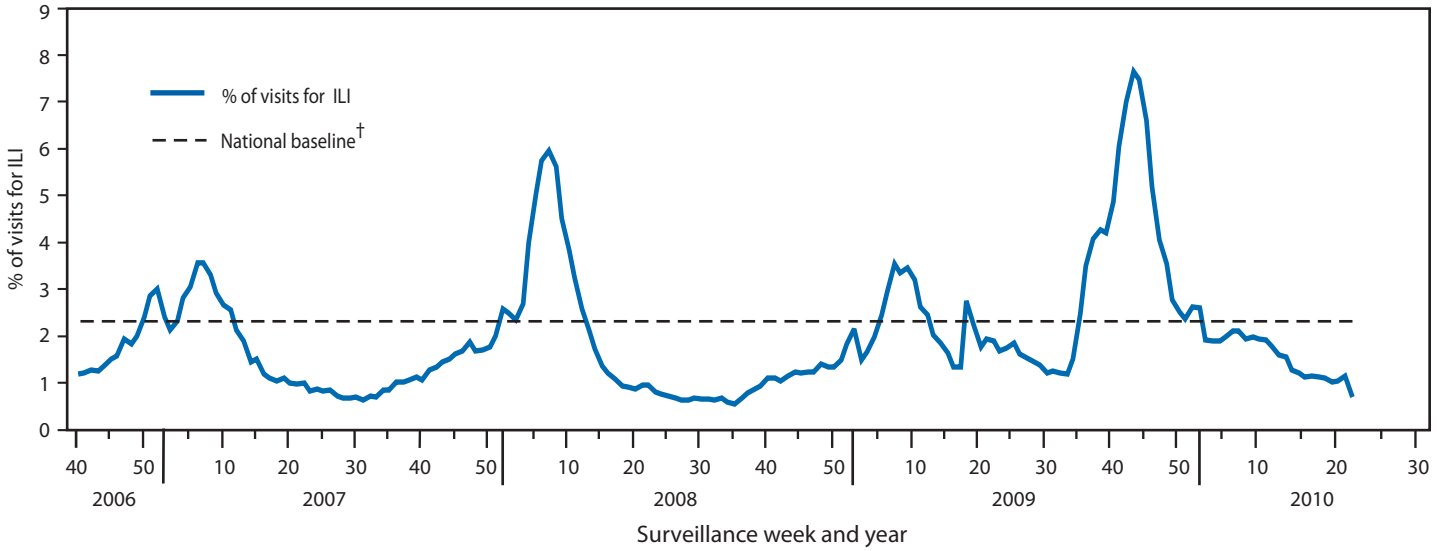
Hospitalizations associated with laboratory-confirmed influenza infections have been monitored in the Emerging Infections Program (EIP) since the 2003–04 season. Historically, EIP has included sites in 10 states. In response to the emergence of the 2009 pandemic H1N1 virus, sites in six additional states conducted surveillance and reported influenza-associated hospitalization surveillance data. During September 1, 2009–May 1, 2010, data were collected by EIP and the new sites from a population base of

[†] Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat, in the absence of a known cause other than influenza.

[§] The national and regional baselines are the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. National and regional percentages of patient visits for ILI are weighted on the bases of state population. Use of the national baseline for regional data is not appropriate.

[¶] Levels of activity are 1) no activity; 2) sporadic: isolated laboratory-confirmed influenza cases or a laboratory-confirmed outbreak in one institution, with no increase in activity; 3) local: increased ILI, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region with recent laboratory evidence of influenza in that region; virus activity no greater than sporadic in other regions; 4) regional: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least two but less than half of the regions in the state with recent laboratory evidence of influenza in those regions; and 5) widespread: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state with recent laboratory evidence of influenza in the state.

FIGURE 2. Percentage of outpatient visits for influenza-like illness (ILI), by week and year — U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet), October 1, 2006–June 12, 2010*



* As of June 19, 2010.

† National and regional baselines are the mean percentage of visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations. A non-influenza week is a week during which <10% of specimens tested positive for influenza. National and regional percentages of patient visits for ILI are weighted on the basis of state population. Use of the national baseline for regional data is not appropriate.

nearly 26 million persons (8.5% of the U.S. population).

During September 1, 2009, through May 1, 2010, cumulative rates of laboratory-confirmed, influenza-associated hospitalization reported by the EIP sites for children aged ≤4 years and 5–17 years were 6.7 and 2.5 per 10,000, respectively. Cumulative rates of laboratory-confirmed influenza-associated hospitalization for adults aged 18–49 years, 50–64 years, and ≥65 years were 2.5, 3.2, and 2.8 per 10,000, respectively. In the new sites, cumulative rates of laboratory-confirmed, influenza-associated hospitalization for children aged ≤4 years and 5–17 years were 10.9 and 3.7 per 10,000, respectively. Rates for adults aged 18–49 years, 50–64 years, and ≥65 years were 1.7, 2.0, and 1.8 per 10,000, respectively. The source of rate differences between the EIP sites and the new sites are currently under investigation.

During the entire 2009 influenza A (H1N1) pandemic period, April 2009 through May 1, 2010, the cumulative rates of hospitalization for the EIP sites were 8.3 per 10,000 for ages ≤4 years, 3.4 for ages 5–17 years, 3.0 for ages 18–49 years, 3.8 for ages 50–64 years, and 3.2 for ages ≥65 years. A dramatic increase in hospitalizations in the younger age groups was indicative of the influenza pandemic's impact on children (Figure 3). During the past three seasons, rates have ranged from 2.6–4.2 per 10,000 for ages ≤4 years, 0.4–0.6 for ages 5–17 years, 0.3–0.7 for ages 18–49 years, 0.4–1.5 for ages 50–64, and 1.4–7.5 for ages ≥65 years.

In April 2009, in response to the emergence of the 2009 pandemic H1N1 virus, the Council of State and Territorial Epidemiologists (CSTE) initiated reporting of influenza-associated hospitalizations and deaths to CDC. On August 30, CDC and CSTE instituted modified case definitions for aggregate reporting of influenza-associated hospitalizations and deaths. This cumulative jurisdiction-level reporting is referred to the Aggregate Hospitalization and Death Reporting Activity (AHDRA) surveillance system.** From August 30, 2009, to April 3, 2010, a total of 41,914 laboratory-confirmed, influenza-associated hospitalizations were reported to CDC. The median

** States report weekly to the CDC either 1) laboratory-confirmed influenza hospitalizations and deaths or 2) pneumonia and influenza syndrome-based cases of hospitalization and death resulting from all types or subtypes of influenza. Although only the laboratory-confirmed cases are included in this report, CDC continues to analyze data both from laboratory-confirmed and syndromic hospitalizations and deaths. Additional information is available at http://www.cdc.gov/h1n1flu/reportingqa.htm#reportingofflu.

What is already known on this topic?

During the 2009–10 influenza season, 2009 pandemic influenza A (H1N1) viruses predominated and few viruses from other influenza types were identified in the United States.

What is added by this report?

Influenza activity since April 2009 has been associated with an increase in laboratory virologic testing, much higher pediatric mortality, and higher rates of hospitalizations in children and young adults when compared with previous seasons.

What are the implications for public health practice?

Testing for seasonal influenza strains should continue, as should specimen submission to CDC for further antigenic analysis, vaccine strain selection, and antiviral resistance monitoring.

number of states reporting hospitalizations per week through AHDRA was 36 (range: 29–38).

U.S. Pneumonia- and Influenza-Related Mortality

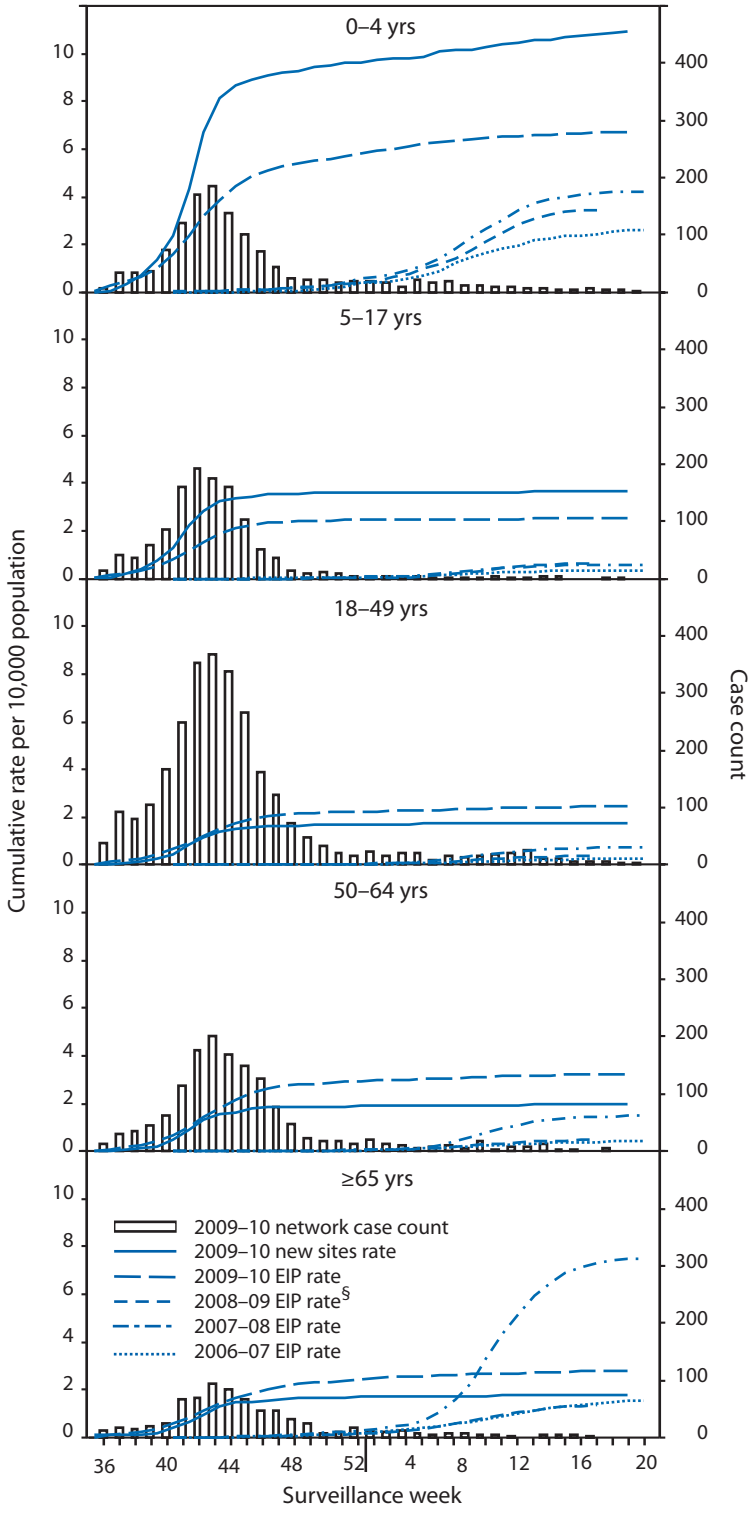
During the 2009–10 influenza season, the percentage of deaths attributed to pneumonia and influenza (P&I) exceeded the epidemic threshold[††] for 13 consecutive weeks, from October 3 to December 26, 2009, and from January 16 to January 30, 2010 (Figure 4). The percentage of P&I deaths peaked twice, once at 8.1% during the week ending November 21, and again at 8.2% during the week ending January 23, 2010.

From the 2006–07 season through the 2008–09 season, the peak percentage of P&I deaths ranged from 7.7% to 9.1% and the total number of weeks above the epidemic threshold ranged from 3 to 14 (CDC, unpublished data, 2010). During the 2008–09 season, when the 2009 influenza A (H1N1) pandemic began, P&I death rates remained below epidemic threshold. The P&I mortality rate was relatively low because 2009 pandemic H1N1 primarily affected children, rather than adults aged ≥65 years; deaths among persons aged ≥65 years traditionally have accounted for 90% or more of seasonal influenza-related P&I deaths (*1*).

From August 30, 2009, to April 3, 2010, a total of 2,125 laboratory-confirmed, influenza-associated deaths were reported to CDC through AHDRA. The

[††] The epidemic threshold is 1.645 standard deviations above the seasonal baseline.t

FIGURE 3. Cumulative rate of laboratory-confirmed influenza-associated hospitalizations, by age group and year — Emerging Infections Program (EIP) and six new sites,* 2006–10[†] U.S. influenza seasons

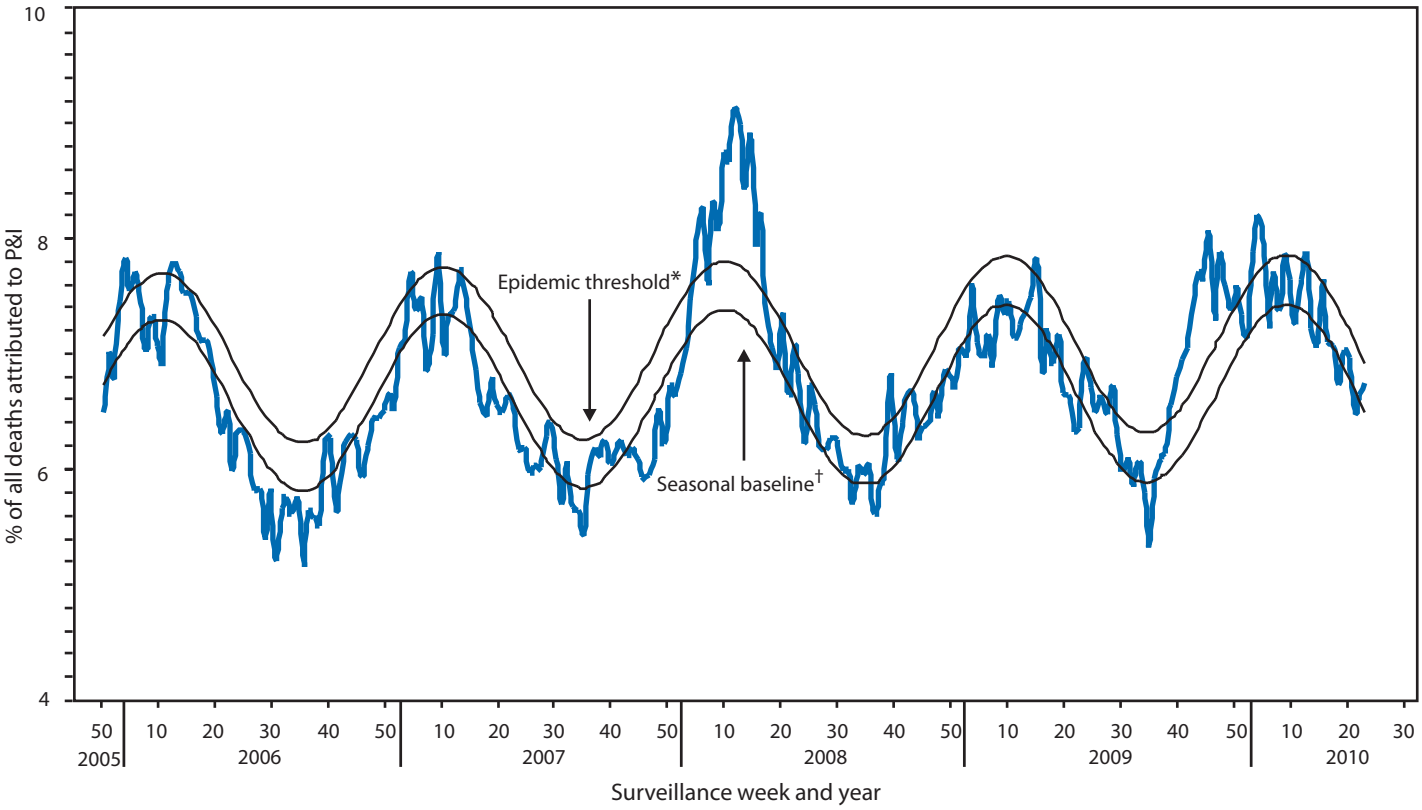


* In 2009, new sites in six additional states were added to the sites in the 10 states already participating in EIP. These sites report to CDC laboratory-confirmed influenza hospitalizations resulting from all types or subtypes of influenza.

[†] As of June 19, 2010.

[§] The 2008–09 EIP rate ended as of April 14, 2009, because of onset of the 2009 H1N1 season.

FIGURE 4. Percentage of all deaths attributed to pneumonia and influenza (P&I), by week and year — 122 Cities Mortality Reporting System, United States, 2005–2010



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline.
† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

median number of states reporting influenza-associated deaths per week through AHDRA was 39 (range: 30–40).

U.S. Influenza-Related Pediatric Mortality

Laboratory-confirmed, influenza-related deaths among children have been reported to CDC since the 2004–05 season. From April 2009 through August 29, 2009, the initial pandemic wave, 65 laboratory-confirmed, influenza-associated pediatric deaths were reported to CDC. From August 30, 2009, to June 12, 2010, the 2009–10 influenza season, a total of 279 laboratory-confirmed, influenza-associated pediatric deaths were reported, nearly four times the average reported in the previous five influenza seasons. These deaths were reported from New York City and 43 states. Age-specific information was available for all 279 cases. The mean and median age was 8.8 years and 9.2 years, respectively; 52 (18.6%) were aged <2 years, 30 (10.8%) were aged 2–4 years, 103 (36.9%) were aged 5–11 years, and 94 (33.7%) were aged 12–17 years. Of the 279 deaths, 226 were associated with 2009 pandemic H1N1 virus infections, 51 with influenza A virus infection for which subtyping was not reported, and two with influenza B virus infection.

The total for the entire pandemic period, April 2009, through June 12, 2010, was 344 laboratory-confirmed, influenza-associated pediatric deaths. Among those deaths, 286 (83.1%) were laboratory-confirmed 2009 pandemic H1N1 virus infections, and 54 deaths were associated with influenza A virus infections for which the viruses were not subtyped. These unsubtyped influenza A viruses likely were 2009 pandemic H1N1 viruses, based on the predominance of this virus during the 2009–10 influenza season. These data are provisional and subject to change as more information becomes available.

Reported by

World Health Organization Collaborating Center for Surveillance, Epidemiology, and Control of Influenza. D Mustaquim, MPH, A Bishop, MPH, S Epperson, MPH, K Kniss, MPH, L Blanton, MPH, R Dhara, MPH, L Brammer, MPH, L Gubareva, MD, T Wallis, MS, X Xu, MD, J Bresee, MD, A Klimov, PhD, N Cox, PhD, L Finelli, DrPH, Influenza Div, National Center for Immunization and Respiratory Diseases, CDC.

Editorial Note

April 2009 marked the beginning of the 2009 influenza A (H1N1) pandemic. The reported rates of pediatric hospitalization and mortality were the highest recorded using current surveillance systems; however, rates of hospitalization and death were lower among older persons compared to rates typically seen during influenza A (H3N2) predominant seasons (*1*). Substantial levels of transmission and detection of 2009 pandemic H1N1 virus continued from the spring into summer in contrast with the usual limited and sporadic occurrence of influenza viruses during summer months. Outpatient visits for ILI continued to persist at elevated levels through the summer, although the levels reported did not exceed baseline levels, with the exception of 1 week in April, until late summer and early fall 2009.

Estimating the disease burden from influenza is challenging in part because of the nonspecific clinical symptoms of influenza and because many of those ill with an influenza infection do not seek medical care and only a small proportion of those seeking medical care are tested for influenza. An additional complication during the recent pandemic was that routinely available point-of-care tests were less sensitive for the pandemic strain than for seasonal influenza viruses, which might have reduced laboratory confirmation of influenza illnesses further (*2*). A recent model developed by CDC used data on influenza-associated hospitalizations collected through EIP to estimate that approximately 43–89 million persons became ill with 2009 pandemic H1N1 during April 2009 and April 2010 (*3*).

In the United States, 2009 pandemic H1N1 was the dominant circulating strain for the entire season. Few seasonal influenza viruses were reported to CDC, with most being influenza A (H3N2) or influenza B. Seasonal influenza A (H1N1) virtually disappeared over the course of the season, with only one confirmed case reported since late December 2009. Although 2009 pandemic H1N1 was the dominant circulating strain, influenza A (H3N2) and influenza B are still circulating worldwide.

Testing for seasonal influenza and monitoring for novel influenza virus infections should continue year-round, as should specimen submission to CDC for further antigenic analysis, vaccine strain selection, and antiviral resistance monitoring. The detection of three novel influenza cases of swine-lineage H3N2 infection since July 2009 further emphasizes the importance of continuing to monitor for novel influenza strains.

Although 2010 summer influenza activity remains low, sporadic cases of influenza have been detected in the United States this summer, including influenza A (H3N2), influenza B, and 2009 pandemic H1N1 viruses. Health-care providers should remain vigilant and consider influenza as a potential cause of summer respiratory illnesses. Public health laboratories should send to CDC virus samples that they cannot subtype using standard methods and isolates that otherwise are unusual as soon as possible after identification.

During 2009–10, a separate monovalent 2009 pandemic influenza A (H1N1) vaccine prepared from the WHO recommended A/California/7/2009 virus was used. For the 2010–11 season, the seasonal influenza A (H1N1) component of the trivalent vaccine will be replaced by the 2009 pandemic influenza A (H1N1) virus (A/California/7/2009). The Advisory Committee on Immunization Practices (ACIP) voted in February 2010 to expand the influenza vaccine recommendations to include universal vaccination of all persons aged ≥6 months. To support this recommendation, influenza vaccine is being produced in greater amounts for the 2010–11 season than in previous seasons.

As a supplement to influenza vaccination, antiviral drugs are an important adjunct to reduce the impact of influenza. Based on the low level of oseltamivir resistance observed in influenza B, seasonal influenza A (H3N2), and 2009 pandemic H1N1 viruses, in addition to the persistence of high levels of resistance to the adamantanes in influenza A (H3N2) and 2009 pandemic H1N1 viruses, neuraminidase inhibitors are the drugs of choice for treatment of influenza in children and adults in the United States at this time. Use of amantadine or rimantidine is not recommended. Additional information regarding influenza viruses, influenza surveillance, influenza vaccine, and influenza diagnosis and antiviral treatment is available at http://www.cdc.gov/flu.

Acknowledgments

This report is based, in part, on data contributed by participating state and territorial health departments and state public health laboratories, World Health Organization (WHO) collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Outpatient ILI Surveillance Network, the Emerging Infections Program, the Aggregate Hospitalization and Death Reporting Activity, the Influenza Associated Pediatric Mortality Surveillance System, the 122 Cities Mortality Reporting System, and WHO's FluNet.

References

1. Thompson WW, Shay DK, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA 2003;289:179–86.
2. CDC. Performance of rapid influenza diagnostic tests during two school outbreaks of 2009 pandemic influenza A (H1N1) virus infection—Connecticut, 2009. MMWR 2009;58:1029–32.
3. CDC. Updated CDC estimates of 2009 H1N1 influenza cases, hospitalizations, and deaths in the United States, April 2009–April 10, 2010. Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at http://www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm. Accessed July 23, 2010.

Regional Influenza A (H1N1) 2009 Monovalent Vaccination Campaign — Skokie, Illinois, October 16–December 31, 2009

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP) recommended a phased approach for administration of influenza A (H1N1) 2009 monovalent vaccine, with certain high-risk groups* in the United States receiving the first doses (*1*). In Illinois, state authorities gave responsibility for initial vaccine administration to local health departments and hospitals. This report describes the vaccination campaign of the Skokie Health Department (SHD), during October 16–December 31, 2009. The SHD campaign initially was planned to cover the 67,000 persons residing in Skokie only, but that plan was expanded on November 4, when, in response to a nationwide vaccine shortage, the state health director urged local health departments to vaccinate any person in the ACIP priority groups regardless of jurisdictional boundaries. SHD, with the assistance of 1,075 volunteers, either administered or distributed to medical providers 40,850 H1N1 vaccine doses during a 9-week period, including 8,904 doses administered at 52 Skokie schools and day-care facilities, and 12,876 doses at mass vaccination clinics visited by residents of 193 of the 1,313 Illinois municipalities. At the time of the campaign, widespread illness from 2009 H1N1 in Illinois, with highly publicized deaths, contributed to a public sense of urgency about vaccination. Consistent with published studies (*2,3*), mass clinics in Skokie were an effective means to vaccinate large populations rapidly. The campaign highlighted the need for flexible plans, including the possibility of vaccinating persons who resided well beyond SHD's jurisdictional borders.

SHD is one of six state-certified local health departments in Cook County, Illinois, and typically administers 3,000 seasonal influenza vaccinations each year. Beginning in July 2009, following ACIP guidelines, SHD staff members used census data and direct contacts with schools and medical practices to estimate that 38,900 residents and commuters† were members of the initial priority groups recommended by ACIP for vaccination, including 14,900 children in schools or day-care facilities. Based on priority group calculations, on September 27, SHD ordered 40,000 doses of influenza A (H1N1) 2009 monovalent vaccine through the Illinois Department of Public Health (IDPH). SHD initially targeted children in schools and day-care facilities. Planners anticipated that area health-care providers and retail pharmacies would have sufficient vaccine by mid-October to begin vaccinating the other high-risk target groups. SHD mass clinics were scheduled for early December to ensure all residents would have access to the vaccine. During October 5–16, SHD received 15,000 doses for schools and day-care facilities, 67% of the doses in the nasal spray formulation. SHD received an additional 25,000 doses during November 6–16. In all, SHD administered or distributed 40,850 doses,§ in what evolved into a five-phase campaign (Figure 1, Table) that resulted in SHD administering influenza A (H1N1) 2009 monovalent vaccine to persons who resided far beyond the village boundaries (Figure 2). Overall, 54% of vaccine recipients at SHD clinics were not residents of Skokie.

Five-Phase Campaign

Phase 1. Vaccination clinics were held during October 21–November 20 at 39 public and private schools and 13 day-care facilities in Skokie. Vaccinations were offered to children, staff members, and caregivers of children aged <6 months. Overall, 8,904 persons received vaccine, 53% of the estimated target population. At school clinics, a greater percentage of persons aged ≥19 years (71%) received vaccine than persons aged 6 months–18 years (49%), based on the actual target populations. Among those vaccinated at school and day-care clinics, 40% resided outside of Skokie.

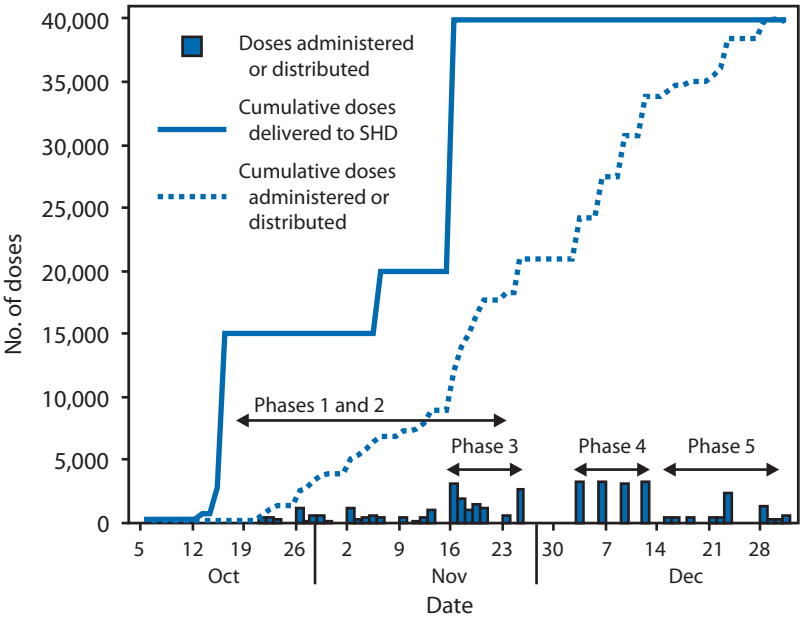
Phase 2. During October 16–November 24, SHD administered 2009 H1N1 vaccinations to persons who volunteered to assist in the vaccination campaign. SHD also offered vaccine to emergency medical services (EMS) personnel from Skokie and seven neighboring

* Persons aged 6 months–24 years, household contacts and caregivers of infants aged <6 months, pregnant women, health-care and emergency medical services personnel, and adults ages 25–64 years with underlying health conditions that increased the risk from influenza.

† Nonresidents who worked at or attended school or day-care facilities in Skokie.

§ Total number of doses administered exceeded 40,000 because young children received half doses.

FIGURE 1. Number of doses of influenza A (H1N1) 2009 monovalent vaccine administered or distributed by Skokie Health Departmnent (SHD), by date and campaign phase* — Skokie, Illinois, October 16–December 31, 2009



*Phase 1: Doses administered by SHD at 39 schools and 13 day-care facilities. Phase 2: Administered by SHD to emergency medical services personnel, vaccination clinic volunteers, and Skokie residents in Advisory Committee on Immunization Practices (ACIP) priority groups without other access to vaccination (e.g., children who did not attend school or day care in Skokie and pregnant women). Phase 3: Doses distributed to medical practices and local hospitals that had not received the vaccine they ordered. Phase 4: Administered by SHD at four regional mass vaccination clinics. Phase 5: Doses administered by SHD at clinics to anyone aged ≥6 months and also distributed to neighboring health departments, Skokie medical practices, and a long-term care facility.

municipalities, and a regional private helicopter 911 service. Altogether, SHD vaccinated 254 EMS workers, or 24% of the actual target population; 179 (70%) worked for municipalities other than Skokie.

Phase 3. During November 9–25, because approximately 48% of the vaccine allocated for schools had not been utilized, a total of 8,141 doses were distributed to 30 Skokie medical practices that had placed vaccine orders with IDPH; an additional 2,717 doses were distributed to a local hospital. Because of an ongoing national vaccine shortage and preferential ordering of single-dose syringes, which were not yet available, the medical practices had received only 3% of their 20,850 ordered doses by mid-November, and a four-hospital system in the area had received only 10% of 120,000 ordered doses. SHD did not collect information regarding the recipients of these vaccine doses; the medical practices signed an agreement with IDPH to abide by ACIP guidelines.

What is already known?

Local health departments typically provide services based on jurisdictional borders; this policy presented a challenge to 2009 H1N1 vaccination campaigns.

What is added by this report?

The Skokie Health Department in Illinois rapidly modified existing plans to accommodate persons in vaccine priority groups from a wide geographic area; overall, 54% of vaccinations were administered to persons who resided outside of Skokie.

Implications for public health practice?

During pandemics, vaccine shortages are likely to occur; where appropriate and permissible, mass vaccination clinics that cross public health jurisdictional borders can improve access to vaccine.

Phase 4. SHD conducted four mass vaccination clinics during December 3–12 that were open to anyone in the ACIP priority groups, ignoring jurisdictional borders as requested by IDPH. An online appointment system and a phone bank were established to schedule vaccinations, limiting participants to 600 per hour. At the clinics, 12,876 persons were vaccinated; 73% of recipients resided outside of Skokie.

SHD was able to modify procedures rapidly to improve clinic flow. For the first clinic, several hundred persons arrived well before the scheduled start time and could not be allowed to enter the building, which contributed to a slow start and resulting waits of 1–2 hours. For the remaining three clinics, SHD implemented refinements to reduce the entire vaccination process time to <30 minutes per vaccinee. Refinements included establishing an adults and teens express vaccination room, reorganizing patterns within the building to maintain a continuous flow, ensuring adequate staffing, and opening 1 hour earlier than scheduled to accommodate early arrivals. Overall, 25 persons were vaccinated per vaccinator, per hour.

Phase 5. During December 14–31, because of increased vaccine supply, IDPH opened 2009 H1N1 vaccinations to any person aged ≥6 months. SHD administered an additional 3,261 doses at the village hall, the public library, and to the homebound. At the same time, SHD distributed 3,780 doses to neighboring health departments, Skokie medical practices, and a long-term care facility.

TABLE. Number of doses of influenza A (H1N1) 2009 monovalent vaccine administered or distributed by Skokie Health Department (SHD), by campaign phase,* site, and recipient group — Skokie, Illinois, October 16–December 31, 2009

Campaign phase	Period in 2009	Site	Recipient group	No. of doses administered or distributed
1	October 21–November 20	Day-care facilities	6 mos–18 yrs	196
			≥19 yrs†	101
		Schools	6 mos–18 yrs	6,920
			6 mos–4 yrs	804
			5–10 yrs	2,749
			11–13 yrs	1,347
			14–18 yrs	2,020
			≥19 yrs†	1,687
2	October 16–November 24	Village hall	EMS personnel	254
			6 mos–18 yrs	129
			≥19 yrs	788
3	November 9–25	Medical practices	≥6 mos	8,141
		Hospitals	≥6 mos	2,717
4	December 3–12	Skokie Park District facility	6 mos–18 yrs	6,107
			First dose	1,173
			Second dose	4,934
			≥19 yrs	6,769
5	December 14–31	Village hall, Public library	6 mos–18 yrs	322
			First dose	201
			Second dose	121
			≥19 yrs	2,939
		Neighboring health departments	≥6 mos	2,100
		Medical practices	≥6 mos	1,510
		Long -term care facility	Facility residents	170
Total				**40,850**

* Phase 1: Doses administered by SHD at 39 schools and 13 day-care facilities. Phase 2: Administered by SHD to emergency medical services (EMS) personnel, vaccination clinic volunteers, and Skokie residents in Advisory Committee on Immunization Practices (ACIP) priority groups without other access to vaccination (e.g., children who did not attend school or day care in Skokie and pregnant women). Phase 3: Doses distributed to medical practices and local hospitals that had not received the vaccine they ordered. Phase 4: Administered by SHD at four regional mass vaccination clinics. Phase 5: Doses administered by SHD at clinics to anyone aged ≥6 months and also distributed to neighboring health departments, Skokie medical practices, and a long-term care facility.

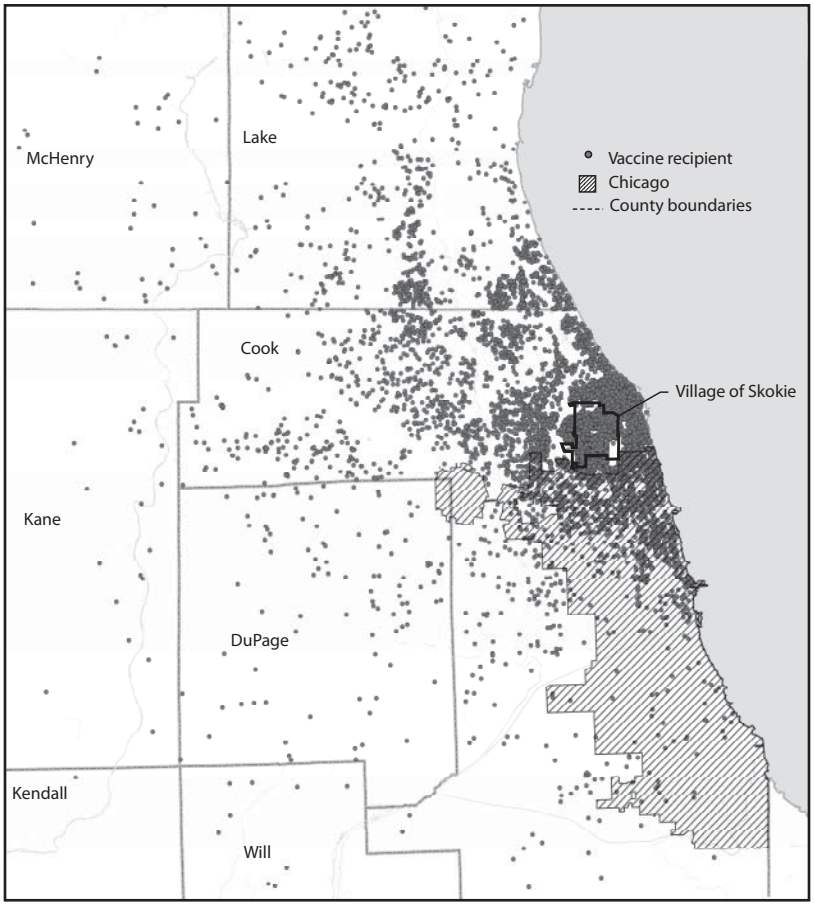
† Includes day-care or school staff members or parents or caregivers of children aged <6 months.

Staffing and Communication

SHD, which has a staff of 18 persons, including one physician, two full-time nurses, and one part-time nurse, relied on 1,075 community volunteers to administer vaccinations and fill support roles; most of these persons had never served in large vaccination clinics and had no previous emergency preparedness training. Volunteer recruitment efforts included a letter from the mayor to all Skokie boards and commissions, Internet postings, e-mail requests, and broadcast messages on the local emergency radio station and cable television news. Recruiting messages described specific tasks that would be assigned to volunteer support staff members, such as assisting with completion of consent forms or movement of persons through the clinic. The 172 volunteer vaccinators included 108 nurses, 36 nursing students, 22 paramedics, four physicians, and two pharmacists; many volunteered on more than one occasion.

Teleconferencing was established and used along with mass e-mails for simultaneous communication with schools and day-care facilities. Local medical practices and retail pharmacies received regular updates via blast fax. Skokie residents and businesses were kept informed of the vaccination campaign through local newspapers, flyers, billboards, Internet postings, 10 radio station updates, five cable television spots, and 12 mass e-mailings. Twice, "reverse-911" calls with critical clinic information were sent to village businesses and residences. Monthly visits to the Village of Skokie website doubled during December, from 17,000 to 34,000. Chicago news coverage was

FIGURE 2. Residences of Illinois recipients of doses* of influenza A (H1N1) 2009 monovalent vaccine administered by the Skokie Health Department — Skokie, Illinois, October 16–December 31, 2009



* A total of 20,596 doses are represented. The Skokie Health Department administered 26,212 doses; the map excludes 311 out-of-state residents and 250 persons with missing address data. The 5,055 children who received a second dose are represented only once. Among recipients, 54% were not residents of Skokie.

instrumental in promoting the availability of vaccine in Skokie; within 4 days of Chicago news coverage, all mass clinic appointments had been filled. To defray costs of the campaign, SHD received $260,000 in federal Public Health Emergency Response funds, distributed through IDPH.

Reported by

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Editorial Note

The 2009 H1N1 vaccination campaign presented substantial challenges to SHD. The initial, two-part plan devised in July was to offer vaccine first to children, the largest ACIP target population in Skokie, through school and day-care clinics during October and November. Planners anticipated that community medical providers would, at the same time, vaccinate members of the other ACIP priority groups, and SHD would finish up with four mass clinics in December, targeting Skokie residents who had not yet been vaccinated. However, because the vaccine shortage prevented many persons at high-risk for complications from 2009 H1N1 strain from getting vaccinated, the SHD plan quickly became to vaccinate a broader population as requested by IDPH, including persons who resided outside the village limits.

CDC has indicated previously that the convenience of school-located vaccination clinics might improve pediatric vaccination rates for seasonal influenza and during outbreaks of vaccine-preventable diseases (*4*). During an outbreak of pertussis at an Illinois high school, the vaccination rate among students, which had increased from 16% to 37% in the 3 months after parents and health-care providers were first notified, rose to 68% after a 4-day school-based vaccination clinic (*5*). The 49% 2009 H1N1 vaccination coverage among children in Skokie schools and day-care facilities is substantially higher than the preliminary vaccination rate estimates for this population nationally (36.8%) and in Illinois (37.5%) (*6*). However, caution should be used in comparing the Skokie coverage rate, which was calculated from administrative data, with national and state survey data.

Large numbers of community volunteers were essential to the success of the Skokie vaccination campaign; most were identified through established relationships. Effective use of volunteers during public health emergencies requires a clear organizational framework and well-defined job duties. This level of support will be required for future efforts to rapidly vaccinate the entire Village. Historic accounts of the

1918 influenza pandemic in the United States describe a similar reliance on volunteers to carry out local response efforts (*7*).

Rapid vaccination of the United States population during a pandemic is achieved through local efforts. SHD was able to quickly adjust its 2009 H1N1 vaccination plans at multiple junctures as the event unfolded and to provide vaccine to many persons not included in original plans. These adjustments were possible because of strong support from village officials of public health initiatives, an early commitment to administer 40,000 vaccine doses, and well-established lines of public health communication at the state and local level.

Acknowledgments

This report is based, in part, on contributions from school and day-care administrations and staff members, the Skokie Park District administration and staff members, and approximately 1,000 persons who volunteered their services to the vaccination campaign.

References

1. CDC. Use of influenza A (H1N1) 2009 monovalent vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR 2009;58(No. RR-10).
2. Schwartz B, Wortley P. Mass vaccination for annual and pandemic influenza. Curr Top Microbiol Immunol 2006;304:131–52.
3. Fontanesi J, Hill L, Olson R, Bennett NM, Kopald D. Mass vaccination clinics versus appointments. J Med Pract Manage 2006;21:288–94.
4. CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2009;58(No. RR-8).
5. CDC. Use of mass Tdap vaccination to control an outbreak of pertussis in a high school—Cook County, Illinois, September 2006–January 2007. MMWR 2008;57:796–9.
6. CDC. Interim results: state-specific influenza A (H1N1) 2009 monovalent vaccination coverage—United States, October 2009–January 2010. MMWR 2010;59:363–8.
7. Jones MM. The American Red Cross and local response to the 1918 influenza pandemic: a four-city case study. Public Health Rep 2010;125(Suppl 3):92–104.

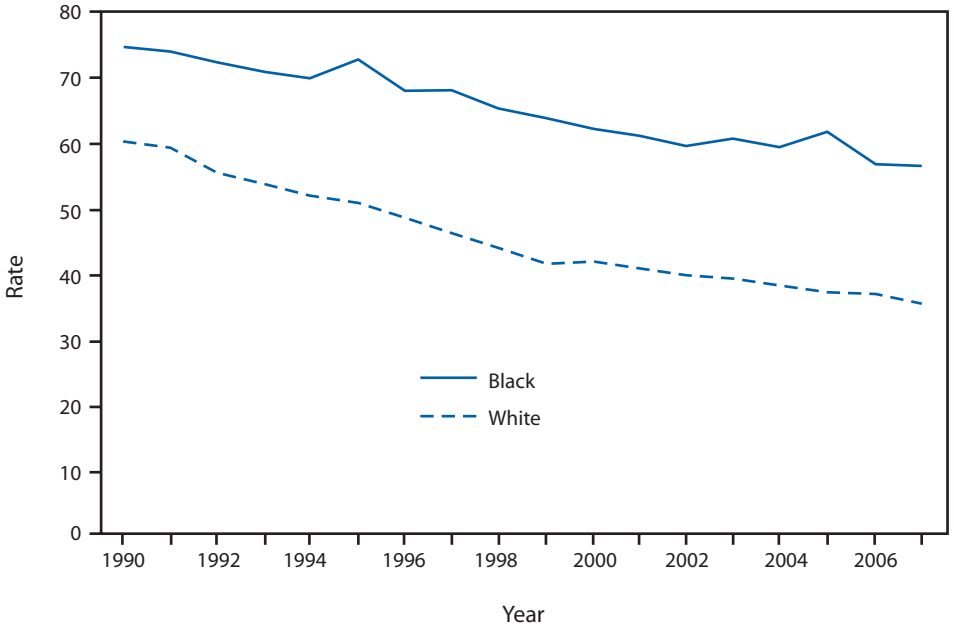
Erratum: Vol. 59, No. SS-7

In the *MMWR* Surveillance Summary "Malaria Surveillance — United States, 2008," the second sentence in the Results paragraph of the Abstract (page 1) should read as follows: "These cases included one **cryptic** case, one congenital case, and two fatal cases."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Breast Cancer Death Rates Among Women Aged 45–64 Years,* by Race — United States, 1990–2007



* Rates per 100,000 women aged 45–64 years for whom breast cancer was the underlying cause of death (based on *International Classification of Diseases, Ninth Revision* [ICD-9] codes 174–175 for 1990–1998 and ICD-10 code C50 for 1999–2007).

In 2007, breast cancer was the second leading cause of cancer death for white women aged 45–64 years and the leading cause of cancer death for black women aged 45–64 years. From 1990 to 2007, the breast cancer death rate in this age group declined by 41% for white women and 24% for black women, increasing the disparity between the two groups. In 2007, the breast cancer death rate for women aged 45–64 years was 60% higher for black women than white women (56.8 and 35.6 deaths per 100,000, respectively).

Sources: CDC. National Vital Statistics System. Available at http://www.cdc.gov/nchs/nvss.htm.
CDC. Health Data Interactive. Available at http://www.cdc.gov/nchs/hdi.htm.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 24, 2010 (29th 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	—	40	3	118	145	144	165	135	
foodborne	—	4	0	10	17	32	20	19	
infant	—	28	2	83	109	85	97	85	
other (wound and unspecified)	—	8	0	25	19	27	48	31	
Brucellosis	1	63	2	115	80	131	121	120	FL (1)
Chancroid	—	26	1	28	25	23	33	17	
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis§	9	96	6	141	139	93	137	543	FL (7), TX (2)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	2	3	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	3	0	4	4	4	8	21	
Powassan virus disease	—	1	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	1	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	6	0	35	30	22	29	9	
nonserotype b	1	110	3	236	244	199	175	135	WA (1)
unknown serotype	1	127	3	178	163	180	179	217	FL (1)
Hansen disease§	1	19	1	103	80	101	66	87	VA (1)
Hantavirus pulmonary syndrome§	—	9	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	2	82	7	242	330	292	288	221	NY (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	54	1	358	90	77	43	45	
Listeriosis	9	350	21	851	759	808	884	896	NY (2), OH (1), WV (1), FL (1), AR (1), WA (2), CA (1)
Measles¶¶	1	32	2	71	140	43	55	66	NV (1)
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	146	4	301	330	325	318	297	OH (1), WA (1)
serogroup B	—	65	3	174	188	167	193	156	
other serogroup	—	7	0	23	38	35	32	27	
unknown serogroup	3	230	9	482	616	550	651	765	PA (1), OR (1), CA (1)
Mumps	6	2,230	15	1,991	454	800	6,584	314	NY (1), NYC (3), MI (1), CA (1)
Novel influenza A virus infections†††	—	1	0	43,771	2	4	NN	NN	
Plague	—	1	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§,§§§	2	61	3	114	120	171	169	136	
acute	1	48	1	94	106	—	—	—	TX (1)
chronic	1	13	0	20	14	—	—	—	TX (1)
Rabies, human	—	—	—	4	2	1	3	2	
Rubella¶¶¶	—	5	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	106	1	161	157	132	125	129	CT (1), VA (1)
Syphilis, congenital (age <1 yr)††††	—	96	8	423	431	430	349	329	
Tetanus	—	1	0	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	—	41	2	74	71	92	101	90	
Trichinellosis	—	1	0	13	39	5	15	16	
Tularemia	1	40	5	93	123	137	95	154	CA (1)
Typhoid fever	8	193	8	397	449	434	353	324	MD (1), VA (2), NV (1), CA (4)
Vancomycin-intermediate *Staphylococcus aureus*§	1	55	1	78	63	37	6	2	NY (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	14	214	13	789	588	549	NN	NN	OH (1), MD (2), VA (1), FL (6), CO (1), CA (3)
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 July 24, 2010 (29th 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, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

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

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

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

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since 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 279 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.

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

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

††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, 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.

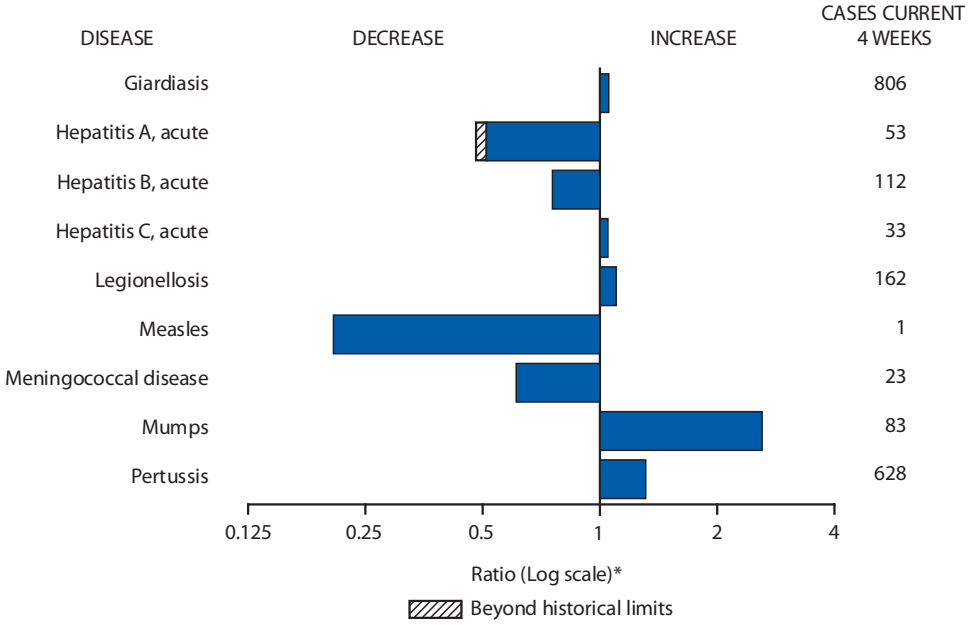
¶¶¶ No rubella cases were reported for the current week.

**** 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 July 24, 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 July 24, 2010, and July 25, 2009 (29th 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	11,294	22,408	26,080	605,318	699,417	107	121	284	3,156	3,303
New England	845	756	1,396	21,693	22,190	3	8	47	209	205
Connecticut	271	216	736	5,469	6,536	—	0	41	41	38
Maine†	40	48	75	1,370	1,383	1	1	4	34	20
Massachusetts	483	395	638	11,140	10,519	—	3	15	59	72
New Hampshire	—	39	119	1,186	1,156	—	1	6	31	34
Rhode Island†	—	70	130	1,821	1,940	—	0	8	8	4
Vermont†	51	23	63	707	656	2	1	9	36	37
Mid. Atlantic	1,646	3,174	4,619	90,449	87,146	19	15	38	358	379
New Jersey	385	447	648	12,669	13,809	—	0	5	—	24
New York (Upstate)	697	657	2,530	18,250	16,046	5	3	16	75	80
New York City	—	1,179	2,144	33,886	32,843	—	1	5	35	47
Pennsylvania	564	867	1,092	25,644	24,448	14	9	19	248	228
E.N. Central	995	3,581	4,413	94,047	113,290	20	29	73	743	797
Illinois	22	882	1,322	20,270	34,638	—	3	7	86	77
Indiana	—	351	773	9,575	13,252	—	4	11	88	144
Michigan	663	889	1,417	26,808	26,181	4	6	11	161	137
Ohio	89	966	1,077	26,048	27,323	6	7	16	201	215
Wisconsin	221	407	495	11,346	11,896	10	9	39	207	224
W.N. Central	253	1,354	1,651	36,875	39,625	19	22	59	533	483
Iowa	5	183	294	5,440	5,462	3	4	13	126	112
Kansas	2	191	381	5,108	5,811	—	2	6	57	46
Minnesota	—	271	337	7,264	8,109	—	4	31	98	120
Missouri	211	490	606	13,711	14,691	10	3	18	116	91
Nebraska†	—	95	237	2,667	2,945	6	2	9	70	48
North Dakota	24	35	93	1,061	928	—	0	18	12	6
South Dakota	11	60	82	1,624	1,679	—	2	10	54	60
S. Atlantic	2,625	3,847	5,681	99,879	143,654	14	18	51	495	526
Delaware	84	87	156	2,371	2,679	—	0	2	3	2
District of Columbia	—	100	178	2,613	4,075	—	0	1	2	5
Florida	758	1,405	1,669	40,371	41,631	6	8	24	198	164
Georgia	3	411	1,323	7,656	23,073	1	5	31	170	207
Maryland†	524	452	1,031	12,652	12,628	1	1	3	17	24
North Carolina	—	0	908	—	24,465	—	1	6	11	58
South Carolina†	565	524	747	15,233	15,632	4	1	7	37	26
Virginia†	594	592	902	16,965	17,369	2	2	7	51	33
West Virginia	97	67	137	2,018	2,102	—	0	2	6	7
E.S. Central	438	1,708	2,389	46,642	52,592	5	4	10	112	100
Alabama†	438	475	654	13,709	15,643	—	1	5	41	34
Kentucky	—	321	642	8,561	6,825	3	1	6	38	25
Mississippi	—	424	784	10,017	13,584	—	0	3	6	8
Tennessee†	—	556	734	14,355	16,540	2	1	5	27	33
W.S. Central	2,101	2,915	4,578	82,915	92,644	—	8	40	157	195
Arkansas†	356	237	402	5,173	8,019	—	1	4	17	22
Louisiana	—	259	1,055	2,922	16,784	—	1	6	18	23
Oklahoma	251	262	1,564	8,267	8,403	—	2	9	41	44
Texas†	1,494	2,143	3,208	66,553	59,438	—	5	30	81	106
Mountain	557	1,523	2,118	39,580	41,446	9	9	25	247	269
Arizona	88	488	713	12,394	14,418	—	0	3	15	23
Colorado	—	401	709	10,110	8,568	5	2	10	69	68
Idaho†	109	64	192	1,700	1,960	3	2	6	47	41
Montana†	—	58	74	1,583	1,708	—	1	4	29	23
Nevada†	156	175	478	5,463	5,464	—	0	2	8	9
New Mexico†	155	172	453	3,972	4,742	—	2	8	38	74
Utah	42	117	175	3,364	3,498	1	1	4	31	16
Wyoming†	7	35	70	994	1,088	—	0	2	10	15
Pacific	1,834	3,503	5,350	93,238	106,830	18	12	27	302	349
Alaska	—	105	146	3,125	2,972	—	0	1	2	3
California	1,560	2,744	4,406	75,602	81,947	13	8	20	181	195
Hawaii	—	112	159	2,825	3,448	—	0	0	—	1
Oregon	—	143	468	1,367	6,099	2	2	10	79	109
Washington	274	388	638	10,319	12,364	3	1	8	40	41
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	4	31	139	223	—	0	0	—	—
Puerto Rico	—	94	266	2,694	4,529	N	0	0	N	N
U.S. Virgin Islands	—	8	15	132	322	—	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 July 24, 2010, and July 25, 2009 (29th 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	—	1	10	112	NN	—	0	1	1	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	4	27	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	4	23	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	1	1	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	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	9	67	NN	—	0	1	1	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	8	59	NN	—	0	1	1	NN
Georgia	—	0	2	4	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina¶	—	0	1	3	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	1	1	NN	—	0	0	—	NN
E.S. Central	—	0	1	1	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	1	1	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	3	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	1	1	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	7	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	4	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	—	7	83	1,053	NN	—	0	3	25	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 July 24, 2010, and July 25, 2009 (29th 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	18	11	181	227	487	10	13	309	206	491	3	2	35	37	108
New England	—	0	6	3	24	—	2	22	24	135	—	0	1	2	2
Connecticut	—	0	0	—	—	—	0	13	—	1	—	0	0	—	—
Maine§	—	0	1	2	3	—	0	2	7	10	—	0	0	—	—
Massachusetts	—	0	2	—	5	—	0	4	—	73	—	0	0	—	—
New Hampshire	—	0	1	1	3	—	0	3	7	14	—	0	1	2	1
Rhode Island§	—	0	4	—	13	—	0	20	10	37	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	1	15	20	89	10	3	17	78	150	—	0	3	1	30
New Jersey	—	0	6	—	57	—	0	5	1	56	—	0	0	—	—
New York (Upstate)	2	1	15	14	19	10	2	17	77	89	—	0	1	1	3
New York City	—	0	1	5	5	—	0	1	—	4	—	0	0	—	1
Pennsylvania	—	0	5	1	8	—	0	1	—	1	—	0	3	—	26
E.N. Central	—	0	7	11	60	—	3	13	72	191	1	1	5	16	48
Illinois	—	0	3	6	27	—	0	1	—	4	—	0	1	1	3
Indiana	—	0	0	—	—	—	0	0	—	—	1	0	2	10	26
Michigan	—	0	1	—	2	—	0	0	—	—	—	0	1	2	—
Ohio	—	0	2	—	6	—	0	0	—	1	—	0	1	—	2
Wisconsin	—	0	3	5	25	—	3	13	72	186	—	0	3	3	17
W.N. Central	6	2	23	63	96	—	0	261	6	1	1	0	30	11	9
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	4	6	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	6	1	22	58	89	—	0	3	6	1	1	0	4	11	7
Nebraska§	—	0	1	1	1	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	7	3	22	78	132	—	0	4	20	10	—	0	2	1	2
Delaware	1	0	3	12	11	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	7	7	—	0	1	1	1	—	0	0	—	—
Georgia	—	0	2	9	13	—	0	1	1	1	—	0	1	1	—
Maryland§	1	0	3	10	28	—	0	2	8	2	—	0	0	—	—
North Carolina	—	0	9	7	33	—	0	1	1	2	—	0	0	—	—
South Carolina§	—	0	2	2	6	—	0	0	—	—	—	0	0	—	—
Virginia§	5	1	13	31	33	—	0	2	5	2	—	0	2	—	2
West Virginia	—	0	0	—	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	3	1	11	40	65	—	0	2	6	2	—	0	5	5	17
Alabama§	—	0	3	5	2	—	0	1	2	—	—	0	0	—	—
Kentucky	—	0	2	6	7	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	1	5	—	0	1	1	—	—	0	0	—	—
Tennessee§	3	1	10	28	51	—	0	1	3	2	—	0	5	5	17
W.S. Central	—	0	141	11	19	—	0	23	—	1	1	0	1	1	—
Arkansas§	—	0	34	—	2	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	10	16	—	0	16	—	1	—	0	0	—	—
Texas§	—	0	2	1	1	—	0	1	—	—	1	0	1	1	—
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	1	2	—	0	1	—	1	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	1	2	—	0	1	—	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 for year 2010 = 4.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 24, 2010, and July 25, 2009 (29th 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	237	340	666	8,906	9,372	2,697	5,109	6,656	137,311	168,867	24	56	171	1,668	1,783
New England	14	31	65	746	775	99	99	196	2,936	2,700	3	3	21	101	118
Connecticut	1	5	15	130	149	44	45	169	1,380	1,256	2	0	15	22	36
Maine§	10	4	13	108	102	—	3	11	104	76	—	0	2	8	15
Massachusetts	—	13	36	311	326	49	40	72	1,204	1,098	—	2	8	52	54
New Hampshire	—	3	11	69	93	—	2	7	78	61	—	0	2	7	6
Rhode Island§	—	1	7	34	32	—	5	13	134	185	—	0	2	7	3
Vermont§	3	4	14	94	73	6	1	17	36	24	1	0	1	5	4
Mid. Atlantic	36	61	112	1,502	1,734	337	648	941	18,194	16,819	5	12	34	340	335
New Jersey	—	7	15	160	238	76	99	138	2,696	2,591	—	2	7	49	82
New York (Upstate)	24	23	84	560	634	108	104	422	2,912	2,799	1	3	20	90	77
New York City	7	16	26	412	452	—	216	394	6,326	6,048	—	2	6	64	38
Pennsylvania	5	15	37	370	410	153	209	277	6,260	5,381	4	4	9	137	138
E.N. Central	27	50	92	1,341	1,450	361	1,003	1,536	25,390	35,937	—	9	20	281	285
Illinois	—	11	22	264	317	6	208	441	4,580	11,540	—	2	9	79	108
Indiana	—	6	14	121	138	—	95	183	2,663	4,306	—	1	6	51	50
Michigan	3	13	25	328	343	268	248	502	7,567	8,425	—	0	4	19	15
Ohio	20	17	28	450	419	26	315	372	8,125	8,700	—	2	6	70	65
Wisconsin	4	7	23	178	233	61	89	193	2,455	2,966	—	2	5	62	47
W.N. Central	12	26	165	754	874	76	274	367	7,313	8,409	1	3	24	98	101
Iowa	2	5	13	143	161	1	31	54	856	957	—	0	1	1	—
Kansas	—	4	14	111	70	1	39	83	1,035	1,425	—	0	2	8	11
Minnesota	—	0	135	136	250	—	41	64	1,028	1,315	1	0	17	25	30
Missouri	4	9	27	197	249	73	122	172	3,531	3,712	—	1	6	45	39
Nebraska§	6	3	9	114	94	—	23	54	622	728	—	0	2	11	16
North Dakota	—	0	8	12	7	—	2	11	74	69	—	0	4	8	5
South Dakota	—	2	10	41	43	1	5	16	167	203	—	0	0	—	—
S. Atlantic	56	74	143	2,041	1,957	711	1,076	1,656	27,902	42,346	4	13	27	398	483
Delaware	—	0	3	14	17	26	19	37	542	510	—	0	1	5	3
District of Columbia	—	1	4	17	38	—	43	86	1,019	1,565	—	0	1	1	2
Florida	43	37	87	1,063	1,032	207	378	482	10,745	12,015	2	3	9	114	156
Georgia	3	14	52	465	415	—	140	494	2,701	7,840	1	3	9	107	97
Maryland§	1	5	12	152	148	162	130	237	3,632	3,370	—	1	6	34	55
North Carolina	N	0	0	N	N	—	0	325	—	8,254	—	1	6	20	57
South Carolina§	3	2	7	67	50	183	158	247	4,579	4,747	—	2	7	54	39
Virginia§	6	8	36	247	233	123	162	271	4,429	3,745	—	2	4	50	54
West Virginia	—	0	5	16	24	10	8	19	255	300	1	0	5	13	20
E.S. Central	—	7	22	136	197	127	477	709	12,723	15,080	3	3	12	105	116
Alabama§	—	4	13	84	93	127	140	190	4,047	4,310	—	0	3	15	30
Kentucky	N	0	0	N	N	—	85	156	2,181	1,963	2	0	2	20	15
Mississippi	N	0	0	N	N	—	116	219	2,779	4,260	—	0	2	9	7
Tennessee§	—	3	18	52	104	—	145	206	3,716	4,547	1	2	10	61	64
W.S. Central	8	9	18	193	243	560	803	1,227	21,778	26,803	1	2	20	83	80
Arkansas§	2	2	9	59	70	106	72	139	1,527	2,460	—	0	3	12	15
Louisiana	1	3	10	72	104	—	80	343	910	5,480	—	0	3	17	13
Oklahoma	5	3	10	62	69	83	81	359	2,377	2,455	1	1	15	48	49
Texas§	N	0	0	N	N	371	568	962	16,964	16,408	—	0	2	6	3
Mountain	23	31	64	785	789	76	173	266	4,577	5,007	6	5	15	191	162
Arizona	3	3	7	78	101	15	61	109	1,444	1,634	2	2	10	70	52
Colorado	17	13	27	387	224	—	50	127	1,352	1,559	3	1	5	58	49
Idaho§	3	4	10	107	86	1	2	8	42	52	1	0	2	12	2
Montana§	—	2	11	55	64	—	2	6	61	44	—	0	1	2	1
Nevada§	—	1	11	30	58	24	27	94	967	941	—	0	2	5	12
New Mexico§	—	1	8	42	68	33	19	41	509	571	—	1	5	24	20
Utah	—	4	13	66	151	3	6	15	184	162	—	0	4	15	23
Wyoming§	—	1	5	20	37	—	1	7	18	44	—	0	2	5	3
Pacific	61	53	133	1,408	1,353	350	564	724	16,498	15,766	1	2	9	71	103
Alaska	—	2	7	50	48	—	23	36	695	492	—	0	2	14	12
California	37	34	61	904	927	312	464	663	14,070	12,969	—	0	4	12	35
Hawaii	—	0	3	8	13	—	10	24	321	358	—	0	2	1	24
Oregon	2	9	17	247	189	—	10	43	106	622	—	1	5	40	29
Washington	22	8	75	199	176	38	43	84	1,306	1,325	1	0	4	4	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	18	12	—	0	0	—	—
Puerto Rico	—	1	10	11	89	—	4	14	129	161	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	4	25	86	—	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.
† 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 July 24, 2010, and July 25, 2009 (29th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	14	31	69	760	1,104	36	58	204	1,542	1,868	12	14	44	413	426
New England	—	2	5	57	56	—	1	5	30	32	—	1	5	18	33
Connecticut	—	0	2	15	12	—	0	2	7	8	—	0	4	13	25
Maine†	—	0	1	4	1	—	0	2	9	7	—	0	1	—	—
Massachusetts	—	1	4	33	33	—	0	2	7	14	—	0	1	5	7
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	5	3	—	0	0	—	—	—	0	0	—	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	0	—	1
Mid. Atlantic	1	4	10	100	156	4	5	10	160	216	3	2	5	59	55
New Jersey	—	0	4	10	43	—	1	5	38	65	—	0	2	5	3
New York (Upstate)	1	1	3	30	28	3	1	6	30	37	2	1	3	35	29
New York City	—	1	5	31	46	—	1	4	47	39	—	0	1	—	2
Pennsylvania	—	1	6	29	39	1	1	5	45	75	1	0	3	19	21
E.N. Central	—	4	10	92	178	1	8	15	236	268	1	2	6	82	62
Illinois	—	1	6	18	79	—	2	6	49	64	—	0	1	1	3
Indiana	—	0	2	8	13	—	1	5	30	44	—	0	2	15	13
Michigan	—	1	4	29	41	—	2	6	62	85	1	1	6	59	21
Ohio	—	0	4	17	26	1	2	6	63	60	—	0	1	5	22
Wisconsin	—	0	3	20	19	—	1	3	32	15	—	0	1	2	3
W.N. Central	—	1	10	27	71	1	3	15	73	72	1	0	11	15	7
Iowa	—	0	3	4	22	—	0	3	10	20	—	0	4	1	3
Kansas	—	0	2	8	7	—	0	2	4	4	—	0	0	—	1
Minnesota	—	0	8	1	13	—	0	13	2	12	—	0	9	3	1
Missouri	—	0	3	12	11	1	1	5	47	25	1	0	1	9	—
Nebraska†	—	0	2	2	16	—	0	2	9	10	—	0	1	2	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	1	1	—	0	1	—	—
S. Atlantic	6	7	13	171	232	14	16	40	429	514	4	3	7	75	99
Delaware	—	0	1	5	3	—	1	2	17	18	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	7	—	0	1	2	—
Florida	5	3	8	70	104	10	5	11	170	174	3	1	4	29	23
Georgia	1	1	3	22	28	2	3	7	85	80	—	0	2	6	26
Maryland†	—	0	4	12	26	1	1	6	32	48	1	0	2	14	13
North Carolina	—	0	4	11	25	—	1	4	4	68	—	0	4	9	13
South Carolina†	—	1	4	22	29	—	1	4	31	27	—	0	0	—	1
Virginia†	—	1	6	27	16	1	2	14	56	48	—	0	2	9	7
West Virginia	—	0	2	1	—	—	0	14	32	44	—	0	3	6	16
E.S. Central	—	1	3	20	25	1	7	13	170	190	—	2	7	73	56
Alabama†	—	0	1	5	6	—	1	5	35	57	—	0	2	3	5
Kentucky	—	0	2	9	4	1	2	6	56	45	—	1	5	50	35
Mississippi	—	0	1	—	7	—	0	3	16	17	—	0	0	—	U
Tennessee†	—	0	2	6	8	—	2	6	63	71	—	0	4	20	16
W.S. Central	—	3	19	76	105	7	9	109	226	308	—	1	14	30	31
Arkansas†	—	0	3	—	5	—	1	4	28	39	—	0	1	—	1
Louisiana	—	0	2	6	2	—	1	5	23	35	—	0	1	3	5
Oklahoma	—	0	3	—	1	1	1	19	40	50	—	0	12	14	4
Texas†	—	2	18	70	97	6	5	87	135	184	—	0	3	13	21
Mountain	—	3	8	85	86	2	2	6	59	84	—	1	4	22	32
Arizona	—	1	5	45	35	—	0	2	20	33	—	0	0	—	U
Colorado	—	1	4	14	28	—	0	2	3	16	—	0	1	2	20
Idaho†	—	0	2	5	2	—	0	1	4	5	—	0	2	7	2
Montana†	—	0	1	4	4	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	7	7	2	1	3	24	17	—	0	1	2	2
New Mexico†	—	0	1	3	6	—	0	1	2	5	—	0	2	6	5
Utah	—	0	2	4	3	—	0	1	5	4	—	0	1	5	2
Wyoming†	—	0	3	3	1	—	0	0	—	4	—	0	0	—	—
Pacific	7	5	16	132	195	6	6	20	159	184	3	1	6	39	51
Alaska	—	0	1	1	2	—	0	1	1	2	—	0	2	—	U
California	6	4	15	104	147	3	4	16	106	133	—	0	4	19	25
Hawaii	—	0	2	1	8	—	0	1	—	4	—	0	0	—	U
Oregon	1	0	2	14	10	—	1	4	28	24	—	0	3	8	14
Washington	—	0	2	12	28	3	1	4	24	21	3	0	6	12	12
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	12	4	—	0	6	24	40	—	0	6	22	30
Puerto Rico	—	0	2	3	20	—	0	5	8	21	—	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 July 24, 2010, and July 25, 2009 (29th 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	32	58	174	1,328	1,483	407	438	2,336	10,759	20,525	18	25	89	599	690
New England	—	3	18	54	91	60	121	677	2,728	7,624	—	1	4	33	30
Connecticut	—	1	4	16	27	4	43	214	1,071	2,720	—	0	1	1	4
Maine†	—	0	3	4	2	48	13	76	277	273	—	0	1	5	1
Massachusetts	—	1	7	22	51	—	37	298	683	3,438	—	1	3	21	19
New Hampshire	—	0	3	3	5	—	21	61	529	882	—	0	1	1	2
Rhode Island†	—	0	4	5	4	—	1	29	23	103	—	0	1	4	2
Vermont†	—	0	2	4	2	8	4	45	145	208	—	0	1	1	2
Mid. Atlantic	9	16	73	330	521	291	198	989	5,438	8,444	3	7	17	168	195
New Jersey	—	2	14	35	98	—	44	274	1,242	3,305	—	0	5	1	56
New York (Upstate)	7	5	29	110	135	188	56	577	1,405	1,613	1	1	4	36	27
New York City	—	2	14	52	114	—	1	53	3	549	2	4	12	101	80
Pennsylvania	2	6	20	133	174	103	74	470	2,788	2,977	—	1	3	30	32
E.N. Central	6	11	41	277	273	4	23	177	698	1,830	2	2	12	64	93
Illinois	—	1	11	34	40	—	1	11	22	86	—	1	7	20	43
Indiana	—	2	6	48	29	—	1	6	29	45	—	0	4	7	9
Michigan	—	2	13	45	50	3	1	9	39	34	—	0	3	11	13
Ohio	6	5	17	121	121	—	1	5	14	18	2	0	6	23	23
Wisconsin	—	1	6	29	33	1	18	162	594	1,647	—	0	2	3	5
W.N. Central	3	2	19	62	58	—	3	1,395	48	122	2	1	11	30	32
Iowa	—	0	3	4	13	—	0	7	31	79	—	0	1	7	5
Kansas	—	0	2	5	4	—	0	1	5	14	—	0	1	3	3
Minnesota	3	0	16	21	6	—	0	1,380	—	26	—	0	11	3	13
Missouri	—	1	5	21	27	—	0	1	3	1	2	0	1	7	7
Nebraska†	—	0	2	4	7	—	0	2	6	1	—	0	2	8	3
North Dakota	—	0	1	3	1	—	0	15	2	—	—	0	1	—	—
South Dakota	—	0	1	4	—	—	0	1	1	1	—	0	2	2	1
S. Atlantic	7	10	24	253	264	48	62	231	1,649	2,303	6	6	15	149	198
Delaware	—	0	3	10	8	4	12	58	388	572	—	0	1	2	2
District of Columbia	—	0	4	12	13	—	0	4	10	39	—	0	3	7	7
Florida	3	4	10	95	82	—	2	11	39	22	2	2	7	61	50
Georgia	—	1	4	24	27	1	0	2	5	32	—	0	4	3	43
Maryland†	3	3	12	58	67	27	27	134	717	1,126	1	1	13	31	49
North Carolina	—	0	4	2	32	—	0	5	12	54	—	0	3	5	18
South Carolina†	—	0	2	5	4	—	1	3	18	19	—	0	1	3	1
Virginia†	1	1	6	38	29	13	14	79	441	376	2	1	5	36	26
West Virginia	—	0	3	9	2	3	0	33	19	63	1	0	2	1	2
E.S. Central	1	2	12	69	60	—	1	4	28	14	1	0	3	13	24
Alabama†	—	0	2	7	9	—	0	1	—	2	—	0	2	2	6
Kentucky	—	0	3	13	24	—	0	1	1	1	—	0	3	3	7
Mississippi	—	0	2	7	4	—	0	0	—	—	—	0	1	—	3
Tennessee†	1	1	9	42	23	—	1	4	27	11	1	0	1	8	8
W.S. Central	1	2	14	45	57	—	3	44	34	82	—	1	31	49	23
Arkansas†	—	0	2	8	4	—	0	0	—	—	—	0	1	1	3
Louisiana	—	0	3	3	5	—	0	0	—	—	—	0	1	—	4
Oklahoma	1	0	4	8	3	—	0	2	—	—	—	0	1	3	—
Texas†	—	1	10	26	45	—	3	42	34	82	—	1	30	45	16
Mountain	1	3	8	84	64	—	0	4	8	34	1	1	6	25	25
Arizona	1	1	5	29	24	—	0	1	2	3	—	0	3	14	3
Colorado	—	1	5	19	10	—	0	1	1	—	1	0	2	4	18
Idaho†	—	0	2	1	1	—	0	3	2	9	—	0	1	—	1
Montana†	—	0	1	4	4	—	0	1	—	2	—	0	3	1	1
Nevada†	—	0	2	16	8	—	0	1	—	10	—	0	1	3	—
New Mexico†	—	0	2	3	1	—	0	1	1	3	—	0	0	—	—
Utah	—	0	3	9	15	—	0	1	2	6	—	0	1	3	2
Wyoming†	—	0	2	3	1	—	0	1	—	1	—	0	0	—	—
Pacific	4	5	19	154	95	4	5	10	128	72	3	3	19	68	70
Alaska	—	0	1	1	1	—	0	1	1	4	—	0	1	2	2
California	3	3	19	132	73	4	3	9	86	42	3	1	13	43	52
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	8	7	—	1	4	36	23	—	0	1	6	8
Washington	1	0	4	12	13	—	0	3	5	3	—	0	5	17	7
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	1	1	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 24, 2010, and July 25, 2009 (29th 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	448	594	187	277	1,756	7,342	8,295	56	63	147	1,560	2,887
New England	—	0	2	10	23	—	7	21	165	390	2	5	24	136	193
Connecticut	—	0	2	1	3	—	1	5	30	24	—	1	22	59	80
Maine§	—	0	1	3	3	—	0	5	18	66	1	1	4	33	33
Massachusetts	—	0	1	2	11	—	4	11	96	228	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	3	6	50	—	0	2	3	23
Rhode Island§	—	0	0	—	4	—	0	8	12	14	—	1	5	12	24
Vermont§	—	0	1	4	1	—	0	1	3	8	1	1	5	29	33
Mid. Atlantic	1	1	4	40	67	38	21	41	533	650	18	11	26	385	322
New Jersey	—	0	2	9	11	—	3	10	47	138	—	0	0	—	—
New York (Upstate)	—	0	3	9	16	25	7	27	224	104	18	9	22	280	216
New York City	—	0	2	9	12	—	0	11	38	51	—	2	12	105	6
Pennsylvania	1	0	2	13	28	13	8	22	224	357	—	0	0	—	100
E.N. Central	1	2	8	73	105	42	65	120	1,879	1,678	8	2	19	109	101
Illinois	—	0	4	13	26	—	11	26	306	397	6	1	9	55	33
Indiana	—	0	3	17	23	—	8	21	234	196	—	0	5	—	19
Michigan	—	0	2	10	17	6	20	41	501	345	2	1	6	33	30
Ohio	1	0	2	19	25	34	19	46	676	636	—	0	5	21	19
Wisconsin	—	0	2	14	14	2	4	11	162	104	—	0	0	—	—
W.N. Central	—	2	6	35	45	24	25	627	574	1,301	3	5	18	137	221
Iowa	—	0	3	8	7	—	5	23	198	140	—	0	2	7	21
Kansas	—	0	2	4	7	—	3	9	74	147	—	1	4	37	53
Minnesota	—	0	2	2	9	11	0	601	32	267	—	1	9	17	29
Missouri	—	0	3	15	15	6	9	35	171	623	3	1	5	40	25
Nebraska§	—	0	2	5	5	7	2	9	75	95	—	1	6	30	56
North Dakota	—	0	1	1	—	—	0	9	6	15	—	0	7	6	4
South Dakota	—	0	2	—	2	—	1	6	18	14	—	0	4	—	33
S. Atlantic	—	3	6	82	108	16	22	63	577	895	21	25	58	597	1,285
Delaware	—	0	1	1	2	—	0	3	5	8	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
Florida	—	1	5	42	36	7	5	28	154	285	—	0	32	62	161
Georgia	—	0	1	6	21	—	3	8	98	153	—	0	14	—	243
Maryland§	—	0	1	4	6	1	2	8	55	75	8	6	15	194	208
North Carolina	—	0	2	5	20	—	0	10	—	126	—	0	17	—	286
South Carolina§	—	0	1	7	9	5	5	19	169	135	—	0	0	—	—
Virginia§	—	0	2	15	10	2	4	15	81	102	10	10	26	297	319
West Virginia	—	0	2	2	4	1	0	6	12	8	3	2	6	44	68
E.S. Central	—	0	4	22	21	3	14	31	392	472	—	2	7	64	95
Alabama§	—	0	2	4	6	—	4	16	114	178	—	0	4	25	—
Kentucky	—	0	2	10	4	2	4	15	137	133	—	0	4	10	30
Mississippi	—	0	1	2	2	—	1	6	28	45	—	0	1	—	2
Tennessee§	—	0	2	6	9	1	4	10	113	116	—	1	6	29	63
W.S. Central	—	1	9	53	50	37	64	753	1,534	1,717	1	2	40	21	479
Arkansas§	—	0	2	5	5	1	4	29	62	192	—	0	10	13	28
Louisiana	—	0	4	10	10	—	1	7	16	106	—	0	0	—	—
Oklahoma	—	0	7	14	4	—	0	41	17	17	1	0	15	8	7
Texas§	—	1	7	24	31	36	54	681	1,439	1,402	—	0	30	—	444
Mountain	—	1	5	38	46	14	19	41	560	551	1	1	8	27	55
Arizona	—	0	2	9	10	—	7	14	198	120	—	0	5	—	—
Colorado	—	0	3	12	13	8	2	13	77	148	—	0	0	—	—
Idaho§	—	0	1	5	6	5	2	19	93	49	—	0	2	2	1
Montana§	—	0	1	1	5	—	1	8	31	15	—	0	4	2	15
Nevada§	—	0	1	7	4	1	0	7	18	7	—	0	1	2	2
New Mexico§	—	0	1	3	3	—	1	6	36	40	1	0	3	8	16
Utah	—	0	1	1	1	—	3	10	103	151	—	0	2	—	3
Wyoming§	—	0	1	—	4	—	0	1	4	21	—	0	3	13	18
Pacific	3	3	16	95	129	13	33	186	1,128	641	2	3	12	84	136
Alaska	—	0	2	1	3	—	0	6	17	29	—	0	2	11	9
California	1	2	13	59	82	—	21	162	809	296	2	3	11	66	121
Hawaii	—	0	2	—	3	—	0	4	—	20	—	0	0	—	—
Oregon	1	1	3	24	28	2	6	16	189	145	—	0	2	7	6
Washington	1	0	7	11	13	11	4	24	113	151	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	—	1	3	25	25
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* 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 July 24, 2010, and July 25, 2009 (29th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	718	839	1,555	19,168	22,905	97	75	198	1,798	2,241	175	261	527	7,037	9,114
New England	3	29	265	1,090	1,435	—	3	30	83	154	—	5	36	156	151
Connecticut	—	0	249	249	430	—	0	29	29	67	—	0	29	29	43
Maine§	2	2	7	59	71	—	0	2	5	10	—	0	2	3	2
Massachusetts	—	21	47	578	619	—	2	6	32	45	—	4	27	110	84
New Hampshire	—	3	9	85	191	—	0	2	11	19	—	0	2	4	10
Rhode Island§	—	2	16	88	81	—	0	26	—	—	—	0	7	9	8
Vermont§	1	1	4	31	43	—	0	2	6	13	—	0	1	1	4
Mid. Atlantic	97	94	208	2,453	2,649	7	7	24	209	208	23	35	90	919	1,721
New Jersey	—	15	47	332	549	—	1	5	19	60	—	6	23	165	372
New York (Upstate)	48	24	78	651	591	6	3	15	87	55	11	4	19	100	118
New York City	1	23	46	595	608	—	1	4	24	37	1	7	15	164	245
Pennsylvania	48	29	67	875	901	1	2	9	79	56	11	19	63	490	986
E.N. Central	45	82	188	2,384	2,883	7	10	29	255	412	4	27	235	992	1,732
Illinois	—	25	94	841	820	—	1	6	25	110	—	9	228	575	384
Indiana	—	9	22	172	325	—	1	9	27	56	—	1	5	20	45
Michigan	9	15	34	396	561	2	2	16	83	70	—	4	10	115	142
Ohio	35	24	47	729	802	5	2	11	67	64	4	7	34	182	821
Wisconsin	1	10	32	246	375	—	2	8	53	112	—	4	16	100	340
W.N. Central	41	46	94	1,173	1,478	7	11	42	318	362	14	49	88	1,564	532
Iowa	4	7	29	243	229	—	3	12	74	88	—	1	5	31	43
Kansas	—	6	20	185	210	—	1	5	34	38	—	3	14	150	143
Minnesota	—	7	32	178	318	—	1	17	31	88	—	0	6	14	42
Missouri	30	13	29	373	312	7	2	29	130	72	14	44	75	1,346	283
Nebraska§	7	4	12	112	236	—	1	6	37	50	—	0	3	19	15
North Dakota	—	0	39	16	27	—	0	7	—	4	—	0	5	—	3
South Dakota	—	2	6	66	146	—	0	12	12	22	—	0	2	4	3
S. Atlantic	276	247	502	4,919	5,756	9	12	26	280	352	30	39	70	1,028	1,399
Delaware	1	3	9	59	48	—	0	2	3	8	—	3	10	36	48
District of Columbia	—	2	6	37	56	—	0	1	4	2	—	0	4	16	17
Florida	179	126	277	2,426	2,444	7	3	10	108	86	19	12	30	439	243
Georgia	24	39	105	810	1,045	—	1	4	32	41	4	12	25	354	379
Maryland§	26	15	32	417	394	2	1	6	42	43	2	3	15	60	247
North Carolina	—	20	90	230	788	—	0	5	4	69	—	1	18	15	275
South Carolina§	31	20	66	427	375	—	0	3	12	19	2	1	5	39	75
Virginia§	15	17	68	420	491	—	2	15	67	71	3	3	15	68	110
West Virginia	—	3	17	93	115	—	0	5	8	13	—	0	2	1	5
E.S. Central	22	49	118	1,152	1,421	6	4	10	112	127	4	11	40	381	534
Alabama§	—	14	40	301	408	—	1	4	26	31	—	2	10	66	104
Kentucky	13	8	29	256	247	2	1	4	21	45	2	4	28	170	131
Mississippi	—	11	42	245	390	—	0	2	10	6	—	1	4	19	21
Tennessee§	9	14	33	350	376	4	2	8	55	45	2	5	11	126	278
W.S. Central	45	91	547	1,822	2,453	3	4	68	84	154	54	47	251	1,192	1,758
Arkansas§	27	10	35	272	289	1	1	5	27	19	1	2	10	27	201
Louisiana	7	19	46	438	519	—	0	3	6	14	2	3	10	123	122
Oklahoma	11	10	46	238	290	2	0	27	10	13	8	6	96	163	145
Texas§	—	45	477	874	1,355	—	3	41	41	108	43	34	144	879	1,290
Mountain	22	50	133	1,245	1,607	20	7	26	201	275	10	13	39	334	664
Arizona	—	18	50	398	511	1	1	5	37	35	3	8	32	175	478
Colorado	17	11	33	315	337	17	2	11	56	97	4	2	6	60	48
Idaho§	2	3	10	79	94	1	1	7	29	36	2	0	3	12	4
Montana§	—	2	7	52	70	—	1	7	25	15	—	0	1	4	11
Nevada§	3	4	14	125	146	1	0	4	12	18	1	1	7	18	34
New Mexico§	—	5	40	127	209	—	1	3	15	21	—	1	6	55	74
Utah	—	5	15	127	187	—	1	11	22	48	—	0	4	10	14
Wyoming§	—	1	9	22	53	—	0	2	5	5	—	0	2	—	1
Pacific	167	116	299	2,930	3,223	38	10	46	256	197	36	21	64	471	623
Alaska	—	1	5	46	40	—	0	1	1	1	—	0	2	—	1
California	131	84	227	2,179	2,468	10	5	35	111	120	10	16	51	379	496
Hawaii	—	4	62	40	148	—	0	4	7	3	—	0	4	4	18
Oregon	4	8	49	317	232	3	2	11	40	17	1	1	4	31	29
Washington	32	14	61	348	335	25	3	19	97	56	25	2	9	57	79
American Samoa	—	1	1	2	—	—	0	0	—	—	—	0	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	3	6	—	0	0	—	—	—	0	3	1	4
Puerto Rico	—	7	39	104	285	—	0	0	—	—	—	0	1	—	9
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 24, 2010, and July 25, 2009 (29th 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	1	2	8	55	87	13	12	421	469	817
New England	—	0	1	—	1	—	0	1	1	8
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	1	—	4
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	12	4	1	1	6	23	60
New Jersey	—	0	1	—	1	—	0	3	—	41
New York (Upstate)	—	0	1	1	—	1	0	3	5	5
New York City	—	0	1	2	—	—	0	2	11	5
Pennsylvania	—	0	2	9	3	—	0	1	7	9
E.N. Central	—	0	1	1	7	1	0	5	28	57
Illinois	—	0	1	1	—	—	0	5	12	38
Indiana	—	0	0	—	3	1	0	3	11	6
Michigan	—	0	1	—	3	—	0	2	3	1
Ohio	—	0	0	—	—	—	0	4	2	10
Wisconsin	—	0	0	—	1	—	0	1	—	2
W.N. Central	—	0	3	6	10	7	2	23	139	156
Iowa	—	0	0	—	1	—	0	1	—	3
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	3	4	7	2	22	137	151
Nebraska§	—	0	2	1	4	—	0	1	1	2
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	0	3	19	48	2	3	23	104	263
Delaware	—	0	1	1	—	—	0	3	8	7
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	1	0	1	9	3
Georgia	—	0	3	15	39	—	0	0	—	—
Maryland§	—	0	1	1	2	—	0	3	11	32
North Carolina	—	0	1	1	5	—	1	15	27	167
South Carolina§	—	0	1	—	2	—	0	1	5	15
Virginia§	—	0	1	—	—	1	0	6	44	38
West Virginia	—	0	0	—	—	—	0	1	—	1
E.S. Central	1	0	2	10	3	2	3	22	152	163
Alabama§	—	0	1	1	1	—	1	8	31	34
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	1	1	9
Tennessee§	1	0	2	3	1	2	3	16	120	120
W.S. Central	—	0	3	1	4	—	1	408	18	94
Arkansas§	—	0	1	—	—	—	0	110	—	43
Louisiana	—	0	0	—	—	—	0	1	1	2
Oklahoma	—	0	2	—	3	—	0	287	13	35
Texas§	—	0	1	1	1	—	0	11	4	14
Mountain	—	0	2	2	9	—	0	3	4	16
Arizona	—	0	2	—	3	—	0	2	1	6
Colorado	—	0	1	—	1	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	1	—
Montana§	—	0	1	2	4	—	0	1	1	6
Nevada§	—	0	0	—	—	—	0	0	—	1
New Mexico§	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	0	—	1	—	0	1	—	1
Pacific	—	0	2	4	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	4	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	—	—

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† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 24, 2010, and July 25, 2009 (29th 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	142	165	484	9,252	1,956	16	50	156	1,443	1,459	84	240	413	6,131	7,734
New England	38	6	100	541	34	3	1	24	69	47	6	7	22	240	181
Connecticut	4	0	93	245	—	1	0	22	23	—	1	1	10	46	36
Maine§	—	1	6	77	8	—	0	2	6	2	—	0	3	14	1
Massachusetts	—	1	5	52	2	—	1	4	32	35	5	5	12	149	124
New Hampshire	—	0	7	59	—	—	0	2	3	7	—	0	1	11	11
Rhode Island§	34	0	5	53	13	2	0	1	2	1	—	0	3	18	9
Vermont§	—	1	6	55	11	—	0	1	3	2	—	0	2	2	—
Mid. Atlantic	6	12	53	781	117	2	7	48	228	183	10	33	47	902	1,007
New Jersey	—	0	8	68	—	—	1	4	37	29	1	4	12	124	141
New York (Upstate)	2	3	12	110	48	2	3	19	81	82	5	2	11	70	67
New York City	2	3	25	282	4	—	1	24	73	60	—	18	39	506	610
Pennsylvania	2	5	22	321	65	—	0	5	37	12	4	7	15	202	189
E.N. Central	15	24	97	1,854	453	1	8	18	226	245	3	29	45	676	831
Illinois	—	0	7	60	—	—	1	5	54	40	—	13	21	238	412
Indiana	—	6	23	368	177	—	1	6	30	48	—	3	13	79	82
Michigan	1	6	26	435	19	—	1	6	52	47	—	4	13	124	127
Ohio	13	13	49	784	257	1	2	6	61	85	3	8	13	212	183
Wisconsin	1	3	22	207	—	—	1	4	29	25	—	1	3	23	27
W.N. Central	1	8	182	562	126	—	3	12	102	120	1	5	12	147	170
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	7	13
Kansas	—	1	7	63	44	—	0	2	11	14	—	0	3	10	16
Minnesota	—	0	179	287	28	—	1	10	44	51	—	1	5	47	41
Missouri	—	1	9	76	45	—	0	3	28	37	1	3	8	78	93
Nebraska§	1	1	7	88	—	—	0	2	10	7	—	0	1	5	4
North Dakota	—	0	11	34	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	14	2	—	0	2	7	7	—	0	0	—	—
S. Atlantic	30	39	143	2,150	875	2	12	28	361	348	22	57	218	1,493	1,802
Delaware	—	0	3	23	13	—	0	2	—	—	1	0	2	4	22
District of Columbia	—	0	4	21	16	—	0	2	7	3	—	2	8	73	100
Florida	21	18	89	1,002	519	1	3	18	133	129	2	18	31	501	612
Georgia	2	10	28	340	246	—	4	12	96	79	—	14	167	309	382
Maryland§	4	5	25	309	4	1	1	6	35	56	3	6	12	157	150
North Carolina	—	0	0	—	—	—	0	0	—	—	7	9	31	215	299
South Carolina§	3	3	25	340	—	—	1	4	36	32	1	2	6	74	66
Virginia§	—	0	4	41	—	—	1	4	39	31	8	4	22	157	167
West Virginia	—	1	21	74	77	—	0	4	15	18	—	0	2	3	4
E.S. Central	5	14	50	817	193	—	2	8	79	88	3	19	39	482	648
Alabama§	—	0	0	—	—	—	0	0	—	—	3	5	12	139	266
Kentucky	—	2	16	126	53	—	0	2	10	7	—	2	13	72	31
Mississippi	—	1	6	38	31	—	0	2	8	15	—	5	17	105	110
Tennessee§	5	9	44	653	109	—	2	7	61	66	—	6	16	166	241
W.S. Central	34	13	89	1,173	80	7	6	41	189	214	18	39	72	853	1,590
Arkansas§	3	2	9	113	38	—	0	3	10	29	4	4	14	87	119
Louisiana	—	1	8	47	42	—	0	3	16	17	—	6	27	64	472
Oklahoma	1	0	5	33	—	1	1	5	33	33	1	1	6	40	53
Texas§	30	10	82	980	—	6	3	34	130	135	13	27	46	662	946
Mountain	11	13	83	1,179	76	—	5	12	162	195	3	9	20	246	294
Arizona	2	5	52	555	—	—	2	7	75	87	—	4	10	92	138
Colorado	7	5	20	339	—	—	1	4	42	28	—	2	5	61	52
Idaho§	1	0	1	9	—	—	0	1	4	7	—	0	1	2	3
Montana§	—	0	2	14	—	—	0	1	1	—	—	0	1	1	—
Nevada§	1	1	4	50	28	—	0	1	4	6	2	1	10	56	56
New Mexico§	—	1	8	107	—	—	0	4	13	23	1	1	4	21	27
Utah	—	2	9	97	39	—	1	4	21	43	—	0	3	13	16
Wyoming§	—	0	1	8	9	—	0	1	2	1	—	0	1	—	2
Pacific	2	3	14	195	2	1	0	7	27	19	18	39	64	1,092	1,211
Alaska	—	0	9	74	—	—	0	5	17	11	—	0	0	—	—
California	2	2	12	121	—	1	0	2	10	—	11	36	59	986	1,075
Hawaii	—	0	1	—	2	—	0	1	—	8	—	0	3	18	21
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	34
Washington	—	0	0	—	—	—	0	0	—	—	7	3	7	82	81
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	114	120
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 July 24, 2010, and July 25, 2009 (29th 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	89	330	551	8,845	14,271	—	0	46	19	73	—	0	49	16	70
New England	1	16	36	403	659	—	0	0	—	—	—	0	0	—	—
Connecticut	1	6	20	183	317	—	0	0	—	—	—	0	0	—	—
Maine[§]	—	4	15	118	117	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	2	8	74	131	—	0	0	—	—	—	0	0	—	—
Rhode Island[§]	—	1	12	16	23	—	0	0	—	—	—	0	0	—	—
Vermont[§]	—	0	10	12	68	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	5	33	66	986	1,354	—	0	2	—	1	—	0	1	—	—
New Jersey	—	9	30	365	279	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	1	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	5	21	52	621	1,075	—	0	0	—	—	—	0	0	—	—
E.N. Central	15	108	176	3,048	4,409	—	0	4	—	1	—	0	3	—	—
Illinois	—	26	49	758	1,035	—	0	3	—	—	—	0	0	—	—
Indiana[§]	1	5	35	285	325	—	0	1	—	1	—	0	1	—	—
Michigan	2	35	62	958	1,291	—	0	1	—	—	—	0	0	—	—
Ohio	10	28	56	848	1,363	—	0	0	—	—	—	0	2	—	—
Wisconsin	2	7	24	199	395	—	0	1	—	—	—	0	0	—	—
W.N. Central	—	13	40	347	915	—	0	5	1	2	—	0	11	4	20
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
Kansas[§]	—	4	18	99	382	—	0	1	—	—	—	0	1	1	4
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	1
Missouri	—	6	16	205	442	—	0	2	1	1	—	0	1	—	—
Nebraska[§]	N	0	0	N	N	—	0	2	—	—	—	0	6	—	9
North Dakota	—	0	26	28	55	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	7	15	36	—	0	3	—	1	—	0	2	2	5
S. Atlantic	20	38	105	1,374	1,734	—	0	4	—	—	—	0	2	3	—
Delaware[§]	—	0	10	39	8	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	14	22	—	0	1	—	—	—	0	0	—	—
Florida[§]	11	15	57	692	883	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	3	—
Maryland[§]	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina[§]	—	0	35	74	92	—	0	2	—	—	—	0	0	—	—
Virginia[§]	3	11	34	288	465	—	0	2	—	—	—	0	0	—	—
West Virginia	6	8	26	267	264	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	6	28	181	359	—	0	6	1	9	—	0	4	1	5
Alabama[§]	—	6	27	174	356	—	0	0	—	—	—	0	1	1	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	2	7	3	—	0	5	1	6	—	0	4	—	5
Tennessee[§]	N	0	0	N	N	—	0	2	—	2	—	0	1	—	—
W.S. Central	43	61	285	1,807	3,484	—	0	19	—	26	—	0	6	—	6
Arkansas[§]	2	3	32	110	340	—	0	1	—	3	—	0	0	—	—
Louisiana	—	2	10	65	86	—	0	1	—	5	—	0	4	—	4
Oklahoma	N	0	0	N	N	—	0	2	—	1	—	0	2	—	—
Texas[§]	41	50	272	1,632	3,058	—	0	16	—	17	—	0	4	—	2
Mountain	5	25	48	674	1,280	—	0	12	15	22	—	0	17	6	25
Arizona	—	0	0	—	—	—	0	4	14	10	—	0	2	3	3
Colorado[§]	4	9	41	262	690	—	0	7	1	2	—	0	14	3	8
Idaho[§]	N	0	0	N	N	—	0	3	—	1	—	0	5	—	6
Montana[§]	1	3	17	145	114	—	0	1	—	1	—	0	1	—	1
Nevada[§]	N	0	0	N	N	—	0	1	—	6	—	0	1	—	5
New Mexico[§]	—	1	7	65	93	—	0	2	—	2	—	0	1	—	—
Utah	—	6	22	189	383	—	0	1	—	—	—	0	0	—	1
Wyoming[§]	—	0	3	13	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	25	77	—	0	12	2	12	—	0	12	2	14
Alaska	—	0	4	24	45	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	2	9	—	0	6	2	11
Hawaii	—	0	2	1	32	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	3	—	0	3	—	3
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	9	14	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	5	30	150	355	—	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 July 24, 2010 (29th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	461	324	92	31	11	3	35
Boston, MA	121	75	35	9	2	—	13
Bridgeport, CT	32	22	4	5	—	1	3
Cambridge, MA	13	13	—	—	—	—	1
Fall River, MA	22	18	2	1	—	1	2
Hartford, CT	39	22	14	3	—	—	2
Lowell, MA	16	13	1	—	2	—	2
Lynn, MA	8	4	2	—	2	—	—
New Bedford, MA	17	11	6	—	—	—	—
New Haven, CT	26	20	5	1	—	—	3
Providence, RI	51	42	5	2	1	1	1
Somerville, MA	3	1	—	2	—	—	—
Springfield, MA	29	16	8	5	—	—	1
Waterbury, CT	26	20	3	1	2	—	1
Worcester, MA	58	47	7	2	2	—	6
Mid. Atlantic	1,997	1,347	439	129	52	30	95
Albany, NY	48	43	4	1	—	—	4
Allentown, PA	26	19	4	1	1	1	1
Buffalo, NY	88	59	20	3	5	1	14
Camden, NJ	29	14	6	3	1	5	—
Elizabeth, NJ	11	5	6	—	—	—	—
Erie, PA	42	32	8	2	—	—	3
Jersey City, NJ	13	7	4	2	—	—	1
New York City, NY	1,175	800	266	68	27	14	53
Newark, NJ	31	13	13	3	2	—	1
Paterson, NJ	10	3	3	2	2	—	—
Philadelphia, PA	261	172	59	15	8	7	6
Pittsburgh, PA§	28	20	6	1	1	—	1
Reading, PA	27	21	4	2	—	—	2
Rochester, NY	78	37	15	20	4	2	5
Schenectady, NY	23	19	4	—	—	—	—
Scranton, PA	24	23	1	—	—	—	—
Syracuse, NY	42	34	5	3	—	—	2
Trenton, NJ	17	9	5	2	1	—	1
Utica, NY	13	11	2	—	—	—	—
Yonkers, NY	11	6	4	1	—	—	1
E.N. Central	1,876	1,231	432	130	44	39	124
Akron, OH	48	33	12	2	—	1	5
Canton, OH	35	28	7	—	—	—	2
Chicago, IL	228	145	51	25	3	4	14
Cincinnati, OH	80	49	19	1	2	9	8
Cleveland, OH	258	185	54	12	5	2	21
Columbus, OH	153	86	42	22	3	—	4
Dayton, OH	131	99	26	4	1	1	14
Detroit, MI	182	90	57	19	10	6	3
Evansville, IN	51	38	8	4	—	1	9
Fort Wayne, IN	62	44	14	1	1	2	4
Gary, IN	13	7	3	2	1	—	—
Grand Rapids, MI	47	30	13	—	1	3	5
Indianapolis, IN	175	105	46	14	5	5	7
Lansing, MI	43	29	8	4	2	—	3
Milwaukee, WI	67	41	16	6	3	1	6
Peoria, IL	58	43	9	2	2	2	7
Rockford, IL	52	36	8	6	1	1	3
South Bend, IN	40	30	5	3	2	—	4
Toledo, OH	97	71	21	3	1	1	5
Youngstown, OH	56	42	13	—	1	—	—
W.N. Central	487	317	126	24	14	6	32
Des Moines, IA	U	U	U	U	U	U	U
Duluth, MN	27	22	2	2	—	1	1
Kansas City, KS	25	16	8	—	1	—	2
Kansas City, MO	115	66	35	6	7	1	9
Lincoln, NE	54	43	8	3	—	—	3
Minneapolis, MN	58	32	14	7	3	2	6
Omaha, NE	90	61	22	4	3	—	5
St. Louis, MO	—	—	—	—	—	—	—
St. Paul, MN	31	23	8	—	—	—	4
Wichita, KS	87	54	29	2	—	2	2
S. Atlantic	1,178	741	286	95	34	22	85
Atlanta, GA	107	66	24	12	4	1	8
Baltimore, MD	135	65	41	19	6	4	7
Charlotte, NC	141	82	43	7	3	6	10
Jacksonville, FL	137	92	31	12	1	1	15
Miami, FL	131	90	25	13	2	1	9
Norfolk, VA	55	32	9	8	3	3	4
Richmond, VA	70	42	20	5	3	—	4
Savannah, GA	62	40	19	1	2	—	5
St. Petersburg, FL	43	30	8	2	1	2	—
Tampa, FL	162	105	38	10	6	3	7
Washington, D.C.	120	89	24	3	3	1	13
Wilmington, DE	15	8	4	3	—	—	3
E.S. Central	809	534	198	47	16	14	65
Birmingham, AL	207	132	51	11	7	6	15
Chattanooga, TN	89	65	17	4	1	2	5
Knoxville, TN	73	41	23	8	1	—	3
Lexington, KY	68	49	17	1	1	—	5
Memphis, TN	145	90	36	14	4	1	19
Mobile, AL	64	45	13	4	1	1	5
Montgomery, AL	26	18	7	—	—	1	3
Nashville, TN	137	94	34	5	1	3	10
W.S. Central	1,125	723	280	71	27	24	59
Austin, TX	104	72	22	6	2	2	4
Baton Rouge, LA	70	60	6	2	2	—	—
Corpus Christi, TX	66	35	24	3	1	3	1
Dallas, TX	173	96	54	13	7	3	12
El Paso, TX	82	55	21	3	2	1	—
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	155	103	32	9	2	9	10
Little Rock, AR	76	43	24	4	4	1	2
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	222	139	53	20	6	4	11
Shreveport, LA	84	57	20	5	1	1	9
Tulsa, OK	93	63	24	6	—	—	10
Mountain	1,090	693	279	73	28	14	54
Albuquerque, NM	129	67	46	12	3	1	8
Boise, ID	56	42	10	2	2	—	—
Colorado Springs, CO	70	49	17	2	2	—	2
Denver, CO	73	48	20	2	1	2	4
Las Vegas, NV	265	182	56	21	5	1	15
Ogden, UT	20	11	6	2	1	—	2
Phoenix, AZ	189	110	58	13	3	3	9
Pueblo, CO	25	15	9	—	1	—	3
Salt Lake City, UT	127	78	30	10	6	3	8
Tucson, AZ	136	91	27	9	4	4	3
Pacific	1,602	1,072	369	86	36	39	146
Berkeley, CA	16	9	4	1	—	2	4
Fresno, CA	110	69	31	5	4	1	10
Glendale, CA	32	24	7	—	—	1	11
Honolulu, HI	77	56	16	1	1	3	8
Long Beach, CA	55	36	14	4	1	—	1
Los Angeles, CA	273	162	69	21	9	12	31
Pasadena, CA	22	21	1	—	—	—	3
Portland, OR	110	82	21	5	1	1	7
Sacramento, CA	209	142	43	13	6	5	20
San Diego, CA	161	108	42	7	2	2	15
San Francisco, CA	90	57	23	6	—	4	7
San Jose, CA	155	109	30	8	4	4	4
Santa Cruz, CA	17	11	6	—	—	—	1
Seattle, WA	116	73	33	4	3	3	10
Spokane, WA	63	42	13	5	2	1	6
Tacoma, WA	96	71	16	6	3	—	8
Total¶	**10,625**	**6,982**	**2,501**	**686**	**262**	**191**	**695**

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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☆ U.S. Government Printing Office: 2010-623-026/41265 Region IV ISSN: 0149-2195