

World TB Day — March 24, 2010

World TB Day is observed each year on March 24 to commemorate the date in 1882 when Robert Koch announced the discovery of *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis (TB). Worldwide, TB remains one of the leading causes of death from infectious disease. Each year, approximately 9 million persons around the world become ill with TB, and nearly 2 million TB-related deaths occur worldwide (1). World TB Day provides an opportunity for TB programs, nongovernmental organizations, and others to describe problems and solutions related to the TB pandemic and to support worldwide TB control efforts. The U.S. theme for this year's observance is TB Elimination: Together We Can!

The number of reported TB cases in the United States is at an all-time low, with 17 consecutive years of decline. However, racial/ethnic minority populations and foreign-born persons continue to account for a disproportionate percentage of TB cases (2). Clinicians, laboratorians, and public health departments must remain vigilant to guard against the resurgence of TB.

CDC is committed to eliminating TB in the United States. Achieving this goal demands targeted interventions for populations at high risk. Multidrug-resistant TB remains a threat, and extensively drug-resistant TB has become an emerging threat (3). Additional information about World TB Day and CDC's TB elimination activities is available at <http://www.cdc.gov/tb/events/worldtbdays>.

References

1. World Health Organization. Global tuberculosis control: a short update to the 2009 report. Geneva, Switzerland: World Health Organization; 2009. Available at http://www.who.int/tb/publications/global_report/2009/update/tbu_9.pdf. Accessed March 11, 2010.
2. CDC. Decrease in reported tuberculosis cases—United States, 2009. *MMWR* 2010;59:289–94.
3. CDC. Plan to combat extensively drug-resistant tuberculosis. Recommendations of the Federal Tuberculosis Task Force. *MMWR* 2009;58(No. RR-3).

Decrease in Reported Tuberculosis Cases — United States, 2009

Every year, CDC reports results from the National TB Surveillance System for the previous year. For 2009, a total of 11,540 tuberculosis (TB) cases were reported in the United States. The TB rate was 3.8 cases per 100,000 population, a decrease of 11.4% from the rate of 4.2 per 100,000 reported for 2008. The 2009 rate showed the greatest single-year decrease ever recorded and was the lowest recorded rate since national TB surveillance began in 1953 (1). TB case counts and rates decreased substantially among both foreign-born and U.S.-born persons, although foreign-born persons and racial/ethnic minorities continued to have TB disease disproportionate to their respective populations. The TB rate in foreign-born persons was nearly 11 times higher than in U.S.-born persons. The rates among Hispanics and blacks were approximately eight times higher than among non-Hispanic whites, and rates among Asians were nearly 26 times higher. The large decrease in reported cases during 2009 might represent a decrease in TB disease resulting from changes in population demographics or improved TB control. However, increased underreporting or underdiagnosis of TB also is possible. CDC currently is investigating possible causes for the sharp decrease in reported TB cases. Diagnosing and reporting all TB cases is essential to ensure treatment of patients with TB and implementation

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of other public health interventions that interrupt transmission.

Health departments in the 50 states and the District of Columbia (DC) electronically report to CDC the TB cases that meet the CDC/Council of State and Territorial Epidemiologists case definition.* Reports include the patient's race, ethnicity (i.e., Hispanic or non-Hispanic), treatment information, and, whenever available, drug-susceptibility test results. CDC calculates national and state TB rates overall and by racial/ethnic population using current U.S. Census population estimates. Annual estimates were used to calculate the national TB rate and the percentage change from 2008 to 2009. Population denominators used to calculate TB rates and percentage changes over time according to national origin (U.S.-born versus foreign-born persons) were obtained from the Current Population Survey. A U.S.-born person was defined as someone born in the United States or in its associated jurisdictions, or someone born in a foreign country but having at least one U.S.-born parent. Persons not

* Available at http://www.cdc.gov/ncphi/diss/nndss/casedef/tuberculosis_current.htm.

meeting this definition were classified as foreign born. For 2009, patients with unknown country of birth represented 2.0% (235 of 11,540) of total cases. For this report, persons identified as white, black, Asian, American Indian/Alaska Native, native Hawaiian or other Pacific Islander, or of multiple races were all classified as non-Hispanic. Persons identified as Hispanic might be of any race.

In 2009, TB rates in the 51 reporting areas ranged from 0.4 (Wyoming) to 9.1 (Hawaii) cases per 100,000 population (median: 2.7 cases per 100,000 population) (Figure 1). Thirty-six states and DC had lower rates in 2009 than 2008; 14 states had higher rates. Four states (California, Florida, New York, and Texas) reported more than 500 cases each for 2009. Combined, these four states accounted for half (50.3% [5,801]) of all TB cases in 2009.

In 2009, a total of 4,499 TB cases were reported in U.S.-born persons (representing 39.8% of the 11,305 cases with known national origin), compared with 5,282 reported in 2008. The 2009 rate in U.S.-born persons was 1.7 per 100,000, a decrease of 15.8% compared with 2008, and a decrease of 77%

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compared with 1993 (Figure 2). In 2009, a total of 1,861 cases were reported among blacks, representing the highest number of TB cases among U.S.-born persons and 41.4% of all U.S.-born cases in 2009. A total of 3,386 cases were reported among Hispanics, more than any other racial/ethnic group, followed by Asians and blacks (Table). Asians had the highest TB case rate among all racial/ethnic groups. From 2008 to 2009, TB rates decreased for all racial/ethnic minorities. The greatest annual decrease in TB rate was among whites (15.2%), followed by blacks (14.0%) and Hispanics (13.6%). The smallest decrease in 2009 was among Asians (9.0%).

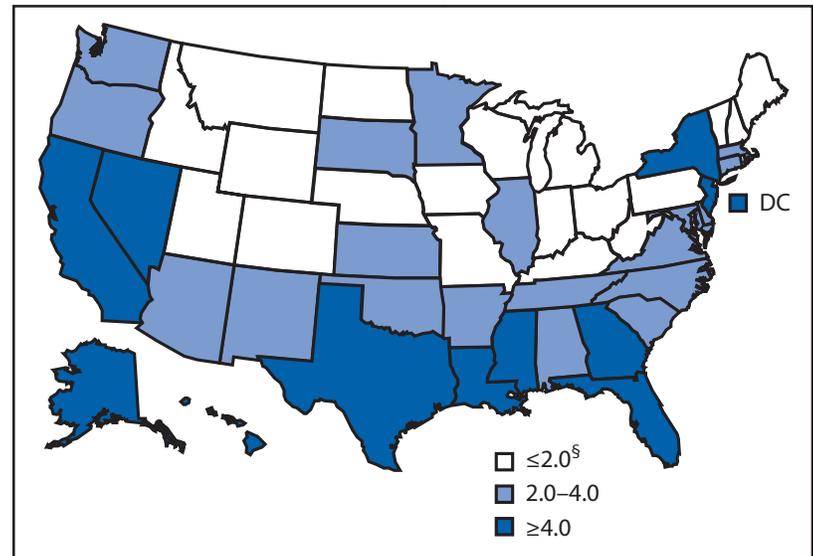
A total of 6,806 TB cases were reported in foreign-born persons in 2009, compared with 7,602 reported in 2008, a decrease of 10.5%. For 2009, these cases represented 60.2% of all cases with known national origin, compared to 59.0% of cases with known origin in 2008. The TB rate among foreign-born persons in 2009 was 18.6 per 100,000 population, a 9.0% decrease compared to 2008 and a 45.3% decrease since 1993. In 2009, four countries accounted for 50.1% of TB cases in foreign-born persons: Mexico (1,574), the Philippines (799), India (523), and Vietnam (514).

In 2009, among persons with TB with a known human immunodeficiency virus (HIV) test result, 10.2% (690 of 6,743) were coinfecting with HIV. California and Vermont data were not available for this calculation.[†]

TB cases are classified by site of disease (pulmonary or extrapulmonary) and whether *Mycobacterium tuberculosis* was cultured from a patient specimen (i.e., culture positive or culture negative). In 2009, a total of 8,535 TB cases were pulmonary TB, of which 7,133 (83.6%) were culture positive. Of 2,297 extrapulmonary TB cases, 1,630 (71.0%) were culture positive. Site of disease or culture status was unknown for 708 cases. From 2008 to 2009, culture-positive pulmonary cases decreased 13.6% (8,257 to 7,133), culture-negative pulmonary TB cases decreased 17.5% (1,700 to 1,402), culture-positive extrapulmonary TB cases decreased 8.3% (1,777 to 1,630), culture-negative extrapulmonary TB cases decreased 3.1% (688 to 667), and cases with unknown site of disease or culture status increased 48.7% (476 to 708).

[†] For this report, data from Vermont and California were excluded from the analysis. Vermont no longer reports HIV status to CDC, and California has not reported since 2004.

FIGURE 1. Rate* of tuberculosis (TB) cases, by state/area — United States, 2009[†]



SOURCE: National TB Surveillance System.

* Per 100,000 population.

[†] Data are updated as of February 16, 2010, and are provisional.

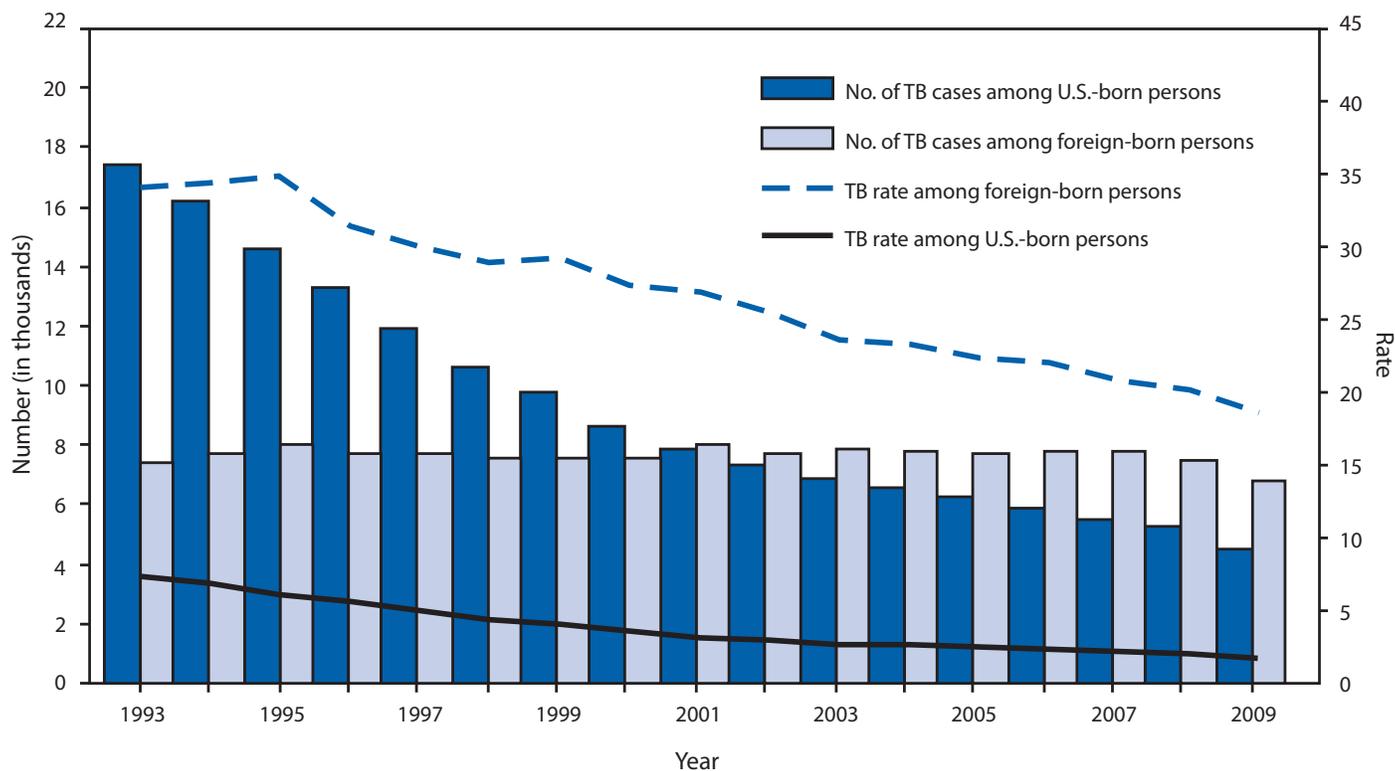
[§] 19 states had TB case rates of ≤ 2.0 (range: 0.37–1.90) per 100,000, 20 states had TB case rates of 2.0–4.0 (range: 2.15–3.84) per 100,000, and 11 states and the District of Columbia had TB case rates of ≥ 4.0 (range: 4.01–9.11) per 100,000.

Drug-susceptibility data generally are available 1 year later than provisional surveillance data. The most recent year for which complete drug-susceptibility data are available is 2008. Drug-susceptibility test results for isoniazid and rifampin were reported for 96.0% (9,628 of 10,034) of culture-confirmed TB cases in 2008, compared with 97.9% (10,251 of 10,468) in 2007. A total of 107 cases of multidrug-resistant TB (MDR TB)[§] were reported in 2008, which represented 1.1% of all culture-positive cases with drug-susceptibility testing, compared with 1.2% [123 of 10,251 cases] in 2007. For persons with a previous history of TB, the percentage of cases with MDR TB remained approximately four times higher than for persons without a prior history of TB. In 2008, foreign-born persons accounted for 77.6% of MDR TB cases. Foreign-born persons had higher percentages of MDR TB than U.S.-born persons, both among persons with (4.3% versus 1.4%) and without (1.0% versus 0.4%) a previous history of TB. To date, no new cases of extensively drug-resistant TB (XDR TB)[¶] have been reported in 2009.

[§] Defined as a case of TB in a person with a *Mycobacterium tuberculosis* isolate resistant to at least isoniazid and rifampin (2).

[¶] Defined as a case of TB in a person with an *M. tuberculosis* isolate with resistance to at least isoniazid and rifampin among first-line anti-TB drugs, resistance to any fluoroquinolone (e.g., ciprofloxacin or ofloxacin), and resistance to at least one second-line injectable drug (e.g., amikacin, capreomycin, or kanamycin) (2).

FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year reported — United States, 1993–2009†



SOURCE: National TB Surveillance System.

* Per 100,000 population.

† Data are updated as of February 16, 2010. Data for 2009 are provisional.

The recommended length of drug therapy for most types of TB is 6–9 months. In 2006, the latest year for which end-of-treatment data are complete, 83.7% of patients for whom <1 year of treatment was indicated completed therapy within 1 year, compared with 83.1% in 2005.

Reported by

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Editorial Note

The 11.4% decrease in reported TB rate in 2009 is the largest single-year decrease ever recorded. From 1953 to 1993, the single largest annual percentage decrease in TB case rate was 11.1% in 1956 (1). During 1993–2000, TB case rates decreased an average of 7.8% each year (range: 4.8%–8.5%), and for 2000–2008, the rate decreased an average of 3.8% annually (range: 2.3%–6.7%) (1,3). The decrease for

2009 is unusual and unexpectedly large. CDC and the National Tuberculosis Controllers Association (NTCA) are investigating whether the decrease represents a reduction in disease rate resulting from improved TB control or population demographic shifts, or might be the result of underdiagnosis or underreporting of disease.

In 2009, the national tuberculosis case definition was modified for the first time since 1996 (4). For the first time, the updated case verification algorithm incorporated nucleic acid amplification tests (5), interferon gamma release assays (6), and the use of computerized tomography scans of the chest. However, because cases verified using these diagnostic tests were eligible previously for reporting as “provider-diagnosed” cases, the 2009 revised case definition should not have caused a decrease in case reports. Also, these changes do not have any effect on the reporting of culture-positive TB cases, which decreased 12.7% from 2008 to 2009. CDC and NTCA are working with state and local health departments to ensure that all laboratory and

TABLE. Number and rate* of tuberculosis cases and percentage change, by race/ethnicity — United States, 2008–2009†

Race/Ethnicity	2008		2009		% change from 2008 to 2009		Population [§]	
	No.	Rate	No.	Rate	No.	Rate	2008	2009
Hispanic	3,799	8.1	3,386	7.0	-10.9	-13.6	46,943,613	48,431,199
Non-Hispanic								
Black	3,293	8.9	2,859	7.6	-13.2	-14.0	37,171,750	37,533,254
Asian	3,401	25.7	3,170	23.4	-6.8	-9.0	13,237,698	13,562,701
White	2,151	1.1	1,828	0.9	-15.0	-15.2	199,491,458	199,877,195
Other¶	246	3.4	222	3.0	-9.8	-12.0	7,215,205	7,398,669
Unknown	15	—	75	—	—	—	—	—
Total	12,905	4.2	11,540	3.8	-10.6	-11.4	304,059,724	306,803,018

* Per 100,000 population.

† Data updated as of February 16, 2010. Data for 2009 are provisional.

§ Based on U.S. Census population data.

¶ Persons included in this category are American Indian/Alaskan Native (2009, n = 102, rate: 4.3 per 100,000; 2008, n = 137, rate: 5.9 per 100,000); Native Hawaiian or other Pacific Islander (2009, n = 80, rate: 18.1 per 100,000; 2008, n = 69, rate: 15.9 per 100,000); and multiple race (2009, n = 40, rate: 0.9 per 100,000; 2008, n = 40, rate: 0.9 per 100,000).

clinically confirmed TB cases were reported accurately in 2009.

In 2009, case definition changes described above were incorporated into the national Report of Verified Case of Tuberculosis (RVCT), the standardized data-collection instrument used by health departments to report data to CDC (4). CDC and NTCA will examine whether implementation of the revised RVCT was associated with longer than expected delays in reporting for 2009.

In addition to changes to the case definition and RVCT, major changes to software systems used to collect and report cases electronically also occurred in 2009. Many states experienced difficulties transmitting data; however, CDC has verified that TB case counts received via electronic reporting for 2009 were correct. In addition, software systems are an unlikely cause of the 2009 decline because declines in TB case reports for 2009 occurred across all types of state software systems and across all tiers of TB case burden, including low, medium, and high incidence states.

Part of the 2009 decrease in foreign-born cases also might be attributed to new technical instructions issued in 2007 (7) for preimmigration TB screening. These instructions might have prompted more TB diagnoses and treatment before immigration because, for the first time, they require culture of respiratory specimens in immigrants and refugees who are suspected of having pulmonary TB based on chest radiographs. The previous technical instructions only required smear microscopy, which is less sensitive and has been shown to result in fewer TB diagnoses. Cases of TB in patients who are diagnosed and begin treatment before immigration are not counted in the

U.S. surveillance system because they are not incident TB cases in the United States. CDC plans to compare TB case reports among foreign-born persons by length of time in the United States and country of origin and conduct pre/post analyses based on implementation of the technical instructions. The 2009 decrease might also have resulted, in part, from reductions in immigration and increases in recent immigrants returning to their native country, especially Mexico. Some anecdotal reports from state and local health departments indicate that they have seen fewer TB patients who are recent immigrants.

The findings in this report are subject to at least two limitations. First, the analysis was based on provisional 2009 data that are subject to change. This applies to TB case counts and HIV data, both of which are incomplete at the time of this report. Additional data could influence the results. Second, population denominator data are drawn from multiple U.S. Census sources and are subject to periodic adjustment in the estimates. CDC's annual TB surveillance summary, due to be published in fall 2010, will provide final data reflecting 2009 surveillance.

Decreases in TB case rates might reflect actual decreases in TB incidence. The reduction in culture-positive cases is slightly larger than the overall case decrease. Because a positive culture is the most definitive criterion for confirming a case of TB, reporting artifact related to changes in case definition or the clinical judgments of physicians is not a likely cause of the decrease in TB cases. If underreporting and underdiagnosis of TB cases can be excluded, determining the causes of such a large actual decrease in TB cases will be important, as will understanding

What is already known on this topic?

The U.S. national tuberculosis (TB) case rate has been decreasing at approximately 4% each year; foreign-born persons and racial/ethnic minorities have represented a disproportionate number of reported TB cases.

What does this report add?

In 2009, preliminary data show an unexpectedly large decrease in the national TB case rate (11.4%), which might be the result of surveillance reporting changes, improved TB control efforts, changes in population demographics, or underdiagnosing or underreporting of disease.

What are the implications for public health practice?

Because undiagnosed or unreported cases can result in preventable spread of TB, all suspected cases of TB should be promptly evaluated, and all diagnosed cases should be promptly reported to public health authorities.

which specific public health interventions related to the three U.S. priorities of 1) diagnosing and treating patients with TB disease, 2) conducting contact investigations of TB cases, and 3) targeted testing and treatment of latent TB infection are having the greatest impact, so these interventions can be reinforced and replicated.

Acknowledgments

The findings in this report are based, in part, on data contributed by state and local TB control officials.

References

1. CDC. Reported tuberculosis in the United States, 2008. Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at <http://www.cdc.gov/tb/statistics/reports/2008/default.htm>. Accessed March 11, 2010.
2. World Health Organization. Anti-tuberculosis drug resistance in the world. Fourth global report. Geneva, Switzerland: World Health Organization; 2008. Available at http://www.who.int/tb/publications/2008/drs_report4_26feb08.pdf. Accessed March 11, 2010.
3. CDC. Trends in tuberculosis—United States, 2008. MMWR 2009;58:249–53.
4. CDC. Report of Verified Case of Tuberculosis (RVCT) instruction manual. Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at <http://ftp.cdc.gov/pub/software/tims/2009%20rvct%20documentation/rvct%20training%20materials/rvct%20instruction%20manual.pdf>. Accessed March 11, 2010.
5. CDC. Updated guidelines for the use of nucleic acid amplification tests in the diagnosis of tuberculosis. MMWR 2009;58:7–10.
6. CDC. Guidelines for using the QuantiFERON-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. MMWR 2005;54(No. RR-15):49–55.
7. CDC. CDC immigration requirements: technical instructions for tuberculosis screening and treatment. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at <http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>. Accessed March 16, 2010.

Monitoring Tuberculosis Programs — National Tuberculosis Indicator Project, United States, 2002–2008

The National Tuberculosis Indicators Project (NTIP) is a secure, web-based monitoring system that uses routinely collected surveillance data on individual tuberculosis (TB) cases to measure the performance of state and local TB control programs, help programs to prioritize improvement efforts and focus on key TB control activities, and track progress toward national program objectives. Data are reported on a yearly basis and with frequent updates. This report summarizes NTIP results from the most recent 5 years for which data are available. Program performance was mixed, with general improvement for indicators related to TB case management (e.g., recommended initial therapy, genotyping data reported, human immunodeficiency virus [HIV] status reported, sputum culture reporting, and culture conversion documentation), but lower performance for indicators related to contact investigations of patients with infectious TB (e.g., contact elicitation, medical evaluation of contacts to infectious TB patients, and treatment initiation rate for persons diagnosed with latent TB infection [LTBI]). All performance indicators remained below the national performance targets for 2015. Starting in 2010, programs receiving CDC cooperative agreement funds for TB prevention and control will be required to use NTIP indicator data to describe their performance and formulate plans for improvement.

In 2006, representatives of state and local health departments, the National TB Controllers Association (NTCA), public health laboratories, and CDC's Division of Tuberculosis Elimination and the Division of Global Migration and Quarantine selected 15 national program objectives* highlighting priority activities and outcomes and set performance targets for 2015 (1). NTIP was established in 2009 to be the monitoring component of program evaluation for TB control in the United States. NTIP draws from current data collection systems and consists of a standard set of indicators within the established national objectives. Officials at all TB control programs receiving federal tuberculosis cooperative agreement funds have online access to their own NTIP reports and

the national summary. The algorithms for calculating the indicators for these objectives were standardized through consensus among stakeholder representatives.† Targets for 2015 were derived from recent results of programs ranked at the 90th percentile for the respective performance indicators.

Each of the 15 national objectives is associated with one to four indicators. Data for indicators in 12 of the 15 national objectives come from three national surveillance systems: the National Tuberculosis Surveillance System (case reports, diagnosis, and management), the Aggregate Reports for Program Evaluation (contact investigations), and the Electronic Disease Notification System (immigrant and refugee health screening after U.S. arrival). Other indicators are derived from the cooperative agreement application and other reporting documents; these variables are reported as “successful” or “not successful.”

Indicators are calculated using standardized algorithms. The cohort is defined as those cases reported in the year of interest that are eligible to meet the performance objective for the indicator. For each indicator, inclusion and exclusion criteria are defined for the cohort. NTIP reports performance on a yearly basis with trend graphs describing performance for the last 5-year period, even though it contains data dating back to 2000. This report reviews national progress toward objectives by comparing the performance of the most recent year with data from the previous 4 years. Treatment for active disease takes about 9–12 months to complete; thus, data for some cases might not be available until 2 years after the initial case report date. Indicators associated with treatment completion and contact investigation are most complete for those cases reported in 2006 and earlier. Data elements for the remaining indicators are complete for cases reported in 2008.

In March 2009, NTIP was launched with reports for 11 indicators addressing eight national objectives,

*The complete list of 15 objectives, targets for 2015, and additional information are available at <http://www.cdc.gov/tb/programs/evaluation/default.htm>.

†Includes the 50 states, the District of Columbia, nine cities (Baltimore, Chicago, Detroit, Houston, Los Angeles, New York, Philadelphia, San Diego, and San Francisco), and eight territories (American Samoa, Federated States of Micronesia, Guam, Puerto Rico, Northern Mariana Islands, Republic of Marshall Islands, Republic of Palau, and the U.S. Virgin Islands).

calculated using retrospective surveillance data collected since 2000. CDC has provided technical assistance to 43 programs in interpreting their NTIP reports and developing evaluation approaches to address problems; 38 programs have updated or corrected their surveillance data after reviewing their NTIP reports and discovering errors in their initial surveillance reporting.

Indicators related to TB case management include completion of treatment, drug-susceptibility results, recommended initial therapy, genotyping, HIV status, sputum-culture reporting, and culture conversion. Six of seven of these indicators improved during 2004–2008, the most recent assessment years available (Table 1), and the rate for reporting of initial drug-susceptibility test results decreased from 98.0% (2004) to 96.0% (2008).

For contact investigations in 2006, a total of 75,416 persons were reported to have been exposed to patients who had tested positive for TB by AFB-positive sputum-smear microscopy, and 79.6% were evaluated medically. Of these TB contacts, 22.6% were diagnosed with LTBI, among whom 71.9% started treatment. Among those contacts starting treatment, 65.6% completed treatment. The LTBI treatment completion rate increased by 6.5 percentage points from 2002 to 2006 (the most recent years with complete data for these indicators) (Table 2). However, the indicator for medical evaluation of persons exposed to TB cases with AFB-positive sputum-smear microscopy decreased by 2.6 percentage points during that period.

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Editorial Note

From 2004 to 2008, most of the NTIP indicators for TB case management showed improvement. However, only one of the four indicators improved for contact investigations related to infectious cases reported from 2002 to 2006, the most recent years for which data are available. So far, no indicator has met the 2015 national performance target. For case management of patients with TB, drug-susceptibility results for patients with a positive culture is especially

What is already known on this topic?

The National Tuberculosis Indicators Project (NTIP) is an indicator monitoring system that uses routine surveillance data to measure TB program performance.

What is added by this report?

According to NTIP results, TB program performance was mixed for the most recent 5 years, with general improvement for indicators related to TB case management, but lower performance for indicators related to contact investigations of patients with infectious TB.

What are the implications for public health practice?

Program should ensure that all patients with TB promptly begin and then complete a full course of treatment, and that contacts to infectious patients are identified, evaluated, and if infected, given a full course of treatment; progress should be monitored using NTIP, and effort invested to identify opportunities and to better understanding and overcome barriers and challenges.

important and the 2015 national target calls for 100% reporting of drug susceptibility in culture-positive TB cases. In 2008, 96% of cases had drug-susceptibility results reported, indicating that TB programs were close to achieving this important national goal, but progress toward the goal has stalled in recent years. For indicators related to contact investigations, although some improvement was being made for treatment completion, progress on contact identification, evaluation, and treatment initiation remained unchanged. TB programs need to strengthen efforts to medically evaluate and provide appropriate treatment to all contacts of infectious patients. In programs where achieving high levels of performance has been challenging, CDC has recommended formal program evaluation, in collaboration with program partners, to better understand the obstacles. CDC TB program consultants and members of program evaluation team also are working with programs to assist them with meeting the target performance goals.

The findings in this report are subject to at least two limitations. First, the data used to calculate the indicators come from the surveillance system, which is an indirect data source. For example, a patient might have a drug-susceptibility test result in his or her medical record that was not entered into the surveillance system. Second, a delay of several years can result before certain data are available for NTIP; consequently, some data might not reflect current program performance.

TABLE 1. Percentage of eligible tuberculosis (TB) cases reported during the most recent 5-year period that met specified case management performance indicators — National Tuberculosis Indicators Project (NTIP), United States, 2004–2008

National objective*	Case management indicators	2015 national performance target (%)	Case reporting year					2004–2008 change (percentage points)
			2004 (%)	2005 (%)	2006 (%)	2007 (%)	2008 (%)	
Completion of treatment	Patients with newly diagnosed TB for whom ≤12 mos of treatment is indicated who complete treatment within 12 mos [†]	93.0	82.9	83.1	83.7	N/A [§]	N/A	(+1.6) [¶]
Laboratory reporting	Culture-positive TB cases with initial drug-susceptibility test results reported	100.0	98.0	97.1	97.4	97.9	96.0	(-2.0)
Sputum culture conversion	TB patients with positive sputum culture results who have documented conversion to sputum culture-negative within 60 days of treatment initiation [†]	61.5	50.8	50.9	53.8	N/A	N/A	(+6.0)**
Recommended initial therapy	Patients who are started on the recommended initial four-drug regimen when suspected of having TB disease [†]	93.4	85.4	86.6	87.3	87.9	89.0	(+3.6)
Universal genotyping ^{††}	Culture-positive TB cases with genotyping data reported	94.0	N/A	59.2	60.6	65.6	66.4	(+7.2)
Known human immunodeficiency virus (HIV) status	TB cases with positive or negative HIV test result reported [†]	88.7	72.7	73.5	75.4	78.6	79.8	(+7.1)
Sputum culture reported	TB cases with a pleural or respiratory site of disease in patients aged ≥12 yrs that have a sputum-culture result reported	95.7	90.9	90.8	91.8	91.7	92.2	(+1.3)

* The complete list of 15 objectives, targets for 2015, and additional information are available at <http://www.cdc.gov/tb/programs/evaluation/default.htm>.

[†] Additional stratification is provided to users in NTIP reports.

[§] Not available.

[¶] Calculated from data for the 5-year period beginning 2002, in which 82.1% of cases met performance indicators; for 2003, 82.8% of cases met performance indicators.

** Calculated from data for the 5-year period beginning 2002, in which 47.8% of cases met performance indicators; for 2003, 49.8% of cases met performance indicators.

^{††} Universal genotyping indicator does not yet have 100% coverage across the United States.

^{§§} TB cases reported in California are excluded from this calculation.

NTIP was developed in collaboration with partners to build and institutionalize program evaluation capacity for ensuring continuous progress toward TB elimination goals (2). One of the basic elements of the World Health Organization global Stop TB initiative is to monitor and evaluate performance and impact (3), which is a responsibility of public health agencies

working on TB control in the United States (4). In 2010, NTIP reports will become an integral component of the annual progress reports and assessments for recipients of CDC TB control cooperative agreements. Also in 2010, NTIP will expand its capability to monitor progress at the county level, for counties reporting at least 15 cases per year, and reporting will

TABLE 2. Percentage of eligible tuberculosis (TB) cases reported during the most recent 5-year period that met specified case investigation performance indicators — National Tuberculosis Indicators Project (NTIP), United States, 2002–2006

National objective*	Case investigation indicators	2015 national performance target (%)	Case reporting year					2002–2006 change (percentage points)
			2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)	
Contact investigation [†]	TB patients with positive acid-fast bacillus (AFB) sputum-smear results who have contacts elicited	100.0	92.4	92.7	91.9	92.4	92.2	(-0.2)
	Contacts to sputum AFB smear-positive TB patients who are evaluated for infection and disease	93.0	82.2	80.3	81.8	79.8	79.6	(-2.6)
	Contacts to sputum AFB smear-positive TB patients with newly diagnosed latent TB infection (LTBI) who start treatment	88.0	72.2	72.9	70.8	68.8	71.9	(-0.3)
	Contacts to sputum AFB smear-positive TB patients who start treatment for newly diagnosed LTBI who complete treatment [§]	79.0	59.1	59.2	61.2	63.0	65.6	(+6.5)

* The complete list of 15 objectives, targets for 2015, and additional information are available at <http://www.cdc.gov/tb/programs/evaluation/default.htm>.

[†] Contact investigation indicators do not yet have 100% coverage across the United States.

[§] Additional stratification is provided to users in NTIP reports.

be streamlined to provide users with reports that are more up to date.

Acknowledgments

This report is based, in part, on contributions by state and local health departments and TB control officials, public health laboratories, and the National Tuberculosis Controllers Association.

References

1. CDC. National TB program objectives and performance targets 2015. Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at <http://www.cdc.gov/tb/programs/evaluation/indicators/default.htm>. Accessed March 10, 2010.
2. Institute of Medicine. Ending neglect: the elimination of tuberculosis in the United States. Washington, DC: National Academy Press; 2000.
3. World Health Organization, Stop TB Partnership. The Stop TB strategy. World Health Organization; 2006. Available at <http://www.tbtoolkit.org/assets/0/184/280/0d7f1d11-9c5b-46eb-9152-594e045deebe.pdf>. Accessed March 11, 2010.
4. CDC. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005;54(No. RR-12).

Investigational Heptavalent Botulinum Antitoxin (HBAT) to Replace Licensed Botulinum Antitoxin AB and Investigational Botulinum Antitoxin E

CDC announces the availability of a new heptavalent botulinum antitoxin (HBAT, Cangene Corporation) through a CDC-sponsored Food and Drug Administration (FDA) Investigational New Drug (IND) protocol. HBAT replaces a licensed bivalent botulinum antitoxin AB and an investigational monovalent botulinum antitoxin E (BAT-AB and BAT-E, Sanofi Pasteur) with expiration of these products on March 12, 2010. As of March 13, 2010, HBAT became the only botulinum antitoxin available in the United States for naturally occurring noninfant botulism.

Botulinum antitoxin for treatment of naturally occurring noninfant botulism is available only from CDC. The transition to HBAT ensures uninterrupted availability of antitoxin. BabyBIG (botulism immune globulin) remains available for infant botulism through the California Infant Botulism Treatment and Prevention Program (1). BabyBIG is an orphan drug that consists of human-derived botulism antitoxin antibodies and is approved by FDA for the treatment of infant botulism types A and B.

HBAT contains equine-derived antibody to the seven known botulinum toxin types (A–G) with the following nominal potency values: 7,500 U anti-A; 5,500 U anti-B; 5,000 U anti-C; 1,000 U anti-D; 8,500 U anti-E; 5,000 U anti-F; and 1,000 U anti-G. HBAT is composed of <2% intact immunoglobulin G (IgG) and ≥90% Fab and F(ab')₂ immunoglobulin fragments; these fragments are created by the enzymatic cleavage and removal of Fc immunoglobulin

components in a process sometimes referred to as despeciation. Fab and F(ab')₂ fragments are cleared from circulation more rapidly than intact IgG (2), and repeat HBAT dosing might be indicated for some wound or intestinal colonization patients if in situ botulinum toxin production continues after clearance of antitoxin.

The HBAT FDA IND treatment protocol includes specific, detailed instructions for intravenous administration of antitoxin and return of required paperwork to CDC. Health-care providers should report suspected botulism cases immediately to their state health department; all states maintain 24-hour telephone services for reporting of botulism and other public health emergencies. Additional emergency consultation is available from the CDC botulism duty officer via the CDC Emergency Operations Center, telephone, 770-488-7100 (3). Additional information regarding CDC's botulism treatment program is available at <http://www.bt.cdc.gov/agent/botulism>.

References

1. Arnon SS, Schechter R, Maslanka SE, Jewell NP, Hatheway CL. Human botulism immune globulin for the treatment of infant botulism. *N Engl J Med* 2006;354:462–71.
2. Sevcik C, Salazar V, Diaz P, D'Suze G. Initial volume of a drug before it reaches the volume of distribution: pharmacokinetics of F(ab')₂ antivenoms and other drugs. *Toxicon* 2007;50:653–65.
3. CDC. New telephone number to report botulism cases and request antitoxin. *MMWR* 2003;52:774.

Announcements

Release of Issue Brief: Unintentional Drug Poisoning in the United States

In 2006, a total of 26,389 deaths from unintentional drug poisoning occurred in the United States, with the national age-adjusted death rate more than doubling since 1999, from 4.0 to 8.8 per 100,000 population (1). Opioid pain medications were involved in more than half of the drug poisoning deaths in 2006 in which a drug was specified (2).

On March 18, 2010, CDC released an issue brief, *Unintentional Drug Poisoning in the United States*, summarizing the most recent information regarding deaths and emergency department visits resulting from drug overdoses. That brief includes information on overdose trends, the most common drugs involved, and the regions and populations most severely affected. Recommendations on how health-care providers, private insurance providers, and state and federal agencies can work to prevent unintentional drug overdoses also are included. The issue brief is available at <http://www.cdc.gov/homeandrecreationalafety/poisoning/activities.htm>.

Additional educational resources regarding poisoning prevention are available from CDC at <http://www.cdc.gov/homeandrecreationalafety/poisoning/index.html> and <http://www.cdc.gov/features/medicinesafety>. The national toll-free telephone number for poison-control centers is 1-800-222-1222.

References

1. CDC. Compressed mortality file, 1999–2006. Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at <http://wonder.cdc.gov/cmfi-icd10.html>. Accessed March 15, 2010.
2. Warner M, Chen LH, Makuc DM. Increase in fatal poisonings involving opioid analgesics in the United States, 1999–2006. NCHS Data Brief 2009(22). Available at <http://www.cdc.gov/nchs/data/databriefs/db22.pdf>. Accessed March 15, 2010.

Launch of TB Genotyping Information Management System (TB GIMS)

CDC has launched the TB Genotyping Information Management System (TB GIMS) to improve dissemination of data to state and local health officers, including TB controllers (1). TB GIMS is the first major improvement in genotyping data management since inception of The National Tuberculosis Genotyping Service (NTGS) in 2004, when state laboratories from all TB programs in the United States began voluntary submission of isolates from culture-confirmed patients for molecular characterization (2). TB GIMS builds upon the established infrastructure of CDC's National Tuberculosis Surveillance System (NTSS) and incorporates genotype data to create a centralized database and reporting system of patient-level results to generate local and national TB cluster-level reports, tables, and maps.

TB GIMS can host up to 3,000 registered users, who will be designated by state TB controllers. By generating alerts when local TB clusters exceed an expected geographic concentration, TB GIMS can help detect suspected tuberculosis outbreaks and thereby direct public health action and response more efficiently. The centralized design also encourages interjurisdictional collaboration and exchange of information regarding outbreaks that cross state lines, providing a new tool for interrupting tuberculosis transmission.

Additional information regarding user registration and a schedule of upcoming instructional training sessions is available at <http://www.cdc.gov/tb/programs/genotyping/tbgims/default.htm>. Comments and questions can be sent to e-mail, tbgims@cdc.gov.

References

1. CDC. TB Genotyping Information Management System (TB GIMS). Factsheet, 2009. Available at <http://www.cdc.gov/tb/publications/factsheets/statistics/tbgims.pdf>. Accessed March 11, 2010.
2. CDC. New CDC program for rapid genotyping of *Mycobacterium tuberculosis* isolates. MMWR 2005;54:47.

World Water Day — March 22, 2010

Each year, on March 22, World Water Day directs international attention to the conservation and development of water resources and aims to increase public engagement in addressing water-quality issues. The theme for this year's observance, Clean Water for a Healthy World, focuses on water-quality challenges and the importance of water quality in sustaining healthy ecosystems and communities.

Water is the most important resource for sustaining ecosystems, which provide food and other life-supporting benefits for persons, animals, and plants (1). Because contaminated water is a major cause of illness and death, water quality is a determining factor in human poverty, educational attainment, and economic opportunity (2).

Approximately 884 million persons do not have access to improved sources of drinking water (i.e., water that is supplied through a household connection, public standpipe, borehole well, protected dug well, protected spring, or rain water collection); others obtain drinking water from improved, but microbiologically unsafe, sources. In addition, approximately 2.5 billion persons lack access to improved sanitation (3), which also leaves them at risk for waterborne diseases. Worldwide, approximately 1.5 million children die each year from diarrheal illnesses that are caused by unsafe water, poor sanitation, and inadequate hygiene (3).

To improve water quality, the prevention or minimization of water pollution is critical, as are specific household and community-level interventions. CDC is engaged in improving drinking water quality around the world and helping to prevent disease caused by unsafe drinking water.

Additional information about water quality and World Water Day activities is available at <http://www.unep.org/themes/freshwater> and <http://www.unwater.org/worldwaterday/flashindex.html>.

References

1. United Nations Environmental Programme. Report: water security and ecosystem services: the critical connection. Nairobi, Kenya: Nations Environmental Programme; 2009. Available at http://www.unep.org/themes/freshwater/pdf/the_critical_connection.pdf. Accessed March 9, 2010.
2. World Water Assessment Programme. The 3rd United Nations World Water Development Report: water in a Changing World (WWDR-3). Paris, France: UNESCO, and London, England: Earthscan; 2009. Available at <http://www.unesco.org/water/wwap/wwdr/wwdr3/index.shtml>. Accessed March 9, 2010.
3. World Health Organization; UNICEF. Progress in drinking-water and sanitation: special focus on sanitation. Geneva, Switzerland: World Health Organization, and New York, NY: UNICEF; 2008. Available at http://www.who.int/water_sanitation_health/monitoring/jmp2008/en/index.html. Accessed March 9, 2010.

Notice to Readers

Additional Information Regarding Disposal of Medications

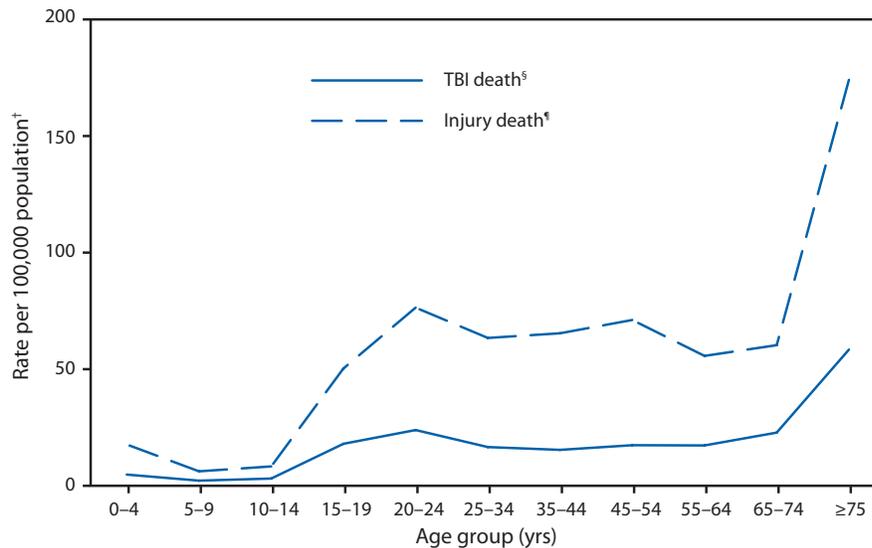
In the report, *Adult Use of Prescription Opioid Pain Medications Utah, 2008*, in the last paragraph of the Editorial Note (page 156), a reference is made to Food and Drug Administration recommendations for the appropriate disposal of leftover medications from the household if the local community does not have a medication disposal or “take back” program. These guidelines include a list of medications with

special labeling directions recommending they be disposed of by flushing down the sink or toilet. This method for disposal is recommended because a number of potent opioids are included on the list, and these medications can be harmful, even fatal, if taken accidentally. The guidelines and list are available at <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Injury and Traumatic Brain Injury (TBI)-Related Death Rates, by Age Group — United States, 2006*



* 2006 is the most recent year for which final data are available.

† Based on U.S. Census populations with bridged race categories. Additional information available at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

§ Based on *International Classification of Diseases, Tenth Revision* codes S01.0–S01.9 (open wound of the head); S02.0, S02.1, S02.3, S02.7–S02.9 (fracture of the skull and facial bones); S04.0 (injury to optic nerve and pathways); S06.0–S06.9 (intracranial injury); S07.0, S07.1, S07.8, S07.9 (crushing injury of head); S09.7–S09.9 (other unspecified injuries of head); T01.0 (open wounds involving head with neck); T02.0 (fractures involving head with neck); T04.0 (crushing injuries involving head with neck); T06.0 (injuries of brain and cranial nerves with injuries of nerves and spinal cord at neck level); and T90.1, T90.2, T90.4, T90.5, T90.8, and T90.9 (sequelae of injuries of head). Additional information available at <http://www.cdc.gov/traumaticbraininjury>.

¶ Includes deaths from intentional and unintentional injuries, and from injuries of undetermined intent.

In 2006, nearly one third of all injury deaths involved TBI. Overall injury and TBI-related death rates vary across age groups. Peak injury and TBI-related mortality rates occurred among persons aged 20–24 years (76.9 per 100,000 and 24.1 per 100,000, respectively) and among persons aged ≥75 years (173.2 per 100,000 and 58.4 per 100,000, respectively).

SOURCES: CDC. Mortality data, multiple cause-of-death public-use data files, 2006 data. Available at http://www.cdc.gov/nchs/products/elec_prods/subject/mortmcd.htm.

CDC. WISQARS injury mortality reports, 1999–2006. Available at http://webapp.cdc.gov/sasweb/ncipc/mortrate10_sy.html.

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 March 13, 2010 (10th week)*

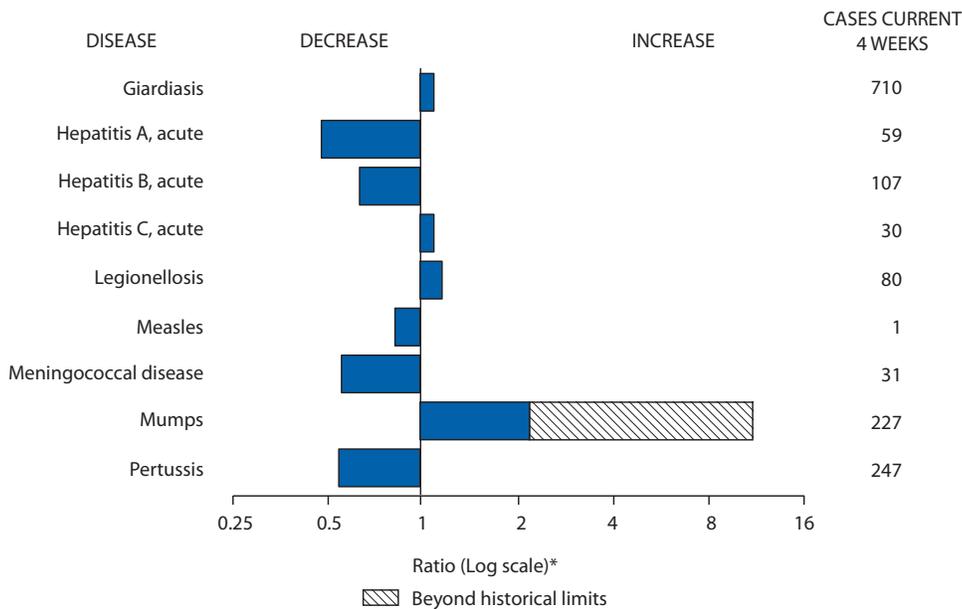
Disease	Current week	Cum 2010	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	0	1	—	1	1	—	
Botulism, total	—	7	2	100	145	144	165	135	
foodborne	—	—	0	11	17	32	20	19	
infant	—	6	2	65	109	85	97	85	
other (wound and unspecified)	—	1	0	24	19	27	48	31	
Brucellosis	3	11	2	113	80	131	121	120	ME (1), FL (1), CA (1)
Chancroid	—	15	1	46	25	23	33	17	
Cholera	—	—	—	8	5	7	9	8	
Cyclosporiasis [§]	2	14	1	128	139	93	137	543	NY (1), FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases ^{‡,¶} :									
California serogroup virus disease	—	—	0	56	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	—	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	2	1	27	30	22	29	9	
nonsertotype b	1	27	5	217	244	199	175	135	OK (1)
unknown serotype	—	51	4	231	163	180	179	217	
Hansen disease [§]	1	8	1	75	80	101	66	87	FL (1)
Hantavirus pulmonary syndrome [§]	—	1	0	13	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal [§]	1	20	3	232	330	292	288	221	CA (1)
HIV infection, pediatric (age <13 yrs) ^{††}	—	—	3	—	—	—	—	380	
Influenza-associated pediatric mortality ^{§,§§}	2	41	4	360	90	77	43	45	OK (1), TX (1)
Listeriosis ^{¶¶}	5	79	9	798	759	808	884	896	NY (1), NC (2), TN (1), CA (1)
Measles ^{¶¶¶}	—	3	1	65	140	43	55	66	
Meningococcal disease, invasive ^{***} :									
A, C, Y, and W-135	3	40	10	287	330	325	318	297	FL (1), CO (2)
serogroup B	—	21	5	147	188	167	193	156	
other serogroup	—	2	1	24	38	35	32	27	
unknown serogroup	4	70	17	480	616	550	651	765	MO (1), FL (1), TX (1), CA (1)
Mumps	43	535	26	1,666	454	800	6,584	314	NY (38), MI (1), MN (1), NE (1), TN (1), CO (1)
Novel influenza A virus infections ^{†††}	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	NN	NN	
Psittacosis [§]	—	1	0	9	8	12	21	16	
Q fever, total ^{§,§§§}	1	10	2	100	120	171	169	136	
acute	—	6	1	83	106	—	—	—	
chronic	1	4	0	17	14	—	—	—	WA (1)
Rabies, human	—	—	—	4	2	1	3	2	
Rubella ^{¶¶¶¶}	—	1	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV ^{§,****}	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	—	18	5	140	157	132	125	129	
Syphilis, congenital (age <1 yr)	—	12	7	319	431	430	349	329	
Tetanus	—	—	0	16	19	28	41	27	
Toxic-shock syndrome (staphylococcal) [§]	—	13	2	74	71	92	101	90	
Trichinellosis	—	—	0	11	39	5	15	16	
Tularemia	—	2	0	89	123	137	95	154	
Typhoid fever	4	58	6	350	449	434	353	324	GA (1), CA (3)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	—	8	1	73	63	37	6	2	
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	—	—	1	—	2	1	3	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	3	24	2	710	588	549	NN	NN	TX (1), AZ (1), WA (1)
Viral Hemorrhagic Fever ^{††††}	—	—	—	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 March 13, 2010 (10th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
 * Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.
 ‡ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 †† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 ††† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 278 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 267 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008–09 influenza season have been reported.
 ¶¶ No measles cases were reported for the current week.
 ¶¶¶ Data for meningococcal disease (all serogroups) are available in Table II.
 †††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (<http://www.cdc.gov/h1n1flu>). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
 ††††† 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.
 †††††† There were no cases of Viral Hemorrhagic Fever during week one. See Table II for Dengue Hemorrhagic Fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 13, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team
 Patsy A. Hall-Baker
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MMWR Morbidity and Mortality Weekly Report

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	<i>Chlamydia trachomatis</i> infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	11,791	23,098	27,367	174,294	242,709	42	117	262	767	810
New England	526	753	1,194	6,195	7,746	—	6	24	38	87
Connecticut	—	217	531	859	2,157	—	0	13	13	40
Maine†	51	47	75	488	521	—	1	4	11	4
Massachusetts	422	377	767	3,870	3,858	—	2	15	—	27
New Hampshire	—	39	60	145	433	—	1	5	4	9
Rhode Island†	53	67	244	631	553	—	0	8	1	1
Vermont†	—	23	63	202	224	—	1	9	9	6
Mid. Atlantic	2,885	3,077	4,301	29,297	29,844	2	14	38	70	87
New Jersey	351	477	630	3,096	4,985	—	0	5	—	5
New York (Upstate)	722	607	2,169	5,481	5,071	—	3	16	11	27
New York City	1,347	1,178	2,289	12,729	11,480	—	1	5	6	17
Pennsylvania	465	817	1,015	7,991	8,308	2	9	19	53	38
E.N. Central	743	3,489	4,167	17,837	40,039	10	29	55	176	205
Illinois	—	1,009	1,219	137	12,163	—	3	8	19	23
Indiana	—	390	694	685	4,357	—	5	11	14	43
Michigan	632	880	1,353	9,667	9,630	—	6	11	48	41
Ohio	111	629	986	4,554	9,803	10	7	16	53	50
Wisconsin	—	386	480	2,794	4,086	—	9	24	42	48
W.N. Central	499	1,310	1,715	9,418	14,035	3	19	61	105	76
Iowa	45	167	252	886	1,996	1	4	13	27	18
Kansas	14	187	573	1,578	2,075	—	2	6	11	7
Minnesota	—	268	337	886	2,933	—	5	34	35	12
Missouri	351	505	638	4,856	5,036	2	3	12	13	17
Nebraska†	45	101	236	910	1,068	—	2	9	13	11
North Dakota	44	31	92	302	329	—	0	5	—	—
South Dakota	—	41	80	—	598	—	1	10	6	11
S. Atlantic	2,429	4,614	6,207	29,242	46,725	9	17	50	165	169
Delaware	87	87	180	809	906	—	0	2	1	—
District of Columbia	—	120	178	627	1,498	—	0	1	—	1
Florida	605	1,410	1,671	12,600	14,398	6	7	24	63	58
Georgia	13	671	1,134	91	7,786	1	5	31	77	71
Maryland†	384	454	1,031	3,295	3,872	—	1	5	6	6
North Carolina	—	637	1,265	—	8,275	1	0	8	1	20
South Carolina†	687	528	1,421	5,432	4,482	—	1	7	5	5
Virginia†	599	620	926	5,733	4,712	1	1	7	9	7
West Virginia	54	67	137	655	796	—	0	2	3	1
E.S. Central	1,531	1,672	2,231	14,535	18,108	—	4	10	35	27
Alabama†	5	453	629	3,030	4,869	—	1	5	8	7
Kentucky	384	223	642	2,391	2,583	—	2	4	12	6
Mississippi	490	445	840	3,567	4,673	—	0	3	4	4
Tennessee†	652	569	734	5,547	5,983	—	1	5	11	10
W.S. Central	603	3,092	5,786	28,825	31,700	2	8	38	34	38
Arkansas†	375	269	416	2,769	3,083	1	1	5	9	3
Louisiana	—	528	1,055	2,922	6,042	—	0	6	—	5
Oklahoma	228	205	2,713	3,366	4,673	1	2	9	6	7
Texas†	—	2,021	3,214	19,768	21,155	—	6	27	19	23
Mountain	883	1,366	2,096	11,229	13,978	6	10	26	70	53
Arizona	191	487	755	2,803	4,351	—	0	3	2	5
Colorado	368	359	689	3,847	2,863	3	2	10	20	10
Idaho†	—	58	184	318	725	—	2	7	17	5
Montana†	32	54	79	481	675	3	1	4	12	4
Nevada†	142	168	478	1,611	2,282	—	0	2	1	—
New Mexico†	125	175	257	1,007	1,379	—	2	8	9	21
Utah	11	111	142	812	1,312	—	0	4	6	2
Wyoming†	14	36	69	350	391	—	0	2	3	6
Pacific	1,692	3,461	4,818	27,716	40,534	10	13	26	74	68
Alaska	—	97	128	723	1,085	—	0	1	1	1
California	1,400	2,623	3,910	21,845	31,650	7	6	17	44	36
Hawaii	—	120	147	946	1,166	—	0	1	—	—
Oregon	—	216	468	1,367	2,008	—	3	10	17	27
Washington	292	392	525	2,835	4,625	3	1	13	12	4
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	80	128	331	1,103	1,482	N	0	0	N	N
U.S. Virgin Islands	—	9	21	52	63	—	0	0	—	—

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

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

* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever†				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	—	0	4	10	NN	—	0	0	—	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine [§]	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island [§]	—	0	0	—	NN	—	0	0	—	NN
Vermont [§]	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	2	4	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	0	—	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	1	1	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	1	1	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska [§]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	1	1	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	0	—	NN	—	0	0	—	NN
Georgia	—	0	1	1	NN	—	0	0	—	NN
Maryland [§]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina [§]	—	0	0	—	NN	—	0	0	—	NN
Virginia [§]	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama [§]	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee [§]	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas [§]	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas [§]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	1	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho [§]	—	0	0	—	NN	—	0	0	—	NN
Montana [§]	—	0	0	—	NN	—	0	0	—	NN
Nevada [§]	—	0	0	—	NN	—	0	0	—	NN
New Mexico [§]	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming [§]	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	2	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	0	—	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	2	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	0	—	NN	—	0	0	—	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† 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).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>					<i>Anaplasma phagocytophilum</i>					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	3	11	58	20	28	—	13	64	8	9	—	2	13	1	1
New England	—	0	4	1	1	—	2	21	4	3	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	11	—	—	—	0	1	—	—
Maine§	—	0	1	1	—	—	0	3	2	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	1	—	0	1	—	—
Rhode Island§	—	0	4	—	1	—	0	20	2	2	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	2	17	3	4	—	3	22	1	—	—	0	2	—	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	1	1	17	2	2	—	3	21	1	—	—	0	1	—	—
New York City	—	0	3	—	1	—	0	1	—	—	—	0	2	—	—
Pennsylvania	—	0	1	1	1	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	1	—	3	22	1	2	—	1	9	—	—
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	8	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	—	—	3	22	1	2	—	0	3	—	—
W.N. Central	—	2	23	1	1	—	0	41	—	—	—	0	5	1	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	1	—	0	41	—	—	—	0	5	—	—
Missouri	—	1	22	1	—	—	0	1	—	—	—	0	3	1	—
Nebraska§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	2	4	19	14	18	—	0	2	2	3	—	0	2	—	—
Delaware	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	2	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	3	—	0	1	1	1	—	0	0	—	—
Maryland§	—	1	4	4	4	—	0	1	—	1	—	0	1	—	—
North Carolina	2	0	4	5	8	—	0	1	1	1	—	0	0	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	—	—	—	0	1	—	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	2	—	0	1	—	1	—	0	5	—	1
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	10	—	2	—	0	1	—	1	—	0	5	—	1
W.S. Central	—	0	9	1	—	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	—	—	0	1	—	—	—	0	0	—	—
Texas§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† Cumulative total *E. ewingii* cases reported as of this week = 0.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th 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	182	327	589	2,402	2,922	2,572	5,478	6,888	39,848	59,271	22	54	141	470	669
New England	5	29	64	129	235	45	92	174	763	961	1	3	19	8	36
Connecticut	—	6	15	51	49	—	45	106	245	438	—	0	13	—	10
Maine [§]	5	4	13	31	36	1	3	11	46	24	—	0	2	1	3
Massachusetts	—	12	36	—	96	41	39	81	389	418	—	1	8	—	18
New Hampshire	—	3	12	18	20	—	2	6	27	20	—	0	2	4	4
Rhode Island [§]	—	1	6	2	11	3	6	19	49	53	—	0	2	2	—
Vermont [§]	—	4	14	27	23	—	1	5	7	8	1	0	1	1	1
Mid. Atlantic	34	61	101	411	551	533	612	872	6,018	6,024	6	12	26	122	108
New Jersey	—	0	12	—	87	79	95	134	788	929	—	2	7	8	16
New York (Upstate)	24	25	81	190	189	93	100	354	820	1,015	5	3	18	40	28
New York City	4	15	26	107	159	263	216	417	2,484	2,151	1	2	11	19	15
Pennsylvania	6	16	36	114	116	98	196	275	1,926	1,929	—	4	10	55	49
E.N. Central	23	45	74	365	448	277	1,046	1,350	5,052	12,602	—	10	29	65	161
Illinois	—	10	21	57	95	—	318	382	47	3,793	—	3	11	15	31
Indiana	N	0	7	N	N	—	117	209	227	1,465	—	1	5	12	16
Michigan	6	12	25	100	114	253	256	503	2,861	3,276	—	0	4	2	5
Ohio	17	16	28	159	143	24	208	361	1,344	2,997	—	2	6	23	27
Wisconsin	—	8	19	49	96	—	90	146	573	1,071	—	3	21	13	82
W.N. Central	15	24	155	182	226	127	272	361	1,915	3,045	3	2	21	23	33
Iowa	4	5	15	47	55	7	30	46	120	319	—	0	0	—	—
Kansas	4	3	14	39	25	10	41	85	281	553	—	0	2	4	5
Minnesota	—	0	135	—	1	—	41	64	135	460	1	0	17	3	7
Missouri	6	9	27	53	94	99	122	172	1,181	1,331	2	1	6	12	14
Nebraska [§]	1	3	9	37	31	7	23	54	178	290	—	0	3	2	6
North Dakota	—	0	8	—	2	4	2	14	20	16	—	0	2	2	1
South Dakota	—	0	5	6	18	—	2	14	—	76	—	0	0	—	—
S. Atlantic	45	70	107	584	692	701	1,341	1,790	8,196	13,932	6	11	31	103	171
Delaware	—	1	3	8	4	16	18	37	180	188	—	0	1	1	1
District of Columbia	—	0	2	3	12	—	46	88	251	613	—	0	1	—	—
Florida	30	36	59	315	354	207	408	476	3,506	4,100	6	4	10	37	56
Georgia	—	10	67	101	175	8	215	415	42	2,658	—	3	9	39	33
Maryland [§]	9	5	12	53	54	111	126	241	933	1,067	—	1	6	8	19
North Carolina	N	0	0	N	N	—	217	377	—	2,739	—	0	17	—	19
South Carolina [§]	—	2	8	15	15	196	162	412	1,600	1,338	—	1	7	17	13
Virginia [§]	5	8	35	82	70	153	159	272	1,597	1,108	—	0	3	—	20
West Virginia	1	1	5	7	8	10	9	18	87	121	—	0	4	1	10
E.S. Central	4	7	22	45	77	388	471	649	4,017	5,346	—	3	12	28	39
Alabama [§]	2	4	13	21	39	4	132	187	883	1,476	—	0	4	4	9
Kentucky	N	0	0	N	N	98	66	156	700	726	—	0	5	2	4
Mississippi	N	0	0	N	N	125	137	249	1,009	1,474	—	0	2	3	3
Tennessee [§]	2	4	18	24	38	161	151	206	1,425	1,670	—	2	10	19	23
W.S. Central	1	7	19	36	61	121	898	1,552	7,596	9,180	2	2	9	22	27
Arkansas [§]	—	3	9	17	16	77	86	139	764	919	—	0	3	3	6
Louisiana	—	0	7	—	34	—	163	343	910	1,995	—	0	1	—	5
Oklahoma	1	3	10	19	11	44	65	613	873	494	2	1	7	18	15
Texas [§]	N	0	0	N	N	—	562	951	5,049	5,772	—	0	2	1	1
Mountain	20	26	61	258	232	81	163	239	1,272	1,760	4	5	13	84	64
Arizona	2	3	11	28	25	22	57	93	349	517	2	1	9	34	27
Colorado	15	9	26	129	72	17	40	99	419	534	2	1	6	22	15
Idaho [§]	1	3	10	37	23	—	1	8	6	20	—	0	1	2	1
Montana [§]	2	2	11	15	20	—	1	5	21	13	—	0	1	—	1
Nevada [§]	—	1	10	9	5	26	27	94	303	413	—	0	2	4	4
New Mexico [§]	—	1	8	6	21	15	21	36	134	182	—	1	5	12	8
Utah	—	5	13	24	54	1	5	13	33	71	—	1	2	5	8
Wyoming [§]	—	1	5	10	12	—	1	7	7	10	—	0	2	5	—
Pacific	35	51	151	392	400	299	532	626	5,019	6,421	—	3	9	15	30
Alaska	—	2	7	9	12	—	19	32	176	173	—	0	3	5	3
California	27	33	60	274	293	260	438	547	4,266	5,339	—	0	4	—	9
Hawaii	—	0	2	—	4	—	12	24	120	119	—	0	5	—	7
Oregon	—	8	18	60	58	—	19	43	106	250	—	1	4	8	10
Washington	8	7	98	49	33	39	40	64	351	540	—	0	4	2	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	1	10	2	27	—	4	24	42	37	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	8	20	N	0	0	N	N

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

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th 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	10	35	58	215	373	26	56	99	383	723	4	17	39	100	153
New England	—	2	5	8	20	—	1	4	4	9	—	1	5	2	9
Connecticut	—	0	2	7	6	—	0	3	3	3	—	1	4	2	6
Maine†	—	0	1	1	1	—	0	2	1	1	—	0	2	—	—
Massachusetts	—	1	4	—	11	—	0	2	—	4	—	0	1	—	2
New Hampshire	—	0	1	—	1	—	0	1	—	1	—	0	0	—	—
Rhode Island†	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	1	4	10	28	55	1	5	16	28	77	—	2	7	12	17
New Jersey	—	0	5	2	15	—	1	6	—	19	—	0	1	—	1
New York (Upstate)	1	1	3	8	7	1	1	6	7	15	—	1	4	10	5
New York City	—	2	5	10	17	—	1	5	12	14	—	0	0	—	—
Pennsylvania	—	1	6	8	16	—	1	6	9	29	—	0	4	2	11
E.N. Central	1	4	19	25	62	3	6	14	44	114	—	4	12	18	32
Illinois	—	2	13	1	22	—	1	6	—	21	—	0	1	—	3
Indiana	1	0	4	2	5	—	1	5	8	18	—	0	4	—	1
Michigan	—	1	4	9	15	—	2	6	16	30	—	3	10	17	17
Ohio	—	0	4	8	14	3	1	4	20	35	—	0	3	1	10
Wisconsin	—	0	2	5	6	—	0	4	—	10	—	0	2	—	1
W.N. Central	—	2	7	6	16	—	3	10	26	38	—	0	7	5	5
Iowa	—	0	3	3	—	—	0	3	4	8	—	0	4	—	1
Kansas	—	0	2	2	1	—	0	2	1	1	—	0	1	—	1
Minnesota	—	0	4	—	4	—	0	9	—	5	—	0	6	—	—
Missouri	—	0	3	1	6	—	1	5	14	18	—	0	2	3	2
Nebraska†	—	0	3	—	5	—	0	2	7	5	—	0	1	1	1
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
S. Atlantic	3	8	14	51	84	7	15	32	124	225	—	3	12	20	34
Delaware	—	0	1	2	—	U	0	0	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	—	3	9	25	43	4	5	13	57	62	—	1	4	10	4
Georgia	1	1	4	8	12	2	3	7	31	40	—	0	3	1	9
Maryland†	—	0	3	2	10	—	1	6	12	29	—	1	3	5	7
North Carolina	2	0	7	2	9	—	0	12	2	76	—	0	10	—	4
South Carolina†	—	1	4	7	6	—	1	4	6	3	—	0	1	—	—
Virginia†	—	1	3	4	4	1	1	13	10	12	—	0	2	3	4
West Virginia	—	0	2	1	—	—	0	19	6	3	—	0	2	1	6
E.S. Central	—	1	3	7	9	1	7	13	59	77	—	2	5	18	23
Alabama†	—	0	2	2	1	—	1	5	16	24	—	0	2	1	1
Kentucky	—	0	2	3	1	1	2	6	22	15	—	1	5	16	12
Mississippi	—	0	1	—	4	—	1	2	2	4	—	0	0	—	—
Tennessee†	—	0	2	2	3	—	3	6	19	34	—	0	3	1	10
W.S. Central	2	3	18	23	35	6	9	21	32	93	2	1	6	8	9
Arkansas†	—	0	2	—	4	1	1	4	1	9	—	0	1	—	1
Louisiana	—	0	1	—	2	—	0	4	—	12	—	0	1	—	1
Oklahoma	—	0	3	1	1	2	2	8	8	15	—	0	4	2	—
Texas†	2	3	18	22	28	3	6	15	23	57	2	0	4	6	7
Mountain	—	3	8	29	25	2	2	5	12	35	—	0	4	5	12
Arizona	—	1	5	19	11	—	0	3	3	15	—	0	0	—	—
Colorado	—	1	5	5	7	—	0	2	1	7	—	0	3	—	8
Idaho†	—	0	1	2	—	—	0	2	1	1	—	0	2	3	—
Montana†	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	2	—	2	0	3	7	5	—	0	1	—	—
New Mexico†	—	0	1	1	2	—	0	1	—	4	—	0	1	—	4
Utah	—	0	2	—	3	—	0	1	—	3	—	0	2	2	—
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	3	5	16	38	67	6	6	25	54	55	2	1	6	12	12
Alaska	—	0	1	—	2	—	0	1	1	—	—	0	2	—	—
California	3	4	15	34	56	4	4	17	44	46	—	1	4	4	8
Hawaii	—	0	2	—	2	—	0	1	—	1	—	0	0	—	—
Oregon	—	0	2	2	4	—	1	4	5	5	—	0	3	5	2
Washington	—	1	4	2	3	2	0	8	4	3	2	0	6	3	2
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	2	9	—	0	5	2	1	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th 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	18	56	164	299	335	46	380	2,034	1,100	1,536	10	22	55	191	185
New England	—	2	18	6	12	1	73	499	35	261	1	1	4	1	9
Connecticut	—	1	5	3	5	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	—	11	76	26	19	—	0	1	—	—
Massachusetts	—	1	9	—	6	—	30	335	—	147	—	0	3	—	8
New Hampshire	—	0	2	1	—	—	19	93	3	75	1	0	1	1	—
Rhode Island†	—	0	4	1	—	—	1	28	—	1	—	0	1	—	—
Vermont†	—	0	1	1	1	1	5	42	6	19	—	0	1	—	1
Mid. Atlantic	4	16	69	60	90	27	200	1,126	654	732	2	7	13	48	31
New Jersey	—	2	13	—	14	—	41	389	83	271	—	0	1	—	—
New York (Upstate)	—	5	29	23	29	16	52	408	136	170	2	1	4	15	8
New York City	1	3	20	12	7	—	2	25	—	18	—	4	11	27	18
Pennsylvania	3	6	25	25	40	11	104	644	435	273	—	1	4	6	5
E.N. Central	3	10	39	52	72	1	23	223	52	85	—	3	11	16	26
Illinois	—	1	10	1	8	—	1	11	—	2	—	1	5	5	10
Indiana	—	1	5	3	9	—	1	7	5	3	—	0	4	1	5
Michigan	—	2	13	9	12	—	1	9	2	1	—	0	3	3	4
Ohio	3	5	17	37	35	1	1	5	4	2	—	0	6	7	7
Wisconsin	—	1	5	2	8	—	20	205	41	77	—	0	1	—	—
W.N. Central	1	2	12	9	5	—	5	196	1	15	1	1	8	14	8
Iowa	—	0	2	—	2	—	0	14	—	6	—	0	1	2	3
Kansas	—	0	1	1	2	—	0	2	—	4	—	0	1	3	1
Minnesota	—	0	11	3	—	—	0	196	—	4	—	0	8	3	1
Missouri	1	1	5	3	—	—	0	1	—	—	—	0	1	2	3
Nebraska†	—	0	2	2	—	—	0	3	1	—	1	0	2	4	—
North Dakota	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	—	—
S. Atlantic	4	11	22	67	72	16	65	252	312	411	4	6	16	52	73
Delaware	—	0	5	3	—	3	13	65	93	79	—	0	1	1	1
District of Columbia	—	0	2	—	1	—	0	5	—	2	—	0	1	1	4
Florida	2	4	10	29	27	—	2	11	11	6	3	2	7	26	16
Georgia	—	1	4	8	14	—	0	5	1	12	—	1	5	2	14
Maryland†	2	3	12	15	13	2	29	131	135	244	—	1	13	11	22
North Carolina	—	0	5	—	12	4	0	14	8	7	1	0	3	1	10
South Carolina†	—	0	2	1	1	—	0	3	2	3	—	0	1	—	1
Virginia†	—	1	6	10	4	7	11	67	54	49	—	1	5	10	5
West Virginia	—	0	2	1	—	—	0	33	8	9	—	0	2	—	—
E.S. Central	1	2	12	17	17	—	1	4	6	3	—	0	3	3	8
Alabama†	—	0	2	3	2	—	0	1	—	—	—	0	3	1	1
Kentucky	—	1	3	5	7	—	0	1	1	—	—	0	3	2	—
Mississippi	—	0	2	2	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	1	1	9	7	8	—	1	4	5	3	—	0	2	—	7
W.S. Central	1	2	7	11	9	—	4	25	1	4	—	1	19	30	5
Arkansas†	—	0	1	1	—	—	0	0	—	—	—	0	1	1	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	—	—	0	0	—	—	—	0	1	1	—
Texas†	1	1	6	10	8	—	4	25	1	4	—	1	19	28	4
Mountain	—	3	8	18	23	—	1	4	4	3	—	0	6	7	3
Arizona	—	1	5	9	8	—	0	2	—	—	—	0	2	2	—
Colorado	—	0	4	2	2	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	1	—	0	3	1	1	—	0	1	—	—
Montana†	—	0	1	1	3	—	0	1	—	—	—	0	3	—	—
Nevada†	—	0	1	4	4	—	0	1	1	1	—	0	1	2	—
New Mexico†	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	1	5	—	0	1	1	1	—	0	1	3	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	4	3	19	59	35	1	4	10	35	22	2	2	17	20	22
Alaska	—	0	0	—	1	—	0	1	1	2	—	0	1	—	1
California	4	3	19	58	28	1	2	9	26	17	1	2	12	15	15
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	1	—	1
Oregon	—	0	2	—	3	—	1	4	8	3	—	0	2	—	2
Washington	—	0	4	1	2	—	0	3	—	—	1	0	4	5	3
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	1	1	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Meningococcal disease, invasive [†]					Pertussis					Rabies, animal				
	All groups														
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	7	16	32	133	213	52	272	1,421	1,172	2,322	20	62	139	320	623
New England															
Connecticut	—	0	2	—	11	1	10	24	9	124	6	6	24	40	47
Maine [§]	—	0	1	—	1	—	1	4	—	5	4	1	22	19	19
Massachusetts	—	0	1	—	7	—	0	10	1	21	—	1	4	9	6
New Hampshire	—	0	1	—	1	—	6	16	—	76	—	0	0	—	—
Rhode Island [§]	—	0	1	—	1	—	1	7	2	12	1	0	3	3	5
Vermont [§]	—	0	1	—	—	1	0	8	4	4	—	0	5	—	6
Mid. Atlantic															
New Jersey	—	2	6	11	19	9	21	40	97	194	11	10	23	79	95
New York (Upstate)	—	0	2	—	2	—	2	8	5	50	—	0	0	—	—
New York City	—	0	3	2	1	5	5	29	41	24	11	8	22	69	45
Pennsylvania	—	0	2	4	4	—	0	11	—	12	—	0	7	10	—
E.N. Central															
Illinois	—	1	3	5	12	4	9	29	51	108	—	0	16	—	50
Indiana	—	2	9	23	47	17	54	100	402	579	—	2	19	6	7
Michigan	—	1	4	5	10	—	11	29	44	140	—	1	9	1	1
Ohio	—	0	3	6	9	—	6	15	17	78	—	0	7	—	1
Wisconsin	—	0	5	2	6	4	15	41	129	124	—	1	6	3	5
W.N. Central															
Iowa	—	1	3	7	13	13	20	49	207	212	—	0	5	2	—
Kansas	—	0	1	3	9	—	2	12	5	25	N	0	0	N	N
Minnesota	1	1	6	9	16	4	31	559	114	402	—	7	18	28	41
Missouri	—	0	2	1	3	—	3	10	22	38	—	0	3	—	3
Nebraska [§]	—	0	2	1	3	—	4	12	26	35	—	1	6	12	17
North Dakota	—	0	2	1	4	—	0	554	—	—	—	0	11	8	5
South Dakota	1	0	3	5	7	2	13	47	50	274	—	1	5	1	2
S. Atlantic															
Delaware	—	0	1	—	—	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
Florida	2	1	4	16	16	3	7	29	39	73	—	0	7	28	156
Georgia	—	0	2	3	5	—	4	22	31	58	—	0	72	—	61
Maryland [§]	—	0	1	1	1	—	3	8	27	19	—	7	15	48	54
North Carolina	—	0	10	—	8	—	0	21	—	117	N	0	4	N	N
South Carolina [§]	—	0	1	3	3	—	4	18	28	24	—	0	0	—	—
Virginia [§]	—	0	2	7	3	1	3	15	15	26	—	10	26	50	76
West Virginia	—	0	2	1	—	—	0	5	2	3	1	3	6	12	9
E.S. Central															
Alabama [§]	—	0	4	5	4	5	14	30	123	141	—	1	6	—	30
Kentucky	—	0	2	1	1	1	5	19	35	24	—	0	0	—	—
Mississippi	—	0	1	2	—	—	3	15	39	70	—	0	2	—	12
Tennessee [§]	—	0	1	1	—	—	1	6	10	17	—	0	1	—	—
W.S. Central															
Arkansas [§]	—	0	2	1	3	4	4	9	39	30	—	0	4	—	18
Louisiana	1	1	8	12	19	2	67	651	109	211	—	0	13	5	6
Oklahoma	—	0	2	2	3	2	6	24	8	21	—	0	10	3	4
Texas [§]	—	0	1	—	8	—	0	8	—	19	—	0	0	—	—
Mountain															
Arizona	—	0	2	4	3	1	5	15	25	25	N	0	0	N	N
Colorado	2	0	3	3	6	2	4	10	19	53	—	0	0	—	—
Idaho [§]	—	0	1	1	3	1	1	19	38	18	1	0	0	1	—
Montana [§]	—	0	2	—	2	—	1	6	5	5	—	0	4	—	5
Nevada [§]	—	0	1	1	1	—	0	3	1	2	—	0	1	—	—
New Mexico [§]	—	0	1	2	1	—	1	6	22	24	—	0	2	2	7
Utah	—	0	1	—	1	—	2	11	5	85	—	0	2	—	—
Wyoming [§]	—	0	2	—	—	—	0	5	1	2	—	0	4	3	6
Pacific															
Alaska	1	3	13	30	44	6	23	43	60	130	1	4	13	18	23
California	—	0	2	—	2	—	0	4	5	19	—	0	2	6	8
Hawaii	1	2	10	20	23	2	11	23	7	48	1	4	11	11	15
Oregon	—	0	1	—	1	—	0	3	—	6	—	0	0	—	—
Washington	—	0	4	7	12	—	4	12	30	41	—	0	3	1	—
American Samoa	—	0	6	3	6	4	5	34	18	16	—	0	0	—	—
C.N.M.I.	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	1	1	3	13	10
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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

* Incidence data for reporting years 2009 and 2010 are provisional.

† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (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	272	902	1,382	4,030	6,297	23	84	156	268	553	110	277	500	1,688	2,860
New England	—	30	90	95	647	—	3	30	8	83	—	4	27	14	78
Connecticut	—	0	55	55	429	—	0	5	5	67	—	0	9	9	43
Maine [§]	—	2	7	8	20	—	0	3	—	—	—	0	2	1	2
Massachusetts	—	20	47	—	145	—	2	7	—	9	—	3	27	—	28
New Hampshire	—	3	44	16	25	—	1	3	3	7	—	0	4	2	1
Rhode Island [§]	—	2	11	12	18	—	0	26	—	—	—	0	7	1	4
Vermont [§]	—	1	5	4	10	—	0	3	—	—	—	0	1	1	—
Mid. Atlantic	19	98	208	462	667	2	7	22	30	50	10	48	86	284	559
New Jersey	—	17	47	25	119	—	1	5	1	13	—	6	27	14	183
New York (Upstate)	9	23	77	126	152	1	3	11	11	18	3	4	19	32	24
New York City	—	23	47	135	168	—	1	5	6	9	—	7	15	46	99
Pennsylvania	10	29	66	176	228	1	2	8	12	10	7	25	63	192	253
E.N. Central	23	92	158	428	903	4	13	36	36	110	6	37	75	128	675
Illinois	—	24	52	105	247	—	3	6	5	45	—	9	34	33	136
Indiana	—	9	23	35	74	—	1	8	2	12	—	1	5	1	22
Michigan	3	17	34	96	163	2	3	8	16	11	1	4	11	26	69
Ohio	20	24	52	158	246	2	2	11	7	15	5	13	46	56	360
Wisconsin	—	11	30	34	173	—	4	21	6	27	—	5	26	12	88
W.N. Central	14	45	86	264	471	1	12	39	45	48	37	29	86	463	98
Iowa	2	7	16	32	62	—	2	14	5	11	1	0	5	10	27
Kansas	5	6	22	46	52	—	1	5	5	3	1	3	13	32	35
Minnesota	—	11	30	70	94	—	2	19	14	14	—	1	7	8	12
Missouri	4	12	30	80	69	1	2	10	16	13	35	20	72	410	16
Nebraska [§]	3	5	41	27	124	—	1	6	4	7	—	0	3	3	7
North Dakota	—	0	21	2	5	—	0	3	—	—	—	0	2	—	—
South Dakota	—	1	9	7	65	—	0	12	1	—	—	0	1	—	1
S. Atlantic	100	280	453	1,436	1,534	7	12	22	61	95	21	41	79	273	441
Delaware	2	2	9	10	5	—	0	2	—	2	—	3	10	20	5
District of Columbia	—	0	2	5	12	—	0	0	—	1	—	0	2	1	5
Florida	60	133	278	702	627	6	3	7	25	31	11	9	18	106	96
Georgia	3	45	98	235	252	—	1	4	8	8	5	12	29	90	107
Maryland [§]	9	15	32	101	119	—	2	5	8	15	2	5	17	17	79
North Carolina	20	14	89	189	259	1	0	11	2	25	3	3	27	10	66
South Carolina [§]	1	16	67	71	113	—	0	3	1	3	—	2	6	14	39
Virginia [§]	5	20	68	107	121	—	3	7	17	9	—	3	15	15	39
West Virginia	—	3	23	16	26	—	0	5	—	1	—	0	2	—	5
E.S. Central	13	52	113	221	366	1	4	10	13	25	5	12	46	65	168
Alabama [§]	3	14	39	69	118	—	1	4	5	5	1	2	9	7	44
Kentucky	3	7	18	48	71	—	1	4	—	8	1	3	25	34	20
Mississippi	—	14	45	30	81	—	0	1	3	2	—	1	4	2	6
Tennessee [§]	7	14	33	74	96	1	1	8	5	10	3	5	16	22	98
W.S. Central	7	101	387	156	441	—	5	23	9	27	8	49	154	214	432
Arkansas [§]	1	10	25	25	67	—	1	4	4	5	1	5	14	10	39
Louisiana	—	4	43	—	70	—	0	0	—	—	—	0	7	—	49
Oklahoma	6	11	30	42	48	—	0	6	1	4	7	6	19	42	28
Texas [§]	—	57	368	89	256	—	4	23	4	18	—	33	128	162	316
Mountain	18	51	118	353	433	3	7	28	31	68	6	18	43	99	213
Arizona	—	20	57	118	162	1	1	5	7	2	4	14	37	58	143
Colorado	14	11	33	104	95	2	2	11	5	45	2	2	6	21	22
Idaho [§]	1	3	10	24	30	—	1	7	7	6	—	0	1	2	—
Montana [§]	1	2	7	20	19	—	0	7	3	—	—	0	4	2	—
Nevada [§]	1	3	11	24	26	—	0	3	1	1	—	1	7	3	22
New Mexico [§]	—	5	28	31	35	—	1	3	5	8	—	1	8	10	22
Utah	—	5	14	20	57	—	1	11	3	5	—	0	4	3	4
Wyoming [§]	1	1	9	12	9	—	0	2	—	1	—	0	1	—	—
Pacific	78	123	345	615	835	5	9	73	35	47	17	22	61	148	196
Alaska	—	1	7	11	9	—	0	0	—	—	—	0	2	—	1
California	63	93	200	499	645	3	4	23	26	39	13	17	40	133	163
Hawaii	—	5	61	—	47	—	0	2	—	1	—	0	4	—	6
Oregon	—	8	19	44	68	—	1	11	4	2	—	1	4	6	10
Washington	15	12	133	61	66	2	2	48	5	5	4	2	19	9	16
American Samoa	—	1	1	1	—	—	0	0	—	—	—	0	0	—	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	5	19	34	103	—	0	0	—	—	—	0	2	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	3	2	9	13	6	8	17	73	45	134
New England	—	0	1	—	—	—	0	2	—	1
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	0	—	—	—	0	2	—	1
Massachusetts	—	0	1	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island [§]	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	1	—	—	1	6	—	4
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	—	0	3	—	—
New York City	—	0	1	—	—	—	0	4	—	3
Pennsylvania	—	0	2	1	—	—	0	2	—	1
E.N. Central	—	0	2	—	1	—	1	7	—	5
Illinois	—	0	0	—	—	—	0	6	—	3
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	2
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	1	—	3	27	2	1
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	—	3	26	2	1
Nebraska [§]	—	0	2	—	1	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	3	1	8	7	3	8	5	25	28	109
Delaware	1	0	0	1	—	—	0	3	2	1
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	—	1
Georgia	1	0	7	5	3	—	0	0	—	—
Maryland [§]	—	0	1	—	—	—	0	3	—	8
North Carolina	1	0	1	1	—	7	2	24	22	88
South Carolina [§]	—	0	1	—	—	—	0	4	2	4
Virginia [§]	—	0	1	—	—	1	0	5	2	6
West Virginia	—	0	0	—	—	—	0	1	—	1
E.S. Central	—	0	2	1	1	—	4	15	1	9
Alabama [§]	—	0	1	—	—	—	1	7	1	4
Kentucky	—	0	1	1	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	—	—
Tennessee [§]	—	0	2	—	—	—	2	14	—	5
W.S. Central	—	0	3	1	—	—	1	25	2	3
Arkansas [§]	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	—	—
Texas [§]	—	0	1	1	—	—	0	8	2	2
Mountain	—	0	2	3	—	—	0	6	12	2
Arizona	—	0	2	3	—	—	0	6	12	—
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho [§]	—	0	0	—	—	—	0	1	—	—
Montana [§]	—	0	1	—	—	—	0	2	—	—
Nevada [§]	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming [§]	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.

[†] Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] 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	277	55	356	2,822	855	48	44	111	435	579	86	260	332	1,639	2,738
New England	4	1	50	80	17	—	1	23	6	13	5	6	21	69	62
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	11	12
Maine [§]	—	0	4	18	3	—	0	2	3	—	—	0	2	5	1
Massachusetts	—	0	1	—	—	—	0	5	—	10	5	4	12	42	42
New Hampshire	1	0	6	33	5	—	0	2	3	2	—	0	1	2	7
Rhode Island [§]	—	0	3	6	5	—	0	1	—	—	—	0	5	7	—
Vermont [§]	3	0	6	23	4	—	0	1	—	1	—	0	2	2	—
Mid. Atlantic	13	4	25	151	40	5	5	34	56	50	37	33	50	307	372
New Jersey	—	0	4	14	—	—	1	4	9	12	8	3	13	38	51
New York (Upstate)	6	2	18	44	17	5	2	19	32	28	—	2	11	13	16
New York City	—	0	1	—	1	—	0	14	—	6	23	20	39	198	245
Pennsylvania	7	2	19	93	22	—	0	5	15	4	6	7	14	58	60
E.N. Central	17	13	64	396	168	5	7	13	62	106	—	23	48	91	251
Illinois	—	0	0	—	—	—	0	4	—	14	—	11	33	5	135
Indiana	—	4	15	79	60	—	1	4	9	17	—	2	9	7	32
Michigan	6	0	26	127	7	1	1	5	21	19	—	4	13	41	37
Ohio	11	8	18	99	101	4	2	7	23	41	—	6	13	38	34
Wisconsin	—	0	20	91	—	—	1	3	9	15	—	0	3	—	13
W.N. Central	17	3	40	189	37	4	3	13	36	38	—	5	12	23	63
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	6
Kansas	3	1	5	19	20	1	0	2	4	7	—	0	3	—	3
Minnesota	12	0	35	97	—	2	0	10	17	10	—	1	3	5	17
Missouri	1	1	8	29	14	—	0	5	10	16	—	3	8	17	35
Nebraska [§]	1	0	7	40	—	1	0	2	4	1	—	0	2	1	1
North Dakota	—	0	3	—	3	—	0	3	—	—	—	0	1	—	1
South Dakota	—	0	2	4	—	—	0	2	1	4	—	0	1	—	—
S. Atlantic	110	26	113	859	438	23	10	19	125	168	15	63	158	411	548
Delaware	3	0	2	7	4	—	0	2	—	—	—	0	3	1	7
District of Columbia	—	0	3	9	—	—	0	1	3	—	—	3	8	15	36
Florida	91	14	66	455	263	19	3	11	61	63	2	18	32	136	218
Georgia	10	8	17	126	142	4	3	9	34	51	—	14	109	30	70
Maryland [§]	6	0	25	110	2	—	1	7	10	20	5	6	12	41	54
North Carolina	—	0	0	—	—	—	0	0	—	—	3	10	31	106	94
South Carolina [§]	—	0	24	125	—	—	1	4	14	16	3	2	6	29	15
Virginia [§]	—	0	0	—	—	—	0	4	—	14	2	6	15	53	52
West Virginia	—	1	19	27	27	—	0	3	3	4	—	0	2	—	2
E.S. Central	15	4	49	282	86	1	2	9	28	38	17	20	37	135	234
Alabama [§]	—	0	0	—	—	—	0	0	—	—	—	7	18	24	90
Kentucky	—	1	5	14	23	—	0	2	2	4	4	1	13	20	12
Mississippi	1	0	5	22	2	—	0	2	5	5	3	4	14	23	37
Tennessee [§]	14	2	43	246	61	1	2	7	21	29	10	7	14	68	95
W.S. Central	51	1	50	324	31	3	6	36	51	72	6	48	74	312	541
Arkansas [§]	7	1	8	37	13	—	0	4	8	9	3	6	16	48	25
Louisiana	—	0	3	—	18	—	0	3	—	14	—	12	27	64	194
Oklahoma	—	0	5	16	—	—	1	5	16	10	3	1	6	8	16
Texas [§]	44	0	45	271	—	3	4	32	27	39	—	31	46	192	306
Mountain	40	2	67	485	36	7	5	13	63	82	2	7	18	46	98
Arizona	22	0	40	258	—	2	2	6	28	39	1	3	9	13	41
Colorado	14	0	20	136	—	4	1	4	17	15	1	2	5	20	22
Idaho [§]	—	0	1	3	—	—	0	2	1	2	—	0	1	—	1
Montana [§]	—	0	1	3	—	—	0	0	—	—	—	0	1	—	—
Nevada [§]	1	1	4	23	9	—	0	2	3	1	—	1	10	10	19
New Mexico [§]	2	0	8	41	—	1	0	4	9	5	—	1	4	3	11
Utah	1	1	4	18	22	—	1	6	5	20	—	0	2	—	4
Wyoming [§]	—	0	2	3	5	—	0	1	—	—	—	0	1	—	—
Pacific	10	0	9	56	2	—	0	2	8	12	4	43	60	245	569
Alaska	—	0	6	22	—	—	0	2	5	7	—	0	0	—	—
California	10	0	9	34	—	—	0	2	3	—	2	39	54	218	517
Hawaii	—	0	1	—	2	—	0	2	—	5	—	0	2	5	11
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	6	7
Washington	—	0	0	—	—	—	0	0	—	—	2	2	7	16	34
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	—	—	5	3	17	42	38
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.

† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 13, 2010, and March 14, 2009 (10th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Neuroinvasive					Nonneuroinvasive [§]				
		Med	Max			Current week	Previous 52 weeks	Cum 2010	Cum 2009	Current week	Previous 52 weeks	Cum 2010	Cum 2009		
United States	206	280	638	2,601	5,093	—	1	46	1	—	—	0	49	—	—
New England	—	14	33	88	175	—	0	0	—	—	—	0	0	—	—
Connecticut	—	8	23	18	98	—	0	0	—	—	—	0	0	—	—
Maine [¶]	—	0	15	30	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	3	10	27	49	—	0	0	—	—	—	0	0	—	—
Rhode Island ^{¶**}	—	0	1	1	3	—	0	0	—	—	—	0	0	—	—
Vermont ^{¶**}	—	0	4	12	25	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	21	25	55	211	432	—	0	2	—	—	—	0	1	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	21	25	55	211	432	—	0	0	—	—	—	0	0	—	—
E.N. Central	72	113	205	1,128	1,914	—	0	4	—	—	—	0	3	—	—
Illinois	8	27	56	255	498	—	0	3	—	—	—	0	0	—	—
Indiana**	6	7	35	146	101	—	0	1	—	—	—	0	1	—	—
Michigan	19	35	84	336	572	—	0	1	—	—	—	0	0	—	—
Ohio	39	29	85	322	594	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	8	57	69	149	—	0	1	—	—	—	0	0	—	—
W.N. Central	4	10	43	80	337	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas**	—	2	19	—	72	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	4	6	33	70	235	—	0	2	—	—	—	0	1	—	—
Nebraska ^{¶**}	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	8	26	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	2	4	—	0	3	—	—	—	0	2	—	—
S. Atlantic	27	25	95	339	572	—	0	4	—	—	—	0	1	—	—
Delaware**	1	0	2	3	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	3	—	5	—	0	0	—	—	—	0	0	—	—
Florida	22	14	61	202	327	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland [¶]	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina ^{¶**}	—	0	12	12	112	—	0	2	—	—	—	0	0	—	—
Virginia ^{¶**}	4	0	11	52	28	—	0	1	—	—	—	0	0	—	—
West Virginia	—	8	32	70	98	—	0	0	—	—	—	0	0	—	—
E.S. Central	4	7	29	55	134	—	0	6	1	—	—	0	4	—	—
Alabama ^{¶**}	4	7	27	55	133	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	—	1	—	0	5	1	—	—	0	4	—	—
Tennessee [¶]	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	64	68	261	468	1,025	—	0	19	—	—	—	0	6	—	—
Arkansas ^{¶**}	3	0	23	16	40	—	0	1	—	—	—	0	0	—	—
Louisiana	—	0	7	—	14	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas ^{¶**}	61	67	245	452	971	—	0	16	—	—	—	0	4	—	—
Mountain	14	20	62	229	466	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado**	—	8	22	91	172	—	0	7	—	—	—	0	14	—	—
Idaho [¶]	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana ^{¶**}	13	0	13	59	68	—	0	1	—	—	—	0	1	—	—
Nevada [¶]	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico ^{¶**}	—	0	12	18	66	—	0	2	—	—	—	0	1	—	—
Utah	1	7	32	61	160	—	0	1	—	—	—	0	1	—	—
Wyoming ^{¶**}	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	5	3	38	—	0	12	—	—	—	0	12	—	—
Alaska	—	0	4	3	23	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	15	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	5	26	45	95	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ 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/epo/dphsi/phs/infdis.htm>.

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

** Contains data that was reported via Health Level Seven (HL7) messages.

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TABLE III. Deaths in 122 U.S. cities,* week ending March 13, 2010 (10th week)

Reporting area	All causes, by age (years)						P&† Total	Reporting area	All causes, by age (years)						P&† Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
New England	551	382	118	32	5	14	57	S. Atlantic	1,143	760	275	68	22	18	75
Boston, MA	137	81	37	12	2	5	13	Atlanta, GA	137	92	31	8	3	3	17
Bridgeport, CT	27	20	3	2	—	2	4	Baltimore, MD	177	101	50	18	5	3	17
Cambridge, MA	11	7	4	—	—	—	—	Charlotte, NC	119	76	26	12	3	2	12
Fall River, MA	32	27	3	2	—	—	4	Jacksonville, FL	188	137	41	7	2	1	10
Hartford, CT	49	30	12	4	2	1	4	Miami, FL	81	61	17	1	1	1	4
Lowell, MA	28	21	5	1	—	1	6	Norfolk, VA	50	31	13	—	2	4	2
Lynn, MA	4	4	—	—	—	—	—	Richmond, VA	65	34	26	3	2	—	2
New Bedford, MA	30	21	8	1	—	—	—	Savannah, GA	48	36	11	1	—	—	1
New Haven, CT	24	16	5	2	1	—	4	St. Petersburg, FL	43	31	8	1	1	2	1
Providence, RI	72	51	15	4	—	2	4	Tampa, FL	223	152	50	16	3	2	9
Somerville, MA	4	4	—	—	—	—	—	Washington, D.C.	U	U	U	U	U	U	U
Springfield, MA	44	30	11	1	—	2	4	Wilmington, DE	12	9	2	1	—	—	—
Waterbury, CT	21	17	4	—	—	—	2	E.S. Central	1,060	701	236	64	33	26	85
Worcester, MA	68	53	11	3	—	1	12	Birmingham, AL	209	135	47	14	4	9	15
Mid. Atlantic	2,281	1,623	467	132	34	25	109	Chattanooga, TN	110	74	22	6	3	5	10
Albany, NY	48	34	12	1	1	—	5	Knoxville, TN	103	66	23	11	3	—	14
Allentown, PA	24	21	3	—	—	—	1	Lexington, KY	106	62	23	4	9	8	8
Buffalo, NY	74	51	15	4	3	1	7	Memphis, TN	210	141	50	10	7	2	18
Camden, NJ	15	7	5	2	1	—	—	Mobile, AL	93	66	20	4	3	—	5
Elizabeth, NJ	11	6	3	1	—	1	—	Montgomery, AL	51	40	9	2	—	—	7
Erie, PA	44	34	8	2	—	—	6	Nashville, TN	178	117	42	13	4	2	8
Jersey City, NJ	23	18	5	—	—	—	2	W.S. Central	1,314	857	326	73	20	36	96
New York City, NY	1,118	793	243	56	19	7	48	Austin, TX	95	58	26	6	1	4	10
Newark, NJ	25	15	7	3	—	—	—	Baton Rouge, LA	66	48	8	6	—	4	—
Paterson, NJ	22	14	5	2	1	—	2	Corpus Christi, TX	49	29	14	2	3	1	5
Philadelphia, PA	427	269	96	41	8	13	21	Dallas, TX	214	126	60	15	4	8	12
Pittsburgh, PA [§]	31	21	7	2	—	1	2	El Paso, TX	111	79	26	4	1	—	5
Reading, PA	33	26	6	1	—	—	—	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	139	118	12	8	—	1	3	Houston, TX	196	125	49	10	1	11	15
Schenectady, NY	15	13	1	1	—	—	1	Little Rock, AR	110	74	26	3	2	5	9
Scranton, PA	24	19	5	—	—	—	1	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	148	125	17	4	1	1	9	San Antonio, TX	244	160	62	16	5	1	20
Trenton, NJ	29	15	11	3	—	—	—	Shreveport, LA	85	63	18	3	1	—	11
Utica, NY	12	10	2	—	—	—	1	Tulsa, OK	144	95	37	8	2	2	9
Yonkers, NY	19	14	4	1	—	—	—	Mountain	1,193	798	276	58	27	25	98
E.N. Central	2,127	1,418	503	114	50	42	121	Albuquerque, NM	147	104	30	5	4	4	30
Akron, OH	57	33	14	5	2	3	4	Boise, ID	62	51	8	—	1	2	1
Canton, OH	45	33	9	2	—	1	2	Colorado Springs, CO	79	55	17	2	2	3	3
Chicago, IL	303	189	77	23	9	5	10	Denver, CO	83	51	23	7	1	1	6
Cincinnati, OH	106	69	23	5	5	4	11	Las Vegas, NV	274	174	72	17	7	4	20
Cleveland, OH	264	189	58	9	4	4	19	Ogden, UT	38	32	5	—	—	1	3
Columbus, OH	191	118	49	12	6	6	14	Phoenix, AZ	170	98	44	13	6	9	7
Dayton, OH	147	103	31	6	3	4	15	Pueblo, CO	36	25	11	—	—	—	5
Detroit, MI	144	85	44	10	2	3	7	Salt Lake City, UT	125	87	26	8	3	1	7
Evansville, IN	48	33	11	2	1	1	2	Tucson, AZ	179	121	40	6	3	—	16
Fort Wayne, IN	76	58	15	2	1	—	4	Pacific	1,856	1,320	384	96	26	30	204
Gary, IN	14	7	5	1	—	1	—	Berkeley, CA	13	8	4	1	—	—	3
Grand Rapids, MI	40	26	10	2	1	1	3	Fresno, CA	131	93	32	4	1	1	15
Indianapolis, IN	269	166	72	17	9	5	7	Glendale, CA	44	37	6	—	—	1	10
Lansing, MI	45	36	7	1	1	—	3	Honolulu, HI	70	48	19	1	2	—	10
Milwaukee, WI	85	56	23	5	1	—	7	Long Beach, CA	78	58	13	3	2	2	10
Peoria, IL	40	25	10	2	2	1	5	Los Angeles, CA	283	191	56	27	5	4	31
Rockford, IL	61	50	9	2	—	—	1	Pasadena, CA	22	15	2	3	1	1	1
South Bend, IN	46	33	8	3	—	2	3	Portland, OR	106	72	28	3	1	2	8
Toledo, OH	87	61	18	4	3	1	—	Sacramento, CA	238	170	46	12	4	6	37
Youngstown, OH	59	48	10	1	—	—	4	San Diego, CA	169	110	41	8	4	6	19
W.N. Central	546	375	131	20	12	8	35	San Francisco, CA	101	75	19	2	3	2	15
Des Moines, IA	78	57	17	1	3	—	2	San Jose, CA	238	182	40	14	—	2	26
Duluth, MN	33	20	13	—	—	—	2	Santa Cruz, CA	41	28	10	2	1	—	4
Kansas City, KS	25	13	10	1	—	1	1	Seattle, WA	129	96	26	5	—	2	3
Kansas City, MO	104	64	32	4	3	1	11	Spokane, WA	53	40	10	2	—	1	—
Lincoln, NE	40	32	7	1	—	—	1	Tacoma, WA	140	97	32	9	2	—	12
Minneapolis, MN	53	35	9	4	2	3	2	Total [¶]	12,071	8,234	2,716	657	229	224	880
Omaha, NE	80	60	12	5	2	1	8								
St. Louis, MO	5	1	3	1	—	—	—								
St. Paul, MN	48	35	10	2	—	1	2								
Wichita, KS	80	58	18	1	2	1	6								

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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