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National Depression Screening Day — October 7, 2010

National Depression Screening Day, sponsored by Screening for Mental Health, will be observed October 7, 2010, during Mental Illness Awareness Week, October 3–9, which is sponsored by the National Alliance on Mental Illness. In 2004, depression was the third leading cause of disease burden worldwide and a leading cause of disability in high-income countries (*1*). By 2020, depression is expected to be second only to cardiovascular disease in disease burden (*1*). Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity (*2*). Depression also can result in increased work absenteeism, short-term disability, and decreased productivity (*3*).

The U.S. Preventive Services Task Force recommends that health-care providers screen adults for depression when programs are in place to ensure that accurate diagnosis and effective treatment can be provided with careful monitoring and follow-up (*4*). An online self-assessment of emotional health and additional information regarding National Depression Screening Day are available at http://www.mentalhealthscreening.org. Additional information regarding Mental Illness Awareness Week is available at http://www.nami.org.

References

1. World Health Organization. The global burden of disease: 2004 update. Geneva, Switzerland: WHO Press; 2008. Available at http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf. Accessed September 29, 2010.
2. Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis 2005;2:A14.
3. Goetzel RZ, Hawkins K, Ozminkowski RJ, Wang S. The health and productivity cost burden of the "top 10" physical and mental health conditions affecting six large U.S. employers in 1999. J Occup Environ Med 2003;45:5–14.
4. US Preventive Services Task Force. Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med 2009;151:784–92.

Current Depression Among Adults — United States, 2006 and 2008

Major depression is a common and treatable mental disorder; a study conducted during 2001–2002 estimated that 6.6% of the U.S. adult population had experienced a major depressive disorder during the preceding 12 months (*1*). Depressive disorders are more common among persons with chronic conditions (e.g., obesity, cardiovascular disease, diabetes, asthma [*2,3*], arthritis, and cancer [*3*]) and among those with unhealthy behaviors (e.g., smoking, physical inactivity, and binge drinking [*2*]). To estimate the prevalence of current depression, CDC analyzed Behavioral Risk Factor Surveillance System (BRFSS) survey data from 2006 and 2008. Current depression was defined as meeting BRFSS criteria for either major depression or "other depression" during the 2 weeks preceding the survey. This report summarizes the results of that analysis, which indicated that, among 235,067 adults (in 45 states, the District of Columbia [DC], Puerto Rico, and the U.S. Virgin Islands), 9.0% met the criteria for current depression, including 3.4% who met the criteria for major depression. By state, age-standardized estimates for current depression ranged from 4.8% in North Dakota to 14.8% in Mississippi. State health departments that include depression measures in their BRFSS surveys can track prevalence, set health goals for prevention and control, and monitor the effectiveness of relevant programs and policies.

BRFSS conducts state-based, random-digit–dialed telephone surveys of the noninstitutionalized U.S. civilian population aged ≥18 years, collecting data on health conditions and health risk

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behaviors.* Data from the 29 participating states, DC, Puerto Rico, and the U.S. Virgin Islands from the 2006 survey were included in the analysis along with data from the 16 states that participated in the 2008 survey (the most recent years the optional depression module was included in the BRFSS survey). Nine states (Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, North Dakota, Vermont, and Washington) participated in both years, but only their 2008 data were included. Five states (Kentucky, New Jersey, North Carolina, Pennsylvania, and South Dakota) did not participate in either year. Council of American Survey and Research Organizations (CASRO) response rates ranged from 36.9% (California) to 73.4% (Puerto Rico) in 2006 (mean: 52.7%) and from 40.0% (New York) to 65.5% (Nebraska) in 2008 (mean: 52.0%). Cooperation rates ranged from 56.9% (California) to 89.0% (Puerto Rico) in 2006 and from 63.4% (New York) to 81.9% (Colorado) in 2008.

*Additional information available at http://www.cdc.gov/brfss/technical_infodata/surveydata.htm.

Current depression was determined based on responses to the Patient Health Questionnaire 8 (PHQ-8) (*4*), which covers eight of the nine criteria from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) for diagnosis of major depressive disorder (*5*). The ninth criterion in the DSM-IV assesses suicidal or self-injurious ideation and was omitted from the BRFSS depression module because interviewers would not able to provide adequate intervention by telephone. The PHQ-8 classification "other depression" includes the DSM-IV category Depressive Disorder, Not Otherwise Specified (sometimes referred to as minor or subthreshold depression); persons with "other depression" also might meet criteria for the category Dysthymia. The PHQ-8 sensitivity and specificity for major depression have been reported as 88% (*4*). The PHQ-8 response set was standardized to BRFSS methodology for current depression by asking the number of days "over the last 2 weeks" that the respondent experienced a particular depressive symptom.

Participants were considered to have major depression if, for "more than half the days," they met at least five of the eight criteria, including at least

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one of the following: 1) "little interest or pleasure in doing things" or 2) "feeling down, depressed, or hopeless."† Participants were considered to have "other depression" if they met two, three, or four of the eight criteria, including at least one of the two specified. Weighted prevalence estimates for major depression and "other depression" and 95% confidence intervals were calculated using statistical software to account for the complex survey design. Estimates were stratified by type of depression, age, sex, race/ethnicity, education level, and marital, employment, and health insurance coverage plan status. Age-standardized estimates also were calculated by state/territory using the 2000 U.S. standard population. For comparisons of prevalence, statistical significance ($p<0.05$) was determined using a two-sided z-test.

Among the 235,067 adult respondents in the sample for survey years 2006 and 2008, 9.0% met criteria for current depression, including 3.4% who met criteria for major depression (Table 1). The prevalence of major depression increased with age, from 2.8% among persons aged 18–24 years to 4.6% among persons aged 45–64 years, but declined to 1.6% among those aged ≥65 years. Women were significantly more likely than men to report major depression (4.0% versus 2.7%), as were persons without health insurance coverage compared with those with coverage (5.9% versus 2.9%), persons previously married (6.6%) or never married (4.1%) compared with those currently married (2.2%), and persons unable to work (22.2%) or unemployed (9.8%) compared with homemakers and students (3.0%), persons employed (2.0%), and retired persons (1.6%) (Table 1).

Non-Hispanic blacks (4.0%), Hispanics (4.0%), and non-Hispanic persons of other races (4.3%) were significantly more likely to report major depression than non-Hispanic whites (3.1%). Persons with less than a high school diploma (6.7%) and high school graduates (4.0%) were more likely to report major depression than those with at least some college (2.5%). Patterns of prevalence for "other depression" generally were similar to those for major depression, with some notable exceptions. Among age groups, "other depression" was highest (8.1%) among persons aged 18–24 years (Table 1).

The age-standardized prevalence of major depression, "other depression," and any current depression also varied by state and territory. The estimates for major depression ranged from 1.5% in North Dakota to 5.3% in Mississippi and West Virginia (Table 2). Estimates of "other depression" were highest in Puerto Rico (10.2%), Mississippi (9.5%), and West Virginia (9.0%) and lowest in North Dakota (3.2%), Oregon (3.6%), and Minnesota (3.8%). Estimates for any current depression ranged from 4.8% in North Dakota to 14.8% in Mississippi and was mainly concentrated in the southeastern region of the United States (Figure).

† The remaining six criteria were 1) "trouble falling asleep or staying asleep or sleeping too much," 2) "feeling tired or having little energy," 3) "poor appetite or overeating," 4) feeling bad about yourself or that you were a failure or let yourself or your family down," 5) "trouble concentrating on things, such as reading the newspaper or watching television," and 6) "moving or speaking so slowly that other people could have noticed . . . or the opposite: being so fidgety or restless that you were moving around a lot more than usual."

What is already known on this topic?

Depression is a common and treatable mental disorder, with an estimated 6.6% of the U.S. adult population (often including persons with chronic conditions or unhealthy behaviors) experiencing a major depressive disorder during a 12-month period.

What does this report add?

In 2006 and 2008, an estimated 9.0% of U.S. adults reported symptoms for current depression (i.e., during the preceding 2 weeks), including 3.4% who reported symptoms for major depression, among 235,067 survey respondents in 45 states, the District of Columbia, and two U.S. territories. By state, estimates for current depression varied widely, ranging from 4.8% in North Dakota to 14.8% in Mississippi.

What are the implications for public health?

States that monitor the prevalence of current depression and major depression can analyze their data by participant characteristics, identify those populations at greatest risk, and target them for interventions.

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Editorial Note

Unlike previous epidemiologic studies of depression that have used different methodologies and focused on lifetime or 12-month prevalence of depression (*1*), the PHQ-8 and BRFSS enabled assessment of current depression (i.e., symptoms occurring during

TABLE 1. Weighted* percentage of adults meeting criteria for current depression,† by type of depression and selected characteristics — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008§

Characteristic	No. in sample	Major depression		Other depression		Any current depression	
		%	(95% CI¶)	%	(95% CI)	%	(95% CI)
Total	**235,067**	**3.4**	**(3.2–3.5)**	**5.7**	**(5.4–5.9)**	**9.0**	**(8.7–9.3)**
Age group (yrs)							
18–24	9,944	2.8	(2.3–3.4)	8.1	(7.2–9.2)	10.9	(9.8–12.1)
25–34	27,086	3.4	(3.0–3.9)	5.6	(5.2–6.2)	9.1	(8.5–9.8)
35–44	39,440	3.6	(3.2–4.0)	5.0	(4.7–5.5)	8.6	(8.1–9.2)
45–64	97,642	4.6	(4.3–5.0)	5.4	(5.0–5.8)	10.0	(9.5–10.5)
≥65	59,246	1.6	(1.4–1.8)	5.2	(4.9–5.6)	6.8	(6.4–7.2)
Sex							
Men	89,842	2.7	(2.5–3.0)	5.2	(4.9–5.5)	7.9	(7.5–8.2)
Women	145,225	4.0	(3.8–4.2)	6.1	(5.9–6.4)	10.1	(9.8–10.4)
Race/Ethnicity							
White, non-Hispanic	183,563	3.1	(2.9–3.2)	4.8	(4.6–5.0)	7.9	(7.6–8.1)
Black, non-Hispanic	17,604	4.0	(3.6–4.6)	8.7	(7.9–9.7)	12.8	(11.8–13.8)
Hispanic	18,391	4.0	(3.4–4.6)	7.5	(6.7–8.3)	11.4	(10.5–12.5)
Other**	13,528	4.3	(3.6–5.1)	6.3	(5.5–7.3)	10.6	(9.5–11.9)
Education							
Less than high school diploma	21,463	6.7	(6.0–7.6)	10.4	(9.5–11.4)	17.1	(16.0–18.3)
High school diploma	68,250	4.0	(3.7–4.3)	7.2	(6.7–7.6)	11.2	(10.6–11.7)
At least some college	145,020	2.5	(2.3–2.6)	4.1	(3.9–4.3)	6.6	(6.3–6.9)
Marital status							
Married	133,642	2.2	(2.0–2.4)	4.3	(4.1–4.6)	6.5	(6.3–6.8)
Previously married††	65,789	6.6	(6.1–7.0)	7.9	(7.5–8.4)	14.5	(13.9–15.1)
Never married	34,850	4.1	(3.7–4.5)	7.5	(6.9–8.2)	11.6	(10.9–12.3)
Employment status							
Employed	133,951	2.0	(1.8–2.1)	4.5	(4.2–4.7)	6.4	(6.1–6.7)
Unemployed	8,991	9.8	(8.7–11.0)	11.6	(10.2–13.1)	21.3	(19.6–23.2)
Retired	55,172	1.6	(1.4–1.8)	4.7	(4.4–5.1)	6.3	(5.9–6.7)
Unable to work	13,054	22.2	(20.7–23.8)	16.9	(15.6–18.3)	39.1	(37.3–40.9)
Homemaker/Student	23,447	3.0	(2.6–3.5)	6.2	(5.5–7.0)	9.2	(8.4–10.1)
Health insurance coverage							
Yes	208,323	2.9	(2.8–3.1)	5.0	(4.8–5.2)	7.9	(7.7–8.2)
No	26,265	5.9	(5.4–6.5)	9.0	(8.2–9.8)	14.9	(14.0–15.8)

* Data were weighted to adjust for differences in probability of selection and nonresponse, as well as noncoverage (e.g., households lacking landlines).
† Based on responses to Patient Health Questionnaire 8.
§ Data presented were collected by 16 states in 2008 and by 29 different states, the District of Columbia, and two territories in 2006. Five states (Kentucky, New Jersey, North Carolina, Pennsylvania, and South Dakota) did not participate in either year. Nine states (Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, North Dakota, Vermont, and Washington) participated in both years, but only 2008 data were included.
¶ Confidence interval.
** Includes non-Hispanic persons of other races or multiple races.
†† Includes divorced, widowed, or separated.

the preceding 2 weeks). However, the distribution of major depression among selected sociodemographic groups in this analysis generally is consistent with previous research indicating that women, younger and middle-aged adults, those who were never married, and persons with less than a high school education were more likely to have met diagnostic criteria for depression during the preceding 12 months (*1*). Older adults have been found less likely to meet diagnostic criteria, but depression in this population might be underrecognized or underreported (*6*).

The greater prevalence of depression among women is not fully understood, although potential contributors include different responses to stressful life events, genetic predisposition, and hormonal differences (*7*). Racial/ethnic differences in depression have not been found consistently; some studies have reported no differences (*8*), whereas others have found lower rates (*1*) among racial/ethnic minorities compared with whites. However, this report and other BRFSS-based studies (*2*) indicate significantly higher rates of current depression among racial/ethnic minorities. This is consistent with the greater

TABLE 2. Age-standardized* percentage of adults meeting criteria for current depression,† by type of depression and state/territory — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008§

State/Territory	No. in sample	Major depression		Other depression		Any current depression	
		%	(95% CI¶)	%	(95% CI)	%	(95% CI)
Alabama	2,758	4.1	(3.3–5.1)	8.9	(7.0–11.2)	13.0	(11.0–15.4)
Alaska	1,806	2.3	(1.6–3.2)	3.9	(2.9–5.3)	6.2	(5.0–7.7)
Arizona	5,314	3.6	(2.6–5.0)	6.7	(5.2–8.7)	10.3	(8.5–12.5)
Arkansas	4,809	4.9	(4.2–5.8)	7.0	(6.1–8.1)	11.9	(10.8–13.2)
California	5,177	3.7	(3.1–4.4)	5.4	(4.6–6.3)	9.1	(8.1–10.2)
Colorado	5,093	2.4	(1.8–3.0)	4.1	(3.3–5.0)	6.4	(5.5–7.5)
Connecticut	4,109	2.0	(1.5–2.6)	4.5	(3.7–5.5)	6.5	(5.6–7.6)
Delaware	3,780	3.4	(2.7–4.2)	6.9	(5.5–8.6)	10.2	(8.7–12.0)
District of Columbia	3,485	2.8	(2.0–3.9)	5.7	(4.7–6.9)	8.4	(7.1–9.9)
Florida	9,298	3.2	(2.6–3.9)	6.6	(5.8–7.6)	9.8	(8.8–10.9)
Georgia	6,485	3.4	(2.9–4.1)	5.0	(4.4–5.8)	8.5	(7.6–9.5)
Hawaii	5,901	3.1	(2.5–3.9)	6.6	(5.7–7.6)	9.7	(8.7–10.9)
Idaho	4,570	2.9	(2.4–3.5)	4.7	(3.9–5.6)	7.6	(6.6–8.7)
Illinois	4,879	3.1	(2.5–3.8)	6.9	(5.9–8.1)	10.0	(8.8–11.3)
Indiana	5,746	3.9	(3.3–4.6)	5.0	(4.4–5.8)	8.9	(8.0–9.9)
Iowa	4,692	2.1	(1.7–2.7)	4.0	(3.3–4.9)	6.2	(5.3–7.2)
Kansas	3,783	3.6	(2.8–4.6)	4.8	(3.8–5.9)	8.3	(7.1–9.8)
Kentucky	N/A	N/A		N/A		N/A	
Louisiana	5,388	2.9	(2.4–3.5)	7.9	(7.0–9.0)	10.8	(9.7–11.9)
Maine	3,724	3.5	(2.8–4.4)	4.4	(3.6–5.3)	7.9	(6.8–9.1)
Maryland	4,261	2.6	(2.0–3.3)	4.4	(3.6–5.5)	7.0	(6.0–8.2)
Massachusetts	5,835	2.6	(2.0–3.3)	4.9	(3.9–6.2)	7.5	(6.3–8.9)
Michigan	5,077	3.8	(3.1–4.6)	6.4	(5.6–7.3)	10.2	(9.1–11.3)
Minnesota	4,119	2.1	(1.7–2.6)	3.8	(3.2–4.6)	5.9	(5.1–6.8)
Mississippi	6,387	5.3	(4.6–6.1)	9.5	(8.4–10.7)	14.8	(13.5–16.2)
Missouri	4,771	4.1	(3.3–5.1)	5.6	(4.6–6.7)	9.7	(8.4–11.1)
Montana	5,262	2.4	(2.0–3.0)	4.1	(3.5–4.9)	6.5	(5.7–7.4)
Nebraska	4,840	2.3	(1.6–3.2)	6.0	(4.6–7.9)	8.3	(6.7–10.3)
Nevada	3,222	3.7	(2.7–5.0)	6.1	(4.8–7.5)	9.8	(8.2–11.6)
New Hampshire	5,230	3.0	(2.4–3.8)	4.1	(3.4–4.9)	7.1	(6.1–8.2)
New Jersey	N/A	N/A		N/A		N/A	
New Mexico	5,745	3.5	(2.9–4.1)	5.3	(4.5–6.1)	8.7	(7.8–9.8)
New York	3,444	2.2	(1.7–2.8)	5.6	(4.7–6.8)	7.8	(6.7–9.1)
North Carolina	N/A	N/A		N/A		N/A	
North Dakota	4,482	1.5	(1.2–2.0)	3.2	(2.6–4.0)	4.8	(4.0–5.6)
Ohio	5,797	3.9	(3.2–4.7)	4.9	(4.1–5.9)	8.8	(7.7–10.0)
Oklahoma	6,117	4.7	(4.1–5.4)	6.6	(5.9–7.5)	11.3	(10.3–12.4)
Oregon	4,294	3.5	(2.8–4.4)	3.6	(2.9–4.4)	7.1	(6.1–8.2)
Pennsylvania	N/A	N/A		N/A		N/A	
Rhode Island	4,002	3.4	(2.7–4.3)	5.4	(4.4–6.5)	8.8	(7.6–10.1)
South Carolina	7,853	3.6	(3.0–4.2)	6.0	(5.3–6.9)	9.6	(8.7–10.6)
South Dakota	N/A	N/A		N/A		N/A	
Tennessee	3,860	4.1	(3.4–5.1)	6.9	(5.7–8.2)	11.0	(9.6–12.5)
Texas	5,856	3.5	(2.8–4.5)	5.4	(4.6–6.3)	8.9	(7.8–10.2)
Utah	4,621	3.4	(2.8–4.2)	5.4	(4.6–6.3)	8.8	(7.8–9.9)
Vermont	6,185	3.0	(2.5–3.6)	4.8	(4.1–5.7)	7.8	(6.9–8.8)
Virginia	4,636	2.8	(1.9–4.1)	4.2	(3.4–5.2)	7.0	(5.8–8.5)
Washington	9,382	3.1	(2.6–3.7)	4.6	(4.0–5.3)	7.7	(6.9–8.5)
West Virginia	3,439	5.3	(4.4–6.3)	9.0	(7.8–10.3)	14.3	(12.8–15.9)
Wisconsin	4,228	2.3	(1.9–2.9)	4.2	(3.4–5.1)	6.5	(5.6–7.6)
Wyoming	4,495	3.1	(2.5–3.7)	4.5	(3.8–5.4)	7.6	(6.7–8.6)
Puerto Rico	4,181	4.5	(3.9–5.2)	10.2	(9.1–11.3)	14.7	(13.5–15.9)
U.S. Virgin Islands	2,649	1.7	(1.2–2.3)	7.4	(6.1–8.9)	9.1	(7.7–10.6)

Abbreviation: N/A = data not available.

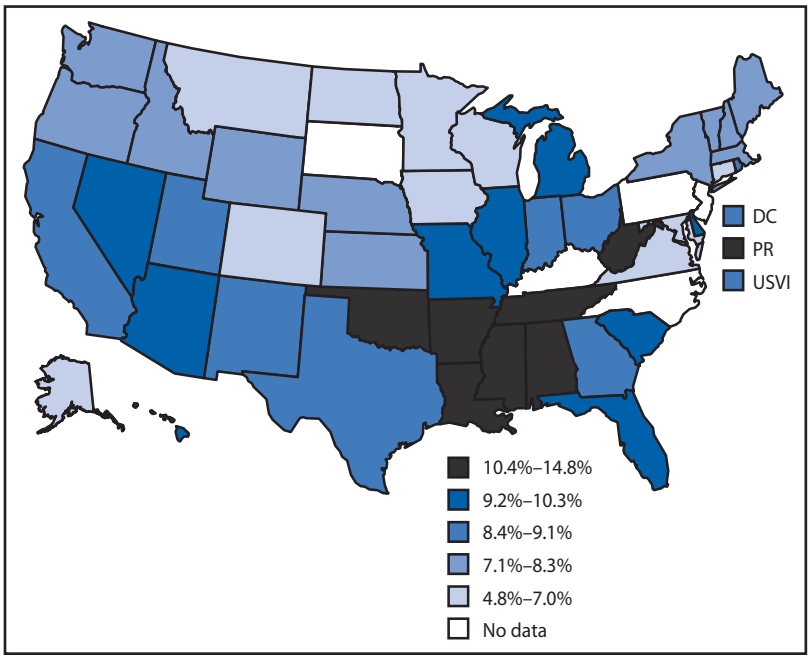
* Age standardized to the 2000 U.S. standard population.

† Based on responses to Patient Health Questionnaire 8.

§ Data presented were collected by 16 states in 2008 and by 29 different states, the District of Columbia, and two territories in 2006. Five states (Kentucky, New Jersey, North Carolina, Pennsylvania, and South Dakota) did not participate in either year. Nine states (Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, North Dakota, Vermont, and Washington) participated in both years, but only 2008 data were included.

¶ Confidence interval.

FIGURE. Age-standardized* percentage of adults meeting criteria for current depression,† by state/territory — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008§



* Age standardized to the 2000 U.S. standard population.
† Based on responses to Patient Health Questionnaire 8.
§ Data presented were collected by 16 states in 2008 and by 29 different states, the District of Columbia, and two territories in 2006. Five states (Kentucky, New Jersey, North Carolina, Pennsylvania, and South Dakota) did not participate in either year. Nine states (Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, North Dakota, Vermont, and Washington) participated in both years, but only 2008 data were included.

risk factors for mental illness that these populations often experience (e.g., social and economic inequality, exposure to racism and discrimination, increased prevalence of some chronic diseases, and less access to care and treatment for mental health and health conditions [*8*]). Targeted efforts are needed to address racial/ethnic disparities in recognition and treatment of depression (*8*). In this study, persons without health insurance coverage were more likely to have current depression. Although seeking care for depression might have grown more common, for many, lack of health insurance coverage (or limited mental health coverage) remains a major barrier to care (*9*).

State and territorial variations in depression prevalence might result from differences in socioeconomic status, prevalence of comorbid mental and physical disorders (particularly chronic conditions), and access to health-care and treatment (e.g., availability of mental health service providers) (*2,10*). In this study, a greater prevalence of depression was found in southeastern states, where a greater prevalence of chronic conditions associated with depression also has been observed (e.g., obesity and stroke). Depression can lead to chronic diseases, and chronic diseases can exacerbate depressive conditions (*3*). The variations among states in depression prevalence should be examined further to target prevention and intervention efforts and to allocate mental health treatment resources of the federal government. In addition, the Task Force on Community Preventive Services recommends collaborative care, an approach that facilitates the collaboration of primary-care providers, mental health specialists, and case managers for the management of depressive disorders, on the basis of strong evidence of effectiveness in improving depression outcomes.§

The findings in this report are subject to at least three limitations. First, the increase in the number households with cellular telephones only and the increase in telephone number portability continue to decrease BRFSS response rates, reducing the precision of state estimates and potentially introducing bias; however, in 2009 all states incorporated surveys for cellular telephone households along with landline surveys, which should increase response rates to the survey. Second, institutionalized and homeless persons are not included in BRFSS surveys; their inclusion might have increased depression estimates. Finally, because not all states participated, estimates might not be generalizable to the entire U.S. adult population.

PHQ-8 was added as a component of an optional module in the BRFSS survey in 2006 through an intra-agency agreement with the Substance Abuse and Mental Health Services Agency to determine state-based estimates of depression in adults. These data also allow for examination of comorbid chronic diseases and associated health-risk behaviors among adults with depressive disorders and should be used to help guide state-level chronic disease and mental health programs. The prevalence of depressive disorders should be monitored by state public health departments through surveillance, and at-risk populations should be targeted for intervention.

§ Information available at http://www.thecommunityguide.org/mentalhealth/collab-care.html.

References

1. Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA 2003;289: 3095–105.
2. Strine TW, Mokdad AH, Balluz LS, et al. Depression and anxiety in the United States: findings from the 2006 Behavioral Risk Factor Surveillance System. Psychiatr Serv 2008;59:1383–90.
3. Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis 2005;2:A14.
4. Kroenke K, Strine TW, Spitzer RL, Williams JB, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. J Affect Disord 2009; 114:163–73.
5. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th ed. Washington, DC: American Psychiatric Association; 1994.
6. Byers AL, Yaffe K, Covinsky KE, Friedman MB, Bruce ML. High occurrence of mood and anxiety disorders among older adults: the National Comorbidity Survey Replication. Arch Gen Psychiatry 2010;67:489–96.
7. National Institute of Mental Health. Women and depression: discovering hope. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health; 2009. Available at http://www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/index.shtml. Accessed September 27, 2010.
8. US Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration. Mental health: culture, race, and ethnicity: a supplement to mental health: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration; 2001. Available at http://www.surgeongeneral.gov/library/mentalhealth/cre. Accessed September 27, 2010.
9. Mojtabai R. Unmet need for treatment of major depression in the United States. Psychiatr Serv 2009;60:297–305.
10. Lewis G, Booth M. Regional differences in mental health in Great Britain. J Epidemiol Community Health 1992;46:608–11.

Human Rabies — Virginia, 2009

On October 28, 2009, CDC notified the Virginia Department of Health (VDH) of suspected rabies in a Virginia man aged 42 years. Earlier that day, an infectious disease physician in Virginia had contacted CDC requesting confirmatory diagnostic testing and reported initiating treatment with the Milwaukee protocol (*1*) after consultation with staff at the Medical College of Wisconsin. This report summarizes the patient's exposure history, clinical course, and treatment, and describes efforts to identify close contacts requiring postexposure prophylaxis (PEP). According to family members, the patient had reported an encounter with a dog while in India approximately 3 months before symptom onset. On October 29, infection with a rabies virus was confirmed by direct fluorescent antibody testing of a nuchal skin biopsy, and reverse transcription–polymerase chain reaction (RT-PCR) typed the virus as a variant associated with dogs in India. The patient died on November 20. Public health authorities conducted rabies exposure assessments of 174 persons associated with the patient, and 32 persons (18%) initiated rabies PEP. This is the seventh case of rabies reported in the United States acquired abroad since 2000. This case highlights the importance of raising public awareness of rabies, particularly the risk for rabies exposures in association with travel to rabies-endemic countries, and the importance of initiating PEP promptly after a potential exposure.

Case Report

On October 23, 2009, a male physician aged 42 years in Virginia experienced the onset of chills and "hot flashes." The next morning, he began experiencing discomfort in his legs, and that evening he developed spontaneous ejaculation occurring up to once per hour, urinary incontinence, and back pain radiating to the left lower extremity. Two days later, on October 26, he visited an ED for assessment. The patient was awake, oriented, and afebrile during this visit. Magnetic resonance imaging of his lumbar spine revealed degenerative disease at L4–L5, and he was discharged with a diagnosis of lumbar back pain, given pain medications, and instructed to follow up with his primary-care physician. That evening he began to gag while drinking and showering. On October 27, the patient contacted his primary-care physician and raised concern about the possibility of rabies. He was referred back to the same ED for evaluation of neurologic disorders, including rabies.

On October 27, the patient returned to the ED and, in addition to the previously noted symptoms, exhibited anxiety and erratic behavior and had involuntary dystonic movements of his upper extremities. The patient reported travel to India approximately 3 months before symptom onset but gave no clear history of animal exposure occurring while in India or in the United States. Physical examination showed tachycardia (134 beats per minute) and elevated blood pressure (153/93 mm Hg) but no fever. The patient was noted to have dystonic movements of the upper extremities and neck and loud involuntary vocalizations. Sensation and motor strength were normal. The patient demonstrated aversion to water when offered. A computed tomography (CT) scan of the head showed only left maxillary sinusitis. The patient was admitted to the hospital (hospital A) with a differential diagnosis that included rabies and other neurologic diagnoses of unknown etiology. Empiric antimicrobial and antiviral therapy for meningioencephalitis was initiated.

Within 24 hours of admission, the patient was noted to be shouting, gagging on copious salivary secretions, and unable to follow commands. His tachycardia and hypertension worsened and, soon after he was transferred to the intensive-care unit, he developed seizures, sustained a cardiac arrest, and required ventilator support. At this time, the patient developed a low-grade fever (99.4°F [37.4°C]). Complete blood count showed mild leukocytosis (15.42×10^9/L [normal: $5–10 \times 10^9$/L]), mild hyperglycemia (120 mg/dL [normal: 70–105 mg/dL), and a creatine kinase of >16,000 U/mL (normal: 12–70 U/mL). Urinalysis showed large blood and hyaline casts. Toxicology and heavy metal screenings were unremarkable.

On October 28, the second hospital day, a lumbar puncture showed an elevated cerebrospinal fluid (CSF) glucose of 101 mg/dL (normal: 50–80 mg/dL), normal protein of 31 mg/dL (normal: 15–45 mg/dL), and 6 white blood cells/mm^3 (normal: 0–3 cells/mm^3). The treating physician initiated the Milwaukee protocol, including ketamine infusion, but in keeping with this protocol, the patient was not given rabies

immune globulin, vaccine, or antivirals (*1*). Serum, CSF, nuchal skin biopsy, and saliva were collected and submitted to CDC for rabies testing. The next day, October 29, CDC detected rabies virus antigen in the skin biopsy by direct fluorescent antibody testing. Rabies viral RNA amplified by RT-PCR was typed as a variant common to dogs in India.

Serial assessments of serum, CSF, and saliva were conducted to monitor for viral clearance. A ventriculostomy drain was placed for continuous monitoring and management of intracranial fluid pressures. With turning and suctioning, the patient experienced asystole. Increasing episodes of asystole resulted in placement of a transvenous pacemaker by hospital day 8. By hospital day 12, the patient developed inappropriate antidiuretic hormone secretion followed by severe central diabetes insipidus treated with desmopressin and continuous vasopressin infusion. By hospital day 15, the patient developed late and marginal antibody response in saliva but never developed neutralizing antibody in CSF, which is necessary for viral clearance and cure. Sedation was tapered over 1 week with clinical evidence of denervation indicated by loss of brain stem reflexes and diminished autonomic dysfunction. The patient died on November 20 (hospital day 25).

Public Health Investigation

VDH and the Fairfax County Health Department (FCHD) were notified of a suspected rabies case on October 28, the patient's second hospital day. FCHD began working with hospital A's epidemiology and occupational health staff to generate a list of potentially exposed hospital employees. In addition, FCHD initiated interviews with family and friends to clarify the patient's exposure history and gather information about persons who had contact with the patient since October 8, the date after which he was considered potentially infectious. According to the patient's father, the patient had an unwitnessed encounter with a dog while he was in India. Family members were unaware of other possible exposures to rabies and did not know if the patient sought medical care or rabies PEP.

The patient was a psychiatrist and worked primarily at a hospital (hospital B), where he supervised psychiatry residents and did not have direct patient contact. He also worked 1 day a week at two additional health-care facilities (facilities A and B). Hospital B is located in the District of Columbia, and the two facilities are located in Maryland. On October 29, VDH contacted the Maryland Department of Health and Mental Hygiene (MDHMH) and the District of Columbia Department of Health (DCDOH) to facilitate assessment of coworkers and patients for PEP according to Advisory Committee on Immunization Practices (ACIP) criteria (*2*). A survey tool was created to assess health-care contacts, and another questionnaire was developed to assess household contacts and coworkers. A total of 32 (18%) of 174 persons evaluated for potential exposure initiated PEP. No adverse reactions to PEP or additional cases of rabies were reported to public health authorities.

FCHD interviewed all 70 health-care providers who had administered care to the patient in hospital A, and 17 met the criteria for a nonbite exposure to rabies (because of exposure to the patient's saliva). An additional seven assessed persons initiated rabies PEP despite no indication; two had already initiated PEP before the exposure assessment by FCHD. Among the 34 coworkers assessed at hospital B by DCDOH, only one, who identified himself as a close friend of the patient, met the criteria for nonbite exposure and received rabies PEP. MDHMH assessed 37 coworkers and 26 patients associated with facilities A and B. No coworkers or patients at either facility met the criteria for exposure, and none pursued rabies PEP. All six family members and one assessed friend were identified who might have been exposed to saliva from the patient, and all received rabies PEP.

What is already known on this topic?

If not prevented by administration of postexposure prophylaxis (PEP), the rabies virus causes acute progressive viral encephalitis that is almost always fatal.

What is added by this report?

In November 2009, a man from Virginia aged 42 years died of rabies acquired while traveling in India; this is the seventh case of rabies reported in the United States acquired abroad since 2000.

What are the implications for public health practice?

Public health officials and clinicians should advise travelers of the risk for rabies exposure in rabies-endemic countries and should evaluate promptly persons with potential exposure to initiate PEP based on guidelines from the Advisory Committee on Immunization Practices.

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Editorial Note

The case described in this report underscores two important aspects of human rabies prevention: 1) the importance of awareness about rabies risks when traveling abroad and 2) the need to seek prompt medical evaluation after an animal exposure (*3*). Since 2000, seven of the 31 human rabies cases reported in the United States were acquired from exposure abroad; two were acquired in the Philippines (California, 2001 and 2006), and one each were acquired in Ghana (New York, 2000), El Salvador (California, 2004), Haiti (Florida, 2004), Mexico (California, 2008), and India (the 2009 case described in this report) (*4*). An attempt to treat the patient after the onset of clinical symptoms of rabies using an experimental treatment (the Milwaukee protocol) failed. Prompt administration of rabies PEP after an exposure remains the only documented method for preventing death after an exposure to rabies (*2*).

Although human-to-human rabies transmission in a health-care setting is theoretically possible, no such occurrence has been documented. Rabies exposure risks for health-care personnel who care for rabies patients include exposure of mucous membranes or open wounds to infectious body fluids or tissue (e.g., saliva, tears, or neurologic tissue). Adherence to standard infection control precautions minimizes the risk for health-care personnel. However, additional precautions, such as wearing face shields when performing higher-risk procedures that can produce droplets or aerosols of saliva (i.e., suction of oral secretions), might be warranted (*2*). Among the health-care personnel assessed for potential contact in recent human rabies cases in the United States, the proportion that received PEP ranged from 2.5% to 30.0% (*5–8*). In this report, 34% of health-care personnel received PEP after a potential contact with the patient. However, seven health-care personnel received PEP despite PEP not being recommended after risk assessment. Prompt communication with public health authorities and education of personnel who have contact with a rabies patient is critical to permit appropriate risk assessment and reduce unnecessary PEP (*2,9*).

Dogs represent the most frequent risk for bite exposures to travelers and should be avoided. Travelers to rabies-endemic countries should be warned about the risk for acquiring rabies and educated about animal bite prevention and appropriate actions to take if an exposure does occur (i.e., wound washing and medical attention to determine if PEP is necessary). Relative rabies risk and recommendations for travelers by region and country can be found in CDC's *Health Information for International Travel 2010* (*10*).

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References

1. Medical College of Wisconsin. Rabies registry. Available at: http://www.mcw.edu/rabies. Accessed September 23, 2010.
2. CDC. Human rabies prevention—United States, 2008: recommendations of the Advisory Committee on Immunization Practices. MMWR 2008;57(No. RR-3)
3. Blanton JD, Rupprecht CE. Travel vaccination for rabies. Expert Rev Vaccines 2008;7:613–20.
4. Blanton JD, Palmer D, Rupprecht CE. Rabies surveillance in the United States during 2009. J Am Vet Med Assoc 2010;237:646–57.
5. CDC. Human rabies—Missouri, 2008. MMWR 2009;58: 1207–9.
6. CDC. Imported human rabies—California, 2008. MMWR 2009;58:713–6.
7. CDC. Human rabies—Minnesota, 2007. MMWR 2008;57: 460–2.
8. CDC. Human rabies—Kentucky/Indiana, 2009. MMWR 2010;59:393–6.
9. CDC. Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the Advisory Committee on Immunization Practices. MMWR 2010;59(No. RR-2):1–9.
10. CDC. Health information for international travel 2010. Atlanta, GA: US Department of Health and Human Services, Public Health Service; 2009. Available at http://wwwnc.cdc.gov/travel/content/yellowbook/home-2010.aspx. Accessed September 23, 2010.

Progress Toward Global Eradication of Dracunculiasis, January 2009–June 2010

In 1986, the World Health Assembly (WHA) called for the elimination of dracunculiasis (Guinea worm disease), a parasitic infection in humans caused by *Dracunculus medinensis* (*1*). At the time, an estimated 3.5 million cases were occurring annually in 20 countries in Africa and Asia, and 120 million persons were at risk for the disease (*1,2*). Because of slow mobilization in countries with endemic disease, the 1991 WHA goal to eradicate dracunculiasis globally by 1995 was not achieved (*3*). In 2004, WHA established a new target date of 2009 for global eradication (*4*); despite considerable progress, that target date also was not met. This report updates both published (*5–7*) and previously unpublished data and updates progress toward global eradication of dracunculiasis since January 2009. At the end of December 2009, dracunculiasis remained endemic in four countries (Ethiopia, Ghana, Mali, and Sudan). The number of indigenous cases of dracunculiasis worldwide had decreased 31%, from 4,613 in 2008 to 3,185 in 2009. Of the 766 cases that occurred during January–June 2010, a total of 745 (97%) were reported from 380 villages in Sudan. Ghana, Ethiopia, and Mali each are close to interrupting transmission, as indicated by the small and declining number of cases. The current target is to complete eradication in all four countries as quickly as possible. Insecurity (e.g., sporadic violence or civil unrest) in areas of Sudan and Mali where dracunculiasis is endemic poses the greatest threat to the success of the global dracunculiasis eradication program.

Persons become infected with *D. medinensis* by drinking water from stagnant sources (e.g., ponds) contaminated by copepods (water fleas) that contain Guinea worm larvae. Currently, no effective drug to treat nor vaccine to prevent dracunculiasis is available, and persons who contract *D. medinensis* infections do not become immune. After a 1-year incubation period, adult female worms 28–47 inches (70–120 centimeters) long migrate under the skin to emerge, usually through the skin of the foot or lower leg. On contact with water, these worms eject larvae that can then be ingested by copepods and infect persons who drink the water. The emerging worm can be removed by rolling it up on a stick a few centimeters each day. Complete removal averages approximately 4 weeks or more. Disabilities caused by dracunculiasis are secondary to bacterial infections that frequently develop in the skin, causing pain and swelling (*8,9*).

Dracunculiasis can be prevented by 1) educating persons from whom worms are emerging to avoid bathing affected body parts in sources of drinking water, 2) filtering potentially contaminated drinking water through a cloth filter, 3) treating potentially contaminated surface water with a larvicide such as temephos (Abate), and 4) providing safe drinking water from borehole or hand-dug wells (*3*). Containment* of transmission, achieved through 1) voluntary isolation of each patient to prevent contamination of drinking water sources, 2) provision of first aid, 3) manual extraction of the worm, and 4) application of occlusive bandages, is a complementary component to the four main interventions.

Countries enter the World Health Organization (WHO) precertification stage of eradication approximately 1 year (i.e., one incubation period for *D. medinensis*) after reporting their last indigenous case. A case of dracunculiasis is defined as occurring in a person exhibiting a skin lesion or lesions with emergence of one or more Guinea worms. Each person is counted only once during a calendar year. An imported case is an infection acquired in a place (another country or village within the same country) other than the community where detected and reported. Seven countries where transmission of dracunculiasis was formerly endemic (Burkina Faso, Chad, Côte d'Ivoire, Kenya, Nigeria, Niger, and Togo) are in the precertification stage of eradication.

In each country affected by dracunculiasis, a national eradication program receives monthly reports of cases from each village that has endemic

* Transmission from a patient with dracunculiasis is contained if all of the following conditions are met: 1) the disease is detected <24 hours after worm emergence; 2) the patient has not entered any water source since the worm emerged; 3) a volunteer has managed the patient properly, by cleaning and bandaging the lesion until the worm has been fully removed manually and by providing health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, transmission is not contained until the last worm is removed); and 4) the containment process, including verification of dracunculiasis, is validated by a supervisor within 7 days of emergence of the worm.

transmission. Reporting rates are calculated by dividing the number of villages with endemic dracunculiasis that report each month by the total number of villages with endemic disease. All villages where endemic transmission of dracunculiasis is interrupted (i.e., zero cases reported for 12 consecutive months) are kept under active surveillance with searches of households for persons with signs and symptoms suggestive of dracunculiasis. This is done to ensure that detection occurs within 24 hours of worm emergence so that patient management can begin to prevent contamination of water.

WHO certifies a country free from dracunculiasis after it maintains adequate nationwide surveillance for 3 consecutive years and demonstrates that no cases of indigenous dracunculiasis occurred during that period. As of October 2009, WHO had certified 187 countries and territories as free from dracunculiasis (*5*); 17 African countries, including four with endemic transmission, remained to be certified.

Country Reports

Sudan. Since 2003, all indigenous cases of dracunculiasis in Sudan have been reported from Southern Sudan. The Southern Sudan Guinea Worm Eradication Program (GWEP) reported 2,733 cases of dracunculiasis in 2009, of which 2,134 (78%) were contained (Table 1). For January–June 2010, the Southern Sudan GWEP reported a provisional total of 745 cases (74% contained, versus 72% contained during January–June 2009), a reduction of 37%, compared with the 1,184 cases reported for the same period in 2009 (Table 2). During 2009, a total of 1,011 villages reported one or more cases; during January–June 2010, a total of 380 villages reported one or more cases, of which 141 reported indigenous cases. During January–April 2010, the Southern Sudan Ministry of Water Resources and Irrigation, the United Nations Children's Fund (UNICEF), and other partners completed borehole wells in 43 villages that had endemic dracunculiasis. During

TABLE 1. Number of reported dracunculiasis cases, by country and local intervention — worldwide, 2009

				Villages/localities reporting cases in 2009			Villages/localities and interventions*					
	No. of reported cases in 2009†											
Country	Indigenous	Imported	% of cases reported that were contained in 2009	No. reporting one or more cases	No. reporting only cases imported into village	No. reporting only cases indigenous to village	No. of villages reporting indigenous cases during 2008–2009	% reporting monthly	% with cloth filters in all households	% using temephos	% with one or more sources of safe drinking water	% provided with health education
Sudan	2,733	0	78	1,011	427	584	1,283	94	98	45	16	68
Ghana	242	0	93	52	33	19	49	100	93	86	73	100
Mali	186	0	73	52	29	23	92	100	89	63	23	100
Ethiopia	24	0	79	9	6	3	4	100	100	100	50	100
Niger§	0	5	40	5	5	0	1	100	100	100	100	100
Nigeria	0	0	0	0	0	0	2	100	100	100	100	100
Total	**3,185**	**5**	**79**	**1,129**	**500**	**629**	**1,431**	**95**	**98**	**48**	**19**	**71**

* Interventions include distribution of filters, use of temephos (Abate) larvicide, provision of one or more sources of safe water, and provision of health education.
† Definitions of imported and indigenous cases as they relate to villages/localities are available at http://www.cartercenter.org/health/guinea_worm/program_definition.html.
§ One of the cases imported into Niger was from Ghana; four were from Mali.

TABLE 2. Number of reported indigenous dracunculiasis* cases, by country — worldwide, 2008–June 2010

Country	2008	2009	% change	January–June 2009	January–June 2010†	% change	% of cases contained during January–June 2010
Sudan	3,618	2,733	-24	1,184	745	-37	74
Ghana	501	242	-52	228	8	-96	100
Mali	417	186	-55	8	1	-88	100
Ethiopia	39	24	-38	21	12	-43	92
Niger	2	0	-100	0	0	0	
Nigeria	38	0	-100	0	0	0	
Total	**4,615**	**3,185**	**-31**	**1,441**	**766**	**-47**	**74**

* Excludes five cases imported from another country in 2009.
† Provisional case counts.

What is already known on this topic?

Annual cases of dracunculiasis (Guinea worm disease) have decreased from 3.5 million to <3,200 since the 1986 World Health Assembly proclaimed eradication as a goal.

What is added by this report?

The number of dracunculiasis cases continued to decline (by 31% from 2008 to 2009, and by 47% from January–June 2009 to January–June 2010), and only four countries remain with endemic transmission of dracunculiasis.

What are the implications for public health practice?

Although earlier target dates for global dracunculiasis eradication were missed, progress continues; eradication within the next few years is likely if 100% of cases are contained and program disruptions, particularly in Sudan and Mali, are minimized.

January–June 2010, a total of 14 security incidents (e.g., civil disorder, banditry, or other situations involving violence or threat of violence) disrupted Guinea worm program operations in Southern Sudan, compared with 23 such incidents during January–June 2009.

Ghana. Ghana's GWEP reported 242 cases of dracunculiasis from 33 villages for 2009, of which 19 villages reported indigenous cases and the remaining villages reported cases imported from elsewhere in the country. This is a reduction in indigenous cases of 52%, compared with the 501 cases reported for 2008. Of the 242 cases reported for 2009, 93% were contained (Table 1). Ghana reported zero cases for an entire month for the first time in November 2009. For January–June 2010, Ghana reported eight cases, all of which were contained, and zero cases were reported for June, compared with 228 cases reported for January–June 2009, a reduction of 96%. The last known uncontained case in Ghana occurred in July 2009.

Mali. Mali's GWEP reported 186 indigenous cases in 2009, which was a reduction of 55% from the 417 cases reported in 2008. Of the 186 reported cases for 2009, 135 (73%) were contained. Mali reported only one case (which was contained) during January–June 2010, compared with eight cases during January–June 2009, a reduction of 88%.

Ethiopia. Reporting of indigenous cases resumed in 2008, after approximately 20 months with no known indigenous cases, and for 2009, Ethiopia reported 24 indigenous cases, of which 19 (79%) were contained. For January–June 2010, Ethiopia reported 12 indigenous cases (83% contained) in seven villages, compared with 21 indigenous cases in eight villages (76% contained) during January–June 2009, a reduction of 43%. Beginning in January 2010, active surveillance was extended to all 71 known inhabited settlements of Gambella Region's Gog District, which is the only remaining focus of endemic disease in Ethiopia. Much of the remaining transmission appears to be from ponds along walking paths between the main population centers and dispersed farming communities. Inhabitants of all villages where cases were reported in 2009 or 2010 have been receiving health education, and cloth filters have been distributed to more than 93% of those households and pipe filters to at least 62% Unsafe water sources have been treated with larvicide at 89 (77%) of 117 targeted sites, including the seven villages reporting cases in 2010 and ponds along walking paths. Four of the seven villages now have at least one source of safe drinking water.

Niger and Nigeria. Niger and Nigeria (*10*) reported zero indigenous cases of dracunculiasis during an entire year for the first time in 2009. Neither country reported cases during January–June 2010.

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Editorial Note

Fewer than 3,200 cases of dracunculiasis were reported globally during 2009, the lowest annual total ever, and the number of countries in which the disease remained endemic was reduced from six to four in 2008. Of the remaining endemic countries, Mali and Ethiopia appear to be close to interrupting transmission, although Mali's peak transmission season[†] (June–November) for 2010 was just beginning and insecurity has been a major concern in

[†] The peak transmission season varies for each country. The peak transmission season occurs during March–September in Ethiopia, during March–October in Southern Sudan, during June–October in Mali, and during November–April in Ghana.

Mali's remaining endemic area. Ghana might have interrupted transmission already, but interruption cannot be confirmed until 1 year after the last known case (i.e., mid-2011). The program in Southern Sudan continues to make progress despite several challenges, of which sporadic insecurity is the most important. Obtaining reports about persons purported to have dracunculiasis in areas free of the disease, properly investigating such reports, and promptly notifying local authorities is a challenge for all four countries.

In October 2009, WHO's International Commission for the Certification of Dracunculiasis Eradication certified three more formerly-endemic countries (Benin, Mauritania, and Uganda) as being free of dracunculiasis transmission, bringing the total number of countries certified to 187, including nine formerly endemic countries since 1996. WHA has not established a new target date for eradication. A status report on the eradication program is expected to be submitted to WHA in May 2011.

References

1. World Health Assembly. Resolution WHA 39.21. Elimination of dracunculiasis: resolution of the 39th World Health Assembly. Geneva, Switzerland: World Health Organization; 1986.
2. Watts SJ. Dracunculiasis in Africa: its geographic extent, incidence, and at-risk population. Am J Trop Med Hyg 1987;37:119–25.
3. Ruiz-Tiben E, Hopkins DR. Dracunculiasis (Guinea worm disease) eradication. Adv Parasitol 2006;61:275–309.
4. World Health Assembly. Resolution WHA 57.9. Eradication of dracunculiasis: resolution of the 57th World Health Assembly. Geneva, Switzerland: World Health Organization; 2004. Available at http://www.who.int/gb/ebwha/pdf_files/wha57/a57_r9-en.pdf. Accessed October 9, 2009.
5. World Health Organization. Dracunculiasis eradication: global surveillance summary, 2009. Wkly Epidemiol Rec 2010;85:166–76.
6. World Health Organization. Monthly report on dracunculiasis cases, January 2009–February 2010. Wkly Epidemiol Rec 2010;85:147–8.
7. CDC. Progress toward global eradication of dracunculiasis, January 2008–June 2009. MMWR 2009;58:1123–5.
8. Imtiaz R, Hopkins DR, Ruiz-Tiben E. Permanent disability from dracunculiasis. Lancet 1990;336:630.
9. Ruiz-Tiben E, Hopkins DR. Dracunculiasis. In: Guerrant RL, Walker DH, Weller PF, eds. Tropical infectious diseases: principles, pathogens, and practice. 2nd ed. New York, NY: Elsevier; 2006:1204–7.
10. Miri E, Hopkins DR, Ruiz-Tiben E, et al. 2010. Nigeria's triumph: dracunculiasis eradicated. Am J Trop Med Hyg 2010;83:215–25.

Announcement

National Sudden Cardiac Arrest Awareness Month — October 2010

October is National Sudden Cardiac Arrest Awareness Month, dedicated to educating patients and the public about what sudden cardiac arrest is and how to respond to a cardiac arrest.

Sudden cardiac arrest is when the heart suddenly stops beating, resulting in no blood flow to the brain and other vital organs. Approximately 300,000 out-of-hospital cardiac arrests occur each year in the United States, with a median reported survival-to-hospital-discharge rate of 8% (*1*).

Rapidly implementing the "chain of survival" model (*2*) can help increase the chances of survival from sudden cardiac arrest. The steps in the chain include activation of emergency medical services by calling 9-1-1, starting cardiopulmonary resuscitation (CPR), using an automated external defibrillator (AED), and acquiring appropriate care. This year marks the 50th anniversary of CPR; updated CPR guidelines will be released later this year by the American Heart Association (AHA).

Additional information about sudden cardiac arrest is available from the National Heart, Lung, and Blood Institute at http://www.nhlbi.nih.gov/health/dci/Diseases/scda/scda_whatis.html and from AHA at http://www.americanheart.org/presenter.jhtml?identifier=4741. Information about CPR is available from AHA at http://www.americanheart.org/presenter.jhtml?identifier=4479. Additional information about heart disease and stroke is available from CDC at http://www.cdc.gov/dhdsp.

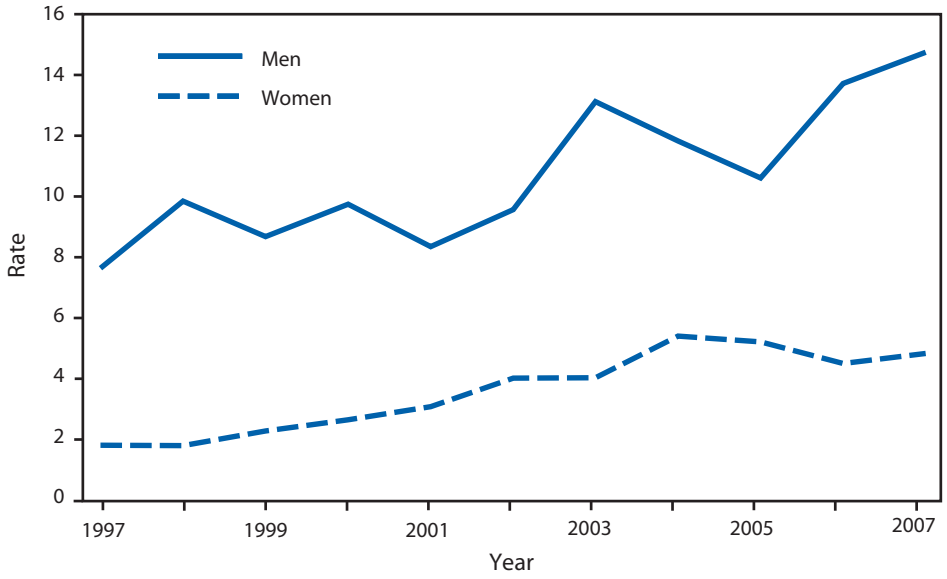
References

1. Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart disease and stroke statistics—2010 update. Circulation 2010;121:e46–215.
2. Cummins RO, Ornato JP, Thies WH, Pepe PE. Improving survival from sudden cardiac arrest: the "chain of survival" concept. A statement for health professionals from the Advanced Cardiac Life Support Subcommittee and the Emergency Cardiac Care Committee, American Heart Association. Circulation 1991;83:1832–47.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Annual Rates* of Hospitalization with a Diagnosis of HIV/AIDS Among Persons Aged ≥45 Years, by Sex — National Hospital Discharge Survey, United States, 1997–2007†



Abbreviation: HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome.
* Per 10,000 population.
† Annual hospitalizations estimated from hospital discharges during 1997–2007 with any-listed HIV/AIDS diagnoses codes 042 and V08 using the *International Classification of Diseases, Ninth Revision, Clinical Modification*. Population estimates for 1997–1999 are based on U.S. Census Bureau civilian population estimates as of July 1, 1997–1999. Population estimates for 2000–2007 were calculated using U.S. Census Bureau 2000–based postcensal civilian population estimates.

From 1997 to 2007, a substantially higher rate of men than women aged ≥45 years were hospitalized with a diagnosis of HIV/AIDS. Hospitalization rates for men in this age group increased from 7.7 per 10,000 in 1997 to 14.8 in 2007; rates for women in this age group increased from 1.9 per 10,000 in 1997 to 4.9 in 2007.

Source: National Hospital Discharge Survey. Annual files, 1997–2007. Available at http://www.cdc.gov/nchs/nhds.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 September 25, 2010 (38th 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	1	66	2	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	—	46	2	83	109	85	97	85	
other (wound and unspecified)	1	14	0	25	19	27	48	31	CA (1)
Brucellosis	—	92	2	115	80	131	121	120	
Chancroid	2	33	0	28	25	23	33	17	IA (1), WA (1)
Cholera	—	5	0	10	5	7	9	8	
Cyclosporiasis§	3	138	1	141	139	93	137	543	NY (1), MD (1), TX (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	36	3	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	0	4	4	4	8	21	
Powassan virus disease	—	4	—	6	2	7	1	1	
St. Louis encephalitis virus disease	—	4	1	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	11	0	35	30	22	29	9	
nonserotype b	—	130	2	236	244	199	175	135	
unknown serotype	5	166	2	178	163	180	179	217	OH (1), MD (1), FL (2), ID (1)
Hansen disease§	1	33	2	103	80	101	66	87	IN (1)
Hantavirus pulmonary syndrome§	—	15	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	6	148	8	242	330	292	288	221	NE (2), ID (1), WA (1), CA (2)
HIV infection, pediatric (age <13 yrs)††	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	56	2	358	90	77	43	45	
Listeriosis	12	569	23	851	759	808	884	896	OH (2), MO (1), MD (1), NC (1), FL (2), AR (1), WA (4)
Measles¶¶	—	48	1	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	1	180	4	301	330	325	318	297	TX (1)
serogroup B	—	83	2	174	188	167	193	156	
other serogroup	—	7	0	23	38	35	32	27	
unknown serogroup	6	275	8	482	616	550	651	765	OH (1), KY (1), CA (4)
Mumps	11	2,366	19	1,991	454	800	6,584	314	TX (10), AZ (1)
Novel influenza A virus infections†††	—	1	0	43,774	2	4	NN	NN	
Plague	—	1	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	0	1	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	4	0	9	8	12	21	16	
Q fever, total§,§§§	—	83	3	114	120	171	169	136	
acute	—	65	1	94	106	—	—	—	
chronic	—	18	0	20	14	—	—	—	
Rabies, human	—	1	0	4	2	1	3	2	
Rubella¶¶¶	—	6	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	126	1	161	157	132	125	129	NC (1)
Syphilis, congenital (age <1 yr)††††	—	143	8	423	431	430	349	329	
Tetanus	—	5	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	57	2	74	71	92	101	90	CA (1)
Trichinellosis	—	2	0	13	39	5	15	16	
Tularemia	2	74	3	93	123	137	95	154	OK (1), WA (1)
Typhoid fever	8	274	12	397	449	434	353	324	NY (1), PA (2), GA (1), FL (1), CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	1	66	1	78	63	37	6	2	MO (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	25	563	12	789	588	549	NN	NN	MI (1), MD (2), VA (2), NC (2), FL (2), TN (1), TX (2), WA (4), CA (9)
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 September 25, 2010 (38th 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 281 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.

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

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

††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus. Total case count for 2009 was provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).

§§§ 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.

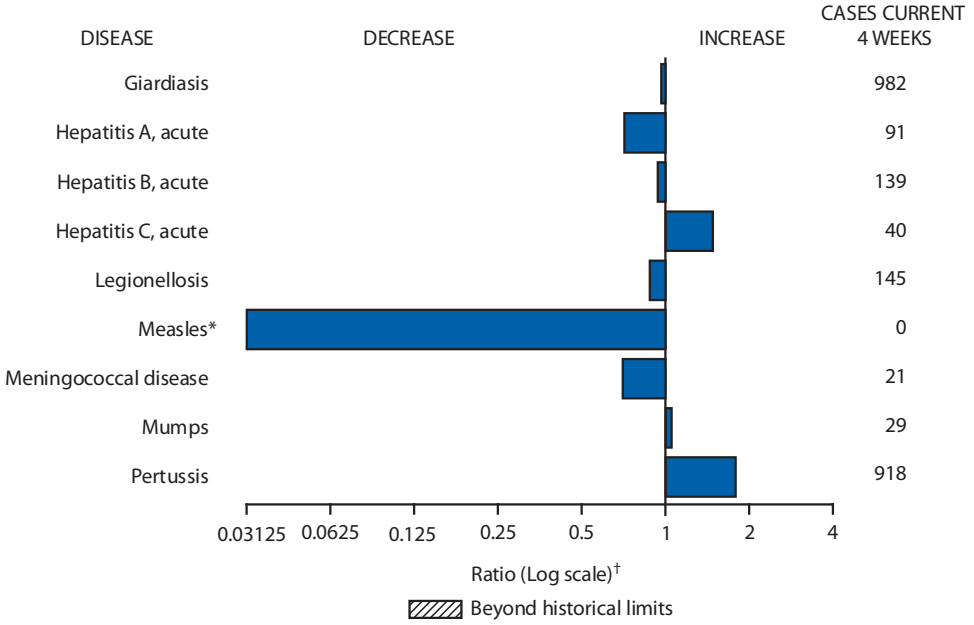
¶¶¶ No rubella cases were reported for the current week.

**** 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 September 25, 2010, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 38 of zero (0).

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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	13,553	22,836	26,119	837,539	919,599	119	124	305	5,598	5,490
New England	1,253	741	1,396	28,990	29,370	—	8	68	355	363
Connecticut	318	216	736	7,172	8,505	—	0	62	62	38
Maine†	66	50	75	1,870	1,758	—	1	7	65	40
Massachusetts	696	397	638	14,788	13,964	—	3	8	120	148
New Hampshire	42	40	115	1,720	1,581	—	1	5	44	66
Rhode Island†	103	65	120	2,545	2,731	—	0	8	9	16
Vermont†	28	23	63	895	831	—	1	9	55	55
Mid. Atlantic	3,287	3,250	4,619	124,011	115,171	12	15	37	605	617
New Jersey	489	489	693	19,151	17,914	—	0	3	—	41
New York (Upstate)	741	674	2,530	24,876	22,501	8	3	16	165	163
New York City	1,368	1,194	2,143	45,919	42,751	—	1	5	59	67
Pennsylvania	689	890	1,092	34,065	32,005	4	9	26	381	346
E.N. Central	823	3,526	4,127	124,865	148,896	27	30	106	1,473	1,315
Illinois	28	821	1,274	25,774	45,491	—	3	15	143	122
Indiana	—	347	786	13,548	17,270	—	4	10	133	222
Michigan	527	898	1,420	34,996	34,431	1	5	17	246	212
Ohio	140	965	1,078	35,196	36,103	19	7	24	357	296
Wisconsin	128	413	500	15,351	15,601	7	10	52	594	463
W.N. Central	368	1,330	1,592	48,883	52,604	22	24	78	1,035	824
Iowa	5	186	293	7,131	7,241	—	4	21	253	165
Kansas	28	186	235	6,877	8,013	—	2	9	110	79
Minnesota	—	273	337	9,892	10,685	—	1	30	98	226
Missouri	255	490	606	17,823	19,237	7	4	29	293	152
Nebraska†	61	94	237	3,573	3,970	12	2	26	190	86
North Dakota	—	37	93	1,375	1,256	3	0	18	19	7
South Dakota	19	60	82	2,212	2,202	—	2	7	72	109
S. Atlantic	2,902	4,492	5,681	165,385	186,976	19	19	51	761	834
Delaware	83	84	220	3,209	3,477	—	0	2	6	8
District of Columbia	75	97	177	3,661	5,153	—	0	1	2	6
Florida	600	1,403	1,674	54,406	54,636	13	7	24	287	317
Georgia	—	355	1,323	12,198	30,172	4	5	31	228	275
Maryland†	—	448	1,031	15,735	16,601	—	1	3	29	34
North Carolina	699	802	1,562	30,585	30,916	—	1	12	55	85
South Carolina†	653	517	706	20,034	20,296	1	1	8	66	44
Virginia†	714	596	902	22,838	23,027	1	2	8	73	54
West Virginia	78	70	137	2,719	2,698	—	0	3	15	11
E.S. Central	1,347	1,729	2,415	64,812	69,457	3	4	17	204	167
Alabama†	445	485	673	18,971	19,883	—	1	10	85	51
Kentucky	234	290	642	11,299	9,505	3	1	6	61	46
Mississippi	395	395	780	13,988	17,767	—	0	3	12	15
Tennessee†	273	574	731	20,554	22,302	—	1	5	46	55
W.S. Central	827	2,816	4,578	104,493	120,913	16	8	39	306	406
Arkansas†	379	245	394	8,335	10,813	—	1	3	25	41
Louisiana	—	0	1,055	2,922	21,595	2	1	5	46	40
Oklahoma	448	258	1,375	11,588	10,849	2	1	9	67	87
Texas†	—	2,203	3,201	81,648	77,656	12	4	30	168	238
Mountain	700	1,432	2,081	49,923	57,846	8	10	28	411	437
Arizona	135	437	713	13,686	19,191	1	0	3	27	27
Colorado	—	382	709	12,845	13,578	5	2	8	103	115
Idaho†	151	69	200	2,861	2,619	1	2	6	71	73
Montana†	45	57	76	2,203	2,237	1	1	4	38	47
Nevada†	148	173	337	7,026	7,682	—	0	6	29	17
New Mexico†	221	172	453	5,735	6,554	—	2	8	80	108
Utah	—	116	175	4,146	4,579	—	1	4	50	33
Wyoming†	—	38	79	1,421	1,406	—	0	2	13	17
Pacific	2,046	3,471	5,350	126,177	138,366	12	12	28	448	527
Alaska	—	109	148	4,258	3,924	—	0	1	2	6
California	1,739	2,739	4,406	102,251	105,904	12	7	19	260	305
Hawaii	—	112	158	4,144	4,509	—	0	0	—	1
Oregon	—	0	468	1,367	7,941	—	3	11	124	154
Washington	307	391	497	14,157	16,088	—	2	8	62	61
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	4	31	201	285	—	0	0	—	—
Puerto Rico	195	93	265	3,934	5,582	N	0	0	N	N
U.S. Virgin Islands	—	10	29	323	386	—	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 September 25, 2010, and September 26, 2009 (38th 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	—	4	25	294	NN	—	0	1	2	NN
New England	—	0	2	4	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	2	3	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	1	1	NN	—	0	0	—	NN
Mid. Atlantic	—	0	9	74	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	7	62	NN	—	0	0	—	NN
Pennsylvania	—	0	2	12	NN	—	0	0	—	NN
E.N. Central	—	0	2	25	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	8	NN	—	0	0	—	NN
Michigan	—	0	1	4	NN	—	0	0	—	NN
Ohio	—	0	2	10	NN	—	0	0	—	NN
Wisconsin	—	0	1	3	NN	—	0	0	—	NN
W.N. Central	—	0	2	13	NN	—	0	0	—	NN
Iowa	—	0	1	1	NN	—	0	0	—	NN
Kansas	—	0	1	1	NN	—	0	0	—	NN
Minnesota	—	0	2	10	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska¶	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	1	16	154	NN	—	0	1	1	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	1	14	132	NN	—	0	1	1	NN
Georgia	—	0	2	8	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	3	NN	—	0	0	—	NN
South Carolina¶	—	0	3	9	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	1	2	NN	—	0	0	—	NN
Alabama¶	—	0	1	1	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	1	1	NN	—	0	1	1	NN
Arkansas¶	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	1	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	2	10	NN	—	0	0	—	NN
Arizona	—	0	1	3	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	0	—	NN	—	0	0	—	NN
Montana¶	—	0	1	2	NN	—	0	0	—	NN
Nevada¶	—	0	1	4	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	11	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	7	NN	—	0	0	—	NN
Territories										
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	88	531	7,165	NN	—	0	3	28	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, other clinical, and unknown case classifications.
§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th 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	5	11	181	480	770	8	13	309	514	712	1	2	35	85	148
New England	—	0	3	3	39	1	1	17	57	207	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	13	18	3	—	0	2	5	—
Maine§	—	0	1	2	3	1	0	2	14	12	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	4	—	83	—	0	0	—	—
New Hampshire	—	0	1	1	3	—	0	3	11	15	—	0	1	2	1
Rhode Island§	—	0	2	—	23	—	0	7	14	94	—	0	0	—	1
Vermont§	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	1	15	39	148	7	3	17	160	232	—	0	2	4	42
New Jersey	—	0	6	—	85	—	0	2	1	62	—	0	0	—	—
New York (Upstate)	2	1	15	24	41	7	3	17	156	163	—	0	1	4	5
New York City	—	0	3	14	9	—	0	1	3	6	—	0	0	—	1
Pennsylvania	—	0	5	1	13	—	0	1	—	1	—	0	1	—	36
E.N. Central	—	0	4	24	77	—	2	29	222	246	1	1	5	51	64
Illinois	—	0	2	10	32	—	0	1	1	6	—	0	2	3	3
Indiana	—	0	0	—	—	—	0	0	—	—	1	0	3	27	35
Michigan	—	0	1	2	4	—	0	0	—	—	—	0	1	3	—
Ohio	—	0	3	6	12	—	0	1	1	1	—	0	0	—	2
Wisconsin	—	0	3	6	29	—	2	29	220	239	—	0	3	18	24
W.N. Central	1	2	13	111	141	—	0	261	8	7	—	0	30	12	16
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	1	—	0	261	—	3	—	0	30	—	3
Missouri	1	1	13	104	132	—	0	3	8	2	—	0	3	12	13
Nebraska§	—	0	1	1	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	2	4	19	207	219	—	1	7	49	14	—	0	1	4	2
Delaware	—	0	3	16	18	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	9	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	18	17	—	0	1	1	1	—	0	1	1	—
Maryland§	1	0	3	20	35	—	0	2	11	3	—	0	1	2	—
North Carolina	1	1	13	82	58	—	0	4	18	3	—	0	0	—	—
South Carolina§	—	0	2	3	9	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	60	72	—	0	2	12	2	—	0	1	1	2
West Virginia	—	0	0	—	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	75	113	—	0	2	16	3	—	0	2	6	22
Alabama§	—	0	3	10	6	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	11	10	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee§	—	1	10	51	91	—	0	2	8	2	—	0	2	6	22
W.S. Central	—	0	141	20	30	—	0	23	2	1	—	0	1	1	—
Arkansas§	—	0	34	2	4	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	14	24	—	0	16	2	1	—	0	0	—	—
Texas§	—	0	2	3	2	—	0	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	3	—	0	0	—	2	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
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 = 10.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th 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	244	345	666	12,739	13,636	3,255	5,372	6,656	195,468	224,382	33	59	171	2,128	2,172
New England	8	31	65	1,098	1,270	156	101	196	3,893	3,559	—	3	21	121	147
Connecticut	—	5	13	187	226	62	44	169	1,706	1,677	—	0	15	25	42
Maine§	7	4	12	159	170	3	3	11	128	102	—	0	2	10	17
Massachusetts	—	13	33	463	543	77	44	81	1,700	1,411	—	2	8	65	69
New Hampshire	—	3	9	113	152	2	3	7	111	81	—	0	2	8	8
Rhode Island§	—	1	7	35	42	12	5	13	202	257	—	0	1	7	7
Vermont§	1	4	14	141	137	—	0	17	46	31	—	0	1	6	4
Mid. Atlantic	44	60	112	2,179	2,507	717	674	941	25,676	23,071	3	11	34	417	431
New Jersey	—	6	13	193	329	102	102	161	3,980	3,514	—	2	7	67	101
New York (Upstate)	26	22	84	817	931	148	104	422	4,088	4,202	1	3	20	109	104
New York City	5	16	31	632	622	265	227	394	8,914	8,017	—	2	6	83	53
Pennsylvania	13	14	37	537	625	202	219	295	8,694	7,338	2	4	9	158	173
E.N. Central	30	52	82	2,018	2,156	248	955	1,536	34,050	47,675	3	9	20	354	338
Illinois	—	11	20	379	471	10	185	441	5,920	15,214	—	2	9	99	129
Indiana	—	5	14	191	213	—	89	217	3,798	5,636	—	1	6	67	61
Michigan	8	13	25	493	493	135	247	502	9,761	11,190	—	0	4	26	18
Ohio	19	16	23	611	600	57	316	372	11,231	11,759	3	2	6	90	76
Wisconsin	3	8	17	344	379	46	93	155	3,340	3,876	—	2	5	72	54
W.N. Central	21	26	165	1,072	1,209	114	272	367	9,901	11,049	3	3	24	126	124
Iowa	1	5	11	213	234	—	32	53	1,210	1,246	—	0	1	1	—
Kansas	5	4	10	170	119	6	39	83	1,407	1,892	—	0	2	12	13
Minnesota	—	0	135	136	250	—	40	62	1,395	1,733	—	0	17	25	43
Missouri	12	8	23	308	387	79	122	172	4,677	4,834	—	1	6	61	44
Nebraska§	2	4	9	165	129	27	22	50	847	996	2	0	2	17	19
North Dakota	1	0	8	19	8	—	2	11	94	92	1	0	4	10	5
South Dakota	—	2	10	61	82	2	6	16	271	256	—	0	0	—	—
S. Atlantic	70	75	143	2,785	2,648	872	1,290	1,651	48,005	55,949	16	14	27	578	598
Delaware	—	0	5	24	18	20	18	48	733	704	—	0	1	5	3
District of Columbia	—	1	4	23	51	44	38	65	1,405	2,025	—	0	1	2	3
Florida	54	39	87	1,564	1,401	197	378	471	14,684	15,889	4	3	9	134	182
Georgia	—	12	51	485	544	—	137	494	4,263	10,222	1	3	9	136	118
Maryland§	4	5	11	198	206	—	131	237	4,540	4,509	3	1	6	50	72
North Carolina	N	0	0	N	N	263	259	596	10,284	10,611	7	2	9	104	71
South Carolina§	—	2	9	109	75	205	153	234	6,060	6,349	—	2	7	66	57
Virginia§	12	9	36	355	319	133	164	271	5,662	5,260	—	2	4	63	68
West Virginia	—	1	5	27	34	10	8	20	374	380	1	0	5	18	24
E.S. Central	—	5	22	181	311	364	479	700	17,605	20,102	3	3	12	129	136
Alabama§	—	4	8	128	150	123	141	217	5,516	5,679	—	0	3	20	34
Kentucky	N	0	0	N	N	67	76	156	2,944	2,771	1	0	2	26	19
Mississippi	N	0	0	N	N	110	115	216	3,911	5,563	—	0	2	10	7
Tennessee§	—	2	18	53	161	64	145	196	5,234	6,089	2	2	10	73	76
W.S. Central	6	8	18	269	372	264	770	1,227	27,929	35,346	3	2	20	99	95
Arkansas§	5	2	9	89	102	129	73	139	2,558	3,340	—	0	3	13	15
Louisiana	1	3	9	117	152	—	0	343	910	7,038	—	0	3	17	16
Oklahoma	—	2	7	63	118	135	80	359	3,377	3,432	3	1	15	62	60
Texas§	N	0	0	N	N	—	571	962	21,084	21,536	—	0	2	7	4
Mountain	21	30	47	1,163	1,228	79	169	262	5,865	6,865	1	5	15	221	188
Arizona	—	3	6	110	154	16	55	109	1,608	2,276	—	2	10	83	61
Colorado	11	13	27	500	359	—	51	94	1,832	2,047	—	1	5	65	53
Idaho§	4	4	9	152	144	5	2	6	83	78	1	0	2	13	3
Montana§	2	2	11	78	97	—	2	6	80	56	—	0	1	2	1
Nevada§	1	1	11	76	90	23	28	94	1,253	1,346	—	0	2	6	14
New Mexico§	—	2	5	63	100	35	19	41	762	790	—	1	5	31	26
Utah	—	4	11	154	235	—	6	15	222	217	—	0	4	16	27
Wyoming§	3	1	5	30	49	—	1	4	25	55	—	0	2	5	3
Pacific	44	54	133	1,974	1,935	441	580	789	22,544	20,766	1	2	9	83	115
Alaska	—	2	5	69	85	—	23	37	919	710	—	0	2	17	13
California	29	33	61	1,254	1,266	390	483	693	19,147	17,085	—	0	4	12	39
Hawaii	2	0	4	24	16	—	14	24	514	468	1	0	2	6	27
Oregon	—	9	15	330	296	—	0	43	106	799	—	1	5	44	33
Washington	13	8	75	297	272	51	48	66	1,858	1,704	—	0	4	4	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	23	16	—	0	0	—	—
Puerto Rico	—	0	8	27	130	6	5	14	200	185	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	2	7	78	96	—	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 September 25, 2010, and September 26, 2009 (38th 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	29	30	69	1,097	1,488	33	60	204	2,218	2,441	7	15	44	595	546
New England	—	2	5	73	86	—	1	5	40	43	—	1	4	26	48
Connecticut	—	0	3	23	17	—	0	2	13	13	—	0	3	17	37
Maine†	—	0	1	7	1	—	0	2	11	9	—	0	1	—	1
Massachusetts	—	1	4	36	53	—	0	2	8	17	—	0	1	9	9
New Hampshire	—	0	1	1	7	—	0	2	6	4	N	0	0	N	N
Rhode Island†	—	0	4	6	6	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	0	—	1
Mid. Atlantic	3	4	10	142	215	1	5	10	211	258	1	2	6	79	77
New Jersey	—	0	3	11	57	—	1	5	52	78	—	0	2	7	5
New York (Upstate)	1	1	4	44	37	1	1	6	39	42	1	1	4	48	36
New York City	—	1	4	48	64	—	2	4	62	51	—	0	1	—	4
Pennsylvania	2	1	6	39	57	—	1	5	58	87	—	0	3	24	32
E.N. Central	6	4	8	144	231	3	8	17	345	333	—	2	8	96	69
Illinois	—	1	3	28	106	—	2	6	61	87	—	0	1	1	4
Indiana	—	0	2	15	15	—	1	5	44	54	—	0	2	21	14
Michigan	1	1	4	43	54	—	2	6	91	102	—	1	6	60	25
Ohio	5	0	5	35	33	—	2	6	79	72	—	0	1	8	23
Wisconsin	—	0	3	23	23	3	1	8	70	18	—	0	1	6	3
W.N. Central	3	1	13	60	88	2	2	15	84	105	1	0	11	15	14
Iowa	—	0	3	5	29	—	0	2	11	28	—	0	4	1	8
Kansas	—	0	2	10	7	—	0	2	5	5	1	0	0	1	1
Minnesota	—	0	12	13	14	—	0	13	6	17	—	0	9	6	2
Missouri	—	0	2	20	17	1	1	3	50	35	—	0	1	5	—
Nebraska†	3	0	4	12	18	1	0	2	11	17	—	0	1	2	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	0	—	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	9	7	14	266	317	11	16	40	638	678	1	4	8	133	123
Delaware	—	0	1	6	3	—	0	2	19	23	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	6	3	7	104	137	3	6	12	224	215	1	1	6	47	32
Georgia	—	1	3	30	36	2	2	7	107	115	—	0	2	6	29
Maryland†	—	1	4	21	35	—	1	6	46	60	—	0	2	19	17
North Carolina	1	0	5	43	34	5	1	15	75	89	—	1	3	35	17
South Carolina†	—	1	4	22	44	—	1	4	41	42	—	0	0	—	1
Virginia†	2	1	6	37	26	1	1	14	75	72	—	0	2	10	7
West Virginia	—	0	2	2	1	—	0	14	48	52	—	0	5	14	19
E.S. Central	—	1	3	32	33	3	7	13	250	244	3	3	7	107	76
Alabama†	—	0	1	5	8	—	1	5	43	70	—	0	2	5	5
Kentucky	—	0	2	13	8	2	2	8	90	57	3	2	5	74	45
Mississippi	—	0	1	2	8	—	1	3	24	22	U	0	0	U	U
Tennessee†	—	0	2	12	9	1	3	7	93	95	—	1	4	28	26
W.S. Central	3	2	19	90	144	5	10	109	347	428	1	1	14	53	43
Arkansas†	—	0	3	—	7	—	0	4	32	54	—	0	1	—	1
Louisiana	1	0	2	7	4	—	1	4	38	51	—	0	1	5	6
Oklahoma	—	0	3	—	3	2	1	19	71	75	1	0	12	19	12
Texas†	2	2	18	83	130	3	5	87	206	248	—	1	3	29	24
Mountain	3	3	8	116	125	1	2	8	90	105	—	1	5	37	37
Arizona	3	1	5	55	54	—	0	2	22	37	U	0	0	U	U
Colorado	—	1	3	25	41	1	0	3	20	20	—	0	2	6	23
Idaho†	—	0	2	6	3	—	0	1	6	10	—	0	2	8	2
Montana†	—	0	1	4	6	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	12	9	—	1	3	33	25	—	0	1	3	3
New Mexico†	—	0	1	3	7	—	0	1	3	5	—	0	2	10	5
Utah	—	0	2	8	3	—	0	1	5	4	—	0	2	10	3
Wyoming†	—	0	3	3	2	—	0	0	—	4	—	0	0	—	—
Pacific	2	5	16	174	249	7	6	20	213	247	—	1	6	49	59
Alaska	—	0	1	1	2	—	0	1	2	2	U	0	2	U	U
California	2	4	15	141	196	5	4	17	147	177	—	0	4	21	31
Hawaii	—	0	2	2	8	—	0	1	1	5	U	0	0	U	U
Oregon	—	0	2	15	12	—	1	4	30	30	—	0	3	10	15
Washington	—	0	2	15	31	2	1	4	33	33	—	0	6	18	13
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	14	4	—	1	6	33	48	—	0	6	27	37
Puerto Rico	—	0	1	3	20	—	0	5	10	21	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th 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	31	60	111	2,146	2,492	191	416	2,336	19,642	30,543	16	25	89	1,001	1,044
New England	1	3	11	144	160	37	123	415	5,580	10,661	1	1	4	52	47
Connecticut	—	0	4	31	45	1	38	194	1,929	3,675	—	0	1	1	5
Maine†	—	0	2	9	6	36	12	76	542	652	—	0	1	5	2
Massachusetts	—	1	7	77	80	—	40	161	1,876	4,628	—	1	3	37	29
New Hampshire	—	0	5	13	11	—	22	61	929	1,166	—	0	1	2	4
Rhode Island†	—	0	3	5	11	—	0	11	45	201	—	0	1	4	4
Vermont†	1	0	2	9	7	—	4	26	259	339	1	0	1	3	3
Mid. Atlantic	11	16	41	543	918	89	176	677	9,405	13,252	3	7	17	271	307
New Jersey	—	2	8	52	171	1	44	180	2,313	4,357	—	0	4	1	80
New York (Upstate)	3	5	19	183	271	55	55	577	2,265	3,071	2	1	6	59	38
New York City	—	2	12	91	189	—	2	31	37	875	1	4	14	171	146
Pennsylvania	8	6	16	217	287	33	74	367	4,790	4,949	—	1	3	40	43
E.N. Central	6	11	35	484	533	1	21	148	1,487	2,633	2	2	9	105	141
Illinois	—	1	10	76	93	—	1	12	80	129	—	1	7	33	59
Indiana	1	2	6	79	45	—	1	7	63	74	—	0	2	7	20
Michigan	—	3	19	119	118	—	1	14	89	86	1	0	4	25	22
Ohio	5	4	12	166	215	1	0	5	23	41	1	0	5	32	31
Wisconsin	—	1	11	44	62	—	18	127	1,232	2,303	—	0	1	8	9
W.N. Central	—	2	19	83	87	1	3	1,395	98	193	1	1	11	55	45
Iowa	—	0	2	11	20	—	0	10	69	101	—	0	2	9	10
Kansas	—	0	2	7	5	—	0	1	5	17	—	0	2	9	6
Minnesota	—	0	16	23	8	—	0	1,380	—	68	—	0	11	3	13
Missouri	—	0	4	25	42	—	0	1	1	3	—	0	3	17	9
Nebraska†	—	0	2	8	10	—	0	2	9	3	1	0	2	15	6
North Dakota	—	0	1	4	1	1	0	15	13	—	—	0	1	—	—
South Dakota	—	0	1	5	1	—	0	1	1	1	—	0	2	2	1
S. Atlantic	5	11	26	389	384	54	59	163	2,772	3,448	4	6	36	262	275
Delaware	—	0	3	13	13	4	12	31	502	810	—	0	1	2	4
District of Columbia	—	0	4	12	17	—	0	4	18	51	—	0	3	7	12
Florida	4	4	10	136	129	1	2	11	74	59	4	2	7	97	76
Georgia	1	1	4	35	38	—	0	2	8	36	—	0	2	3	58
Maryland†	—	3	12	85	94	24	25	73	1,140	1,702	—	1	19	62	58
North Carolina	—	1	7	40	43	1	1	9	71	83	—	0	13	35	21
South Carolina†	—	0	2	9	7	—	1	3	26	28	—	0	1	3	3
Virginia†	—	1	6	49	37	24	15	79	844	580	—	1	5	51	41
West Virginia	—	0	3	10	6	—	0	33	89	99	—	0	2	2	2
E.S. Central	1	2	10	97	102	—	1	4	38	29	—	0	3	23	28
Alabama†	—	0	2	12	13	—	0	1	2	2	—	0	1	5	8
Kentucky	1	0	4	22	40	—	0	1	3	1	—	0	3	6	8
Mississippi	—	0	3	9	4	—	0	0	—	—	—	0	2	2	3
Tennessee†	—	1	6	54	45	—	1	4	33	26	—	0	2	10	9
W.S. Central	—	3	14	95	79	—	3	44	73	155	2	1	31	62	49
Arkansas†	—	0	2	11	7	—	0	0	—	—	—	0	1	1	3
Louisiana	—	0	3	5	8	—	0	1	2	—	—	0	1	2	5
Oklahoma	—	0	4	11	3	—	0	2	—	—	—	0	1	5	1
Texas†	—	2	10	68	61	—	3	42	71	155	2	1	30	54	40
Mountain	2	3	10	119	99	—	0	3	19	47	—	1	3	45	43
Arizona	1	1	5	39	35	—	0	1	4	4	—	0	2	20	8
Colorado	1	1	5	27	15	—	0	1	2	1	—	0	2	14	24
Idaho†	—	0	1	5	4	—	0	1	5	13	—	0	1	1	2
Montana†	—	0	1	4	5	—	0	1	1	3	—	0	1	2	5
Nevada†	—	0	2	18	11	—	0	1	—	12	—	0	1	4	—
New Mexico†	—	0	2	6	6	—	0	2	5	4	—	0	1	1	—
Utah	—	0	3	15	20	—	0	1	2	8	—	0	1	3	4
Wyoming†	—	0	2	5	3	—	0	1	—	2	—	0	0	—	—
Pacific	5	5	19	192	130	9	4	10	170	125	3	3	19	126	109
Alaska	—	0	2	2	1	—	0	1	4	5	—	0	1	2	2
California	5	3	19	165	99	9	3	8	116	79	3	2	13	86	79
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	10	12	—	1	3	43	31	—	0	1	9	11
Washington	—	0	4	14	17	—	0	3	7	10	—	0	5	28	16
Territories															
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	—	1	N	0	0	N	N	—	0	1	2	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* 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 September 25, 2010, and September 26, 2009 (38th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	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	7	16	43	545	702	250	289	1,756	12,642	11,609	32	71	145	2,585	4,006
New England	—	0	2	13	26	1	8	20	322	512	1	4	24	174	246
Connecticut	—	0	2	2	3	1	1	8	80	39	—	0	22	59	101
Maine§	—	0	1	3	4	—	0	5	33	73	—	1	4	47	41
Massachusetts	—	0	1	3	12	—	4	11	164	294	—	0	0	—	—
New Hampshire	—	0	1	—	2	—	0	3	12	63	—	0	5	11	25
Rhode Island§	—	0	0	—	4	—	0	8	22	34	—	0	2	14	35
Vermont§	—	0	1	5	1	—	0	4	11	9	1	1	5	43	44
Mid. Atlantic	—	1	4	45	78	30	22	63	948	882	7	17	41	771	463
New Jersey	—	0	2	9	13	—	3	8	76	180	—	0	0	—	—
New York (Upstate)	—	0	3	9	17	20	7	27	353	150	7	9	22	396	350
New York City	—	0	2	12	13	—	0	11	49	63	—	2	12	112	13
Pennsylvania	—	0	2	15	35	10	9	39	470	489	—	5	24	263	100
E.N. Central	1	3	8	94	126	35	68	164	3,198	2,441	2	2	38	256	205
Illinois	—	0	4	17	33	—	11	29	505	530	1	1	22	157	77
Indiana	—	0	3	21	28	—	9	26	413	274	—	0	0	—	25
Michigan	—	0	2	13	18	9	22	48	900	630	—	1	5	56	61
Ohio	1	1	2	24	29	26	20	69	1,093	869	1	0	12	43	42
Wisconsin	—	0	2	19	18	—	6	15	287	138	—	0	0	—	—
W.N. Central	—	1	6	39	54	18	26	627	1,366	1,694	3	5	16	195	309
Iowa	—	0	3	8	7	—	6	25	302	178	—	0	2	7	27
Kansas	—	0	2	6	10	—	3	9	115	193	1	1	4	52	64
Minnesota	—	0	2	2	10	12	0	601	480	336	—	0	9	26	45
Missouri	—	0	3	16	19	3	8	25	260	820	2	1	6	58	55
Nebraska§	—	0	2	5	5	3	2	13	146	115	—	1	4	43	71
North Dakota	—	0	1	2	1	—	0	30	38	17	—	0	7	9	4
South Dakota	—	0	2	—	2	—	1	5	25	35	—	0	2	—	43
S. Atlantic	—	3	7	106	128	16	26	77	1,088	1,275	17	22	85	826	1,685
Delaware	—	0	1	1	2	—	0	4	9	12	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	4	4	—	0	0	—	—
Florida	—	1	5	49	41	8	5	28	240	420	—	0	72	72	161
Georgia	—	0	2	9	25	—	3	18	172	190	—	0	13	—	312
Maryland§	—	0	1	5	8	—	2	8	84	107	11	6	13	276	311
North Carolina	—	0	2	14	25	—	1	32	124	159	—	0	15	—	382
South Carolina§	—	0	1	9	11	5	5	19	269	203	—	0	0	—	—
Virginia§	—	0	2	17	11	—	4	15	138	156	5	10	26	421	429
West Virginia	—	0	2	2	5	3	1	8	48	24	1	1	6	57	90
E.S. Central	1	1	4	28	25	10	13	29	547	652	—	3	7	120	116
Alabama§	—	0	2	5	7	1	4	8	149	253	—	0	4	38	—
Kentucky	1	0	2	13	4	7	4	13	191	191	—	0	4	16	38
Mississippi	—	0	1	3	3	—	1	6	48	55	—	0	1	1	4
Tennessee§	—	0	2	7	11	2	4	10	159	153	—	1	4	65	74
W.S. Central	1	1	9	64	65	71	58	753	2,115	2,423	—	1	40	61	687
Arkansas§	—	0	2	5	6	—	4	29	119	280	—	0	10	21	38
Louisiana	—	0	4	12	13	—	1	4	24	129	—	0	0	—	—
Oklahoma	—	0	7	14	8	7	0	41	49	37	—	0	30	40	21
Texas§	1	1	7	33	38	64	49	681	1,923	1,977	—	0	30	—	628
Mountain	—	1	6	44	50	29	22	41	889	737	2	1	8	61	86
Arizona	—	0	2	11	12	2	7	14	279	179	—	0	5	—	—
Colorado	—	0	4	13	15	9	3	13	151	183	—	0	0	—	—
Idaho§	—	0	2	7	6	13	2	19	154	66	1	0	2	10	7
Montana§	—	0	1	1	5	—	1	12	51	37	—	0	3	15	24
Nevada§	—	0	1	8	4	4	0	7	26	23	—	0	1	4	6
New Mexico§	—	0	1	3	3	—	2	9	80	54	1	0	3	10	21
Utah	—	0	1	1	1	—	4	10	138	173	—	0	2	2	9
Wyoming§	—	0	1	—	4	1	0	2	10	22	—	0	4	20	19
Pacific	4	3	16	112	150	40	34	186	2,169	993	—	3	12	121	209
Alaska	—	0	1	1	6	—	0	6	28	36	—	0	2	12	11
California	4	1	13	74	97	—	22	163	1,587	490	—	2	12	99	187
Hawaii	—	0	1	1	5	—	0	6	37	33	—	0	0	—	—
Oregon	—	1	3	24	29	—	5	16	247	213	—	0	2	10	11
Washington	—	0	7	12	13	40	4	24	270	221	—	0	0	—	—
Territories															
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	33	31
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th 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	945	902	1,662	34,682	35,236	71	80	201	3,305	3,421	179	257	527	9,750	11,942
New England	2	29	380	1,679	1,830	—	3	43	150	205	—	5	53	249	286
Connecticut	—	0	364	364	430	—	0	43	43	67	—	0	47	47	43
Maine§	1	2	7	91	107	—	0	2	14	14	—	0	2	5	5
Massachusetts	—	21	48	945	899	—	2	8	62	75	—	4	16	179	197
New Hampshire	—	3	10	130	227	—	0	2	17	28	—	0	2	8	16
Rhode Island§	—	2	17	97	112	—	0	26	2	1	—	0	3	9	20
Vermont§	1	1	5	52	55	—	0	2	12	20	—	0	1	1	5
Mid. Atlantic	64	97	209	4,203	4,198	5	8	30	382	332	12	34	53	1,259	2,289
New Jersey	—	18	50	738	897	—	1	4	40	81	—	6	16	255	502
New York (Upstate)	36	24	78	1,078	978	3	3	15	150	104	8	4	19	173	171
New York City	2	25	56	1,001	967	—	1	7	57	50	—	6	13	228	352
Pennsylvania	26	29	80	1,386	1,356	2	2	13	135	97	4	17	35	603	1,264
E.N. Central	33	82	234	3,808	4,053	1	11	35	545	588	8	25	236	1,239	2,123
Illinois	—	26	113	1,287	1,148	—	2	8	85	141	—	8	228	646	493
Indiana	—	10	53	369	475	—	1	8	61	73	—	1	5	31	57
Michigan	5	15	41	686	770	—	3	16	139	112	1	4	9	178	183
Ohio	28	24	47	1,023	1,114	1	3	11	116	106	5	6	23	244	949
Wisconsin	—	10	43	443	546	—	3	13	144	156	2	4	10	140	441
W.N. Central	49	45	97	1,865	2,086	10	10	39	484	590	16	48	88	1,715	732
Iowa	3	7	35	396	325	—	2	16	132	135	—	1	5	41	47
Kansas	8	7	19	340	319	—	1	6	51	49	1	4	14	194	162
Minnesota	—	1	32	178	450	—	0	14	31	156	—	0	5	14	62
Missouri	32	12	44	627	507	7	3	27	191	110	13	42	75	1,430	429
Nebraska§	4	4	13	182	289	3	1	6	58	74	2	0	4	29	25
North Dakota	2	0	39	31	35	—	0	7	—	4	—	0	5	—	3
South Dakota	—	3	8	111	161	—	0	4	21	62	—	0	2	7	4
S. Atlantic	411	267	565	10,096	9,660	8	13	30	507	502	47	40	85	1,722	1,835
Delaware	—	3	11	125	94	—	0	2	4	11	—	1	10	37	91
District of Columbia	—	1	4	52	75	—	0	1	5	2	—	0	4	20	19
Florida	220	127	277	4,230	4,177	7	4	13	177	124	26	13	49	751	343
Georgia	58	40	128	1,788	1,766	—	1	15	77	53	6	13	32	521	482
Maryland§	20	15	52	768	580	1	2	6	67	72	2	3	8	92	316
North Carolina	76	29	144	1,181	1,368	—	1	7	45	86	9	2	17	131	332
South Carolina§	26	20	78	1,023	686	—	0	3	16	25	4	1	5	55	95
Virginia§	11	18	68	786	756	—	2	15	100	110	—	3	15	106	151
West Virginia	—	3	16	143	158	—	0	5	16	19	—	0	8	9	6
E.S. Central	38	51	159	2,441	2,287	4	4	11	181	167	3	12	40	498	632
Alabama§	—	14	42	570	648	—	1	4	36	39	—	3	10	107	117
Kentucky	19	8	29	412	360	—	1	6	45	57	2	4	28	187	155
Mississippi	—	14	63	760	695	—	0	2	12	6	—	1	4	34	38
Tennessee§	19	14	47	699	584	4	2	7	88	65	1	4	11	170	322
W.S. Central	166	115	547	4,026	4,046	7	5	68	204	222	44	47	251	1,735	2,238
Arkansas§	37	10	39	542	458	—	1	5	42	30	6	1	9	46	247
Louisiana	6	21	47	816	844	—	0	2	12	20	1	4	13	180	151
Oklahoma	27	10	46	471	473	3	0	27	18	23	6	6	96	215	218
Texas§	96	73	477	2,197	2,271	4	3	41	132	149	31	35	144	1,294	1,622
Mountain	27	49	105	1,981	2,335	12	9	31	427	452	16	15	32	549	901
Arizona	11	18	42	677	786	2	1	5	49	49	6	8	25	290	649
Colorado	8	10	23	429	494	5	2	18	149	139	4	2	6	86	75
Idaho§	1	3	9	120	142	4	1	7	65	72	—	0	3	20	7
Montana§	—	2	7	70	90	1	0	5	31	27	—	0	1	6	11
Nevada§	6	4	20	233	201	—	0	5	28	28	6	0	7	34	54
New Mexico§	—	5	15	204	295	—	1	5	32	30	—	2	9	84	88
Utah	—	5	18	212	256	—	1	7	60	95	—	0	4	29	15
Wyoming§	1	1	9	36	71	—	0	2	13	12	—	0	2	—	2
Pacific	155	115	299	4,583	4,741	24	9	46	425	363	33	20	64	784	906
Alaska	—	1	5	65	55	—	0	1	2	1	—	0	2	1	2
California	110	84	227	3,461	3,528	16	5	35	188	180	29	16	51	648	726
Hawaii	9	4	14	138	257	—	0	4	18	4	—	0	3	13	31
Oregon	—	8	48	400	337	—	2	11	71	60	—	1	4	39	42
Washington	36	14	61	519	564	8	3	19	146	118	4	1	22	83	105
Territories															
American Samoa	—	1	1	2	—	—	0	0	—	—	—	1	1	2	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	4	9	—	0	0	—	—	—	0	3	1	7
Puerto Rico	—	5	39	156	416	—	0	0	—	—	—	0	1	—	11
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 *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 September 25, 2010, and September 26, 2009 (38th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	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	3	2	12	121	123	17	16	421	1,084	1,136
New England	—	0	0	—	2	—	0	1	1	9
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	1	—	5
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	15	11	—	1	4	43	86
New Jersey	—	0	0	—	2	—	0	2	—	55
New York (Upstate)	—	0	1	2	—	—	0	3	12	12
New York City	—	0	1	1	1	—	0	4	21	6
Pennsylvania	—	0	2	12	8	—	0	1	10	13
E.N. Central	—	0	1	2	8	2	0	8	73	79
Illinois	—	0	0	—	1	—	0	5	22	47
Indiana	—	0	1	2	3	2	0	5	38	10
Michigan	—	0	1	—	3	—	0	2	3	1
Ohio	—	0	0	—	—	—	0	2	9	17
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	4	14	17	5	2	20	233	241
Iowa	—	0	0	—	1	—	0	1	4	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	1	—	1
Missouri	—	0	4	11	7	5	2	19	224	232
Nebraska§	—	0	1	1	7	—	0	1	4	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	2	1	9	62	59	6	5	59	367	338
Delaware	—	0	1	1	—	—	0	3	15	16
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	1	0	1	3	—	1	0	1	8	5
Georgia	1	0	6	41	47	—	0	0	—	—
Maryland§	—	0	1	2	3	1	0	4	33	34
North Carolina	—	0	3	11	6	2	1	48	204	220
South Carolina§	—	0	1	1	3	—	0	2	10	15
Virginia§	—	0	2	3	—	2	1	10	97	46
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	1	0	3	16	7	3	3	28	299	235
Alabama§	—	0	1	4	3	—	1	8	55	58
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	8	9
Tennessee§	1	0	2	6	3	3	3	20	236	168
W.S. Central	—	0	3	4	6	1	1	408	59	125
Arkansas§	—	0	1	—	—	—	0	110	20	62
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	5	—	0	287	21	43
Texas§	—	0	1	1	1	1	0	11	16	18
Mountain	—	0	2	2	12	—	0	2	8	23
Arizona	—	0	2	—	6	—	0	1	2	11
Colorado	—	0	0	—	1	—	0	1	1	—
Idaho§	—	0	0	—	—	—	0	1	2	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	1	1	1
Wyoming§	—	0	0	—	1	—	0	0	—	2
Pacific	—	0	2	6	1	—	0	1	1	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	5	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	1	1	—
Washington	—	0	0	—	—	—	0	0	—	—
Territories										
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 25, 2010, and September 26, 2009 (38th 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	110	190	494	10,456	2,198	16	51	156	1,629	1,701	112	237	413	8,334	10,413
New England	3	7	99	571	40	1	1	24	77	52	3	8	22	330	236
Connecticut	—	0	92	254	—	—	0	22	24	—	—	1	10	69	44
Maine§	2	2	6	91	11	1	0	2	8	4	2	0	3	21	2
Massachusetts	—	0	5	54	3	—	1	4	37	36	1	5	15	196	167
New Hampshire	—	0	7	59	—	—	0	2	3	8	—	0	1	14	13
Rhode Island§	—	0	35	54	15	—	0	2	2	1	—	0	4	28	10
Vermont§	1	1	6	59	11	—	0	1	3	3	—	0	2	2	—
Mid. Atlantic	6	18	54	908	139	4	7	48	253	221	33	33	45	1,260	1,327
New Jersey	—	1	8	81	—	—	1	5	41	42	6	4	12	171	171
New York (Upstate)	2	3	12	120	57	2	3	19	86	96	2	2	11	102	90
New York City	1	5	25	345	8	—	1	24	84	70	19	18	31	718	814
Pennsylvania	3	6	22	362	74	2	0	5	42	13	6	7	16	269	252
E.N. Central	22	31	98	2,092	497	2	8	18	262	282	2	26	46	957	1,147
Illinois	—	1	7	70	—	—	2	5	63	44	—	11	23	319	558
Indiana	—	7	23	422	197	—	1	6	37	59	—	3	13	132	120
Michigan	4	7	27	496	20	—	2	6	60	51	—	3	12	155	175
Ohio	18	14	49	862	280	2	2	6	70	96	2	8	16	321	259
Wisconsin	—	5	22	242	—	—	1	4	32	32	—	1	3	30	35
W.N. Central	10	8	182	602	143	2	2	12	108	137	3	5	16	225	241
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	9	19
Kansas	1	1	7	74	47	—	0	2	12	15	—	0	3	13	27
Minnesota	—	0	179	287	35	—	0	10	44	61	1	1	9	85	56
Missouri	3	2	10	86	51	2	0	3	30	39	2	3	9	111	131
Nebraska§	2	1	7	97	1	—	0	2	13	10	—	0	1	6	5
North Dakota	4	0	11	44	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	14	2	—	0	2	7	8	—	0	1	1	—
S. Atlantic	28	43	144	2,444	985	4	12	28	409	407	38	54	218	1,985	2,496
Delaware	—	0	3	27	16	—	0	2	—	1	—	0	2	4	24
District of Columbia	—	0	4	21	17	—	0	2	7	3	4	2	8	99	133
Florida	13	20	89	1,118	575	3	3	18	151	143	3	19	38	722	776
Georgia	6	11	28	412	286	1	4	12	113	109	—	10	167	371	598
Maryland§	6	6	25	354	4	—	1	6	41	62	—	6	11	191	216
North Carolina	—	0	0	—	—	—	0	0	—	—	19	7	31	282	422
South Carolina§	3	6	25	379	—	—	1	4	40	37	—	2	7	103	94
Virginia§	—	0	4	43	—	—	1	4	41	34	12	4	22	210	229
West Virginia	—	1	21	90	87	—	0	4	16	18	—	0	2	3	4
E.S. Central	6	20	50	933	208	—	2	8	92	108	10	18	39	653	857
Alabama§	—	0	0	—	—	—	0	0	—	—	1	5	12	173	339
Kentucky	2	2	16	146	56	—	0	2	13	7	5	2	13	97	49
Mississippi	—	1	6	43	38	—	0	2	9	20	4	5	17	160	157
Tennessee§	4	13	44	744	114	—	2	7	70	81	—	5	17	223	312
W.S. Central	15	18	91	1,355	94	2	5	41	218	253	3	33	63	1,084	2,117
Arkansas§	3	2	9	126	44	2	0	3	13	34	3	3	13	116	183
Louisiana	1	1	8	65	50	—	0	3	19	20	—	0	21	64	615
Oklahoma	—	0	5	38	—	—	1	5	38	46	—	1	6	55	72
Texas§	11	15	83	1,126	—	—	3	34	148	153	—	25	42	849	1,247
Mountain	19	20	82	1,327	89	1	5	12	182	216	5	8	20	320	406
Arizona	4	8	51	614	—	—	2	7	78	98	1	3	7	93	185
Colorado	14	6	20	394	—	1	1	4	52	31	—	2	5	80	74
Idaho§	—	0	2	11	—	—	0	2	5	7	—	0	1	2	3
Montana§	—	0	2	14	—	—	0	1	1	—	—	0	1	1	—
Nevada§	—	1	4	57	35	—	0	1	5	7	4	1	9	80	77
New Mexico§	1	2	9	118	—	—	0	4	14	24	—	1	4	33	41
Utah	—	2	9	110	45	—	1	4	24	48	—	1	4	31	23
Wyoming§	—	0	1	9	9	—	0	1	3	1	—	0	0	—	3
Pacific	1	4	14	224	3	—	0	7	28	25	15	39	60	1,520	1,586
Alaska	—	1	9	86	—	—	0	5	18	16	—	0	1	1	—
California	1	3	12	138	—	—	0	2	10	—	7	36	55	1,334	1,407
Hawaii	—	0	0	—	3	—	0	1	—	9	—	0	3	27	26
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	42
Washington	—	0	0	—	—	—	0	0	—	—	8	3	10	152	111
Territories															
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	4	15	170	168
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 September 25, 2010, and September 26, 2009 (38th 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	175	325	549	10,398	15,903	1	0	58	321	366	—	1	36	226	318
New England	2	15	36	483	806	—	0	3	9	—	—	0	1	1	—
Connecticut	—	6	20	224	386	—	0	2	6	—	—	0	1	1	—
Maine§	—	3	15	130	154	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	2	3	—	—	0	0	—	—
New Hampshire	2	2	8	95	155	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	1	12	22	28	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	10	12	80	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	21	33	62	1,174	1,589	—	0	17	85	8	—	0	6	33	1
New Jersey	—	9	30	412	326	—	0	3	11	3	—	0	3	6	—
New York (Upstate)	N	0	0	N	N	—	0	9	37	3	—	0	6	19	1
New York City	—	0	0	—	—	—	0	7	28	2	—	0	4	5	—
Pennsylvania	21	21	41	762	1,263	—	0	3	9	—	—	0	1	3	—
E.N. Central	39	108	176	3,456	4,925	—	0	7	31	9	—	0	4	11	4
Illinois	1	26	49	899	1,208	—	0	6	14	5	—	0	2	4	—
Indiana§	5	6	35	323	370	—	0	1	1	2	—	0	2	4	2
Michigan	6	35	62	1,030	1,394	—	0	4	15	1	—	0	1	1	—
Ohio	20	28	56	944	1,492	—	0	1	1	—	—	0	1	1	2
Wisconsin	7	7	22	260	461	—	0	0	—	1	—	0	1	1	—
W.N. Central	7	14	40	570	1,038	—	0	7	25	26	—	0	8	55	70
Iowa	N	0	0	N	N	—	0	1	1	—	—	0	1	2	5
Kansas§	1	6	22	210	436	—	0	1	1	4	—	0	2	5	8
Minnesota	—	0	0	—	—	—	0	1	3	1	—	0	1	—	2
Missouri	6	6	23	303	504	—	0	1	4	4	—	0	1	—	1
Nebraska§	N	0	0	N	N	—	0	3	10	11	—	0	7	26	39
North Dakota	—	0	26	32	57	—	0	2	2	—	—	0	1	6	1
South Dakota	—	0	7	25	41	—	0	2	4	6	—	0	3	16	14
S. Atlantic	51	38	99	1,626	2,007	—	0	4	20	15	—	0	3	8	2
Delaware§	—	0	4	21	11	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	15	26	—	0	0	—	2	—	0	0	—	—
Florida§	30	15	57	813	960	—	0	2	6	1	—	0	1	1	1
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	2	6	—
Maryland§	N	0	0	N	N	—	0	3	8	—	—	0	1	1	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	35	75	93	—	0	0	—	3	—	0	0	—	—
Virginia§	8	11	34	367	558	—	0	1	2	5	—	0	0	—	—
West Virginia	13	8	26	335	359	—	0	0	—	—	—	0	0	—	—
E.S. Central	5	6	28	222	422	—	0	1	3	35	—	0	2	7	26
Alabama§	5	6	27	215	418	—	0	1	1	—	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	0	—	3	—	0	1	1	—
Mississippi	—	0	2	7	4	—	0	1	2	28	—	0	2	3	21
Tennessee§	N	0	0	N	N	—	0	0	—	4	—	0	1	1	5
W.S. Central	34	54	285	2,061	3,969	1	0	9	41	112	—	0	3	11	33
Arkansas§	—	3	32	122	410	—	0	3	3	6	—	0	0	—	—
Louisiana	—	1	5	40	114	1	0	3	12	10	—	0	1	6	9
Oklahoma	N	0	0	N	N	—	0	1	—	7	—	0	0	—	2
Texas§	34	47	272	1,899	3,445	—	0	9	26	89	—	0	2	5	22
Mountain	16	21	37	767	1,060	—	0	11	77	76	—	0	10	80	118
Arizona	—	0	0	—	—	—	0	10	58	12	—	0	9	43	7
Colorado§	14	8	19	314	408	—	0	4	10	35	—	0	6	28	65
Idaho§	N	0	0	N	N	—	0	0	—	9	—	0	2	1	27
Montana§	2	3	17	160	126	—	0	0	—	2	—	0	0	—	3
Nevada§	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico§	—	2	8	83	97	—	0	3	8	6	—	0	2	3	2
Utah	—	6	22	197	429	—	0	0	—	1	—	0	0	—	1
Wyoming§	—	0	3	13	—	—	0	1	1	4	—	0	1	3	8
Pacific	—	1	5	39	87	—	0	6	30	85	—	0	4	20	64
Alaska	—	0	5	31	53	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	6	30	58	—	0	4	20	42
Hawaii	—	0	2	8	34	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	1	—	0	0	—	10
Washington	N	0	0	N	N	—	0	0	—	26	—	0	0	—	12
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	12	19	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	5	30	207	427	—	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 September 25, 2010 (38th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	489	323	121	24	12	9	44
Boston, MA	150	89	46	7	4	4	20
Bridgeport, CT	33	24	4	2	2	1	4
Cambridge, MA	10	8	—	2	—	—	1
Fall River, MA	12	9	3	—	—	—	1
Hartford, CT	41	30	8	2	1	—	3
Lowell, MA	25	19	3	3	—	—	2
Lynn, MA	11	9	2	—	—	—	2
New Bedford, MA	26	20	6	—	—	—	5
New Haven, CT	24	11	7	5	1	—	1
Providence, RI	46	31	11	2	1	1	3
Somerville, MA	2	2	—	—	—	—	—
Springfield, MA	36	20	13	—	2	1	—
Waterbury, CT	18	12	6	—	—	—	2
Worcester, MA	55	39	12	1	1	2	—
Mid. Atlantic	2,005	1,399	422	113	32	39	98
Albany, NY	40	31	8	1	—	—	—
Allentown, PA	27	21	5	1	—	—	1
Buffalo, NY	70	50	11	6	3	—	5
Camden, NJ	29	13	12	2	—	2	2
Elizabeth, NJ	21	13	6	1	1	—	—
Erie, PA	40	31	7	1	—	1	4
Jersey City, NJ	22	17	4	1	—	—	3
New York City, NY	966	705	182	51	14	14	48
Newark, NJ	34	11	16	5	—	2	—
Paterson, NJ	14	9	3	1	1	—	—
Philadelphia, PA	350	210	81	31	11	17	8
Pittsburgh, PA§	40	26	14	—	—	—	2
Reading, PA	37	28	7	2	—	—	5
Rochester, NY	141	109	27	3	—	2	12
Schenectady, NY	19	14	3	—	2	—	1
Scranton, PA	33	22	9	2	—	—	1
Syracuse, NY	68	50	14	3	—	1	5
Trenton, NJ	28	17	9	2	—	—	—
Utica, NY	12	12	—	—	—	—	—
Yonkers, NY	14	10	4	—	—	—	1
E.N. Central	1,778	1,230	404	82	31	31	105
Akron, OH	49	31	11	3	1	3	4
Canton, OH	42	31	8	3	—	—	2
Chicago, IL	196	125	58	10	3	—	11
Cincinnati, OH	81	55	16	5	2	3	8
Cleveland, OH	241	181	43	12	3	2	14
Columbus, OH	160	103	44	7	6	—	10
Dayton, OH	115	88	17	5	4	1	8
Detroit, MI	160	86	49	13	4	8	5
Evansville, IN	36	28	7	—	1	—	1
Fort Wayne, IN	58	39	15	3	1	—	3
Gary, IN	11	9	2	—	—	—	—
Grand Rapids, MI	57	43	10	2	1	1	5
Indianapolis, IN	184	130	44	4	2	4	14
Lansing, MI	41	28	10	2	—	1	2
Milwaukee, WI	76	51	17	5	—	3	5
Peoria, IL	50	33	14	1	—	2	6
Rockford, IL	55	41	8	3	2	1	2
South Bend, IN	35	31	3	1	—	—	1
Toledo, OH	84	57	22	3	1	1	4
Youngstown, OH	47	40	6	—	—	1	—
W.N. Central	684	435	181	35	17	16	36
Des Moines, IA	78	53	21	2	1	1	3
Duluth, MN	25	22	2	1	—	—	2
Kansas City, KS	29	20	8	1	—	—	—
Kansas City, MO	91	57	21	4	5	4	5
Lincoln, NE	38	27	8	1	2	—	2
Minneapolis, MN	63	38	15	5	4	1	5
Omaha, NE	96	72	21	—	—	3	7
St. Louis, MO	128	57	47	14	4	6	5
St. Paul, MN	56	37	16	2	—	1	4
Wichita, KS	80	52	22	5	1	—	3
S. Atlantic	1,089	715	264	62	24	24	58
Atlanta, GA	116	66	41	7	2	—	9
Baltimore, MD	113	75	24	6	2	6	10
Charlotte, NC	99	69	24	2	3	1	7
Jacksonville, FL	143	101	30	7	2	3	5
Miami, FL	102	72	18	9	3	—	4
Norfolk, VA	48	38	4	2	1	3	1
Richmond, VA	69	39	21	6	1	2	1
Savannah, GA	68	50	16	1	—	1	4
St. Petersburg, FL	52	33	12	3	2	2	1
Tampa, FL	206	131	54	12	3	6	10
Washington, D.C.	57	33	15	4	5	—	5
Wilmington, DE	16	8	5	3	—	—	1
E.S. Central	847	546	221	41	15	24	74
Birmingham, AL	143	92	36	7	3	5	13
Chattanooga, TN	80	57	19	3	1	—	9
Knoxville, TN	106	61	35	7	2	1	4
Lexington, KY	85	54	24	2	1	4	6
Memphis, TN	186	116	50	11	2	7	12
Mobile, AL	65	47	13	2	2	1	7
Montgomery, AL	45	29	12	2	1	1	10
Nashville, TN	137	90	32	7	3	5	13
W.S. Central	1,116	722	257	82	36	19	61
Austin, TX	86	59	18	5	3	1	2
Baton Rouge, LA	71	53	12	3	3	—	—
Corpus Christi, TX	55	32	14	6	2	1	3
Dallas, TX	191	95	58	26	9	3	10
El Paso, TX	101	67	23	4	6	1	6
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	101	62	28	4	2	5	5
Little Rock, AR	86	57	19	8	1	1	4
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	217	150	42	17	6	2	16
Shreveport, LA	95	64	21	4	3	3	7
Tulsa, OK	113	83	22	5	1	2	8
Mountain	1,041	695	226	64	30	20	52
Albuquerque, NM	68	57	10	—	1	—	7
Boise, ID	64	50	12	1	1	—	1
Colorado Springs, CO	56	39	8	4	3	2	—
Denver, CO	92	64	18	6	1	3	6
Las Vegas, NV	257	171	64	17	2	3	16
Ogden, UT	23	18	4	1	—	—	1
Phoenix, AZ	170	84	48	17	10	10	11
Pueblo, CO	34	23	7	3	1	—	—
Salt Lake City, UT	119	80	24	6	7	2	6
Tucson, AZ	158	109	31	9	4	—	4
Pacific	1,699	1,129	408	98	39	25	146
Berkeley, CA	10	6	3	1	—	—	—
Fresno, CA	100	70	20	6	2	2	7
Glendale, CA	25	20	4	—	—	1	2
Honolulu, HI	70	48	16	4	1	1	12
Long Beach, CA	66	45	17	3	1	—	4
Los Angeles, CA	284	176	67	21	13	7	35
Pasadena, CA	19	15	3	—	—	1	2
Portland, OR	140	85	42	11	2	—	5
Sacramento, CA	212	148	46	12	5	1	23
San Diego, CA	173	118	39	10	2	4	11
San Francisco, CA	112	71	29	8	2	2	10
San Jose, CA	196	140	37	8	6	5	13
Santa Cruz, CA	31	24	5	2	—	—	5
Seattle, WA	114	64	40	6	3	1	6
Spokane, WA	58	40	15	2	1	—	5
Tacoma, WA	89	59	25	4	1	—	6
Total¶	**10,748**	**7,194**	**2,504**	**601**	**236**	**207**	**674**

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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