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World AIDS Day 2010

World AIDS Day (December 1) draws attention to the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic worldwide. In the United States, approximately 56,000 persons become infected with HIV each year. The National HIV/AIDS Strategy calls for 1) educating all persons in the United States about the continued risk for HIV, 2) implementing intensive, combined HIV-prevention programs in communities with high HIV prevalence, 3) ensuring access to services, and 4) reducing HIV-related health disparities (*1*).

Globally, at the beginning of 2003, approximately 50,000 persons were receiving antiretroviral therapy (ART) in sub-Saharan Africa, where the need for such therapy was greatest (*2*). Currently, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and a partnership among many organizations, approximately 5 million persons receive ART in low-income and middle-income countries (*3*). Building on these successes, CDC focuses on strengthening systems and capacities of ministries of health to implement sustainable, evidence-based prevention, care, and treatment services. CDC also is working with its partners to ensure cost-effective programming and efficient implementation through increased technical assistance to multiple countries.

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Mortality Among Patients with Tuberculosis and Associations with HIV Status — United States, 1993–2008

Worldwide, tuberculosis (TB) incidence increased from 125 cases per 100,000 population in 1990 to 142 cases per 100,000 population in 2004, primarily because of the human immunodeficiency virus (HIV) epidemic (*1*). Persons with HIV are at increased risk for TB disease, and those with TB have a high risk for death. This is documented most clearly in resource-limited settings, where limited access to antiretroviral therapy (ART) and other health-care services contribute to the elevated mortality (*1*). The impact of HIV on patients with TB is less clear in resource-rich nations such as the United States. To understand the impact of HIV on the risk for death during TB treatment in the United States, data were analyzed for all culture-positive patients with TB from 1993 to 2008, and the proportion that died was determined and stratified by HIV test result. Mortality data were restricted to patients reported before 2007. The proportion of all patients with TB who died during TB treatment decreased from 2,445 of 13,629 (18%) in 1993 to 682 of 7,578 (9%) in 2006. Among patients with TB and HIV, 950 of 2,337 (41%) died during treatment in 1993; this proportion declined to 131 of 663 (20%) in 2006. The proportion of patients with TB and HIV who received their TB diagnosis postmortem dropped from 191 of 2,927 (7%) in 1993 to 32 of 768 (4%) in 2006; 624 of 10,468 (6%) persons with TB and unknown HIV status received their TB

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diagnosis postmortem in 1993, and this proportion did not decline. Further reductions in mortality can be achieved by enhanced TB/HIV program collaboration and service integration.

Since 1993, all cases of TB diagnosed in the United States have been reported to CDC and entered into the National TB Surveillance System (NTSS), a comprehensive database that contains demographic, clinical, and outcome data. All culture-confirmed cases of TB were reviewed by CDC to determine 1) the proportion of cases diagnosed postmortem and 2) the proportion of cases in persons who were alive at diagnosis and who died during TB treatment; results then were stratified by HIV status (i.e., HIV infected, HIV uninfected, or HIV status unknown). The HIV-unknown category included patients with indeterminate or unknown results as well as patients who were not offered or refused testing. Rates of HIV test reporting during 2007–2008 were stratified by selected demographic characteristics. Mortality analyses were restricted to patients reported before 2007 (to allow 2 years for treatment outcomes to be reported) and to those whose outcomes were known (excluding patients who moved, were lost to follow-up, were uncooperative with treatment, or whose outcome was missing or listed as other). Because California reports HIV test results only for patients who receive diagnoses of acquired immunodeficiency syndrome (AIDS), and does not report the HIV status of those who test negative, all data from California were excluded.

The proportion of patients with TB who had documented HIV test results increased substantially, from 6,015 of 16,507 (36%) in 1993 to 6,234 of 7,872 (79%) in 2008 (Figure 1). The proportion of patients with TB who had a known outcome and were alive at diagnosis but died during TB treatment decreased from 2,445 of 13,629 (18%) in 1993 to 682 of 7,578 (9%) in 2006 (Figure 2). Among patients with TB and HIV, 950 of 2,337 (41%) died during treatment in 1993; this proportion declined to 299 of 1,393 (21%) in 1997 and later to 131 of 663 (20%) in 2006 (Figure 2). By contrast, the proportion of TB patients without HIV who died during treatment decreased from 213 of 2,705 (8%) in 1993 to 281 of 5,315 (5%) in 2006. For patients with unknown HIV status, 1,282 of 8,587 (15%) died in 1993, with no decrease in proportion observed over the study period (Figure 2). Among patients with HIV who received diagnoses of TB, 191 of 2,927 (7%) received their TB diagnosis postmortem in 1993, which decreased to 32 of 768 (4%) in 2006. Among culture-confirmed cases of TB

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that occurred in persons who were HIV uninfected, 53 of 3,080 (2%) received their TB diagnosis postmortem in 1993, a proportion that decreased to 31 of 5,762 (1%) in 2006. Of those with unknown HIV status, 624 of 10,468 (6%) received their TB diagnosis postmortem; that proportion did not decline.

Among those with known HIV status, 2,932 of 6,015 (49%) patients with TB had HIV infection in 1993 and accounted for 950 of 1,163 (82%) deaths during treatment and 191 of 244 (78%) patients who received a TB diagnosis postmortem. In 2006, 769 of 6,533 (12%) patients with reported status had HIV, but accounted for 131 of 412 (32%) and 32 of 63 (51%) of those who died during treatment and those who received a TB diagnosis postmortem, respectively.

HIV testing during 2007–2008 was lower in certain demographic groups than the overall sample, notably, 102 of 201 (51%) patients aged ≤4 years, 95 of 144 (66%) patients aged 5–14 years, 1,824 of 3,253 (56%) patients aged ≥65 years, and 2,154 of 3,056 (70%) non-Hispanic white patients had HIV test results reported (Table).

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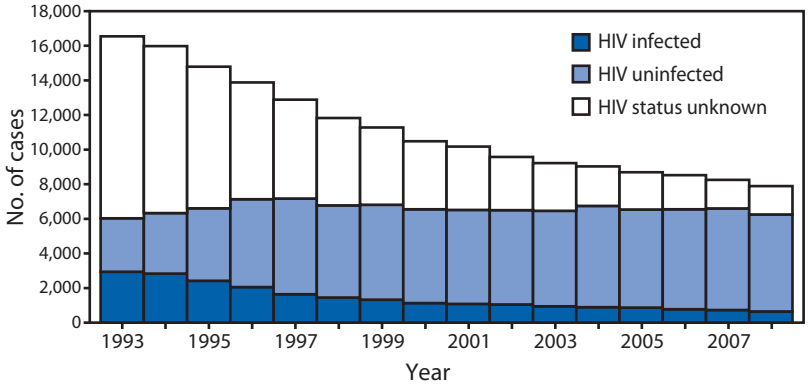
Editorial Note

This analysis demonstrates a substantial reduction in case-fatality rate among patients with TB in the United States from 1993 to 2006, a decline that occurred almost exclusively in persons with HIV and corresponded to an increase in reported HIV test results and broader availability of highly active ART. In 2008, however, 21% of patients with TB still had unknown HIV status, and this proportion was even higher in certain demographic groups. This is unacceptable given that knowledge of HIV status is essential for appropriate treatment and that current guidelines recommend HIV testing for all patients with TB in the United States (*2*). A larger proportion of patients with TB were tested for HIV in some countries with a much higher burden of HIV and TB than the United States and far fewer resources, such as Kenya.*

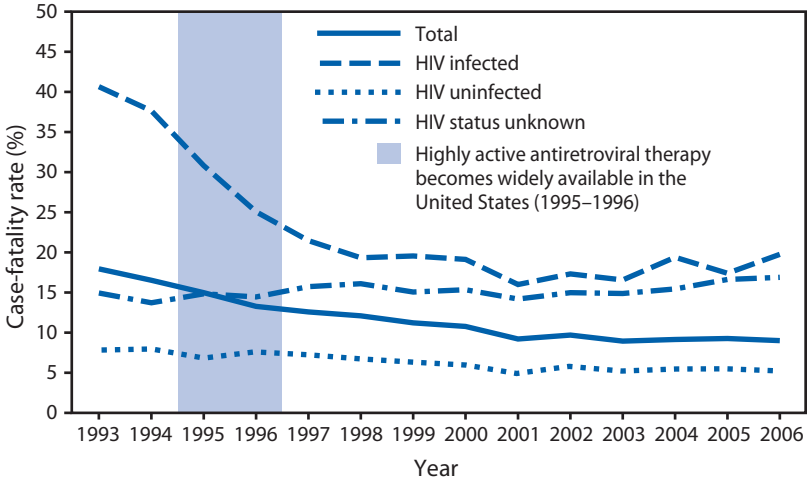
* Additional information available at http://www.nltp.co.ke/reports.html.

FIGURE 1. Number of culture-confirmed tuberculosis patients with a recorded HIV test result, by HIV infection status — United States,* 1993–2008



* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.

FIGURE 2. Case-fatality rates among culture-confirmed tuberculosis patients who were alive at diagnosis and whose treatment outcomes were known, by HIV infection status — United States,* 1993–2006



* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.

In resource-limited settings, studies have demonstrated that without concurrent treatment of HIV, up to 50% of persons with HIV who develop TB will die during the 6- to 8-month course of TB treatment, many of them in the first 2 to 3 months (*3,4*). When patients with TB and HIV are treated with ART and prophylactic therapy for opportunistic infections as recommended (*5*), the proportion of patients who die during TB treatment can be reduced to less than 10% (*4*).

Recent research from New York City showed acceptable TB treatment success in patients with TB and HIV only when they received ART and directly observed therapy (*6*), underscoring the critical

TABLE. Number/sample and percentage of tuberculosis patients with a recorded HIV test result, by selected demographic characteristics — United States, 2007–2008

Characteristic	No.	(%)
Sex*		
Male	8,246/10,081	(82)
Female	4,568/6,019	(76)
Age group (yrs)†		
0–4	102/201	(51)
5–14	95/144	(66)
15–24	1,771/1,961	(90)
25–44	4,938/5,543	(89)
45–64	4,085/4,998	(82)
≥65	1,824/3,253	(56)
Race/Ethnicity§		
Hispanic	3,591/4,254	(84)
American Indian/Alaska Native	168/215	(78)
Asian/Pacific Islander	2,571/3,533	(73)
Black, non-Hispanic	4,186/4,847	(86)
Native Hawaiian	72/95	(76)
White, non-Hispanic	2,154/3,056	(70)
Origin¶		
Foreign-born	7,077/8,778	(81)
U.S.-born	5,713/7,275	(79)

* Two patients had missing data for sex; both were tested for HIV.
† Two patients had missing data for age; one was tested for HIV.
§ Forty-four patients were listed as multiple race/ethnicity; 36 (82%) were tested for HIV. Fifty-eight patients had missing data for race/ethnicity; 38 (66%) were tested for HIV.
¶ Forty-nine patients had missing data for origin; 26 (53%) were tested for HIV.

importance of these two treatment modalities. In this analysis, mortality declined steeply among patients with TB and HIV after highly active ART became widely available during 1995–1996. Data such as ART use, CD4 count, and specific cause of death are not reported to NTSS, and the impact of each of these could not be directly assessed; however, highly active ART use likely was an important factor in reducing mortality and, of course, can only be provided to those whose HIV infection is known.

A substantial proportion of culture-confirmed TB diagnoses among persons with either documented HIV infection or unknown HIV status were made postmortem. Research has demonstrated that when patients with TB and HIV die from TB, it is often because diagnosis is delayed (*7*), and these deaths might have been prevented if TB disease had been diagnosed and treated earlier. Screening persons with HIV for TB at regular intervals in accordance with current recommendations (*8*) allows for earlier diagnosis and treatment of TB and has been shown to lower mortality (*9*).

What is already known on this topic?

Data from resource-limited settings demonstrate a strong association between HIV infection and death among patients with TB; however, the effect of the HIV epidemic on patients with TB has not been well-characterized in the United States.

What is added by this report?

The findings in this report show that mortality among patients with TB and HIV has decreased substantially in the United States since highly active antiretroviral therapy became widely available, and in conjunction with increased HIV testing of patients with TB; however, in 2006, nearly one quarter of patients with TB still had unknown HIV status, and nearly 20% of patients with TB and HIV died.

What are the implications for public health practice?

Mortality among patients with TB in the United States likely will be reduced by increasing the proportion of patients with TB tested for HIV, improving screening for TB among those known to be HIV infected, initiating early treatment for both diseases, and stepping up efforts to prevent TB. In addition, a better understanding of causes of death would further improve practice.

Treatment of latent TB infection and use of ART have been shown to substantially reduce the risk for TB disease in persons with HIV (*10*). Increasing HIV testing of the general population will help identify those for whom early ART initiation and treatment of latent TB infection might prevent TB before it develops (*10*).

The findings in this report are subject to at least two limitations. First, California accounts for approximately 20% of the patients with TB in the United States, and excluding those data might affect generalizability if those patients differed from other patients with TB in key ways. Second, outcome data were missing for 10% of all patients included in this analysis, and NTSS does not document cause of death for those who died; knowledge of mortality concerning these patients is limited.

Much progress has been made in reducing mortality among patients with TB and HIV in the United States since 1993. Further reductions in mortality can be achieved by enhanced TB and HIV program collaboration and service integration, including 1) providing HIV testing to all patients with TB; 2) screening all persons with HIV for TB disease and infection regularly; and 3) providing early and

appropriate TB and HIV treatment to all patients with TB and HIV.[†] States and local health-care organizations should analyze their own data to determine how to best target interventions aimed at increasing HIV testing. In addition, studying the specific causes of death in patients with TB and HIV would facilitate development of additional measures to decrease the risk for death.

[†] Additional information available at http://www.who.int/hiv/pub/tb/tbhiv/en/index.html.

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HIV Testing and Treatment Among Tuberculosis Patients — Kenya, 2006–2009

In resource-limited settings, high case-fatality rates are seen among tuberculosis (TB) patients with human immunodeficiency virus (HIV) infection, especially during the early months of TB treatment (*1*). HIV prevalence among TB patients has been estimated to be as high as 80%–90% in some areas of sub-Saharan Africa (*2*). In 2004, the World Health Organization (WHO) recommended increasing collaboration between HIV and TB programs (*3*). Since then, many countries, including Kenya, have worked to increase TB/HIV collaborative activities. In 2005, the Kenya Division of Leprosy, Tuberculosis, and Lung Disease (DLTLD) added questions regarding HIV testing and treatment to the existing TB surveillance system.* This report summarizes HIV data collected from Kenya's extended TB surveillance system during 2006–2009. During this period, HIV testing among TB patients increased from 60% in 2006 to 88% in 2009, and the prevalence of HIV infection among TB patients tested decreased from 52% to 44%. In 2009, 92% of HIV-infected TB patients received cotrimoxazole prophylaxis for the prevention of opportunistic infections (*4*). Although these data highlight the increase in HIV services provided to TB patients, only 34% of HIV-infected TB patients started antiretroviral therapy (ART) while being treated for TB. Innovative interventions are needed to increase HIV treatment among TB patients in Kenya, especially considering the 2009 WHO guidelines recommending that all HIV-infected TB patients be started on ART as soon as possible, regardless of CD4 count (*5*). Although these guidelines have not yet been implemented in Kenya, officials are working to identify methods of increasing access to ART for TB patients.

In 2004, the Kenya Ministry of Health (which in 2008 became the Ministry of Public Health and Sanitation [MOPHS]) established the TB/HIV Coordinating Committee to help develop policy and guidance for implementation of TB/HIV collaborative activities. The committee recommended using the existing national TB program infrastructure to expand HIV counseling and testing services† to TB patients. In addition, the committee recommended using provider-initiated testing and counseling, an "opt-out" model in which HIV testing is performed routinely unless the patient declines. Because cotrimoxazole prophylaxis has been shown to reduce opportunistic infections and to decrease morbidity and mortality for HIV-infected TB patients, the committee recommended that TB clinics offer cotrimoxazole prophylaxis to all HIV-infected TB patients (i.e., those with documentation of a positive HIV test result in the facility TB register) (*6*). Finally, the committee recommended that HIV-infected patients be referred to separate HIV care and treatment clinics for additional HIV care and evaluation for eligibility for ART.§

DLTLD is responsible for overseeing clinical activities at approximately 2,200 TB diagnostic and treatment facilities and for collecting routine surveillance data. Provincial and district TB/leprosy coordinators manage the network of TB facilities. District coordinators receive quarterly reports regarding all patients with active TB disease who are newly registered (i.e., currently diagnosed with active TB disease and receiving TB treatment) at each TB clinic, compile this information into quarterly aggregate district reports, and then forward the reports to the provincial coordinators, who submit the information to DLTLD.

In 2005, DLTLD added key HIV-related information to the local TB facility register and the district-level reporting forms: HIV testing status for TB patients, HIV test results, and receipt of cotrimoxazole prophylaxis, which are available directly from TB clinic records, and information about ART during

* Available at http://www.nltp.co.ke/docs/annual_report_2007.pdf.

† HIV testing in Kenya follows an established algorithm that involves parallel or serial testing with two rapid HIV tests. If the two tests have discordant results, a third confirmatory test (rapid test or other confirmatory test) is used as a tie-breaker. Rapid test results are provided to the patient on the same day that the test was conducted.

§ In Kenya, HIV-infected patients are eligible for ART if they have 1) a CD4 count of <200 cells/mm^3, 2) a CD4 count of 200–350 cells/mm^3 and WHO stage III disease, or 3) WHO stage IV disease (regardless of CD4 count).

TB treatment, which generally is based on patient reports of care received at separate HIV clinics (*8*). By January 1, 2006, all TB districts in Kenya had added these HIV variables to the routine TB surveillance reporting forms. For this report, data collected through the extended TB surveillance system during 2006–2009 were analyzed.

From 2006 to 2009, the total number of newly registered TB patients reported each year decreased 5%, from 115,234 to 110,015 (Table). The prevalence of HIV testing among TB patients increased from 60% (of 115,234 patients) to 88% (of 110,015 patients), and the prevalence of HIV infection among TB patients tested decreased from 52% (of 69,337 tested) in 2006 to 44% (of 96,280 tested) in 2009. In 2009, HIV prevalence among TB patients varied widely by province, ranging from 5% in North Eastern Province to 70% in Nyanza Province (Figure).

Provision of cotrimoxazole prophylaxis to HIV-infected TB patients remained high throughout this period; 87% received cotrimoxazole in 2006, and 92% in 2009. During the same period, the percentage of HIV-infected TB patients receiving ART increased from 26% to 34% (Table).

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Editorial Note

Within 5 years of the addition of HIV activities to the country's TB program, 88% of TB patients in Kenya were tested for HIV, and 92% of HIV-infected TB patients received cotrimoxazole prophylaxis in TB clinical settings. Elsewhere in sub-Saharan Africa, success with HIV testing of TB patients varies widely; Malawi tests approximately 80% of TB patients, but estimates of testing are lower in Uganda (60%), Zambia (60%), and South Africa (40%) (CDC, unpublished data, 2010).

HIV testing and clinical services in Kenya historically have been provided through the National AIDS and STI Control Programme. However, the findings in this report show that DLTLD has been successful in providing key HIV services within the existing TB program infrastructure. Multiple actions were critical to achieving this success, including establishment of the TB/HIV Coordinating Committee, which assisted with development of national guidelines for HIV testing in 2004 and promoted provider-initiated testing and counseling in multiple health-care settings (*7*). Provider-initiated testing and counseling has been shown to increase the proportion of patients tested when compared with traditional "opt-in" models in

What is already known on this topic?

TB is the leading cause of mortality worldwide for persons living with HIV infection, and HIV prevalence among TB patients in sub-Saharan Africa is estimated to be as high as 80%–90%.

What is added by this report?

Data from Kenya indicate increases in HIV testing among TB patients from 60% in 2006 to 88% in 2009; cotrimoxazole prophylaxis for opportunistic infections was provided to 92% of HIV-infected TB patients in 2009, but only 34% received potentially life-saving therapy with antiretroviral drugs during TB treatment.

What are the implications for public health practice?

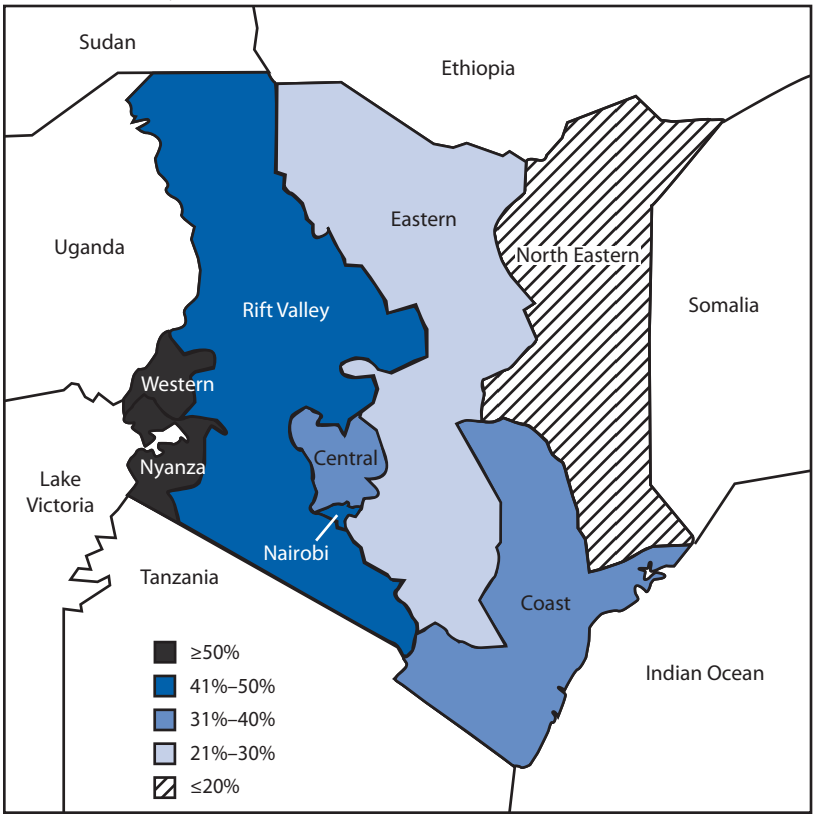
Efforts to reach HIV-infected TB patients through national TB programs can be successful, but TB/HIV collaborative efforts must be strengthened to increase use of antiretroviral therapy among these patients.

TABLE. HIV testing and care and treatment services among newly registered TB patients* — Kenya, 2006–2009

	2006 (N = 115,234)		2007 (N = 116,723)		2008 (N = 110,251)		2009 (N = 110,015)	
HIV testing/Services	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Tested for HIV	69,337	(60%)	91,841	(79%)	91,463	(83%)	96,280	(88%)
HIV infected	36,136	(52%)	43,954	(48%)	41,174	(45%)	42,210	(44%)
Receiving CTX prophylaxis	31,438	(87%)	37,800	(86%)	37,757	(92%)	38,989	(92%)
Receiving ART	9,395	(26%)	11,867	(27%)	12,426	(30%)	14,259	(34%)

Abbreviations: HIV = human immunodeficiency virus; TB = tuberculosis; CTX = cotrimoxazole; ART = antiretroviral therapy.
* All patients who are currently diagnosed with active TB disease and are receiving TB treatment.

FIGURE. Prevalence of HIV infection among newly registered TB patients,* by province — Kenya, 2009



Abbreviations: HIV = human immunodeficiency virus; TB = tuberculosis.
* All patients who are currently diagnosed with active TB disease and are receiving TB treatment.

which patients must request HIV testing (*2*). As HIV testing among newly registered TB patients increased, the prevalence of HIV among TB patients decreased, indicating that providers might have targeted early testing efforts to patients at greater risk for HIV (*8*). Overall, HIV prevalence among newly registered TB patients remains high, particularly in Nyanza Province (70%).

In addition to strong commitment to TB/HIV collaborative activities at the national level in Kenya, local leaders have been recruited to form regional TB/HIV coordinating bodies to translate national policy into action. These regional bodies implemented continuing medical education modules to promote provider-initiated testing and counseling and cotrimoxazole prophylaxis for HIV-infected patients as standard interventions in all TB clinical settings. Financial support from international donors including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), WHO, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria also has been critical to the success of TB/HIV collaborative efforts. This funding has allowed MOPHS to hire additional staff members to support TB/HIV collaborative activities, and to ensure an uninterrupted supply of HIV rapid test kits, cotrimoxazole prophylaxis, ART, and monitoring and evaluation tools.

Despite these efforts, provision of ART to persons with HIV during TB treatment remains at only 34%. Data from the region indicate that more than 90% of HIV-infected TB patients in Kenya likely meet the country's CD4 count criteria for initiating ART (*8*), underscoring a large unmet need for treatment in this population.

The findings in this report are subject to at least two limitations. First, the number of HIV-infected TB patients receiving ART might have been underestimated. Some HIV-infected TB patients might have received ART late in TB treatment or after the end of TB treatment, and this information might not be captured by the extended TB surveillance system. No formal mechanism exists for transmitting information from the HIV clinic that provides ART to the TB clinic that reports these data. Second, this report relies on surveillance data, which often are subject to reporting delays and might not reflect the most recent program performance.

Initiation of ART for persons with HIV during TB treatment has been shown to reduce mortality by approximately 50% (*9*). In 2009, WHO recommended that all HIV-infected TB patients be started on ART regardless of CD4 count (*5*). Although Kenya's ART-eligibility criteria have not yet been changed, MOPHS has been working to identify methods of increasing access to ART for TB patients. Integration of HIV testing and cotrimoxazole provision into TB clinics in Kenya has resulted in increases in testing and cotrimoxazole prophylaxis. Similar increases might result with ART if offered within the TB clinic and not at another clinical site. One high-volume TB clinic in rural Kenya has integrated provision of ART into the clinic, resulting in a fourfold increase in ART initiation among HIV-infected TB patients (*10*). Additional strategies are needed to improve access to ART and strengthen linkages between TB clinics and HIV clinics to improve outcomes for HIV-infected TB patients.

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Racial Disparities in Smoking-Attributable Mortality and Years of Potential Life Lost — Missouri, 2003–2007

An estimated 443,000 deaths in the United States occur each year as a result of cigarette smoking and exposure to secondhand smoke (*1*). These deaths cost the nation approximately $97 billion in lost productivity and $96 billion in health-care costs (*1*). During 2000–2004 in Missouri, smoking caused 9,600 deaths, 132,000 years of potential life lost (YPLL), $2.4 billion in productivity losses, and $2.2 billion in smoking-related health-care expenditures annually (*2*). To limit the adverse health consequences of tobacco use, states implement comprehensive tobacco control programs that identify disparities among population groups and target those disproportionately affected by tobacco use (*3*). This report compares the public health burden of smoking among whites and blacks in Missouri by estimating the number of smoking-attributable deaths and YPLL in these population subgroups during 2003–2007. The findings indicate that the average annual smoking-attributable mortality (SAM) rate in the state was 18% higher for blacks (338 deaths per 100,000) than for whites (286 deaths per 100,000). The relative difference in smoking-attributable mortality rates between blacks and whites was larger for men (28%) than women (11%). For Missouri, these estimates provide an important benchmark for measuring the success of tobacco control programs in decreasing the burden of smoking-related diseases in these populations and reaffirm the need for full implementation of the state's comprehensive tobacco control program (*3*).

The adult module of CDC's Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) system* was used to calculate the SAM and YPLL rates for 19 disease categories.† Five-year average annual SAM and YPLL rates were computed from annual reports generated through SAMMEC. These estimates only cover deaths among persons aged ≥35 years. Deaths attributable to secondhand smoke or from smoking-related fires were not included. Sex-, race-, and age-specific smoking-attributable deaths were calculated by multiplying the total number of deaths in each of the 19 disease categories by the estimate of the smoking-attributable fraction (SAF) of deaths for each demographic group.§ These deaths were then grouped into three cause-of-death categories (malignant neoplasm, circulatory disease, and respiratory disease). Both races were assumed to have the same relative risk for dying from a particular disease among the 19 disease categories attributable to smoking. Missouri data for 2003–2007 from the Behavioral Risk Factor Surveillance System (BRFSS) were used to estimate the age-, sex-, and race-specific annual prevalence of current and former smoking in the state.¶ Missouri death records for 2003–2007 were used to calculate the age-, sex-, race-, and disease-specific number of deaths each year (*4*). The life expectancy (average remaining years of life) by age group and sex was calculated using the abridged life table,** and absolute and relative disparity indexes were computed for each smoking-related disease category (Tables 1–3) comparing SAM rates for blacks to SAM rates for whites. T-tests were used to evaluate the statistical significance ($p \leq 0.05$) of differences in SAM/YPLL rates between blacks and whites for the three major disease categories and major diseases.††

During 2003–2007, smoking caused an estimated average of 9,377 deaths (8,400 among whites and 853 among blacks§§) annually among adults in Missouri

* Available at http://apps.nccd.cdc.gov/sammec.

† Based on *International Classification of Diseases, 10th Revision* coding, including the following: *malignant neoplasms:* lip, oral cavity, pharynx (C00–C14), esophagus (C15), stomach (C16), pancreas (C25), larynx (C32), trachea, lung, bronchus (C33–C34), cervix uteri (C53), kidney and renal pelvis (C64–C65), urinary bladder (C67), and acute myeloid leukemia (C92.0); *circulatory diseases:* ischemic heart disease (I20–I25), other heart disease (I00–I09, I26–I51), cerebrovascular disease (I00–I69), atherosclerosis (I70–I71), aortic aneurysm (I71), and other arterial disease (I72–I78); *respiratory diseases:* pneumonia, influenza (J10–J18), bronchitis, emphysema (J40–J42, J43), and chronic airway obstruction (J44).

§ SAFs for each disease were calculated by using the following equation: $SAF = [(p_1(RR_1) - 1) + p_2(RR_2 - 1)] / [p_1(RR_1 - 1) + p_2(RR_2 - 1) + 1]$ where p_1 = percentage of current smokers (persons who have smoked ≥100 cigarettes and now smoke every day or some days), p_2 = percentage of former smokers (persons who have smoked ≥100 cigarettes and do not currently smoke), RR_1 = relative risk for current smokers relative to never smokers, and RR_2 = relative risk for former smokers relative to never smokers.

¶ Available at http://www.cdc.gov/brfss/index.htm.

** Available at http://www.dhss.mo.gov/VitalStatistics.

†† Absolute disparity = $(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}$; relative disparity = $\{[(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}] / (\text{SAM or YPLL})_{\text{whites}}\} \times 100$.

§§ Number of smoking-attributable deaths for groups other than blacks and whites could not be estimated because of small numbers; 99.5% of deaths occurred among blacks and whites.

TABLE 1. Average annual smoking-attributable deaths among persons aged ≥35 years, by cause of death,* sex, and race† — SAMMEC, Missouri, 2003–2007§

	Smoking-attributable deaths								
	Among all Missouri residents			White			Black		
Cause of death (ICD-10 code)	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total	**5,642**	**3,735**	**9,377**	**5,071**	**3,329**	**8,400**	**523**	**329**	**853**
Malignant neoplasm	2,561	1,374	3,935	2,291	1,206	3,497	253	134	387
Trachea, lung, bronchus (C33–C34)	1,984	1,165	3,149	1,784	1,031	2,815	186	110	297
Circulatory diseases	1,780	1,147	2,927	1,554	982	2,536	200	136	336
Ischemic heart disease (I20–I25)	1,138	670	1,808	1,002	577	1,579	119	77	197
Respiratory diseases	1,301	1,214	2,515	1,227	1,141	2,367	70	58	128
Chronic airway obstruction (J44)	1,013	987	2,000	958	932	1,890	51	45	96

Abbreviation: SAMMEC = Smoking-Attributable Mortality, Morbidity, and Economic Costs system.

* Based on *International Classification of Diseases, 10th Revision* coding, including the following: *malignant neoplasms:* lip, oral cavity, pharynx (C00–C14), esophagus (C15), stomach (C16), pancreas (C25), larynx (C32), trachea, lung, bronchus (C33–C34), cervix uteri (C53), kidney and renal pelvis (C64–C65), urinary bladder (C67), and acute myeloid leukemia (C92.0); *circulatory diseases:* ischemic heart disease (I20–I25), other heart disease (I00–I09, I26–I51), cerebrovascular disease (I00–I69), atherosclerosis (I70–I71), aortic aneurysm (I71), and other arterial disease (I72–I78); *respiratory diseases:* pneumonia, influenza (J10–J18), bronchitis, emphysema (J40–J42, J43), and chronic airway obstruction (J44).

† The two races, black and white, constitute >96% of the population of Missouri. Number of smoking-attributable deaths for groups other than blacks and whites could not be estimated because of small numbers; 99.5% of deaths occurred among blacks and whites.

§ Based on 5-year annual average for 2003–2007. Does not include smoking-related fire deaths or secondhand smoke deaths.

TABLE 2. Average annual SAM rates among persons aged ≥35 years, by cause of death,* sex, and race,† and racial disparity indexes — SAMMEC, Missouri, 2003–2007§

	SAM rates (per 100,000 population)									Racial disparity index¶					
	All Missouri residents			White			Black			Absolute disparity			Relative disparity (%)		
Cause of death (ICD-10 code)	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total (per 100,000 population)	**421**	**196**	**289**	**417**	**193**	**286**	**536**	**215**	**338**	**119**	**22**	**52**	**(28)**	**(11)**	**(18)**
Malignant neoplasm	186	76	123	183	75	121	253	89	153	70	14	32	(38)	(19)	(26)
Trachea, lung, bronchus (C33–C34)	144	65	99	143	64	98	186	73	117	43	9	20	(30)	(15)	(20)
Circulatory diseases	133	57	89	128	54	85	200	87	130	72	33	45	(56)	(61)	(53)
Ischemic heart disease (I20–I25)	83	34	55	81	32	53	118	50	76	37	18	23	(45)	(56)	(44)
Respiratory diseases	102	63	78	105	65	80	82	40	54	-23	-25	-26	(-22)	(-39)	(-32)
Chronic airway obstruction (J44)	79	51	62	82	53	64	60	30	41	-22	-23	-23	(-27)	(-43)	(-36)

Abbreviations: SAM = smoking-attributable mortality; SAMMEC = Smoking-Attributable Mortality, Morbidity, and Economic Costs system; YPLL = years of potential life lost.

* Based on *International Classification of Diseases, 10th Revision* coding, including the following: *malignant neoplasms:* lip, oral cavity, pharynx (C00–C14), esophagus (C15), stomach (C16), pancreas (C25), larynx (C32), trachea, lung, bronchus (C33–C34), cervix uteri (C53), kidney and renal pelvis (C64–C65), urinary bladder (C67), and acute myeloid leukemia (C92.0); *circulatory diseases:* ischemic heart disease (I20–I25), other heart disease (I00–I09, I26–I51), cerebrovascular disease (I00–I69), atherosclerosis (I70–I71), aortic aneurysm (I71), and other arterial disease (I72–I78); *respiratory diseases:* pneumonia, influenza (J10–J18), bronchitis, emphysema (J40–J42, J43), and chronic airway obstruction (J44).

† The two races, black and white, constitute >96% of the population of Missouri. Number of smoking-attributable deaths for groups other than blacks and whites could not be estimated because of small numbers; 99.5% of deaths occurred among blacks and whites.

§ Based on 5-year annual average for 2003–2007. Does not include smoking-related fire deaths or secondhand smoke deaths.

¶ Absolute disparity = $(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}$; relative disparity = $\{[(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}] / (\text{SAM or YPLL})_{\text{whites}}\} \times 100$. The difference in the SAM/YPLL rates of blacks and whites is statistically significant by t-test ($p \leq 0.05$) for the three categories and major diseases.

(Table 1). An estimated 18.1% of deaths among persons aged ≥35 years in Missouri were the result of cigarette smoking (total number of deaths for this age group was 51,856). Smoking caused 32.1% of all deaths from cancer, 15.3% of all circulatory deaths, and 46.5% of all respiratory deaths in Missouri during this period (*4*). In the cancer category, the major cause of death was cancer of the trachea, lung, or bronchus; in the circulatory category, the major cause was ischemic heart disease; and in the respiratory disease category, the major cause was chronic airway obstruction (Table 1). For both blacks and whites in Missouri, regardless of sex, the leading cause of SAM was cancer, followed by circulatory and respiratory diseases.

Although SAM for blacks represented only 9.1% of the total SAM, the SAM rate for blacks in Missouri was 18% higher than for whites (Table 2). This disparity

TABLE 3. Average annual smoking-attributable YPLL among persons aged ≥35 years, by cause of death,* sex, and race,† and racial disparity indexes — SAMMEC, Missouri, 2003–2007§

	Smoking-attributable YPLL rates (per 100,000 population)									Racial disparity index¶					
	All Missouri residents			White			Black			Absolute disparity			Relative disparity (%)		
Cause of death (ICD-10 code)	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total (per 100,000 population)	**5,741**	**3,147**	**4,301**	**5,720**	**3,136**	**4,292**	**7,165**	**3,601**	**5,048**	**1,445**	**465**	**756**	**(25)**	**(15)**	**(18)**
Malignant neoplasm	2,676	1,366	1,952	2,664	1,354	1,944	3,461	1,519	2,313	796	165	369	(30)	(12)	(19)
Trachea, lung, bronchus (C33–C34)	2,054	1,170	1,563	2,056	1,169	1,565	2,534	1,264	1,782	478	95	216	(23)	(8)	(14)
Circulatory diseases	1,952	925	1,393	1,887	870	1,336	2,820	1,527	2,058	934	656	723	(49)	(75)	(54)
Ischemic heart disease (I20–I25)	1,310	538	896	1,288	518	877	1,690	812	1,181	402	294	304	(31)	(57)	(35)
Respiratory diseases	1,113	856	957	1,169	912	1,013	884	555	677	-285	-357	-336	(-24)	(-39)	(-33)
Chronic airway obstruction (J44)	864	704	765	910	756	814	640	428	506	-270	-328	-308	(-30)	(-43)	(-38)

Abbreviations: SAM = smoking-attributable mortality; SAMMEC = Smoking-Attributable Mortality, Morbidity, and Economic Costs system; YPLL = years of potential life lost.

* Based on *International Classification of Diseases, 10th Revision* coding, including the following: *malignant neoplasms:* lip, oral cavity, pharynx (C00–C14), esophagus (C15), stomach (C16), pancreas (C25), larynx (C32), trachea, lung, bronchus (C33–C34), cervix uteri (C53), kidney and renal pelvis (C64–C65), urinary bladder (C67), and acute myeloid leukemia (C92.0); *circulatory diseases:* ischemic heart disease (I20–I25), other heart disease (I00–I09, I26–I51), cerebrovascular disease (I00–I69), atherosclerosis (I70–I71), aortic aneurysm (I71), and other arterial disease (I72–I78); *respiratory diseases:* pneumonia, influenza (J10–J18), bronchitis, emphysema (J40–J42, J43), and chronic airway obstruction (J44).

† The two races, black and white, constitute >96% of the population of Missouri. Number of smoking-attributable deaths for groups other than blacks and whites could not be estimated because of small numbers; 99.5% of deaths occurred among blacks and whites.

§ Based on 5-year annual average for 2003–2007. Does not include smoking-related fire deaths or secondhand smoke deaths.

¶ Absolute disparity = $(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}$; relative disparity = $\{[(\text{SAM or YPLL})_{\text{blacks}} - (\text{SAM or YPLL})_{\text{whites}}] / (\text{SAM or YPLL})_{\text{whites}}\} \times 100$. The difference in the SAM/YPLL rates of blacks and whites is statistically significant by t-test ($p \leq 0.05$) for the three categories and major diseases.

was larger (28%) for black men than for black women (11%). SAM rates for blacks were 26% higher than for whites for malignant neoplasm and 53% higher for circulatory diseases but 32% lower for respiratory diseases.

The smoking-attributable YPLL rate for blacks also was 18% higher than for whites and differed most for men. Black men had a YPLL rate 25% higher than white men, and the rate for black women was 15% higher than for white women (Table 3). Similar to the SAM results, the YPLL rates for the three major disease categories showed that the YPLL rates for blacks were higher than for whites for malignant neoplasm and circulatory diseases but lower for respiratory diseases. The YPLL rate resulting from smoking-related cancer deaths for blacks was 19% higher than for whites, but 26% higher for the SAM rate. For circulatory deaths, the YPLL rate for blacks was 54% higher, similar to the disparity in the SAM rate (53%). For respiratory diseases, the YPLL rate for blacks was 33% lower than for whites, and similarly, 32% lower for the SAM rate. For specific diseases, blacks had a 14% higher YPLL rate for lung cancer, 35% higher rate for ischemic heart disease, and 38% lower rate for chronic airway obstruction than whites.

Reported by

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Editorial Note

This is the first study to provide data on racial disparities in SAM and YPLL using SAMMEC. These data are valuable for Missouri's tobacco control program for documenting and evaluating changes in tobacco-related racial disparities in the state. Additional studies are needed to explain why Missouri blacks are more likely to die from smoking-related cancers and circulatory diseases than whites, but less likely to die from smoking-related respiratory diseases.

Variations in smoking-related mortality exist across states and occur because of differences in population demographics and tobacco use. Differences in other tobacco-use–related behaviors, variations in tobacco control programs and policies, and tobacco industry marketing also exist (*5*). Racial and ethnic disparities in smoking-related morbidity and mortality also are associated with socioeconomic status, cigarette smoking patterns, and differences in biologic and genetic factors; for example, smoking initiation and

cessation rates vary by race, as does nicotine metabolism and disease outcomes among cigarette smokers (*6*). Significant racial disparities in SAM existed in Missouri during 2003–2007, with an average of 52 per 100,000 more black adults dying each year from cigarette smoking than white adults, reflecting an 18% higher SAM rate among blacks than whites. Smoking-attributable YPLL also were 18% higher among blacks than whites.

SAM during 2003–2007 reflects smoking patterns of the past 40 years. Although the smoking prevalence among blacks and whites in Missouri fluctuated during the past 2 decades, blacks tended to have a higher smoking prevalence than whites. The amount and duration of smoking and brands or types of cigarettes used also could contribute to disparities (*7,8*). However, data on these types of smoking patterns were not captured in Missouri's tobacco use surveillance systems. More research is needed to explore the causes of these disparities.

Smoking prevalence declined by 26.3% among white adults and 25.8% among black adults in Missouri during 1995–2009. In 2009, the smoking prevalence was 27.1% among black adults and was 22.1% among white adults. Among youths, smoking prevalence in Missouri declined during 1995–2009, to 19.4% in whites and 15.7% in blacks.¶¶ During the entire period, smoking prevalence among black young adults (aged 18–24 years) remained lower than for white young adults, but the prevalence of smoking among persons aged 35–44 years of either race was similar. The late initiation of tobacco use among black youths and black young adults suggests that the current racial disparities in smoking-associated morbidity and mortality in Missouri might change in the future; continued surveillance of youth and young adult smoking is needed because of this later initiation of smoking among blacks. Continued implementation of effective population-based tobacco control interventions that discourage initiation and increase cessation among youths and adults also is needed to prevent smoking-related morbidity and mortality in the next several decades (*3,8*).

In 2006, the Missouri Comprehensive Tobacco Use Prevention Program identified disparities in tobacco use, and the state disparities work group created a strategic plan for addressing the identified disparities. The plan was incorporated into Missouri's 2006–2009 and 2010–2014 comprehensive tobacco control plans. The Missouri Comprehensive Tobacco Control Program supports the Missouri Tobacco Quitline to help smokers (especially low-income smokers) quit smoking, and hosts a website that can assist public health agencies in developing interventions to reduce the health impact of and disparities in tobacco use.*** The quitline will continue to play a role in reducing racial disparities in smoking and smoking-related morbidity and mortality in Missouri. An analysis of 2005–2009 Missouri quitline data showed that slightly higher percentages of black smokers than white smokers were calling the quitline; black smokers comprised 12.6% of all smokers, but the quitline received 14.0% of all calls from black smokers.

The findings of this report are subject to at least four limitations. First, SAMMEC uses estimates of current year's smoking to estimate SAM; however, current prevalence estimates do not adequately reflect smoking patterns in past decades when the smoking prevalence was higher. These estimates also do not account for deaths associated with cigar and pipe smoking, the use of smokeless tobacco, secondhand smoke, smoking-related fires, and deaths among persons aged <35 years. Second, SAM rates for groups

What is already known on this topic?

Although disparities in smoking prevalence among blacks and whites are well documented, no study has shown differences in health outcomes in terms of smoking-attributable mortality (SAM).

What is added by this report?

Using 2003–2007 Missouri data and attributable risk calculations, this study identified significant racial disparities in SAM, with an average of 52 per 100,000 more black adults dying each year from cigarette smoking than white adults, reflecting an 18% larger SAM rate among blacks than whites.

What are the implications for public health practice?

States should continue to implement population-wide tobacco control interventions (e.g., quitlines, smoke-free policies, and increased excise taxes on tobacco products) that reach all racial groups, and implement targeted strategies for high-risk groups to decrease disparities in tobacco use and related mortality.

¶¶ Available at http://apps.nccd.cdc.gov/youthonline/app/questionsorlocations.aspx?categoryid=2.

*** Available at http://www.dhss.mo.gov/CHIR.

other than blacks and whites in Missouri could not be estimated accurately because of the small numbers of deaths; however, 99.5% of deaths from the 19 disease categories considered in this report were among blacks and whites. Third, the same relative risks for dying from a particular disease among the 19 disease categories attributable to smoking for current and former smokers were used for blacks and for whites, although relative risk might be different between blacks and whites. Preferences for types and brands of cigarettes as well as smoking intensity and duration differ between white and blacks and might result in differing relative risks. Finally, relative risk was adjusted for the effects of age but not for other potential confounders. However, research suggests that education, alcohol use, and other confounders had negligible additional effects on SAM estimates for lung cancer, chronic obstructive pulmonary disease, ischemic heart disease, and cerebrovascular disease (*9*).

Effective population-wide interventions (e.g., increasing the price of tobacco products through excise tax and implementing smoke-free policies) appear to reach all segments of the population; however, targeted strategies might still be needed for certain high-risk groups (e.g., persons with lower socioeconomic status or educational attainment) to reduce disparities (*3,10*). Race-specific SAM measures and race-specific trends in youth and adult smoking prevalence can be used to document and assess progress in eliminating tobacco-related disparities within a state.

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Announcement

2009 Chronic Disease Epidemiology Capacity: Findings and Recommendations Available Online

The Council of State and Territorial Epidemiologists (CSTE) has released a new report on state-based chronic disease epidemiology capacity in the United States. The report, *Chronic Disease Epidemiology Capacity: Findings and Recommendations*, an update from the 2004 report (*1*), provides findings from the 2009 CSTE national assessment (*2*) and recommendations for improving capacity.

The report notes that 53% of jurisdictions (all 50 states and the District of Columbia) reported at least substantial chronic disease epidemiology capacity in 2009 and more quality-level work is being conducted than in previous years. However, nearly half of the jurisdictions lack substantial capacity, and the percentage of jurisdictions with little or no chronic disease epidemiology capacity increased progressively during 2001–2009. A major recommendation is that improving capacity in jurisdictions with little or no chronic disease epidemiology capacity should be a priority.

The report is available online at http://www.cste.org/2009chroniceca.pdf. Additional information or printed copies are available from CSTE by e-mail (jlemmings@cste.org) or telephone (770-458-3811).

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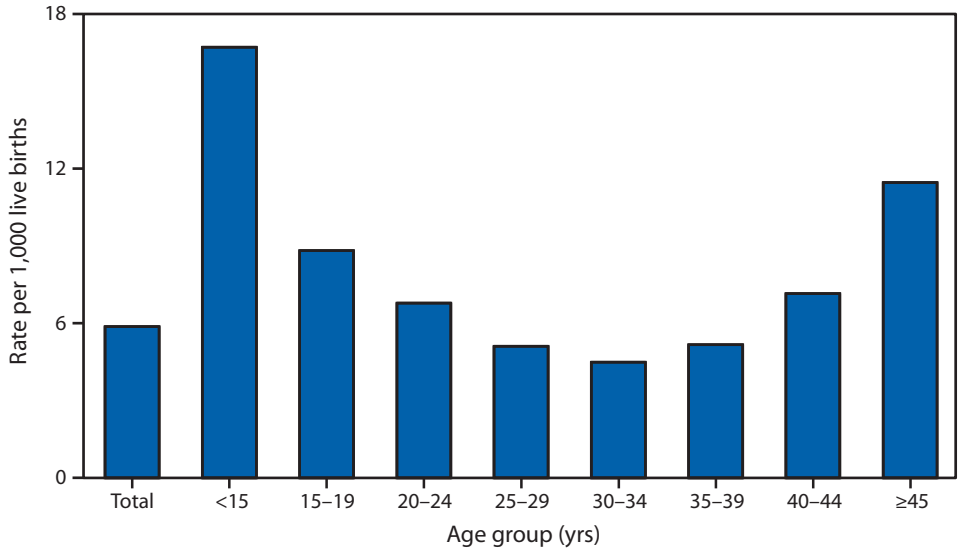
2. CDC. Assessment of epidemiology capacity in state health departments—United States, 2009. MMWR 2009;58:1373–7.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Infant Mortality Rates* for Single Births, by Age Group of Mother — United States, 2006



* Per 1,000 live births.

In 2006, infant mortality rates were highest for mothers in the youngest and oldest age groups. The infant mortality rate for single births to mothers aged <15 years was 16.7 infant deaths per 1,000 live births, approximately three times the rates for mothers aged 25–29 years (5.1), 30–34 years (4.5), and 35–39 years (5.2), the age groups at lowest risk. The infant mortality rate for single births to mothers aged ≥45 years was 11.46, approximately twice the rate for mothers in the three age groups at lowest risk.

Sources: National Center for Health Statistics. Linked birth/infant death data set, 2006. Available at http://www.cdc.gov/nchs/linked.htm.

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Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 20, 2010 (46th 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	3	87	3	118	145	144	165	135	
foodborne	—	6	1	10	17	32	20	19	
infant	3	61	2	83	109	85	97	85	PA (2), WA (1)
other (wound and unspecified)	—	20	1	25	19	27	48	31	
Brucellosis	1	111	2	115	80	131	121	120	CA (1)
Chancroid	1	35	1	28	25	23	33	17	NY (1)
Cholera	—	5	0	10	5	7	9	8	
Cyclosporiasis§	1	163	1	141	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	63	0	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	—	4	4	4	8	21	
Powassan virus disease	—	5	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	7	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	14	0	35	30	22	29	9	
nonserotype b	—	132	3	236	244	199	175	135	
unknown serotype	8	226	3	178	163	180	179	217	NY (2), PA (1), OH (1), NC (1), GA (1), ID (1), CA (1)
Hansen disease§	1	56	2	103	80	101	66	87	AR (1)
Hantavirus pulmonary syndrome§	—	17	0	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	4	203	4	242	330	292	288	221	NY (2), MD (1), OK (1)
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	58	5	358	90	77	43	45	
Listeriosis	6	683	15	851	759	808	884	896	PA (1), OH (2), FL (1), CA (2)
Measles¶¶	—	56	0	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	4	211	5	301	330	325	318	297	NC (1), TX (3)
serogroup B	—	95	3	174	188	167	193	156	
other serogroup	—	8	0	23	38	35	32	27	
unknown serogroup	8	352	10	482	616	550	651	765	ME (1), OH (2), FL (1), CO (1), CA (3)
Mumps	6	2,469	30	1,991	454	800	6,584	314	OH (2), MI (1), TX (2), CA (1)
Novel influenza A virus infections†††	1	3	0	43,774	2	4	NN	NN	WI (1)
Plague	—	2	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	4	0	9	8	12	21	16	
Q fever, total§,§§§	2	104	2	114	120	171	169	136	
acute	2	80	1	94	106	—	—	—	NY (1), CA (1)
chronic	—	24	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§	—	143	1	161	157	132	125	129	
Syphilis, congenital (age <1 yr)††††	—	189	7	423	431	430	349	329	
Tetanus	—	7	0	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	68	1	74	71	92	101	90	OH (1)
Trichinellosis	—	4	0	13	39	5	15	16	
Tularemia	—	99	1	93	123	137	95	154	
Typhoid fever	5	369	4	397	449	434	353	324	TX (1), CA (4)
Vancomycin-intermediate *Staphylococcus aureus*§	3	81	1	78	63	37	6	2	NY (1), FL (2)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	6	697	7	789	588	549	NN	NN	MD (1), FL (4), AZ (1)
Viral hemorrhagic fever§§§§	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 20, 2010 (46th week)*

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/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 October 3, 2010, one influenza-associated pediatric death occurred during the 2010–11 influenza season. Since August 30, 2009, a total of 282 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported.

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

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

††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The three cases of novel influenza A virus infection reported to CDC during 2010 were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were 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.

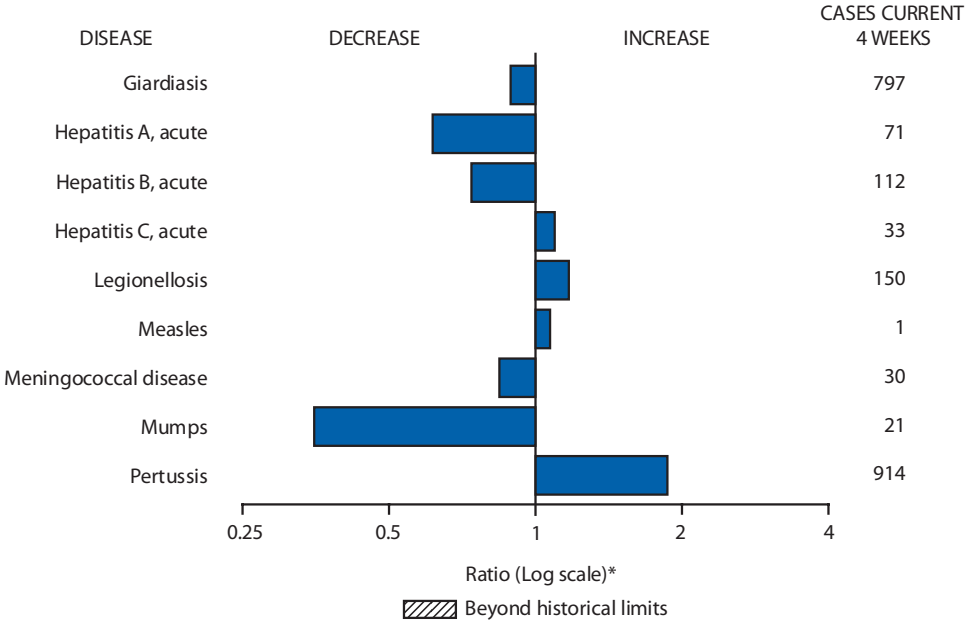
¶¶¶ No rubella cases were reported for the current week.

**** 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 November 20, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 2010, and November 21, 2009 (46th 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	9,338	23,719	26,215	1,056,024	1,110,577	57	121	339	6,903	6,712
New England	547	759	1,396	35,306	35,754	1	7	74	418	423
Connecticut	—	216	736	8,917	10,328	—	0	68	68	38
Maine†	—	50	69	1,996	2,165	—	1	7	74	46
Massachusetts	445	398	698	18,115	16,980	1	3	8	148	166
New Hampshire	40	42	114	2,167	1,906	—	1	5	49	76
Rhode Island†	62	64	120	3,031	3,302	—	0	2	13	22
Vermont†	—	23	51	1,080	1,073	—	1	5	66	75
Mid. Atlantic	1,661	3,347	4,893	149,983	140,595	5	14	37	725	746
New Jersey	—	480	691	21,905	21,789	—	0	1	—	49
New York (Upstate)	1,025	688	2,530	31,023	27,986	3	3	16	195	195
New York City	—	1,210	2,739	54,775	52,276	—	2	5	86	74
Pennsylvania	636	917	1,092	42,280	38,544	2	8	26	444	428
E.N. Central	885	3,468	4,127	153,494	178,130	10	30	122	1,865	1,578
Illinois	—	801	1,225	32,104	54,671	—	4	21	265	145
Indiana	—	364	796	16,615	19,872	—	3	10	140	261
Michigan	594	913	1,419	42,863	41,154	—	5	18	298	260
Ohio	154	972	1,085	43,101	43,606	7	7	24	423	349
Wisconsin	137	424	511	18,811	18,827	3	9	55	739	563
W.N. Central	442	1,348	1,565	59,810	63,275	4	21	83	1,221	1,025
Iowa	—	191	269	8,703	8,559	—	4	24	315	192
Kansas	46	189	235	8,498	9,583	—	2	9	123	96
Minnesota	—	278	331	11,424	12,906	—	0	16	98	314
Missouri	396	504	603	23,013	23,189	2	4	30	351	175
Nebraska†	—	93	237	4,037	4,767	2	2	26	219	111
North Dakota	—	31	89	1,436	1,601	—	0	18	30	12
South Dakota	—	61	77	2,699	2,670	—	2	6	85	125
S. Atlantic	1,901	4,695	5,681	211,487	224,882	14	18	51	912	1,039
Delaware	73	84	220	3,893	4,203	—	0	2	7	9
District of Columbia	60	96	177	4,320	6,068	—	0	1	3	6
Florida	576	1,460	1,737	66,289	65,791	5	7	19	338	415
Georgia	246	582	1,229	25,784	36,141	4	5	31	274	317
Maryland†	345	460	1,031	20,573	20,102	—	1	3	33	39
North Carolina	—	765	1,562	35,595	37,058	4	0	12	73	106
South Carolina†	—	529	763	24,027	24,165	—	1	8	81	56
Virginia†	601	596	902	27,671	28,070	1	2	8	87	75
West Virginia	—	72	112	3,335	3,284	—	0	3	16	16
E.S. Central	219	1,718	2,415	77,151	84,229	1	4	19	295	211
Alabama†	—	491	757	22,345	23,752	—	2	12	142	61
Kentucky	—	269	614	12,749	12,149	1	1	6	79	61
Mississippi	—	377	780	16,742	21,453	—	0	3	22	17
Tennessee†	219	574	738	25,315	26,875	—	1	5	52	72
W.S. Central	591	3,003	4,578	138,336	144,441	2	8	39	400	515
Arkansas†	170	267	392	10,851	12,959	—	0	3	31	51
Louisiana	—	245	1,077	12,856	24,754	—	1	6	59	53
Oklahoma	421	261	1,374	13,493	12,771	2	1	8	78	115
Texas†	—	2,205	3,194	101,136	93,957	—	5	30	232	296
Mountain	603	1,440	1,904	65,157	71,365	2	10	29	503	519
Arizona	312	498	713	21,566	23,122	—	0	3	33	33
Colorado	—	356	560	15,087	17,747	2	2	8	128	131
Idaho†	—	69	200	3,396	3,402	—	2	7	87	83
Montana†	—	60	82	2,670	2,699	—	1	4	46	52
Nevada†	22	175	337	8,247	8,915	—	0	6	31	25
New Mexico†	219	152	453	6,979	8,220	—	2	11	104	138
Utah	20	121	176	5,477	5,500	—	1	5	58	37
Wyoming†	30	36	79	1,735	1,760	—	0	2	16	20
Pacific	2,489	3,677	5,350	165,300	167,906	18	11	28	564	656
Alaska	17	113	148	5,081	4,643	—	0	1	4	6
California	1,982	2,784	4,406	126,887	128,554	17	7	19	333	393
Hawaii	—	112	158	5,099	5,465	—	0	0	—	1
Oregon	156	209	468	9,794	9,952	—	3	13	156	176
Washington	334	399	500	18,439	19,292	1	1	8	71	80
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	6	31	259	327	—	0	0	—	—
Puerto Rico	104	92	265	4,888	6,654	N	0	0	N	N
U.S. Virgin Islands	—	10	29	323	460	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. 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 November 20, 2010, and November 21, 2009 (46th 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	—	5	30	394	NN	—	0	1	4	NN
New England	—	0	2	6	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	2	5	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	—	1	9	78	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	63	NN	—	0	0	—	NN
Pennsylvania	—	0	2	15	NN	—	0	0	—	NN
E.N. Central	—	0	5	40	NN	—	0	1	1	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	11	NN	—	0	0	—	NN
Michigan	—	0	2	9	NN	—	0	0	—	NN
Ohio	—	0	2	15	NN	—	0	0	—	NN
Wisconsin	—	0	2	5	NN	—	0	1	1	NN
W.N. Central	—	0	2	17	NN	—	0	0	—	NN
Iowa	—	0	1	2	NN	—	0	0	—	NN
Kansas	—	0	1	1	NN	—	0	0	—	NN
Minnesota	—	0	2	13	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	—	2	17	205	NN	—	0	1	2	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	2	14	166	NN	—	0	1	2	NN
Georgia	—	0	2	11	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	4	NN	—	0	0	—	NN
South Carolina¶	—	0	3	10	NN	—	0	0	—	NN
Virginia¶	—	0	3	12	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	2	5	NN	—	0	0	—	NN
Alabama¶	—	0	2	2	NN	—	0	0	—	NN
Kentucky	—	0	1	1	NN	—	0	0	—	NN
Mississippi	—	0	1	1	NN	—	0	0	—	NN
Tennessee¶	—	0	1	1	NN	—	0	0	—	NN
W.S. Central	—	0	1	4	NN	—	0	1	1	NN
Arkansas¶	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	4	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	2	16	NN	—	0	0	—	NN
Arizona	—	0	1	6	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	1	2	NN	—	0	0	—	NN
Montana¶	—	0	1	3	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	5	23	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	5	11	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	12	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	—	106	535	9,366	NN	—	0	3	33	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† 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 November 20, 2010, and November 21, 2009 (46th 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	8	8	181	558	887	8	11	309	706	860	1	1	35	95	160
New England	1	0	2	5	52	—	1	8	79	251	—	0	2	7	2
Connecticut	—	0	0	—	—	—	0	5	23	17	—	0	2	5	—
Maine§	1	0	1	3	5	—	0	2	16	14	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	2	—	93	—	0	0	—	—
New Hampshire	—	0	1	2	4	—	0	3	16	18	—	0	1	2	1
Rhode Island§	—	0	1	—	33	—	0	7	24	109	—	0	0	—	1
Vermont§	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	48	184	5	2	17	188	296	—	0	2	4	44
New Jersey	—	0	2	—	98	—	0	1	1	70	—	0	0	—	—
New York (Upstate)	—	0	15	28	51	5	2	17	184	217	—	0	1	4	6
New York City	—	0	3	19	10	—	0	1	3	8	—	0	0	—	1
Pennsylvania	—	0	1	1	25	—	0	1	—	1	—	0	1	—	37
E.N. Central	—	0	4	32	83	—	3	39	347	269	—	1	7	61	71
Illinois	—	0	2	12	33	—	0	1	5	6	—	0	2	3	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	27	36
Michigan	—	0	1	2	5	—	0	0	—	—	—	0	1	4	—
Ohio	—	0	3	6	13	—	0	1	2	1	—	0	0	—	2
Wisconsin	—	0	1	12	32	—	3	39	340	262	—	0	4	27	30
W.N. Central	—	1	13	117	153	—	0	261	12	21	1	0	30	10	16
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	2	—	0	261	—	15	—	0	30	—	3
Missouri	—	1	13	109	143	—	0	3	12	4	1	0	3	10	13
Nebraska§	—	0	1	2	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	3	4	19	246	249	—	1	7	57	17	—	0	1	6	2
Delaware	—	0	3	17	21	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	11	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	22	18	—	0	1	2	1	—	0	1	1	—
Maryland§	—	0	3	23	40	—	0	2	15	4	—	0	1	2	—
North Carolina	1	2	13	100	61	—	0	4	21	3	—	0	0	—	—
South Carolina§	—	0	2	3	11	—	0	1	1	—	—	0	0	—	—
Virginia§	2	1	13	72	86	—	0	2	11	4	—	0	1	3	2
West Virginia	—	0	1	1	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	85	133	1	0	2	18	3	—	0	1	6	24
Alabama§	—	0	3	11	8	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	16	12	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee§	—	0	6	55	107	1	0	2	10	2	—	0	1	6	24
W.S. Central	4	0	141	24	30	2	0	23	5	1	—	0	1	1	—
Arkansas§	4	0	34	6	4	2	0	6	2	—	—	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	1	—	—	0	1	1	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Arizona	—	0	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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† 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 November 20, 2010, and November 21, 2009 (46th 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	206	348	666	15,828	16,909	2,101	5,519	6,403	247,293	270,108	35	59	171	2,535	2,516
New England	15	32	54	1,436	1,597	71	102	196	4,688	4,434	—	3	21	161	174
Connecticut	—	5	13	236	263	—	42	169	1,983	2,142	—	0	15	34	48
Maine§	4	4	12	203	193	—	3	11	136	121	—	0	2	11	18
Massachusetts	10	13	24	637	690	64	46	81	2,120	1,735	—	2	8	86	82
New Hampshire	—	3	8	129	186	3	3	7	140	95	—	0	2	11	12
Rhode Island§	—	1	7	60	60	4	5	14	262	297	—	0	2	11	9
Vermont§	1	4	10	171	205	—	0	17	47	44	—	0	1	8	5
Mid. Atlantic	44	61	103	2,752	3,095	361	683	1,121	31,774	28,231	11	11	34	505	509
New Jersey	—	4	13	208	389	—	106	161	4,814	4,289	—	2	7	78	112
New York (Upstate)	32	22	84	1,049	1,182	191	103	422	5,138	5,210	5	3	20	138	134
New York City	4	17	33	809	752	—	228	529	10,524	9,837	—	2	6	97	62
Pennsylvania	8	15	27	686	772	170	248	365	11,298	8,895	6	4	9	192	201
E.N. Central	19	54	81	2,542	2,639	285	921	1,260	42,179	56,851	2	10	20	428	393
Illinois	—	12	26	515	560	—	180	380	7,625	18,101	—	3	9	136	147
Indiana	—	5	13	197	271	—	98	221	4,690	6,299	—	1	6	72	70
Michigan	3	13	25	612	604	203	249	471	11,836	13,371	—	0	4	28	23
Ohio	16	17	29	772	732	42	316	375	13,829	14,400	2	2	6	105	87
Wisconsin	—	8	30	446	472	40	93	155	4,199	4,680	—	2	5	87	66
W.N. Central	7	25	165	1,278	1,508	124	278	357	12,479	13,333	2	3	24	144	145
Iowa	—	5	11	259	269	—	32	53	1,480	1,511	—	0	1	1	—
Kansas	—	4	10	192	144	6	39	83	1,749	2,277	—	0	2	15	13
Minnesota	—	0	135	136	343	—	38	62	1,629	2,087	—	0	17	25	50
Missouri	7	8	26	392	468	118	136	175	6,208	5,814	1	1	6	72	55
Nebraska§	—	4	9	193	159	—	20	50	938	1,220	1	0	2	21	21
North Dakota	—	0	7	28	24	—	2	11	97	120	—	0	4	10	6
South Dakota	—	1	7	78	101	—	7	19	378	304	—	0	0	—	—
S. Atlantic	65	72	143	3,301	3,321	543	1,346	1,745	61,315	67,401	15	14	27	665	687
Delaware	—	0	5	28	23	10	18	48	877	860	—	0	1	5	3
District of Columbia	—	1	5	33	68	23	35	66	1,618	2,370	—	0	1	4	5
Florida	50	39	87	1,915	1,738	166	390	493	17,847	18,906	4	3	9	163	202
Georgia	—	10	51	485	663	96	207	421	8,674	12,349	5	3	9	156	135
Maryland§	8	5	11	240	255	126	133	237	6,007	5,491	1	1	6	59	80
North Carolina	N	0	0	N	N	—	246	596	11,923	12,562	5	2	9	113	89
South Carolina§	1	2	9	124	100	—	152	232	7,112	7,575	—	2	7	71	67
Virginia§	6	9	36	437	425	122	153	271	6,767	6,845	—	2	4	72	79
West Virginia	—	0	6	39	49	—	10	24	490	443	—	0	5	22	27
E.S. Central	1	6	15	241	374	54	475	698	20,972	24,161	1	3	12	150	147
Alabama§	1	4	11	184	180	—	145	218	6,461	6,814	—	0	3	22	35
Kentucky	N	0	0	N	N	—	73	142	3,333	3,514	—	0	2	30	19
Mississippi	N	0	0	N	N	—	110	216	4,786	6,651	—	0	2	11	8
Tennessee§	—	1	9	57	194	54	147	195	6,392	7,182	1	2	10	87	85
W.S. Central	—	8	16	339	469	204	801	1,284	37,556	42,232	2	2	20	113	111
Arkansas§	—	2	7	121	140	74	76	133	3,335	4,033	—	0	3	15	18
Louisiana	—	3	9	155	184	—	71	441	3,693	8,060	—	0	3	22	20
Oklahoma	—	2	7	63	145	130	78	359	3,962	4,046	2	1	15	68	69
Texas§	N	0	0	N	N	—	578	964	26,566	26,093	—	0	2	8	4
Mountain	13	30	50	1,466	1,514	70	173	262	7,719	8,336	1	5	15	257	217
Arizona	2	3	8	144	189	39	58	109	2,549	2,800	—	2	10	94	67
Colorado	7	13	27	639	456	—	52	95	2,305	2,524	—	1	5	73	62
Idaho§	3	4	9	188	188	—	2	6	100	96	1	0	2	17	4
Montana§	1	2	7	93	124	—	2	6	93	72	—	0	1	2	1
Nevada§	—	1	11	88	102	4	29	94	1,441	1,525	—	0	2	7	18
New Mexico§	—	2	5	83	109	27	19	41	932	955	—	1	5	37	31
Utah	—	4	11	195	285	—	6	15	270	299	—	0	4	21	31
Wyoming§	—	1	5	36	61	—	0	4	29	65	—	0	2	6	3
Pacific	42	53	133	2,473	2,392	389	606	816	28,611	25,129	1	2	21	112	133
Alaska	—	2	6	86	104	5	24	37	1,092	876	—	0	2	20	20
California	25	33	61	1,536	1,545	333	494	691	23,506	20,653	1	0	18	21	40
Hawaii	—	0	3	28	19	—	14	24	651	574	—	0	2	8	28
Oregon	—	9	20	424	371	10	19	43	899	982	—	1	5	57	42
Washington	17	8	75	399	353	41	53	80	2,463	2,044	—	0	4	6	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	4	30	19	—	0	0	—	—
Puerto Rico	—	1	8	63	145	2	6	14	273	213	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	1	7	78	112	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† 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 November 20, 2010, and November 21, 2009 (46th 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	20	31	69	1,363	1,764	27	62	204	2,741	2,900	11	14	44	716	665
New England	—	2	5	86	100	—	1	5	47	49	1	1	4	37	60
Connecticut	—	0	3	28	18	—	0	2	18	15	—	0	4	25	47
Maine†	—	0	1	7	1	—	0	2	13	13	—	0	0	—	2
Massachusetts	—	1	5	41	64	—	0	2	8	17	—	0	1	10	10
New Hampshire	—	0	1	2	7	—	0	2	6	4	N	0	0	N	N
Rhode Island†	—	0	4	8	8	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	1	0	1	2	1
Mid. Atlantic	2	4	10	185	247	3	5	10	246	301	3	2	6	98	91
New Jersey	—	0	3	12	61	—	1	5	57	91	—	0	2	14	6
New York (Upstate)	1	1	4	54	43	3	1	6	48	47	3	1	4	55	42
New York City	—	1	5	68	81	—	2	4	75	63	—	0	1	1	5
Pennsylvania	1	1	4	51	62	—	1	5	66	100	—	0	3	28	38
E.N. Central	—	4	9	193	265	—	9	17	403	392	—	2	8	102	81
Illinois	—	1	3	44	121	—	1	5	77	109	—	0	1	2	4
Indiana	—	0	2	15	16	—	1	5	47	67	—	0	2	21	19
Michigan	—	1	4	64	64	—	3	6	109	115	—	1	4	63	29
Ohio	—	0	5	44	35	—	2	6	84	80	—	0	1	8	26
Wisconsin	—	0	3	26	29	—	1	8	86	21	—	0	2	8	3
W.N. Central	—	1	13	69	111	—	2	15	108	124	—	0	11	22	21
Iowa	—	0	3	9	35	—	0	2	13	31	—	0	1	—	10
Kansas	—	0	3	11	12	—	0	2	8	6	—	0	1	2	1
Minnesota	—	0	12	15	19	—	0	13	8	24	—	0	9	12	6
Missouri	—	0	2	21	21	—	1	3	66	41	—	0	1	6	—
Nebraska†	—	0	4	12	20	—	0	2	12	19	—	0	1	2	2
North Dakota	—	0	1	—	1	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	1	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	6	7	14	310	386	11	16	40	786	797	4	4	7	155	151
Delaware	—	0	1	7	3	—	0	2	23	30	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	4	3	7	126	158	7	6	11	269	258	2	1	5	52	44
Georgia	—	1	3	35	47	2	3	7	134	134	—	0	2	8	30
Maryland†	1	0	3	21	44	1	1	6	68	68	1	0	2	24	21
North Carolina	—	1	5	45	36	1	1	16	89	98	1	0	3	39	21
South Carolina†	—	0	3	22	56	—	1	4	51	52	—	0	1	1	1
Virginia†	1	1	6	46	36	—	2	14	88	86	—	0	2	12	8
West Virginia	—	0	5	7	5	—	0	14	61	61	—	0	5	17	25
E.S. Central	1	1	3	37	37	—	7	13	322	307	3	3	8	133	92
Alabama†	—	0	1	6	10	—	1	4	61	80	—	0	1	6	7
Kentucky	1	0	3	17	9	—	2	8	114	80	1	2	5	90	55
Mississippi	—	0	1	2	8	—	1	3	35	29	U	0	0	U	U
Tennessee†	—	0	2	12	10	—	2	8	112	118	2	1	4	37	30
W.S. Central	2	3	19	126	173	7	9	109	436	511	—	1	14	65	53
Arkansas†	—	0	1	2	11	—	0	4	41	60	—	0	0	—	2
Louisiana	—	0	2	10	6	—	1	4	42	64	—	0	1	7	7
Oklahoma	—	0	3	1	3	3	2	19	85	90	—	0	12	28	12
Texas†	2	2	18	113	153	4	5	87	268	297	—	0	3	30	32
Mountain	—	3	8	132	145	—	2	8	121	118	—	1	5	48	48
Arizona	—	1	5	59	60	—	0	2	28	39	U	0	0	U	U
Colorado	—	1	3	34	47	—	1	5	40	23	—	0	1	12	26
Idaho†	—	0	2	6	4	—	0	1	6	11	—	0	2	9	6
Montana†	—	0	1	4	6	—	0	1	1	1	—	0	1	2	1
Nevada†	—	0	2	14	13	—	1	3	35	29	—	0	1	4	4
New Mexico†	—	0	1	4	8	—	0	1	5	6	—	0	2	11	6
Utah	—	0	1	8	5	—	0	1	5	5	—	0	2	10	5
Wyoming†	—	0	3	3	2	—	0	1	1	4	—	0	0	—	—
Pacific	9	5	16	225	300	6	6	20	272	301	—	1	6	56	68
Alaska	—	0	1	2	2	—	0	1	3	3	U	0	0	U	U
California	9	4	16	187	238	5	4	17	190	212	—	0	4	22	37
Hawaii	—	0	2	3	8	—	0	1	2	6	U	0	0	U	U
Oregon	—	0	2	16	15	—	1	3	34	40	—	0	3	15	17
Washington	—	0	2	17	37	1	1	4	43	40	—	0	6	19	14
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	18	6	—	1	6	40	54	—	0	7	35	48
Puerto Rico	—	0	2	13	21	—	0	2	17	31	—	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 November 20, 2010, and November 21, 2009 (46th 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	51	57	114	2,863	3,160	106	396	2,336	24,718	34,479	11	27	89	1,314	1,245
New England	—	3	15	211	185	9	123	474	7,215	11,838	—	2	4	65	55
Connecticut	—	1	6	43	50	—	36	200	2,257	4,002	—	0	1	1	5
Maine†	—	0	4	12	8	8	11	76	649	835	—	0	1	5	2
Massachusetts	—	1	8	103	88	1	41	206	2,763	5,053	—	1	3	45	36
New Hampshire	—	0	5	21	13	—	22	67	1,093	1,338	—	0	2	4	4
Rhode Island†	—	0	4	23	19	—	1	40	147	224	—	0	1	7	5
Vermont†	—	0	2	9	7	—	4	27	306	386	—	0	1	3	3
Mid. Atlantic	7	15	38	775	1,104	57	168	721	11,431	15,022	1	7	17	359	370
New Jersey	—	2	11	93	205	—	41	207	2,918	4,810	—	0	4	1	92
New York (Upstate)	2	5	19	257	323	33	51	577	2,676	3,718	1	1	6	68	43
New York City	—	2	10	131	215	—	2	14	67	995	—	4	14	235	185
Pennsylvania	5	5	18	294	361	24	77	383	5,770	5,499	—	1	3	55	50
E.N. Central	9	11	41	640	672	1	15	260	2,123	2,861	—	2	9	132	157
Illinois	—	1	15	120	121	—	1	16	115	136	—	1	7	47	65
Indiana	1	2	6	100	60	—	1	7	66	81	—	0	2	8	21
Michigan	—	2	20	161	155	—	1	13	90	98	—	0	4	29	28
Ohio	8	4	15	213	264	—	0	5	22	50	—	0	5	38	34
Wisconsin	—	0	11	46	72	1	12	235	1,830	2,496	—	0	1	10	9
W.N. Central	8	2	19	115	109	—	2	1,395	113	229	—	1	11	64	63
Iowa	—	0	2	13	22	—	0	10	78	106	—	0	2	12	10
Kansas	—	0	2	11	7	—	0	1	6	18	—	0	2	10	8
Minnesota	8	0	16	35	12	—	0	1,380	—	96	—	0	11	3	24
Missouri	—	0	4	33	53	—	0	1	1	3	—	0	3	21	12
Nebraska†	—	0	2	9	12	—	0	2	9	5	—	0	2	15	8
North Dakota	—	0	1	6	1	—	0	15	18	—	—	0	1	—	—
South Dakota	—	0	2	8	2	—	0	1	1	1	—	0	2	3	1
S. Atlantic	20	10	27	482	535	35	58	175	3,477	4,077	7	7	42	377	322
Delaware	—	0	3	15	19	—	10	32	565	932	—	0	1	2	5
District of Columbia	—	0	4	15	21	—	0	4	25	61	—	0	2	9	17
Florida	6	3	9	152	167	2	1	10	92	100	3	2	7	116	83
Georgia	1	1	4	48	55	—	0	2	11	38	—	0	5	41	65
Maryland†	5	2	6	104	139	7	25	100	1,513	1,919	—	1	22	91	62
North Carolina	2	0	7	53	58	—	1	9	80	93	2	0	13	47	29
South Carolina†	—	0	2	10	11	—	0	3	28	37	—	0	1	4	5
Virginia†	6	1	6	72	56	26	17	79	1,045	733	2	1	5	64	54
West Virginia	—	0	3	13	9	—	0	32	118	164	—	0	2	3	2
E.S. Central	1	2	10	119	129	—	1	4	43	35	—	0	3	29	30
Alabama†	—	0	2	17	17	—	0	1	2	3	—	0	1	9	9
Kentucky	—	0	4	26	47	—	0	1	5	1	—	0	3	6	9
Mississippi	—	0	3	9	4	—	0	0	—	—	—	0	2	2	3
Tennessee†	1	1	6	67	61	—	1	4	36	31	—	0	2	12	9
W.S. Central	1	3	14	134	116	1	2	44	94	210	1	1	31	76	63
Arkansas†	1	0	2	14	7	—	0	0	—	—	—	0	1	2	5
Louisiana	—	0	3	8	13	—	0	1	2	—	—	0	1	4	5
Oklahoma	—	0	4	13	6	—	0	2	—	—	—	0	1	5	1
Texas†	—	2	10	99	90	1	2	42	92	210	1	1	30	65	52
Mountain	1	3	10	152	133	—	0	3	23	53	—	1	4	57	46
Arizona	1	1	6	59	42	—	0	1	2	6	—	0	2	22	9
Colorado	—	1	5	32	27	—	0	1	3	1	—	0	3	20	26
Idaho†	—	0	1	6	6	—	0	2	7	15	—	0	1	3	2
Montana†	—	0	1	4	7	—	0	1	3	3	—	0	1	2	5
Nevada†	—	0	2	19	12	—	0	1	1	12	—	0	1	6	—
New Mexico†	—	0	2	7	9	—	0	2	5	5	—	0	1	1	—
Utah	—	0	2	20	26	—	0	1	2	9	—	0	1	3	4
Wyoming†	—	0	2	5	4	—	0	1	—	2	—	0	0	—	—
Pacific	4	5	19	235	177	3	4	11	199	154	2	3	19	155	139
Alaska	—	0	2	2	1	—	0	1	6	6	—	0	1	3	2
California	4	4	19	197	136	3	3	9	132	97	1	2	13	106	104
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	12	16	—	1	4	48	37	—	0	3	12	11
Washington	—	0	4	23	23	—	0	3	13	14	1	0	5	33	21
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	2	N	0	0	N	N	—	0	2	4	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. 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 November 20, 2010, and November 21, 2009 (46th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	12	15	43	666	837	241	331	1,756	17,250	13,750	28	64	140	2,931	4,716
New England	1	0	3	17	30	4	8	23	434	582	1	4	15	210	313
Connecticut	—	0	2	2	4	—	1	8	95	50	—	0	14	59	132
Maine§	1	0	1	4	4	1	0	5	43	77	1	1	4	58	50
Massachusetts	—	0	2	6	14	2	5	14	239	331	—	0	0	—	—
New Hampshire	—	0	0	—	3	—	0	2	18	72	—	0	5	13	31
Rhode Island§	—	0	0	—	4	—	0	9	26	41	—	1	4	31	41
Vermont§	—	0	1	5	1	1	0	4	13	11	—	1	5	49	59
Mid. Atlantic	—	1	4	62	95	53	26	63	1,396	1,073	7	18	41	893	522
New Jersey	—	0	2	16	17	—	2	8	109	221	—	0	0	—	—
New York (Upstate)	—	0	3	11	20	18	9	27	485	203	7	9	19	463	404
New York City	—	0	2	14	16	—	0	9	78	86	—	2	12	120	18
Pennsylvania	—	0	2	21	42	35	11	42	724	563	—	5	24	310	100
E.N. Central	2	2	8	114	153	79	82	173	4,350	2,834	—	2	27	222	217
Illinois	—	0	3	19	41	—	14	29	711	578	—	1	11	114	82
Indiana	—	0	3	23	33	—	9	26	470	339	—	0	0	—	25
Michigan	—	0	3	20	19	12	26	54	1,233	778	—	1	5	64	64
Ohio	2	1	2	31	39	66	27	71	1,527	983	—	0	12	44	46
Wisconsin	—	0	2	21	21	1	7	20	409	156	—	0	0	—	—
W.N. Central	—	1	6	43	71	22	32	627	2,007	2,008	1	4	16	220	361
Iowa	—	0	3	9	11	—	9	26	451	216	—	0	2	7	31
Kansas	—	0	2	6	13	—	3	9	142	226	—	1	4	58	72
Minnesota	—	0	2	2	11	—	0	601	698	421	—	0	9	26	60
Missouri	—	0	3	19	22	20	8	39	439	942	—	1	6	65	64
Nebraska§	—	0	2	5	9	2	4	13	201	132	1	1	4	49	77
North Dakota	—	0	1	2	1	—	0	30	50	29	—	0	7	15	4
South Dakota	—	0	1	—	4	—	0	5	26	42	—	0	2	—	53
S. Atlantic	2	2	7	121	153	16	28	78	1,359	1,489	18	21	73	986	1,964
Delaware	—	0	1	2	2	—	0	4	12	13	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	6	6	—	0	0	—	—
Florida	1	1	5	55	49	7	5	28	287	477	—	0	60	72	161
Georgia	—	0	2	10	30	1	3	18	213	212	—	0	13	—	375
Maryland§	—	0	1	8	10	1	3	8	120	135	5	6	14	337	363
North Carolina	1	0	2	15	29	—	0	32	124	186	—	0	7	—	440
South Carolina§	—	0	1	10	11	1	5	19	298	239	—	0	0	—	—
Virginia§	—	0	2	19	16	6	5	15	214	191	13	10	25	506	514
West Virginia	—	0	2	2	6	—	1	13	85	30	—	1	7	71	111
E.S. Central	—	1	3	38	30	2	14	34	668	727	—	3	7	137	134
Alabama§	—	0	2	6	8	—	4	8	176	282	—	1	4	49	—
Kentucky	—	0	2	17	5	—	5	14	231	210	—	0	4	19	45
Mississippi	—	0	1	5	3	—	1	8	63	66	—	0	1	1	4
Tennessee§	—	0	2	10	14	2	4	11	198	169	—	1	4	68	85
W.S. Central	3	1	9	78	82	26	56	753	2,523	2,950	—	0	30	61	864
Arkansas§	—	0	1	6	9	—	3	29	159	317	—	0	7	21	38
Louisiana	—	0	4	12	17	—	1	4	32	143	—	0	0	—	—
Oklahoma	—	0	7	15	12	2	0	41	65	73	—	0	30	40	32
Texas§	3	1	7	45	44	24	48	681	2,267	2,417	—	0	14	—	794
Mountain	1	1	6	52	57	33	24	57	1,311	875	—	1	8	77	102
Arizona	—	0	2	13	12	4	7	16	367	231	—	0	5	—	—
Colorado	1	0	4	19	19	29	4	40	320	204	—	0	0	—	—
Idaho§	—	0	2	7	7	—	3	19	180	69	—	0	2	11	8
Montana§	—	0	1	1	5	—	1	12	75	54	—	0	3	16	25
Nevada§	—	0	1	8	4	—	0	7	31	24	—	0	2	8	6
New Mexico§	—	0	1	3	3	—	2	11	119	66	—	0	2	11	26
Utah	—	0	1	1	2	—	4	13	209	205	—	0	2	10	13
Wyoming§	—	0	0	—	5	—	0	2	10	22	—	0	4	21	24
Pacific	3	3	16	141	166	6	40	209	3,202	1,212	1	3	12	125	239
Alaska	—	0	1	1	6	—	0	6	37	50	—	0	2	12	12
California	3	2	13	94	105	2	27	181	2,438	630	1	2	12	101	216
Hawaii	—	0	1	1	5	—	0	6	41	41	—	0	0	—	—
Oregon	—	1	2	29	37	—	6	16	294	240	—	0	2	12	11
Washington	—	0	7	16	13	4	5	38	392	251	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	2	—	0	0	—	—
Puerto Rico	—	0	1	—	1	—	0	1	3	1	—	1	3	40	39
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† 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 November 20, 2010, and November 21, 2009 (46th 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	668	900	1,706	45,573	43,732	56	84	208	4,250	4,176	193	273	527	12,195	13,935
New England	5	32	448	2,076	2,009	1	3	52	186	283	1	4	62	290	318
Connecticut	—	0	432	432	430	—	0	52	52	67	—	0	57	57	43
Maine§	1	2	7	117	114	—	0	3	18	19	1	0	1	7	5
Massachusetts	3	23	54	1,164	1,032	—	2	8	77	99	—	4	16	202	221
New Hampshire	—	3	10	152	242	—	0	2	20	35	—	0	1	12	21
Rhode Island§	—	2	17	140	131	—	0	26	2	38	—	0	3	11	23
Vermont§	1	1	5	71	60	1	0	2	17	25	—	0	1	1	5
Mid. Atlantic	48	94	219	5,212	4,997	3	9	31	459	392	5	33	53	1,410	2,563
New Jersey	—	19	57	977	1,035	—	1	6	56	97	—	6	16	288	556
New York (Upstate)	25	25	78	1,306	1,174	3	3	13	179	135	—	4	19	207	195
New York City	7	25	56	1,242	1,164	—	1	7	67	55	1	6	14	271	418
Pennsylvania	16	29	82	1,687	1,624	—	3	13	157	105	4	14	34	644	1,394
E.N. Central	19	86	239	4,706	4,734	4	10	39	673	667	9	26	238	1,517	2,322
Illinois	—	28	114	1,636	1,345	—	2	9	115	157	—	9	228	741	555
Indiana	—	9	55	430	566	—	1	9	66	89	—	1	5	33	63
Michigan	4	15	48	844	891	—	2	16	149	127	—	5	9	218	209
Ohio	15	24	47	1,204	1,307	4	2	11	133	121	9	6	23	284	1,025
Wisconsin	—	11	44	592	625	—	3	17	210	173	—	4	21	241	470
W.N. Central	24	45	98	2,224	2,411	2	12	39	602	681	6	48	88	1,895	1,040
Iowa	—	9	34	479	370	—	3	16	162	150	—	1	5	48	49
Kansas	—	8	19	404	364	—	1	6	64	53	—	5	14	238	185
Minnesota	—	0	32	178	512	—	0	13	31	195	—	0	3	14	73
Missouri	15	13	44	752	597	2	4	27	226	128	6	42	75	1,533	696
Nebraska§	9	4	13	235	324	—	1	6	70	81	—	1	10	55	29
North Dakota	—	0	39	48	63	—	0	10	17	8	—	0	5	—	4
South Dakota	—	3	8	128	181	—	0	4	32	66	—	0	2	7	4
S. Atlantic	422	268	601	14,127	12,838	18	13	30	659	619	85	45	97	2,326	2,156
Delaware	—	3	11	164	129	—	0	2	6	13	—	1	8	39	134
District of Columbia	—	1	6	66	92	—	0	1	5	2	—	0	4	23	22
Florida	164	121	227	5,686	5,822	4	4	13	218	159	34	14	53	1,010	421
Georgia	39	41	132	2,520	2,178	—	1	15	100	67	11	13	39	693	593
Maryland§	16	15	54	941	725	4	1	8	91	87	3	2	8	119	348
North Carolina	183	29	197	2,145	1,677	9	1	10	82	101	35	3	18	216	343
South Carolina§	6	20	94	1,431	1,051	—	0	3	19	30	—	1	5	61	112
Virginia§	14	18	68	1,016	966	1	2	15	120	131	2	2	15	129	175
West Virginia	—	2	16	158	198	—	0	4	18	29	—	0	11	36	8
E.S. Central	27	52	177	3,593	2,848	2	5	19	246	197	4	13	40	660	743
Alabama§	9	18	51	937	855	—	1	4	46	44	1	3	13	168	145
Kentucky	7	10	31	528	415	—	1	6	65	66	1	3	28	210	200
Mississippi	—	16	67	1,146	854	1	0	12	28	6	—	1	4	48	44
Tennessee§	11	14	53	982	724	1	2	7	107	81	2	5	14	234	354
W.S. Central	23	98	547	5,412	5,381	6	5	68	271	289	54	51	251	2,344	2,609
Arkansas§	3	11	43	722	569	—	1	5	45	41	1	1	9	65	285
Louisiana	—	19	48	1,099	1,106	—	0	2	17	23	—	5	13	232	166
Oklahoma	12	11	46	615	571	6	0	27	40	31	7	6	96	247	256
Texas§	8	51	477	2,976	3,135	—	3	41	169	194	46	38	144	1,800	1,902
Mountain	15	48	105	2,490	2,768	4	10	34	573	534	4	15	32	713	1,060
Arizona	2	18	42	861	978	1	1	9	78	64	3	8	19	396	763
Colorado	9	10	24	529	570	—	3	21	208	160	1	2	6	91	90
Idaho§	4	3	9	148	159	3	1	7	94	88	—	0	3	23	8
Montana§	—	2	7	81	101	—	1	5	39	34	—	0	1	6	11
Nevada§	—	4	22	266	233	—	0	5	28	34	—	1	6	44	66
New Mexico§	—	5	16	288	339	—	1	5	35	34	—	2	9	114	100
Utah	—	5	17	278	298	—	1	7	76	106	—	1	4	39	18
Wyoming§	—	1	5	39	90	—	0	2	15	14	—	0	0	—	4
Pacific	85	124	299	5,733	5,746	16	10	46	581	514	25	21	64	1,040	1,124
Alaska	—	1	5	75	63	—	0	1	2	1	—	0	2	1	2
California	52	89	227	4,339	4,292	15	6	35	266	237	23	16	51	863	902
Hawaii	2	4	14	197	302	—	0	4	18	11	—	0	3	19	38
Oregon	—	8	48	459	396	—	2	9	100	77	—	1	4	55	49
Washington	31	15	61	663	693	1	3	19	195	188	2	2	20	102	133
Territories															
American Samoa	—	0	1	2	—	—	0	0	—	—	—	1	1	4	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	7	11	—	0	0	—	—	—	0	1	1	13
Puerto Rico	—	11	39	456	502	—	0	0	—	—	—	0	1	4	13
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 2010, and November 21, 2009 (46th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	1	2	12	150	141	30	19	421	1,412	1,212
New England	—	0	0	—	2	—	0	1	3	10
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	2	5
Massachusetts	—	0	0	—	1	—	0	1	—	5
New Hampshire	—	0	0	—	—	—	0	1	1	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	16	12	—	1	4	57	92
New Jersey	—	0	0	—	2	—	0	2	—	58
New York (Upstate)	—	0	1	2	—	—	0	3	17	14
New York City	—	0	1	1	1	—	0	4	27	7
Pennsylvania	—	0	2	13	9	—	0	1	13	13
E.N. Central	—	0	1	4	9	—	1	9	91	81
Illinois	—	0	1	2	1	—	0	5	33	48
Indiana	—	0	1	2	3	—	0	5	43	10
Michigan	—	0	0	—	4	—	0	1	1	1
Ohio	—	0	0	—	—	—	0	2	13	18
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	4	17	18	—	4	21	301	250
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	13	7	—	4	20	293	241
Nebraska§	—	0	1	2	8	—	0	1	3	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	1	9	78	65	12	7	60	482	368
Delaware	—	0	1	1	—	—	0	3	19	17
District of Columbia	—	0	1	1	—	—	0	1	—	—
Florida	1	0	1	4	—	1	0	2	11	7
Georgia	—	0	6	53	51	—	0	0	—	—
Maryland§	—	0	1	3	3	1	1	4	52	36
North Carolina	—	0	3	11	7	7	1	48	251	241
South Carolina§	—	0	1	1	3	—	0	2	18	15
Virginia§	—	0	2	4	1	3	2	12	131	50
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	—	0	3	19	9	2	5	29	370	252
Alabama§	—	0	1	5	3	—	1	8	73	61
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	2	12	9
Tennessee§	—	0	2	8	5	2	4	20	285	182
W.S. Central	—	0	3	6	9	16	1	408	96	135
Arkansas§	—	0	2	2	—	13	0	110	50	68
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	7	3	0	287	25	46
Texas§	—	0	1	1	2	—	0	11	19	19
Mountain	—	0	1	2	16	—	0	2	12	24
Arizona	—	0	1	—	10	—	0	1	2	12
Colorado	—	0	0	—	1	—	0	1	1	—
Idaho§	—	0	0	—	—	—	0	1	5	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	1	1	2
Pacific	—	0	2	8	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	7	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	0	—	—
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.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 2010, and November 21, 2009 (46th 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	207	224	495	12,349	2,603	20	45	156	1,906	2,106	53	242	413	10,871	12,475
New England	4	9	99	650	46	1	1	24	87	69	6	9	22	408	288
Connecticut	—	0	91	288	—	—	0	22	27	—	—	1	10	81	51
Maine§	2	2	6	107	16	1	0	1	9	8	—	0	3	23	3
Massachusetts	—	1	5	58	3	—	1	4	40	42	2	5	15	245	207
New Hampshire	—	0	7	59	—	—	0	1	3	11	—	0	2	22	13
Rhode Island§	—	0	36	69	15	—	0	3	3	4	4	0	4	35	14
Vermont§	2	1	6	69	12	—	0	1	5	4	—	0	2	2	—
Mid. Atlantic	7	24	56	1,182	180	1	7	48	315	268	9	33	45	1,495	1,581
New Jersey	—	1	8	91	—	—	1	5	48	55	—	4	12	203	205
New York (Upstate)	—	3	12	137	75	—	2	19	99	120	3	2	11	118	106
New York City	1	8	31	517	15	1	2	24	115	78	—	19	31	838	958
Pennsylvania	6	8	22	437	90	—	1	5	53	15	6	7	16	336	312
E.N. Central	39	47	98	2,502	586	—	7	18	315	355	1	26	47	1,163	1,387
Illinois	—	1	7	88	—	—	2	5	81	62	—	8	24	378	674
Indiana	—	7	24	452	220	—	1	6	39	71	—	3	14	152	139
Michigan	5	11	27	603	25	—	2	6	73	67	—	4	12	187	213
Ohio	28	19	49	1,047	341	—	2	6	89	117	1	9	18	408	320
Wisconsin	6	6	22	312	—	—	0	4	33	38	—	1	3	38	41
W.N. Central	11	8	182	655	163	3	2	12	118	165	2	6	19	300	278
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	16	21
Kansas	—	1	7	80	52	—	0	2	13	18	—	0	3	18	29
Minnesota	—	0	179	287	41	—	0	10	44	78	—	2	9	114	64
Missouri	6	2	10	103	59	2	1	3	37	42	2	3	10	142	155
Nebraska§	5	2	7	114	2	1	0	2	14	12	—	0	1	6	5
North Dakota	—	0	11	55	7	—	0	1	2	5	—	0	0	—	4
South Dakota	—	0	3	16	2	—	0	2	8	10	—	0	1	4	—
S. Atlantic	60	50	144	2,835	1,177	6	9	28	470	505	16	57	218	2,671	3,007
Delaware	—	0	3	34	18	—	0	0	—	3	—	0	1	4	27
District of Columbia	—	0	4	24	19	—	0	2	7	5	1	2	21	145	158
Florida	26	22	89	1,276	679	1	3	18	172	174	1	20	44	959	927
Georgia	12	10	28	483	364	3	3	12	132	146	4	13	167	584	724
Maryland§	18	7	31	446	4	2	1	6	48	71	4	6	14	276	274
North Carolina	—	0	0	—	—	—	0	0	—	—	—	7	31	307	512
South Carolina§	1	6	25	419	—	—	1	4	45	45	—	2	7	129	111
Virginia§	—	1	4	49	—	—	1	4	47	42	6	4	22	262	270
West Virginia	3	2	21	104	93	—	0	4	19	19	—	0	2	5	4
E.S. Central	20	21	50	1,100	238	1	2	8	109	133	1	17	39	799	1,025
Alabama§	—	0	0	—	—	—	0	0	—	—	—	5	11	212	393
Kentucky	—	3	16	165	69	—	0	2	13	8	—	2	13	117	62
Mississippi	—	1	6	48	48	—	0	2	10	24	—	4	17	193	192
Tennessee§	20	17	44	887	121	1	2	7	86	101	1	6	17	277	378
W.S. Central	40	26	91	1,601	107	3	5	41	252	314	5	38	62	1,662	2,513
Arkansas§	—	3	9	147	50	—	0	3	16	39	4	3	13	159	251
Louisiana	—	2	8	83	57	—	0	3	22	28	—	7	27	366	692
Oklahoma	2	1	5	42	—	2	1	5	42	52	1	2	7	75	83
Texas§	38	22	83	1,329	—	1	3	34	172	195	—	25	35	1,062	1,487
Mountain	24	28	82	1,567	103	5	4	12	209	268	1	9	23	430	476
Arizona	11	10	51	686	—	2	2	7	87	109	—	3	7	124	213
Colorado	10	9	20	488	—	2	1	4	61	45	—	3	8	118	87
Idaho§	—	0	2	15	—	—	0	2	9	8	—	0	1	2	3
Montana§	1	0	2	20	—	1	0	1	3	—	—	0	2	3	3
Nevada§	—	1	4	71	36	—	0	1	5	7	—	1	9	104	86
New Mexico§	2	2	9	134	—	—	0	4	16	34	1	1	4	43	54
Utah	—	2	9	142	56	—	0	3	25	63	—	1	4	36	27
Wyoming§	—	0	1	11	11	—	0	1	3	2	—	0	0	—	3
Pacific	2	5	14	257	3	—	0	7	31	29	12	42	61	1,943	1,920
Alaska	1	2	9	100	—	—	0	5	19	19	—	0	1	1	—
California	1	3	12	157	—	—	0	2	12	—	8	35	54	1,669	1,710
Hawaii	—	0	0	—	3	—	0	0	—	10	—	0	3	28	33
Oregon	—	0	0	—	—	—	0	0	—	—	1	1	7	57	48
Washington	—	0	0	—	—	—	0	0	—	—	3	4	11	188	129
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	—	—	4	3	15	200	196
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/ncphi/disss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 2010, and November 21, 2009 (46th 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	173	282	549	12,586	18,614	—	0	70	585	384	—	0	52	372	334
New England	3	15	36	637	985	—	0	3	13	—	—	0	1	2	—
Connecticut	—	6	20	256	449	—	0	2	6	—	—	0	1	1	—
Maine§	—	3	15	195	216	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	2	6	—	—	0	1	1	—
New Hampshire	—	2	8	114	185	—	0	1	1	—	—	0	0	—	—
Rhode Island§	—	1	12	32	38	—	0	0	—	—	—	0	0	—	—
Vermont§	3	0	10	38	93	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	16	31	62	1,414	1,864	—	0	19	125	9	—	0	13	62	1
New Jersey	—	8	30	463	413	—	0	3	15	3	—	0	6	15	—
New York (Upstate)	N	0	0	N	N	—	0	9	57	3	—	0	7	30	1
New York City	—	0	0	—	—	—	0	7	32	3	—	0	4	8	—
Pennsylvania	16	22	39	951	1,451	—	0	3	21	—	—	0	3	9	—
E.N. Central	65	100	176	4,250	5,883	—	0	14	73	9	—	0	6	28	4
Illinois	6	23	45	1,074	1,456	—	0	10	41	5	—	0	4	15	—
Indiana§	2	6	35	367	408	—	0	1	4	2	—	0	2	6	2
Michigan	23	31	62	1,274	1,725	—	0	6	25	1	—	0	1	4	—
Ohio	32	29	56	1,217	1,758	—	0	1	3	—	—	0	1	1	2
Wisconsin	2	7	22	318	536	—	0	0	—	1	—	0	1	2	—
W.N. Central	15	16	40	725	1,156	—	0	7	28	26	—	0	11	68	75
Iowa	N	0	0	N	N	—	0	1	2	—	—	0	2	4	5
Kansas§	—	4	22	231	504	—	0	1	3	4	—	0	2	10	9
Minnesota	—	0	0	—	—	—	0	1	4	1	—	0	3	4	3
Missouri	15	7	23	413	543	—	0	1	3	4	—	0	0	—	1
Nebraska§	N	0	0	N	N	—	0	3	10	11	—	0	7	27	41
North Dakota	—	0	26	37	57	—	0	2	2	—	—	0	2	7	1
South Dakota	—	0	7	44	52	—	0	2	4	6	—	0	3	16	15
S. Atlantic	31	34	100	1,909	2,357	—	0	4	32	16	—	0	4	20	2
Delaware§	—	0	3	22	12	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	17	30	—	0	1	1	2	—	0	1	1	—
Florida§	16	15	57	907	1,059	—	0	2	8	2	—	0	1	3	1
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	3	8	—
Maryland§	N	0	0	N	N	—	0	3	16	—	—	0	2	7	1
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	35	75	113	—	0	1	1	3	—	0	0	—	—
Virginia§	7	11	34	478	678	—	0	1	2	5	—	0	1	1	—
West Virginia	8	8	26	410	465	—	0	0	—	—	—	0	0	—	—
E.S. Central	7	5	22	268	514	—	0	1	8	36	—	0	3	10	27
Alabama§	7	5	22	261	509	—	0	1	1	—	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	1	2	3	—	0	1	1	—
Mississippi	—	0	2	7	5	—	0	1	3	29	—	0	2	5	22
Tennessee§	N	0	0	N	N	—	0	1	2	4	—	0	2	2	5
W.S. Central	28	46	285	2,431	4,511	—	0	15	97	117	—	0	3	17	35
Arkansas§	—	2	32	129	458	—	0	3	6	6	—	0	1	1	—
Louisiana	—	1	5	40	124	—	0	3	14	10	—	0	1	6	11
Oklahoma	N	0	0	N	N	—	0	0	—	8	—	0	0	—	2
Texas§	28	41	272	2,262	3,929	—	0	15	77	93	—	0	2	10	22
Mountain	8	20	36	903	1,251	—	0	18	148	77	—	0	15	128	123
Arizona	—	0	0	—	—	—	0	13	100	12	—	0	9	59	8
Colorado§	8	8	18	369	484	—	0	5	26	36	—	0	11	55	67
Idaho§	N	0	0	N	N	—	0	0	—	9	—	0	1	3	29
Montana§	—	3	17	177	153	—	0	0	—	2	—	0	0	—	3
Nevada§	N	0	0	N	N	—	0	0	—	7	—	0	1	2	5
New Mexico§	—	2	8	91	112	—	0	5	19	6	—	0	2	4	2
Utah	—	5	17	252	502	—	0	1	1	1	—	0	1	1	1
Wyoming§	—	0	3	14	—	—	0	1	2	4	—	0	1	4	8
Pacific	—	1	5	49	93	—	0	7	61	94	—	0	5	37	67
Alaska	—	0	5	37	55	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	61	67	—	0	5	36	45
Hawaii	—	0	2	12	38	—	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	1	1	12
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	15	28	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	30	501	485	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). 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 November 20, 2010 (46th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	577	394	120	32	12	19	46
Boston, MA	142	91	32	11	5	3	14
Bridgeport, CT	27	23	4	—	—	—	3
Cambridge, MA	22	15	5	1	—	1	1
Fall River, MA	21	16	4	—	1	—	2
Hartford, CT	43	31	7	4	1	—	4
Lowell, MA	19	16	3	—	—	—	3
Lynn, MA	6	5	1	—	—	—	—
New Bedford, MA	35	27	6	2	—	—	—
New Haven, CT	42	30	5	2	2	3	5
Providence, RI	72	53	15	—	1	3	3
Somerville, MA	3	1	2	—	—	—	—
Springfield, MA	49	26	14	4	1	4	1
Waterbury, CT	33	19	9	4	—	1	2
Worcester, MA	63	41	13	4	1	4	8
Mid. Atlantic	1,891	1,330	406	104	31	20	96
Albany, NY	45	34	9	1	1	—	1
Allentown, PA	28	21	4	2	1	—	—
Buffalo, NY	82	59	17	5	—	1	6
Camden, NJ	20	15	2	2	1	—	2
Elizabeth, NJ	19	9	8	2	—	—	1
Erie, PA	47	32	11	4	—	—	3
Jersey City, NJ	24	14	7	3	—	—	2
New York City, NY	1,037	737	223	49	17	11	52
Newark, NJ	29	5	4	15	4	1	2
Paterson, NJ	15	7	6	2	—	—	1
Philadelphia, PA	200	126	57	8	4	5	8
Pittsburgh, PA§	33	25	5	3	—	—	1
Reading, PA	36	30	4	2	—	—	4
Rochester, NY	89	67	18	1	1	2	6
Schenectady, NY	25	22	2	1	—	—	1
Scranton, PA	28	19	8	1	—	—	2
Syracuse, NY	73	62	9	2	—	—	3
Trenton, NJ	27	19	6	1	1	—	—
Utica, NY	15	13	1	—	1	—	—
Yonkers, NY	19	14	5	—	—	—	1
E.N. Central	2,111	1,414	486	128	37	46	130
Akron, OH	39	29	6	2	1	1	6
Canton, OH	46	31	11	4	—	—	1
Chicago, IL	222	139	71	9	3	—	19
Cincinnati, OH	106	54	24	13	6	9	3
Cleveland, OH	263	186	59	9	—	9	13
Columbus, OH	237	156	56	19	2	4	10
Dayton, OH	138	99	29	7	1	2	7
Detroit, MI	158	88	56	8	4	2	7
Evansville, IN	45	32	11	2	—	—	6
Fort Wayne, IN	82	55	18	5	2	2	2
Gary, IN	23	12	4	7	—	—	—
Grand Rapids, MI	63	49	8	2	3	1	4
Indianapolis, IN	193	127	41	16	3	6	20
Lansing, MI	41	30	7	2	2	—	3
Milwaukee, WI	95	63	23	7	2	—	6
Peoria, IL	51	36	6	6	1	2	4
Rockford, IL	56	41	8	1	4	2	5
South Bend, IN	65	47	11	5	—	2	4
Toledo, OH	126	88	29	3	3	3	4
Youngstown, OH	62	52	8	1	—	1	6
W.N. Central	657	419	156	40	18	23	45
Des Moines, IA	37	20	11	2	1	3	1
Duluth, MN	40	29	8	1	1	1	3
Kansas City, KS	U	U	U	U	U	U	U
Kansas City, MO	96	65	23	3	3	2	10
Lincoln, NE	55	49	5	1	—	—	5
Minneapolis, MN	71	44	21	4	1	1	6
Omaha, NE	94	64	19	6	3	2	6
St. Louis, MO	205	112	58	16	8	10	12
St. Paul, MN	59	36	11	7	1	4	2
Wichita, KS	U	U	U	U	U	U	U
S. Atlantic	1,129	706	296	87	24	14	69
Atlanta, GA	135	78	35	12	6	2	7
Baltimore, MD	133	74	42	6	5	6	12
Charlotte, NC	128	79	35	9	4	1	7
Jacksonville, FL	158	93	48	13	2	2	9
Miami, FL	34	23	9	2	—	—	1
Norfolk, VA	39	27	10	1	—	1	1
Richmond, VA	59	38	14	7	—	—	3
Savannah, GA	48	37	8	1	—	2	3
St. Petersburg, FL	53	37	8	8	—	—	4
Tampa, FL	205	134	51	17	3	—	13
Washington, D.C.	124	80	31	9	4	—	9
Wilmington, DE	13	6	5	2	—	—	—
E.S. Central	864	594	196	37	18	19	60
Birmingham, AL	164	103	44	5	6	6	8
Chattanooga, TN	75	56	16	2	1	—	3
Knoxville, TN	107	73	21	7	3	3	7
Lexington, KY	64	38	22	1	2	1	5
Memphis, TN	164	114	38	9	2	1	17
Mobile, AL	86	63	17	6	—	—	2
Montgomery, AL	32	25	6	1	—	—	7
Nashville, TN	172	122	32	6	4	8	11
W.S. Central	1,423	935	349	85	24	30	90
Austin, TX	113	82	26	3	2	—	4
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	59	38	16	3	1	1	8
Dallas, TX	189	118	50	8	3	10	15
El Paso, TX	101	70	22	8	1	—	2
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	438	272	115	34	7	10	26
Little Rock, AR	48	27	17	2	1	1	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	247	178	44	13	7	5	25
Shreveport, LA	54	40	9	4	—	1	1
Tulsa, OK	174	110	50	10	2	2	9
Mountain	1,091	718	261	63	25	20	66
Albuquerque, NM	115	77	23	9	5	1	10
Boise, ID	59	45	13	1	—	—	3
Colorado Springs, CO	58	42	12	3	—	1	3
Denver, CO	89	53	25	5	2	4	7
Las Vegas, NV	259	174	60	12	7	6	10
Ogden, UT	33	24	6	2	—	1	1
Phoenix, AZ	194	116	52	14	6	4	10
Pueblo, CO	34	23	10	—	1	—	—
Salt Lake City, UT	140	92	33	10	3	2	11
Tucson, AZ	110	72	27	7	1	1	11
Pacific	1,604	1,123	352	83	27	19	129
Berkeley, CA	11	11	—	—	—	—	1
Fresno, CA	129	83	32	10	3	1	5
Glendale, CA	33	30	2	1	—	—	7
Honolulu, HI	63	50	10	2	1	—	11
Long Beach, CA	60	39	16	5	—	—	5
Los Angeles, CA	242	159	60	12	8	3	24
Pasadena, CA	23	14	7	1	—	1	2
Portland, OR	104	70	23	6	3	2	10
Sacramento, CA	225	155	53	8	6	3	19
San Diego, CA	38	30	5	1	1	1	2
San Francisco, CA	101	63	31	4	—	3	8
San Jose, CA	205	154	37	12	1	1	16
Santa Cruz, CA	31	23	5	2	1	—	2
Seattle, WA	144	100	31	9	1	3	5
Spokane, WA	70	51	11	5	2	1	4
Tacoma, WA	125	91	29	5	—	—	8
Total¶	**11,347**	**7,633**	**2,622**	**659**	**216**	**210**	**731**

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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