Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 59 / No. 24
June 25, 2010

National HIV Testing Day — June 27, 2010

National HIV Testing Day is observed each year on June 27 to promote testing for and diagnosis of human immunodeficiency virus (HIV) infection. Persons who learn they are infected with HIV can receive appropriate health care, treatment, monitoring, and prevention services, and can survive longer. They also can avoid transmitting the virus to others, thereby controlling the spread of HIV.

In 2006, an estimated 21% of those living with HIV infection in the United States (232,700 persons) were not aware of their HIV infection (*1*). To increase HIV testing and awareness of infection status, CDC recommended in September 2006 that all persons aged 13–64 years be screened for HIV in health-care settings. CDC also recommended that persons with increased risk for HIV be retested at least annually (*2*). In 2006, 40.4% (an estimated 71.5 million persons) of U.S. adults aged 18–64 years reported ever being tested for HIV infection (*3*). In January–September 2009, this percentage was 44.6% (an estimated 80 million persons) (*4*). This increase, in addition to recent increases in new HIV diagnoses (*5*), indicates that more persons in the United States have been tested for HIV, and a greater number of HIV-infected persons are learning of their diagnoses earlier.

HIV testing information is available at http://www.cdc.gov/features/hivtesting and http://www.hivtest.org.

References

1. CDC. HIV prevalence estimates—United States, 2006. MMWR 2008;57:1073–6.
2. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR-14).
3. CDC. Persons tested for HIV—United States, 2006. MMWR 2008;57:845–9.
4. CDC. Early release of selected estimates based on data from the January–September 2009 National Health Interview Survey. Atlanta, GA: US Department of Health and Human Services, CDC; 2010.
5. CDC. HIV/AIDS surveillance report, 2007. Vol. 19. Atlanta, GA: US Department of Health and Human Services, CDC; 2009.

Expanded HIV Testing and Trends in Diagnoses of HIV Infection — District of Columbia, 2004–2008

In the District of Columbia (DC), the human immunodeficiency virus (HIV) case rate is nearly 10 times the U.S. rate and higher than comparable U.S. cities, such as Baltimore, Philadelphia, New York City, Detroit, and Chicago (*1,2*). In June 2006, the DC Department of Health (DCDOH) began implementing CDC's 2006 recommendations for routine, voluntary HIV screening in health-care settings (*3*). To describe recent trends in HIV disease and testing, CDC and DCDOH analyzed DC HIV case surveillance data, HIV testing data, and data from the Behavioral Risk Factor Surveillance System (BRFSS) (*4*). This report summarizes the results of that analysis, which indicated that the rate of newly diagnosed acquired immunodeficiency syndrome (AIDS) cases decreased consistently, from 164 cases per 100,000 in 2004 to 137 in 2007 and 107 in 2008. Among newly diagnosed AIDS cases, the number and rate were higher among blacks/African Americans compared with whites and Hispanics/Latinos. During 2005–2007, BRFSS results showed a significant increase in the proportion of the population that had been tested for HIV within the past 12 months, from 15% to 19%. Although the causes of the improvement in these indicators are unknown and cannot be linked to any specific intervention, they suggest improvements in the delivery of HIV testing and linkage to care services in DC. To address continuing racial disparities, DCDOH has increased

INSIDE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
www.cdc.gov/mmwr

HIV education and prevention efforts through enhanced collaborations, working with DC residents as spokespersons for local marketing campaigns and creating toolkits for health-care providers to expand HIV testing and linkage to care (*5*).

In 2006, CDC revised its HIV testing recommendations to include implementation of routine, voluntary HIV testing in health-care settings for all persons aged 13–64 years (*3*). To implement these recommendations, DCDOH engaged multiple community-based and clinical providers throughout DC to perform rapid HIV screening, launched extensive social marketing campaigns to educate DC residents and providers about routine HIV testing, and trained providers to facilitate immediate linkage to care among those testing HIV-positive (*5*).

To describe recent trends in HIV disease and testing in DC, DCDOH used several indicators, including 1) AIDS diagnoses, 2) the proportion of persons entering HIV care within 3 months of diagnosis, 3) client-level data on publicly funded HIV testing data, collected through the Program Evaluation and Monitoring System (PEMS), and 4) the prevalence of self-reported HIV testing among participants in the 2005 and 2007 BRFSS. AIDS diagnosis currently is the best indicator for the status of the HIV epidemic in DC. Since 1981, DCDOH has required that all laboratories and health-care providers report confirmed cases of AIDS by name, including HIV-related laboratory data and clinical diagnostic information (*6*). In 2001, DC added code-based HIV reporting. Only in November 2006 did DC begin integrated, confidential, named-based HIV and AIDS reporting, and no name-based HIV diagnosis data are yet available.

DCDOH used HIV case surveillance data for residents of DC reported to DCDOH through December 31, 2009, to determine the number and percentage of adolescents and adults aged >12 years newly diagnosed with AIDS during 2004–2008, overall and by race/ethnicity (black/African American, Hispanic/Latino, and white) and sex.* Data are reported through 2008, the most recent year for which data are available, and are not adjusted for reporting delays. Cell sizes of five or fewer persons were not reported in accordance with DCDOH practice. Rates were calculated using DC population estimates from U.S. Census data.† Estimated annual percentage changes (EAPCs) in new

*Newly diagnosed cases are those that have not been previously reported to the DCDOH HIV/AIDS surveillance system. They do not necessarily reflect newly infected or incident cases of HIV infection.

†Available at http://www.census.gov/popest/estbygeo.html.

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

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

AIDS diagnoses were calculated using Poisson regression, with p<0.05 indicating significance.

The proportion of cases that had a CD4 count within 3 months of a new HIV diagnosis was used as an indicator of entry to HIV care. Since the start of AIDS reporting, DCDOH has received laboratory reports of CD4+ cell counts, and in more recent years, HIV viral load tests, and has matched these reports to HIV case surveillance data.[§] In accordance with national recommendations (*7*), DCDOH recommends that the first visit to a health-care provider be within 3 months of HIV diagnosis.

DCDOH used client-level data on publicly funded HIV testing data, collected through the Program Evaluation and Monitoring System (PEMS), to calculate the number and percentage of tests conducted during 2004–2008 by race/ethnicity and year of test (*8*). These tests are paid for by CDC and administered throughout DC at both medical and nonmedical sites. Data are collected on all persons tested, inclusive of client demographics, testing site, HIV test results, and referrals. In addition, data from the 2005 and 2007 BRFSS (*4*), a telephone survey on health behaviors among DC residents, were analyzed to evaluate the impact of increased testing efforts at a population level; sampling-weighted frequencies and percentages were used to describe testing by race/ethnicity. Logistic regression was performed to evaluate the difference in proportions in 2005 compared with 2007, with p<0.05 indicating significance. For 2005 and 2007, the Council of American Survey and Research Organizations (CASRO) response rate was 44.7% and 38.6%, and the cooperation rate was 75% and 67%, respectively.[¶]

During 2004–2008, a total of 3,312 new AIDS cases were diagnosed among blacks/African Americans, Hispanics/Latinos, and whites in DC. Blacks/African Americans accounted for the highest proportion of diagnoses overall (86%) and for 82% and 94% of diagnoses among males and females, respectively (Table 1). During this period, the overall number and rate of newly diagnosed AIDS cases decreased 35%, from 164 cases per 100,000 to 107 cases per 100,000 (EAPC = -9.2; p<0.001). The decrease was 58% among Hispanics/Latinos (EAPC = -17.8; p<0.001), 32% among blacks/African Americans (EAPC = -7.1; p=0.002), and 23% among whites (EAPC = -6.9; p<0.001).

The overall proportion of persons newly diagnosed with HIV who had a CD4 count within 3 months of diagnosis increased, from 62% in 2004 to 64% in 2008 (p=0.006). The only significant increase in this proportion by racial/ethnic group was observed among blacks/African Americans, from 60% in 2004 to 63% in 2008 (p=0.009).

During 2004–2008, the number of publicly funded HIV tests in DC increased by 335% (from 16,748 tests in 2004 to 72,864 in 2008) among community-based and clinical providers, including a 415% increase among blacks/African Americans (from 10,924 in 2004 to 56,278 in 2008) (Figure). The number of persons testing positive

[§] Lower CD4 counts indicate more immune suppression and potentially more advanced HIV disease, with a CD4 count <200 cells/µL indicating advanced HIV disease. CD4 counts and viral load tests typically are only conducted after an HIV diagnosis has been made and a patient begins seeing a health-care provider for HIV care.

[¶] The CASRO response rate is the percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted. The cooperation rate is the percentage of persons who completed interviews among all eligible persons who were contacted. The BRFSS cooperation rate is an outcome rate with the number of completes in the numerator and the number of eligible respondents who are capable of completing the survey in the denominator. Question asked for BRFSS 2005 and 2007: "Have you ever been tested for HIV?"

TABLE 1. Number and rate* of adults and adolescents[†] newly diagnosed with AIDS, by race/ethnicity and sex — District of Columbia, 2004–2008

Characteristic	Total no.	%	2004 No.	2004 Rate	2005 No.	2005 Rate	2006 No.	2006 Rate	2007 No.	2007 Rate	2008[§] No.	2008[§] Rate	2004–2008 EAPC[¶]	p-value**
Black/African American	**2,836**	**86.0**	**657**	**240**	**563**	**207**	**604**	**223**	**573**	**213**	**439**	**164**	**-7.1**	**0.002**
Males	1,857	56.0	448	373	364	305	389	328	371	315	285	244	-7.8	<0.001
Females	979	30.0	209	136	199	130	215	142	202	134	154	102	-5.3	0.050
Hispanic/Latino[††]	**175**	**5.0**	**48**	**122**	**43**	**109**	**28**	**71**	**35**	**88**	**21**	**51**	**-17.8**	**<0.001**
Males	129	4.0	37	178	27	130	22	106	27	129	16	74	-15.4	<0.001
Females	46	1.0	11	59	16	86	6	32	8	42	5	25	-21.6	0.004
White	**301**	**9.0**	**69**	**43**	**59**	**36**	**62**	**36**	**52**	**30**	**59**	**33**	**-6.9**	**<0.001**
Males	288	9.0	63	79	58	71	60	71	50	58	57	65	-5.8	0.002
Females	13	0.4	6	7	—[§§]	—[§§]	—[§§]	—[§§]	—[§§]	—[§§]	—[§§]	—[§§]	16.6	0.314
Total	**3,312**	**100.0**	**774**	**164**	**665**	**140**	**694**	**145**	**660**	**137**	**519**	**107**	**-9.2**	**<0.001**

* Per 100,000 population.
† Persons aged >12 years.
§ Numbers have not been adjusted for reporting delays and might not be final.
¶ Estimated annual percentage change by Poisson regression.
** P-values for trend (significant at p<0.05) by Poisson regression.
†† Hispanics/Latinos might be of any race.
§§ Cell sizes of five or fewer persons are not reported, in accordance with District of Columbia Department of Health practice.

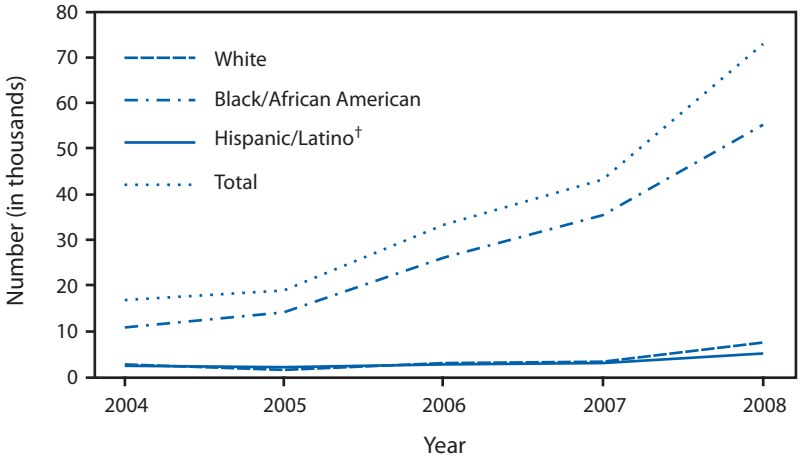
increased by 353%, from 246 in 2004 to 1,115 in 2008. The proportion of persons testing positive in 2004 and 2005 was 1.5% and 1.8%, respectively. This proportion peaked in 2006 at 2.5%, and then decreased to 1.4% and 1.7% in 2007 and 2008, respectively.

During 2005–2007, the overall proportion of persons self-reporting tests for HIV within the past 12 months increased, from 14.9% in 2005 to 18.7% in 2007 (p<0.001). The highest overall testing proportions and the largest increases in these testing indicators were among blacks/African Americans (Table 2).

Reported by

T West-Ojo, MSPH, R Samala, MPH, A Griffin, MSPH, N Rocha, S Hader, MD, District of Columbia Dept of Health. AD Castel, MD, M Befus, George Washington Univ School of Public Health and Health Svcs. MY Sutton, MD, L Willis, PhD, HI Hall, PhD, Y Lanier, PhD, TH Sanchez, DVM, A Satcher Johnson, MPH, PH Kilmarx, MD, Div of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC.

FIGURE. Number of publicly funded HIV tests among adults and adolescents,* by race/ethnicity — District of Columbia, 2004–2008



* Persons aged >12 years.
† Hispanics/Latinos might be of any race.

Editorial Note

This report indicates several favorable trends in indicators of the HIV epidemic in DC for 2004–2008. Although an analysis such as the one presented in this report cannot definitively link trends to specific interventions, these trends might be related to a comprehensive prevention, care, and treatment portfolio implemented by DCDOH in 2006 to address the HIV epidemic. In addition, in June 2006 (in anticipation of the September 2006 publication of CDC's recommendations for routine HIV screening in health-care settings [*3*]), DCDOH launched a citywide initiative to increase HIV testing and treatment programs. After the interventions, more than a threefold increase occurred in the number of publicly funded HIV tests conducted by community-based and clinical providers, and a 26% increase occurred in the proportion of persons who had been tested within the past 12 months.

Other favorable trends occurred during 2004–2008. DC residents with HIV had small but statistically significant increases in CD4 counts within 3 months of diagnosis, suggesting improvements in early linkage to care. Also, fewer AIDS diagnoses occurred over time. Like the other favorable trends, these cannot be attributed definitively to specific interventions, but they might indicate some success in DCDOH efforts to engage local providers through increased HIV education and social marketing campaigns.

TABLE 2. HIV testing history, by race/ethnicity — District of Columbia, 2005 Behavioral Risk Factor Surveillance Survey (BRFSS), 2005 and 2007

Characteristic	2005 No. of respondents	2005 %	2005 95% CI*	2007 No. of respondents	2007 %	2007 95% CI	% change	p-value†
Black/African American								
Ever tested	176,293	67.9	(64.1–71.6)	149,387	77.0	(73.8–80.2)	13.4	<0.001
Tested within past 12 months	176,075	19.5	(16.2–22.8)	148,729	27.6	(23.9–31.5)	41.5	<0.001
Hispanic/Latino§								
Ever tested	20,431	67.9	(58.0–77.7)	42,406	61.4	(52.1–70.1)	-9.6	<0.001
Tested within past 12 months	20,428	13.8	(7.6–19.9)	42,406	20.8	(13.1–28.5)	50.7	<0.001
White								
Ever tested	120,604	55.6	(52.3–58.8)	137,538	58.8	(54.7–62.9)	5.8	<0.001
Tested within past 12 months	120,294	8.3	(6.7–10.0)	137,499	8.4	(6.6–10.2)	1.2	0.571
Total								
Ever tested	**359,772**	**61.9**	**(59.4–64.4)**	**361,285**	**64.1**	**(64.1–69.1)**	**3.5**	**<0.001**
Tested within past 12 months	**358,931**	**14.9**	**(13.0–16.9)**	**360,588**	**18.7**	**(16.5–20.7)**	**25.5**	**<0.001**

* Confidence interval.
† P-values for trend (significant at p<0.05) by logistic regression.
§ Hispanics/Latinos might be of any race.

What is already known on this topic?

Blacks/African Americans are disproportionately affected by the HIV epidemic in the District of Columbia (DC).

What is added by this report?

Starting in 2006, the DC Department of Health expanded HIV testing and linkage to care by increasing education and social marketing efforts with local health-care providers; by 2008, increases were observed in DC residents who were tested for HIV within the past 12 months, and fewer AIDS diagnoses occurred over time.

What are the implications for public health practice?

Increased prevention efforts with social marketing and HIV education, as well as expanded HIV testing and linkage to care, might counter this epidemic and decrease racial/ethnic HIV disease disparities in DC.

Only a minimal increase occurred in the proportion of newly diagnosed HIV-infected persons being linked to care within 3 months of diagnosis. Efforts are ongoing to improve community and clinical linkages that promote HIV care and treatment and support appointments being made within 72 hours of a new HIV diagnosis (*5*). Also, a recent analysis indicated that during 2004–2008, HIV-infected DC residents were being diagnosed at earlier stages of HIV disease, as indicated by higher CD4 counts at diagnosis and a decreasing proportion of late testers (i.e., HIV diagnosis occurring within 12 months of AIDS diagnosis) among AIDS cases (*9*).

The burden of disease among blacks/African Americans in DC is especially high. In 2008, blacks/African Americans represented 55% of DC's population, but accounted for 78% of those living with HIV infection and 86% of newly diagnosed AIDS cases (*1*).** The HIV prevalence among blacks/African Americans in DC was 4.7% (*1*).

The findings in this report are subject to at least four limitations. First, DC transitioned from a code-based system of reporting HIV cases to confidential, name-based reporting in late 2006. DCDOH estimates that 5% of the cases reported before 2006 were duplicate cases (*1*). Second, delays in HIV and AIDS case reporting have been observed in DC. DCDOH expects that the number of cases diagnosed in 2008 will continue to increase as new reports of cases are received. Third, HIV testing data reflect the number of tests conducted and cannot be used to infer the number of persons tested in DC, because a person could be tested more than once in a single year. Finally, sampling bias is possible with BRFSS data because it is a telephone survey and the sampling frame includes only those adults with landline telephones; the growing population of persons with only cellular telephones has not yet been sampled through BRFSS in DC.

Research exploring sociodemographic factors in areas of high AIDS and high poverty rates in DC, which occur disproportionately among blacks/African Americans, suggest that lack of knowledge of one's HIV status and partners' HIV status, and missed opportunities to diagnose HIV in routine clinical settings, are contributing factors to the HIV epidemic among blacks/African Americans in DC (*2,10*). This report suggests that ongoing and increased HIV testing and efforts to ensure linkage to care are warranted.

** Based on U.S. Census data, available at http://www.census.gov/popest/estbygeo.html.

References

1. Government of the District of Columbia Department of Health. HIV/AIDS, hepatitis, STD, and TB epidemiology annual report: 2009 update. Washington, DC: Government of the District of Columbia Department of Health; 2010. Available at http://dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/annual_report_hahsta_march_2010.pdf. Accessed June 17, 2010.
2. Magnus M, Kuo I, Shelley K, et al. Risk factors driving the emergence of a generalized heterosexual HIV epidemic in Washington, District of Columbia networks at risk. AIDS 2009;23:1277–84.
3. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR-14).
4. CDC. About the BRFSS: turning information into public health. Available at http://www.cdc.gov/brfss/about.htm. Accessed June 17, 2010.
5. Greenberg AE, Hader SL, Masur H, et al. Fighting HIV/AIDS in Washington, DC. Health Affairs 2009;28:1677–87.
6. Government of the District of Columbia Department of Health. District of Columbia HIV-AIDS reporting requirements (effective November 17, 2006). Washington, DC: Government of the District of Columbia Department of Health; 2006. Available at http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/dc_hivaids_reporting_final_rulemaking_11_17_06.pdf. Accessed June 17, 2010.
7. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Washington, DC: US Department of Health and Human Services; 2009. Available at http://www.aidsinfo.nih.gov/contentfiles/adultandadolescentgl.pdf. Accessed June 17, 2010.
8. Thomas CW, Smith BD, Wright-DeAgüero L. The Program Evaluation and Monitoring System: a key source of data for monitoring evidence–based HIV prevention program processes and outcomes. AIDS Educ Prev 2006;18(Suppl A):74–80.
9. Castel A, Samala R, Griffin A, et al. Monitoring the impact of expanded HIV testing in the District of Columbia using population-based HIV/AIDS surveillance data. Proceedings from the 17th Conference on Retroviruses and Opportunistic Infections [oral presentation], San Francisco, CA; February 17, 2010. Available at http://retroconference.org/2010/abstracts/38192.htm. Accessed June 23, 2010.
10. Marks G, Crepaz N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. AIDS 2006;20:1447–50.

Routine Jail-Based HIV Testing — Rhode Island, 2000–2007

The prevalence of human immunodeficiency virus (HIV) infection among incarcerated persons in the United States (1.5%) is approximately four times greater than the prevalence among persons in community settings (0.4%) (*1*). In 2006, CDC recommended HIV testing in correctional facilities and elsewhere as part of routine medical evaluation (*2*). However, jail-based testing can be difficult logistically because of rapid turnover among detainees. In 2009, the Rhode Island Department of Corrections (RIDOC) reviewed its HIV testing program to assess HIV case identification, characterize HIV risk factors, and estimate the proportion of detainees who might not have been tested if testing had been delayed. RIDOC reviewed records of HIV testing of jail detainees during 2000–2007. During this period, 102,229 HIV tests were administered (representing an estimated 40,000–60,000 unique jail detainees), and HIV infection was newly diagnosed in 169 detainees, including 80 (48%) with unknown HIV risk factors. HIV testing was completed within 24 hours of jail admission. If HIV testing had been delayed for 7 days, 72 detainees (43%) would have been released before they could be tested, resulting in a delay in their HIV diagnosis and care, and continued risk for HIV transmission. To maximize case identification, all detainees should be offered voluntary HIV testing early in their incarceration as part of the first clinical evaluation, regardless of reported risk factors.

RIDOC is a unified state correctional system with six facilities for males and two for females. All pretrial detainees and all sentenced offenders (regardless of sentence length or crime) first pass through a centralized state jail that processes approximately 17,000 detainees each year. At any given time, the total inmate population in the RIDOC system is approximately 3,000–3,500, including 1,100 housed in the jail. Since 1991, the jail routinely has offered HIV testing to every person admitted as part of the initial medical evaluation conducted within 24 hours of admission. The RIDOC testing program uses a conventional laboratory-based HIV enzyme immunoassay (EIA) with Western blot confirmatory testing on blood specimens. HIV testing is voluntary (opt-out), and informed consent is obtained to conduct HIV counseling and testing. HIV test results are available in 7–14 days, and persons with a confirmed HIV-positive result who remain incarcerated are notified by the RIDOC HIV clinical nurse. All persons with confirmed HIV infection receive prevention counseling at RIDOC, referral to specialized HIV care within the correctional facility, and linkage to community care upon release. All HIV test results are reported to the Rhode Island Department of Health (RIDOH), and persons with positive test results who are released before notification are contacted in the community by a RIDOH outreach worker who provides results, prevention counseling, and referral to HIV care.

To determine the number and characteristics of persons with newly identified HIV infection and estimate the proportion of detainees who might not have been tested if testing had been delayed, RIDOC examined jail incarceration and HIV testing data from 2000–2007. A newly identified case of HIV infection was defined in a person with a positive confirmed HIV test at RIDOC who had no record of a previous positive HIV test result according to RIDOH HIV surveillance data. Data from 2000–2007 were selected because reporting of positive HIV test results to RIDOH using unique identifiers began in 2000.

During 2000–2007, the RIDOC jail had 140,739 admissions and conducted 102,229 (73%) HIV tests (Table 1). Because some detainees had multiple arrests and multiple HIV tests, the total number of HIV tests performed represents an estimated 40,000–60,000 unique persons (an exact number was not available). Of the 102,229 tests, a total of 169 detainees had a newly identified HIV infection that had not been reported previously to RIDOH. Of the 169, a total of 72 (43%) were released within 7 days after incarceration, including 49 who were released within 48 hours (Table 1); 97 (57%) detainees were incarcerated for >7 days. From 2000 to 2007, a statistically significant decreasing trend (from 33 to 13) was observed in the number of newly identified HIV infections at RIDOC, using linear regression ($p = 0.001$).

Of the 168 detainees with newly identified HIV infection for whom data were available, 151 (90%) were men, and 133 (79%) were aged 30–49 years (Table 2). By race/ethnicity, 62 (37%) were Hispanic, 58 (35%) were non-Hispanic black, and 46 (27%) were non-Hispanic white. Eighty (48%) did not

TABLE 1. Number of jail admissions and human immunodeficiency virus (HIV) tests conducted, and number of detainees with newly identified HIV infection,* by duration of incarceration — Rhode Island Department of Corrections (RIDOC), 2000–2007

	Overall jail admissions					Detainees with newly identified HIV infection						
		HIV tests conducted		Confirmed positive HIV test results			In jail ≤48 hrs		In jail >48 hours to ≤7 days		In jail >7 days	
Year	No.†	No.	(%)	No.	(%)	No.	No.	(%)	No.	(%)	No.	(%)
2000	16,389	8,919	(54)	199	(2.2)	33	11	(33)	4	(12)	18	(55)
2001	16,892	12,806	(76)	162	(1.3)	26	5	(19)	1	(4)	20	(77)
2002	17,487	13,367	(76)	184	(1.4)	23	8	(35)	2	(8)	13	(57)
2003	18,026	13,639	(76)	170	(1.3)	27	8	(30)	4	(14)	15	(56)
2004	17,497	13,539	(77)	159	(1.2)	23	8	(35)	5	(22)	10	(43)
2005	17,682	13,498	(76)	154	(1.1)	14	3	(21)	2	(15)	9	(64)
2006	19,179	13,752	(72)	128	(0.9)	10	1	(10)	4	(40)	5	(50)
2007	17,587	12,709	(72)	103	(0.8)	13	5	(38)	1	(8)	7	(54)
Total	**140,739**	**102,229**	**(73)**	**1,259**	**(1.2)**	**169**	**49**	**(29)**	**23**	**(14)**	**97**	**(57)**

* Defined in a person with a positive confirmed HIV test at RIDOC who had no record of a previous positive HIV test result according to Rhode Island Department of Health HIV surveillance data.
† Includes an estimated 40,000–60,000 unique detainees because of multiple arrests and multiple testings.

specify an HIV risk factor; 44 (26%) were injection-drug users (IDUs), and 27 (16%) were men who have sex with men (MSM).

Reported by

CG Beckwith, MD, JD Rich, MD, TP Flanigan, MD, Alpert Medical School of Brown Univ, Providence; M Poshkus, MD, N Aucoin, AM Bandieri, P Threats, Rhode Island Dept of Corrections, Cranston; S Chowdhury, MBBS, MPH, P Loberti, MPH, L Minuto, MEd, Rhode Island Dept of Health. R MacGowan, MPH, A Margolis, MPH, C Courtenay-Quirk, PhD, W Chow, Div of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC.

Editorial Note

Persons unaware of their HIV infection are approximately three times more likely to transmit HIV than persons who are aware of their infection (*3*). Jail facilities provide an important setting to offer HIV testing to persons who might not otherwise receive testing (*4*). The jailed population has a higher prevalence of HIV infection than the general population, and rapid HIV testing in jails is feasible and acceptable (*5*). In this report, 73% of persons admitted to the jail (including those with multiple admissions) were tested for HIV infection during a medical evaluation within 24 hours of admission. Routine jail-based testing can produce a substantial number of new HIV diagnoses. The 169 newly identified HIV infections at the RIDOC jail during 2000–2007 represented 15% of all new HIV diagnoses in Rhode Island over the same period (RIDOH, unpublished data, 2009).

The results show a decline in the number of new HIV diagnoses made annually at RIDOC from 2000 to 2007, despite an increase in overall HIV prevalence in Rhode Island during this period (*6*). This decline might indicate fewer new HIV infections among IDUs, who are at increased risk for incarceration (*6*).

The findings support the RIDOC policy of routine HIV testing of detainees within 24 hours of admission to jail. If HIV testing at the RIDOC jail had been conducted >48 hours after admission, 29% of detainees who tested positive for HIV infection would have been released before they could be tested. If HIV testing had been conducted ≥7 days after admission, 43% of detainees with new HIV diagnoses would not have been tested.

Certain challenges are associated with HIV testing immediately upon jail admission. Detainees might be intoxicated or under the influence of drugs and psychologically unable to provide consent for HIV testing when initially detained. Two recent studies that evaluated routine, opt-out, rapid HIV testing conducted in Connecticut jails supported testing within 24 hours of jail admission, compared with testing immediately upon incarceration or testing 1 week later. Testing within 24 hours of admission improved the ability of detainees to provide consent for testing and also minimized the impact of persons being released from the jail before they could be tested (*7,8*). HIV testing can be especially challenging in large facilities with many detainees processed daily. HIV testing programs require staff support, financial resources, and institutional support from the correctional system administration and officers. Logistical challenges need to be considered when developing a

TABLE 2. Number of jail detainees overall and those with newly identified human immunodeficiency virus (HIV) infection,* by selected characteristics and HIV risk category — Rhode Island Department of Corrections (RIDOC), 2004–2007

Characteristic/Risk category	Jail detainees		Detainees with newly identified HIV infection	
	No.	(%)†	No.	(%)
Total	**71,697§**	**(100)**	**168¶**	**(100)**
Sex				
Men	60,971	(85)	151	(90)
Women	10,726	(15)	17	(10)
Age group (yrs)				
20–29	24,064	(34)	13	(8)
30–39	21,045	(29)	56	(33)
40–49	17,736	(25)	77	(46)
50–59	6,098	(9)	21	(13)
≥60	1,058	(1)	1	(<1)
Unknown	1,696	(2)	—	—
Race/Ethnicity				
White, non-Hispanic	39,321	(55)	46	(27)
Black, non-Hispanic	17,900	(25)	58	(35)
Hispanic	13,073	(18)	62	(37)
Asian/Pacific Islander	546	(1)	2	(1)
Multirace/Other	313	(<1)	0	—
Unknown	544	(1)	—	—
HIV risk category				
Men who have sex with men (MSM)	NA**	NA	27	(16)
Injection-drug user (IDU)	NA	NA	44	(26)
MSM/IDU	NA	NA	5	(3)
Heterosexual risk behavior	NA	NA	12	(7)
Unknown††	NA	NA	80	(48)

* Defined in a person with a positive confirmed HIV test at RIDOC who had no record of a previous positive HIV test result according to Rhode Island Department of Health HIV surveillance data.
† Percentages might not sum to 100% because of rounding.
§ Overall number of jail admissions with data available. Includes an estimated 40,000–60,000 unique detainees because of multiple arrests and multiple testings.
¶ Data missing for one detainee with newly identified HIV infection.
** Data not available.
†† Includes persons who had heterosexual sex with persons they thought were not at increased risk for HIV, persons who said they had no HIV risk factors, and persons for whom a risk factor was not recorded.

jail-based HIV testing program, yet balanced against the individual and public health benefits of maximizing case identification.

Among detainees with newly diagnosed HIV infection at RIDOC, administrative records did not indicate an HIV risk factor for 48%. This group included persons who had heterosexual sex with persons they thought were not at increased risk for HIV, persons who said they had no HIV risk factors, and persons for whom a risk factor was not recorded. Similarly, in a study involving North Carolina prisoners, 44% of HIV-infected prisoners did not report conventional HIV risk factors (*9*). Because high proportions of incarcerated persons with newly identified HIV infection do not disclose HIV risk factors, targeting HIV testing to those who report risk factors (e.g., MSM or IDU) likely will miss a sizeable proportion of HIV-infected detainees.

What is already known on this topic?

CDC recommendations emphasize that human immunodeficiency virus (HIV) testing in correctional facilities can increase diagnoses of HIV infection and help reduce HIV transmission in the United States.

What is added by this report?

A review of 2000–2007 HIV testing records by the Rhode Island Department of Corrections revealed that routine jail testing within 24 hours of admission resulted in newly identified HIV infections in 169 detainees; at least 72 would not have been tested before their release if the testing had been delayed for 7 days.

What are the implications for public health practice?

To maximize case identification in this difficult-to-reach population, all jail detainees should be offered voluntary HIV testing early in their incarceration as part of the first clinical evaluation, regardless of reported risk factors.

The brief incarceration period for many detainees at RIDOC illustrates the challenges associated with delivering conventional laboratory-based HIV test results to detainees. Although RIDOC detainees routinely are tested within 24 hours, those released from jail within 7–10 days typically do not receive their test results until after their release. RIDOC and RIDOH work collaboratively to locate these persons in the community to deliver confirmed results and offer referral to treatment. The use of preliminary point-of-care rapid HIV tests (with results available in 20 minutes) might be an effective strategy to increase delivery of confirmed results before detainees are released. If a detainee has a preliminary positive rapid test result, a protocol that includes confirmatory testing, delivery of confirmatory results, and linkage to care for those with confirmed infection can be set into motion before release from jail. Optimally, this protocol should operate under the guidance of jail-based HIV care providers, in collaboration with community-based providers and public health departments, to maintain continuity of services after release from jail.

The findings in this report are subject to at least two limitations. First, because this report was based solely on a retrospective review of administrative and surveillance data, information regarding actual receipt of HIV test results within RIDOC or in the community, linkage to HIV care, and HIV counseling

could not be analyzed. Second, the newly identified cases described in the analysis do not account for jail detainees who might have tested HIV positive in another state previously, before being tested for HIV for the first time in Rhode Island.

These data, together with published guidance from CDC (*10*), can be used to assist in the development and implementation of comprehensive HIV services for jail detainees. Expansion of HIV testing within jails has the potential to increase diagnoses of HIV infection, thereby preventing new cases of HIV infection within the United States, especially among persons who might be difficult to reach through traditional community-based services.

References

1. Maruschak L. Bureau of Justice Statistics Bulletin: HIV in prisons, 2007–2008. Washington, DC: US Department of Justice; 2009. Available at http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp08.pdf. Accessed June 23, 2010.
2. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR-14).
3. Marks G, Crepaz N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. AIDS 2006;20:1447–50.
4. Braithwaite RL, Arriola KR. Male prisoners and HIV prevention: a call for action ignored. Am J Public Health 2003;93:759–63.
5. MacGowan R, Margolis A, Richardson-Moore A, et al. Voluntary rapid human immunodeficiency virus (HIV) testing in jails. Sex Transm Dis 2009;36(2 Suppl):S9–13.
6. Rhode Island Department of Health. 2008 Rhode Island HIV/AIDS epidemiologic profile with surrogate data. Providence, RI: Rhode Island Department of Health; 2008. Available at http://www.health.ri.gov/publications/epidemiologicalprofiles/HIVAIDSWithSurrogateData.pdf. Accessed June 21, 2010.
7. Kavasery R, Maru D, Cornman-Homonoff J, Sylla L, Smith D, Altice F. Routine opt-out HIV testing strategies in a female jail setting: a prospective controlled trial. PLoS One 2009;4:e7648.
8. Kavasery R, Maru D, Sylla L, Smith D, Altice F. A prospective trial of routine opt-out HIV testing in a men's jail. PLoS One 2009;4:e8056.
9. Rosen DL, Schoenbach VJ, Wohl DA, White BL, Stewart PW, Golin CE. Characteristics and behaviors associated with HIV infection among inmates in the North Carolina prison system. Am J Public Health 2009;99:1123–30.
10. CDC. HIV testing implementation guidance for correctional settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings. Accessed June 21, 2010.

Sodium Intake Among Adults — United States, 2005–2006

Excessive dietary sodium consumption increases blood pressure, which increases the risk for stroke, coronary heart disease, heart failure, and renal disease (*1*). Based on predictive modeling of the health benefits of reduced salt intake on blood pressure, a population-wide reduction in sodium of 1,200 mg/day would reduce the annual number of new cases of coronary heart disease by 60,000—120,000 cases and stroke by 32,000—66,000 cases (*2*). *Dietary Guidelines for Americans 2005* recommends that specific groups, including persons with hypertension, all middle-aged and older adults, and all blacks should limit intake to 1,500 mg/day of sodium (*3*). These specific groups include nearly 70% of the U.S. adult population (*4*). For all other adults, the recommended limit is <2,300 mg/day of sodium. To estimate the proportion of adults whose sodium consumption was within recommended limits, CDC analyzed data from the National Health and Nutrition Examination Survey (NHANES) for 2005–2006, the most recent data available. Estimated average sodium intake and sources of sodium and calories by food category also were analyzed. This report summarizes the results of that analysis, which determined that only 5.5% of adults in the ≤1,500 mg/day group, and only 18.8% of all other adults consumed <2,300 mg/day. Overall, 9.6% of all adults met their applicable recommended limit. To help reduce sodium intake to below the recommended limits, food manufacturers and retailers can reduce sodium content in processed and restaurant foods, public health professionals and health-care providers can implement sodium reduction strategies and educate consumers about sodium, and consumers can modify their eating habits.

Data from the 2005–2006 NHANES,* a continuous survey of the health and nutritional status of the U.S. civilian, noninstitutionalized population, were used to estimate the daily sodium intake of adults aged ≥20 years. Approximately 71% of the adults (4,773 of 6,719) completed a physical examination component in NHANES mobile examination centers. Blood pressure measurements and one 24-hour dietary recall were obtained during examination. Another 24-hour dietary recall was obtained by telephone 3–10 days later. The final analytical sample consisted of 3,922 persons, after 253 participants were excluded because their record lacked a blood pressure measurement and 598 other participants were excluded because they had fewer than 2 days of dietary recall measurements. Mean blood pressure was calculated as an average of the available blood pressure measurements, with 95% of participants having two or three measurements. Participants were identified as hypertensive if they were on antihypertensive medication or if they had a mean systolic blood pressure of ≥140 mmHg or a mean diastolic blood pressure of ≥90 mmHg. The weighting of the 2-day dietary subsample took into account the complex multistage probability design, survey nonresponse, and poststratification in representing the U.S. civilian, noninstitutionalized population. Mean values for daily sodium and caloric intakes were calculated as averages of two dietary recalls. Daily sodium intake was calculated for two groups. The first group consisted of non-blacks aged 20–39 years, without hypertension, whose sodium consumption was recommended to be <2,300 mg/day. The second group consisted of all adults aged ≥20 years with hypertension, all adults aged ≥40 years without hypertension, and blacks aged 20–39 years without hypertension, whose sodium consumption was recommended to be ≤1,500 mg/day (Box).

To identify the major food sources of sodium, CDC categorized all foods reported as consumed by each participant into nine major groups, in accordance with the U.S. Department of Agriculture food coding scheme: 1) milk and milk products; 2) meat, poultry, fish, and mixtures; 3) eggs; 4) legumes, nuts, and seeds; 5) grain products (including foods in which grains are the primary ingredient, such as pizza); 6) fruits; 7) vegetables; 8) fats, oils, and salad dressings; and 9) sugars, sweets, and beverages.† Subgroups of the four food groups that contributed more than 5% of sodium intake (grains; meat, poultry, fish, and mixtures; vegetables; and milk and milk-based products) also were categorized. Sodium density, a measure that allows for comparison of sodium intake without confounding the related associations between total intakes of calories and sodium, was defined as

*Additional information available at http://www.cdc.gov/nchs/nhanes.htm.

†Additional information available at http://www.ars.usda.gov/services/docs.htm?docid=12074.

BOX. Sodium intake recommendations, adapted from *Dietary Guidelines for Americans 2005

Persons with hypertension, blacks, and middle-aged and older adults

- Should limit intake to 1,500 mg/day of sodium.

All other persons

- Consume less than 2,300 mg/day (approximately 1 tsp of salt) of sodium.
- Choose and prepare foods with little salt.

*US Department of Health and Human Services, US Department of Agriculture. Dietary guidelines for Americans 2005. 6th ed. Washington, DC: US Department of Health and Human Services, US Department of Agriculture; 2005. Available at http://www.health.gov/dietaryguidelines/dga2005/document/pdf/dga2005.pdf.

milligrams of sodium per 1,000 kcal. Percentages and mean value estimates with standard errors were calculated using statistical software to account for the complex sampling design. Percentages of daily sodium intake for each food group were calculated by dividing the sodium intake in milligrams from each food group by the total sodium intake from all food consumed (in milligrams) and multiplying by 100. Percentages of daily energy intake were calculated using the same procedure. Differences in means were tested for statistical significance using the unpaired Student *t* test. Statistically significant differences in proportions were determined using the chi-square test. Results were considered statistically significant at p<0.05.

During 2005–2006, only 9.6% of all participants met the applicable 2005 recommended dietary limit for sodium (5.5% among the ≤1,500 mg/day group; 18.8% among the <2,300 mg/day group) (Table 1). U.S. adults consumed an average of 3,466 mg/day of sodium (Table 2). Most of the daily sodium consumed came from grains (1,288 mg; 36.9%) and meats, poultry, fish, and mixtures (994 mg; 27.9%), followed by vegetables (431 mg; 12.4%). Average daily sodium and calories consumed was 3,691 mg and 2,272 kcal for the <2,300 mg/day group and 3,366 mg and 2,068 kcal for the ≤1,500 mg/day group (Table 2). Although the ≤1,500 mg/day group consumed statistically significantly less sodium (p<0.001) and calories (p<0.001) than the <2,300 mg/day group, no difference was observed in overall sodium density or in eight of the nine main categories. Small but statistically significant differences in density were observed for two of the grain subcategories, one of the meats subcategories, and one of the vegetables subcategories. The ≤1,500 mg/day group consumed less sodium and calories from grains (1,205 mg versus 1,474 mg of sodium and 704 kcal versus 839 kcal) and sugars, sweets, and beverages (118 mg versus 138 mg of sodium and 286 kcal versus 361 kcal). However, that group consumed more sodium and calories from certain types of vegetables (109 mg versus 74 mg of sodium and 42 kcal versus 29 kcal).

Reported by

J Peralez Gunn, MPH, EV Kuklina, MD, PhD, NL Keenan, PhD, DR Labarthe, MD, PhD, Div for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note

Overall, 1 in 10 adults met their applicable recommendation for sodium intake during 2005–2006. The ≤1,500 mg/day group consumed more than double their recommended intake limit, and the <2,300 mg/day group exceeded their recommended intake limit by >1,300 mg. Previous reports on sodium intake in U.S. adult populations also reported high daily sodium intake (range: 2,933–4,178 mg) (*1,5,6*), and low proportions of persons whose intake was within limits <2,300 mg/day (range: 7.2%–24.4% among race/sex groups) (*7*). In contrast to *Dietary*

TABLE 1. Estimated percentage of persons aged ≥20 years (N = 3,922) who met recommendations for daily sodium consumption,* by group† — National Health and Nutrition Examination Survey, 2005–2006

Group	No. in group	% in group	Met sodium intake recommendation	
			%	(95% CI§)
Total	**3,922**	**100.0**	**9.6**	**(7.9–11.5)**
Sodium intake <2,300 mg/day recommended; without hypertension, non-black, aged 20–39 yrs	1,082	29.4	18.8	(14.7–23.7)
Sodium intake ≤1,500 mg/day recommended	2,840	70.6	5.5	(4.4–6.9)
With hypertension	1,298	35.3	5.9	(4.2–8.3)
Without hypertension, aged ≥40 yrs	1,272	31.3	5.1	(3.8–6.8)
Without hypertension, black, aged 20–39 yrs	270	4.0	5.7	(2.1–14.8)

*US Department of Health and Human Services, US Department of Agriculture. Dietary guidelines for Americans 2005. 6th ed. Washington, DC: US Department of Health and Human Services, US Department of Agriculture; 2005. Available at http://www.health.gov/dietaryguidelines/dga2005/document/default.htm.

† *Dietary Guidelines for Americans 2005* recommends that persons with elevated blood pressure, all middle-aged and older adults, and all blacks should consume no more than 1,500 mg/day of sodium. For all other adults, the recommended limit is <2,300 mg/day of sodium.

§ Confidence interval.

TABLE 2. Daily means of sodium and caloric intake, sodium density,* and percentage sodium for nine major food categories† among persons aged ≥20 years (N = 3,922), by specific groups§ — National Health and Nutrition Examination Survey, 2005–2006

	Daily sodium intake (mg)				Daily caloric intake (kcal)				Daily sodium density (mg/1,000 kcal)				% of daily sodium intake	
Major food category	Total	<2,300 mg/day	≤1,500 mg/day	p-value¶	Total	<2,300 mg/day	≤1,500 mg/day	p-value¶	Total	<2,300 mg/day	≤1,500 mg/day	p-value¶	%	(95% CI**)
Grains	**1,288**	**1,474**	**1,205**	**<0.001**	**746**	**839**	**704**	**<0.001**	**1,744**	**1,765**	**1,735**	**0.37**	**36.9**	**(36.0–37.9)**
Grain mixtures, frozen plates, soups§§	530	721	446	<0.001	201	320	195	<0.001	1,683	1,568	1,734	0.015	14.2	(13.1–15.3)
Breads	354	344	359	0.35	199	207	196	0.25	1,557	1,752	1,470	0.003	10.7	(10.2–11.3)
Cakes, cookies, crackers	229	224	231	0.61	201	193	204	0.35	935	900	950	0.10	6.7	(6.2–7.2)
Others	174	184	170	0.20	112	119	109	0.17	1,013	1,019	1,010	0.81	5.3	(4.7–5.8)
Meat, poultry, fish, mixtures	994	**1,015**	**985**	**0.26**	**410**	**433**	**400**	**0.009**	**2,554**	**2,524**	**2,567**	**0.61**	**27.9**	**(26.8–29.1)**
Ham, bacon, sausages, lunchmeats	423	427	421	0.83	121	131	117	0.10	2,981	2,892	3,020	0.05	7.9	(7.3–8.5)
Meat, poultry, fish mixtures	286	294	283	0.55	104	112	101	0.17	1,931	1,629	2,066	0.36	11.6	(10.5–12.7)
Others	285	295	281	0.35	185	190	182	0.31	1,211	1,205	1,214	0.87	8.4	(11.9–13.0)
Vegetables	431	**420**	**436**	**0.61**	**161**	**156**	**163**	**0.34**	**3,451**	**3,476**	**3,440**	**0.90**	**12.4**	**(7.9–8.9)**
Soup and sauces	197	214	190	0.36	28	27	28	0.75	9,165	10,118	8,742	0.06	5.3	(4.9–5.9)
Potato chips, fries, starchy vegetables	135	132	137	0.63	95	100	92	0.22	930	871	956	0.07	3.9	(3.4–4.4)
Others	98	74	109	<0.001	38	29	42	<0.001	2,066	1,875	2150	0.07	3.2	(2.9–3.4)
Milk products	280	**301**	**271**	**0.10**	**230**	**242**	**224**	**0.22**	**1,293**	**1,337**	**1,273**	**0.28**	**8.4**	**(8.0–8.9)**
Milk, creams, milk desserts, sauces, gravies	122	128	120	0.36	167	168	167	0.92	624	616	627	0.70	4.0	(3.6–4.3)
Cheeses	158	173	151	0.10	62	74	57	0.02	1,707	1,737	1,694	0.62	4.4	(4.1–4.7)
Fats, oils, and salad dressings	**141**	**144**	**139**	**0.73**	**66**	**64**	**67**	**0.65**	**1,231**	**1,062**	**1,306**	**0.02**	**4.2**	**(3.6–4.8)**
Sugars, sweets, and beverages	**124**	**138**	**118**	**0.001**	**309**	**361**	**286**	**0.001**	**1,283**	**1,156**	**1,339**	**0.23**	**3.9**	**(3.8–4.1)**
Legumes, nuts, and seeds	**108**	**110**	**107**	**0.85**	**74**	**60**	**81**	**0.03**	**2,822**	**3,586**	**2,483**	**0.24**	**3.1**	**(2.8–3.4)**
Eggs	**96**	**92**	**98**	**0.56**	**42**	**40**	**42**	**0.58**	**800**	**740**	**826**	**0.13**	**2.8**	**(2.5–3.1)**
Fruits	**5**	**5**	**5**	**0.91**	**93**	**80**	**99**	**0.02**	**51**	**56**	**49**	**0.59**	**0.2**	**(0.16–0.23)**
Total¶¶	**3,466**	**3,691**	**3,366**	**<0.001**	**2,131**	**2,272**	**2,068**	**<0.001**	**1,659**	**1,662**	**1,651**	**0.71**	**100.0**	—

* A measure that allows for comparison of sodium intake without confounding the related associations between total intakes of calories and sodium. Sodium density for each participant was calculated as mg/(kcal/1,000). Results are weighted to account for the complex multistage probability design, survey nonresponse, and poststratification in representing the U.S. civilian, noninstitutionalized population.

† US Department of Agriculture. Food coding scheme. Washington, DC: US Department of Agriculture; 2010. Available at http://www.ars.usda.gov/services/docs.htm?docid=12074.

§ *Dietary Guidelines for Americans 2005* recommends that persons with elevated blood pressure, all middle-aged and older adults, and all blacks should consume no more than 1,500 mg/day of sodium. For all other adults, the recommended limit is <2,300 mg/day of sodium. Available at http://www.health.gov/dietaryguidelines/dga2005/document/pdf/dga2005.pdf.

¶ Calculated for the mean difference between the ≤1,500 mg/day and <2,300 mg/day groups.

** Confidence interval.

§§ Includes mixtures having a grain product as a main ingredient, such as burritos, tacos, pizza, egg rolls, quiche, spaghetti with sauce, rice and pasta mixtures; and frozen meals in which the main course is a grain mixture.

¶¶ Totals might differ from sums because of rounding.

Guidelines for Americans 2005, the American Heart Association recently encouraged all adults to eat <1,500 mg/day of sodium (*8*). If that guideline were applicable in 2005–2006, an even greater proportion of adults would be consuming more sodium than recommended.

In the United States, an estimated 77% of dietary sodium intake comes from processed and restaurant foods and approximately 10% comes from table salt and cooking (*9*). In this study, the majority of sodium came from the food categories from which the most calories were consumed, foods that might not taste salty. Grains contributed the largest amount of sodium and calories, followed by meats. Grains included foods that were highly processed and high in sodium (e.g., grain-based frozen meals and soups) and foods eaten frequently, such as breads. Intake of sodium from meats was higher than might be expected, likely because the category includes lunchmeats and sausages. In contrast, fresh fruits and vegetables inherently contain little sodium. However, vegetables were the third largest contributor, partly because the vegetable category contained vegetable-based soups and sauces, white potatoes (including potato chips, fries, and salads), and canned vegetables. An analysis of persons aged ≥2 years that used the same data set but a more detailed categorization found similar results: yeast breads, chicken and mixed chicken dinners, pizza, pasta dishes, and cold cuts were the top five contributors of sodium (*5*). In the current study, total caloric intake appeared to account for most of the differences in sodium intake; overall sodium

What is already known on this topic?

Most adults in the United States consume far more sodium than recommended; breads and mixed meat dishes are major sources of sodium.

What is added by this report?

During 2005–2006, 9.6% of U.S. adults consumed sodium within dietary recommendations; for the group that was recommended to consume ≤1,500 mg/day, average intake was more than double (3,366 mg/day) the recommended limit. Food categories from which the most calories were consumed also contributed the most sodium.

What are the implications for public health practice?

The findings further support the need to implement strategies to lower sodium in the food supply, and continued surveillance is needed to evaluate the progress of such strategies.

density for the ≤1,500 mg/day and the <2,300 mg/day groups did not differ, although small but significant differences were found in a couple of subcategories (i.e., grain mixtures and breads).

The findings in this report are subject to at least four limitations. First, NHANES data are restricted to the noninstitutionalized population. Thus, the results from this study are not generalizable for residents of nursing homes, prisons, and other institutionalized populations. Second, calorie and sodium consumption estimates are based on self-reported intake data and thereby are subject to recall bias, misreporting of foods and portion sizes, and/or inaccurate or incomplete food composition tables, which can lead to underestimates of overall intake, but might not affect percentages. Third, the study did not account for sodium intake from salt added at the table or while cooking, and from medications and drinking water, resulting in underestimation of daily sodium intake and overestimation of the proportion of the population meeting dietary guidelines for sodium intake. Finally, availability of only two dietary recalls might overestimate variance in sodium and caloric intake and result in underestimation of the reported results.

Sodium intake largely comes from processed and restaurant foods. Some foods, such as cured meats or canned soups, are easily recognized as salty, but many other frequently consumed foods, such as breads and cookies, are not. Given the considerable overconsumption of sodium by most adults and the effect of sodium on blood pressure, policy and environmental changes are needed to reduce sodium intake across the U.S. population. In the United States, for example, a nationwide coalition led by New York City initiated discussions with food manufacturers to set voluntary benchmarks for lowering sodium content of specific food products. The first set of benchmarks was released in April 2010. Sixteen companies committed to meet at least one target.[§] Also in April, the Institute of Medicine published recommendations for reducing sodium consumption (*10*), including a recommendation for mandatory national standards for the sodium content of foods, an interim strategy of voluntary action, and a series of supporting strategies, which includes ensuring and enhancing sodium-related monitoring.

[§] Additional information available at http://www.nyc.gov/html/doh/html/cardio/cardio-salt-initiative.shtml.

References

1. Institute of Medicine. Dietary reference intakes for water, potassium, sodium, chloride, and sulfate. 1st ed. Washington, DC: The National Academies Press; 2004.
2. Bibbins-Domingo K, Chertow G, Coxson P, et al. Projected effect of dietary salt reductions on future cardiovascular disease. N Engl J Med 2010;362:590–9.
3. US Department of Health and Human Services, US Department of Agriculture. Dietary guidelines for Americans 2005. 6th ed. Washington, DC: US Department of Health and Human Services, US Department of Agriculture; 2005. Available at http://www.health.gov/dietaryguidelines/dga2005/document/pdf/dga2005.pdf. Accessed June 17, 2010.
4. CDC. Application of lower sodium intake recommendations to adults—United States, 1999–2006. MMWR 2009;58:281–3.
5. National Cancer Institute. Sources of sodium among the U.S. population, 2005–2006. Bethesda, MD: National Cancer Institute; 2010. Available at http://riskfactor.cancer.gov/diet/foodsources/sodium. Accessed June 14, 2010.
6. US Department of Agriculture. What we eat in America. Washington, DC: US Department of Agriculture; 2010. Available at http://www.ars.usda.gov/service/docs.htm?docid=15044. Accessed June 14, 2010.
7. Lloyd-Jones D, Adams R, Brown T, et al. Heart disease and stroke statistics—2010: a report from the American Heart Association. Circulation 2010;121:e1–170.
8. American Heart Association. Sodium (salt or sodium chloride). Dallas, TX: American Heart Association; 2010. Available at http://www.americanheart.org/presenter.jhtml?identifier=4708. Accessed June 14, 2010.
9. Mattes RD, Donnelly D. Relative contributions of dietary sodium sources. J Am Coll Nutr 1991;10:383–93.
10. Institute of Medicine. Strategies to reduce sodium intake in the United States. Washington, DC: The National Academies Press; 2010.

Detection of *Enterobacteriaceae* Isolates Carrying Metallo-Beta-Lactamase — United States, 2010

During January–June 2010, three *Enterobacteriaceae* isolates carrying a newly described resistance mechanism, the New Delhi metallo-beta-lactamase (NDM-1) (*1*), were identified from three U.S. states at the CDC antimicrobial susceptibility laboratory. This is the first report of NDM-1 in the United States, and the first report of metallo-beta-lactamase carriage among *Enterobacteriaceae* in the United States. These isolates, which include an *Escherichia coli*, *Klebsiella pneumoniae*, and *Enterobacter cloacae*, carry $bla_{NDM\text{-}1}$, which confers resistance to all beta-lactam agents except aztreonam (a monobactam antimicrobial) (*1*); all three isolates were aztreonam resistant, presumably by a different mechanism. In the United Kingdom, where these organisms are increasingly common, carriage of *Enterobacteriaceae* containing $bla_{NDM\text{-}1}$ has been closely linked to receipt of medical care in India and Pakistan (*2*). All three U.S. isolates were from patients who received recent medical care in India.

Carbapenem resistance and carbapenemase production conferred by $bla_{NDM\text{-}1}$ is detected reliably with phenotypic testing methods currently recommended by the Clinical and Laboratory Standards Institute (*3*), including disk diffusion testing and the modified Hodge test (*4*). Carbapenem resistance in all three of these isolates was detected in the course of routine testing. Current CDC infection control guidance for carbapenem-resistant *Enterobacteriaceae* also is appropriate for NDM-1–producing isolates (*5*). This includes recognizing carbapenem-resistant *Enterobacteriaceae* when cultured from clinical specimens, placing patients colonized or infected with these isolates in contact precautions, and in some circumstances, conducting point prevalence surveys or active-surveillance testing among other high-risk patients. Laboratory identification of the carbapenem-resistance mechanism is not necessary to guide treatment or infection control practices but should instead be used for surveillance and epidemiologic purposes.

Clinicians should be aware of the possibility of NDM-1–producing *Enterobacteriaceae* in patients who have received medical care in India and Pakistan, and should specifically inquire about this risk factor when carbapenem-resistant *Enterobacteriaceae* are identified. CDC asks that carbapenem-resistant isolates from patients who have received medical care within 6 months in India or Pakistan be forwarded through state public health laboratories to CDC for further characterization. Infection control interventions aimed at preventing transmission, as outlined in current guidance (*5*), should be implemented when NDM-1–producing isolates are identified, even in areas where other carbapenem-resistance mechanisms are common among *Enterobacteriaceae*. Additional information is available by contacting Brandi Limbago or Alex Kallen at search@cdc.gov.

References

1. Yong D, Toleman MA, Giske CG, et al. Characterization of a new metallo-β-lactamase gene, $bla_{\text{NDM-1}}$, and a novel erythromycin esterase gene carried on a unique genetic structure in *Klebsiella pneumoniae* sequence type 14 from India. Antimicrob Agents Chemother 2009;53:5046–54.
2. Health Protection Agency. Multi-resistant hospital bacteria linked to India and Pakistan. Health Protection Report 2009;3(26):3–4. Available at http://www.hpa.org.uk/hpr/archives/2009/hpr2609.pdf. Accessed June 18, 2010.
3. Clinical and Laboratory Standards Institute. Performance standards for antimicrobial susceptibility testing; twentieth informational supplement. Wayne, PA: Clinical and Laboratory Standards Institute; 2010.
4. Deshpande P, Rodrigues C, Shetty A, Kapadia F, Hedge A, Soman R. New Delhi metallo-β lactamase (NDM-1) in *Enterobacteriaceae*: treatment options with carbapenems compromised. J Acad Physicians India 2010;58:147–9.
5. CDC. Guidance for control of infections with carbapenem-resistant or carbapenemase-producing *Enterobacteriaceae* in acute care facilities. MMWR 2009;58:256–60.

Notice to Readers

Limitations Inherent to a Cross-Sectional Assessment of Blood Lead Levels Among Persons Living in Homes with High Levels of Lead in Drinking Water

During 2000–2003, the District of Columbia (DC) experienced very high concentrations of lead in drinking water. In February 2004, the DC Department of Health requested assistance from CDC to assess health effects of elevated lead levels in residential tap water. CDC reviewed available blood lead surveillance data for the period 1998–2003 and reported the findings of a longitudinal analysis and a cross-sectional assessment in *MMWR* on April 2, 2004 (*1*).

The cross-sectional assessment was designed for a limited purpose, to take a snapshot of blood lead levels in the homes with the highest levels of lead in water and to provide service to children at risk for lead poisoning. The assessment had several design limitations. The data were not collected in a manner that would allow a comparison between the amount of lead consumed in drinking water and blood lead levels. Additionally, the blood lead levels did not necessarily represent what peak blood levels might have been before the problems with the DC water supply were recognized. Thus, these results should not be used to make conclusions about the contribution of water lead to blood lead levels in DC, to predict what might occur in other situations where lead levels in drinking water are high, or to determine safe levels of lead in drinking water. The dataset for the cross-sectional assessment is not available to CDC for further analysis.

CDC has conducted a more thorough analysis of trends in DC blood lead levels for the period 1998–2006, which confirms the conclusions in the original analysis. In addition, CDC has examined the association between DC blood lead levels and the partial replacement of leaded drinking water service lines. Preliminary data show that strategies of replacing only the publicly owned portion of lead pipes (known as partial mitigation) do not decrease (and might increase) blood lead levels. CDC notified the U.S. Environmental Protection Agency, DC, and other jurisdictions when these preliminary findings became known, and is following up with more definitive guidance. These findings have been submitted to a scientific journal for publication. The information related to the preliminary findings concerning partial lead pipe replacement is available at http://www.cdc.gov/nceh/lead/leadinwater.

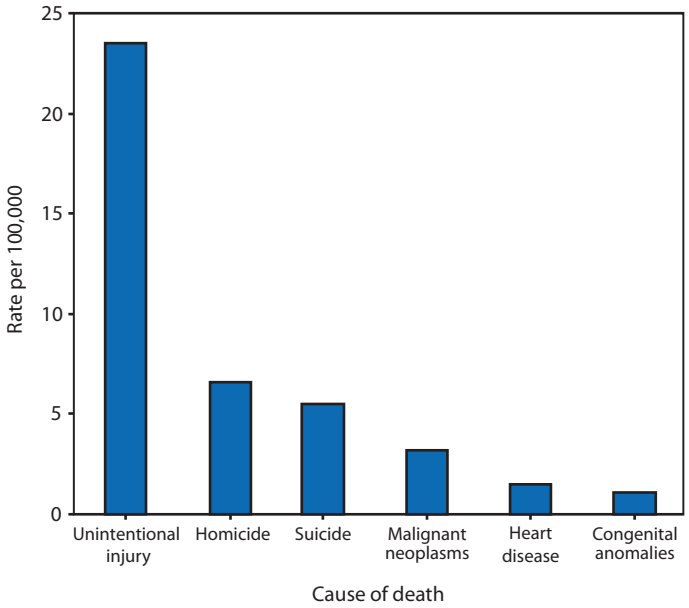
Reference

1. CDC. Blood lead levels in residents of homes with elevated lead in tap water—District of Columbia, 2004. MMWR 2004;53:268–70.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Death Rates For Leading Causes* Among Youths Aged 12–19 Years — National Vital Statistics System, United States, 1999–2006



* Causes of death are coded according to the *International Classification of Diseases, 10th Revision* (ICD-10). Other causes include chronic lower respiratory disease, influenza and pneumonia, other infectious diseases, stroke, and other chronic conditions, each of which accounts for <1% of all deaths.

During 1999–2006, unintentional injuries, with a rate of 23.5 deaths per 100,000 population, were the leading cause of death for youths aged 12–19 years; 73% of deaths from unintentional injuries were motor vehicle related. Homicide (6.6 deaths per 100,000) and suicide (5.5 deaths per 100,000) were the second and third leading causes, followed by cancer (3.2 deaths per 100,000), heart disease (1.5 deaths per 100,000), and congenital anomalies (1.1 deaths per 100,000).

Source: Miniño AM. Mortality among teenagers aged 12–19 years: United States, 1999–2006. NCHS data brief, no 37. Hyattsville, MD: National Center for Health Statistics; 2010.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 19, 2010 (24th week)*

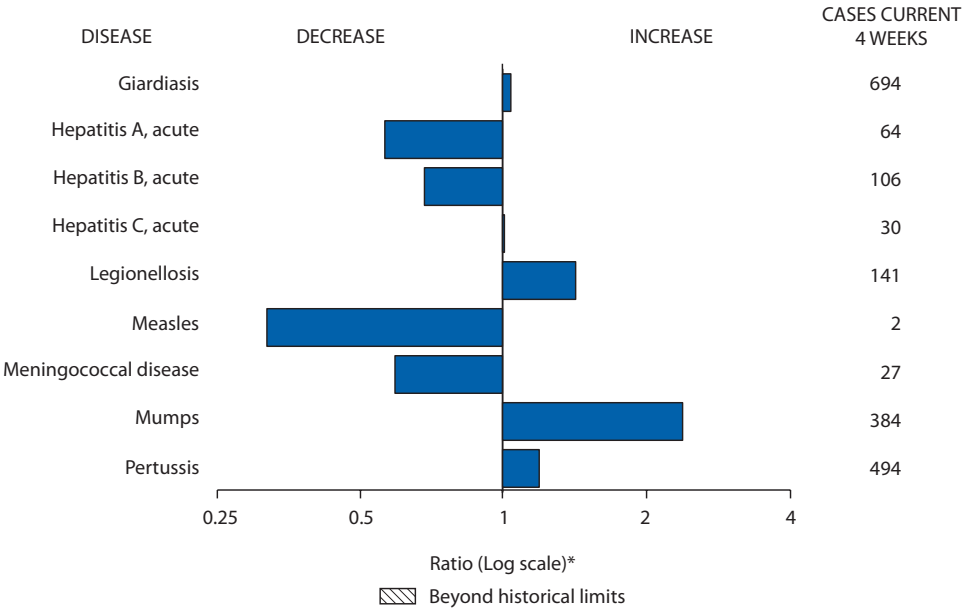
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	1	35	3	116	145	144	165	135	
foodborne	—	4	0	10	17	32	20	19	
infant	—	23	2	81	109	85	97	85	
other (wound and unspecified)	1	8	1	25	19	27	48	31	MD (1)
Brucellosis	1	46	2	115	80	131	121	120	CA (1)
Chancroid	—	26	0	28	25	23	33	17	
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis§	4	37	12	141	139	93	137	543	NY (1), FL (2), TX (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	1	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	1	0	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	7	0	35	30	22	29	9	
nonserotype b	—	89	4	236	244	199	175	135	
unknown serotype	3	101	3	178	163	180	179	217	NY (1), FL (1), LA (1)
Hansen disease§	—	16	3	103	80	101	66	87	
Hantavirus pulmonary syndrome§	—	4	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	4	62	6	242	330	292	288	221	OH (1), MO (1), FL (1), CO (1)
HIV infection, pediatric (age <13 yrs)††	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	1	54	2	359	90	77	43	45	TX (1)
Listeriosis	20	254	14	852	759	808	884	896	NY (1), PA (2), MD (2), SC (1), FL (10), TX (1), WA (1), CA (2)
Measles¶¶	—	26	3	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	128	6	301	330	325	318	297	FL (1), CO (1)
serogroup B	1	56	3	174	188	167	193	156	MD (1)
other serogroup	—	5	1	23	38	35	32	27	
unknown serogroup	6	185	12	482	616	550	651	765	OH (1), ND (1), CO (2), NV (1), CA (1)
Mumps	207	1,986	30	1,991	454	800	6,584	314	NYC (201), WI (2), MO (1), MD (1), LA (1), TX (1)
Novel influenza A virus infections†††	—	1	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	4	0	9	8	12	21	16	
Q fever, total§,§§§	2	38	4	113	120	171	169	136	
acute	2	29	2	93	106	—	—	—	NV (1), CA (1)
chronic	—	9	0	20	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	2	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	—	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	86	2	162	157	132	125	129	CT (1)
Syphilis, congenital (age <1 yr)††††	—	79	8	424	431	430	349	329	
Tetanus	—	—	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	—	41	2	74	71	92	101	90	
Trichinellosis	—	1	0	13	39	5	15	16	
Tularemia	2	12	5	93	123	137	95	154	NE (1), CA (1)
Typhoid fever	3	146	6	399	449	434	353	324	OH (1), MO (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	2	40	1	78	63	37	6	2	MO (2)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	10	132	6	790	588	549	NN	NN	VA (1), FL (4), AL (2), TX (1), CA (2)
Viral hemorrhagic fever§§§§	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 19, 2010 (24th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/ncphi/disss/nndss/phs/files/5yearweeklyaverage.pdf.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the domestic arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.
¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 279 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.
¶¶ No measles cases were reported for the current week.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
§§§§ There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 19, 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
Deborah A. Adams
Willie J. Anderson
Jose Aponte
Lenee Blanton
Rosaline Dhara
Pearl C. Sharp
Michael S. Wodajo

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	12,632	22,445	27,358	480,555	577,877	82	120	284	2,338	2,395
New England	601	746	1,396	17,624	18,675	5	5	36	119	156
Connecticut	—	213	736	4,023	5,389	—	0	32	32	38
Maine†	56	49	75	1,150	1,163	1	1	4	26	17
Massachusetts	411	395	767	9,267	8,983	—	1	15	—	45
New Hampshire	48	39	120	1,022	969	1	1	6	27	24
Rhode Island†	71	70	130	1,626	1,608	—	0	8	7	2
Vermont†	15	23	63	536	563	3	1	9	27	30
Mid. Atlantic	2,831	3,144	4,619	75,889	72,879	8	14	38	250	274
New Jersey	351	442	624	10,025	11,611	—	0	5	—	17
New York (Upstate)	784	636	2,530	15,263	13,385	1	3	16	57	60
New York City	1,165	1,182	2,144	29,649	27,666	—	1	5	24	38
Pennsylvania	531	857	1,061	20,952	20,217	7	8	19	169	159
E.N. Central	1,029	3,467	4,413	66,164	94,658	14	29	73	575	589
Illinois	—	940	1,322	9,334	28,842	—	3	8	71	59
Indiana	—	302	602	5,640	10,931	—	4	11	65	120
Michigan	762	885	1,417	22,761	22,163	—	6	11	123	105
Ohio	1	949	1,073	19,281	22,691	13	7	16	167	161
Wisconsin	266	399	516	9,148	10,031	1	9	39	149	144
W.N. Central	210	1,310	1,711	29,377	32,889	10	20	59	365	328
Iowa	47	178	252	4,619	4,590	2	4	13	79	77
Kansas	24	191	571	4,360	4,577	2	2	6	44	35
Minnesota	—	270	337	6,012	6,864	—	5	31	94	73
Missouri	139	489	638	11,399	12,185	5	3	12	67	62
Nebraska†	—	95	237	2,214	2,497	1	2	9	43	32
North Dakota	—	32	93	773	766	—	0	18	11	1
South Dakota	—	49	82	—	1,410	—	2	10	27	48
S. Atlantic	2,519	3,993	6,098	79,478	119,335	17	19	50	395	404
Delaware	156	87	145	2,019	2,224	—	0	2	2	1
District of Columbia	—	111	178	2,291	3,313	—	0	1	2	4
Florida	666	1,405	1,669	33,229	34,759	9	8	24	162	125
Georgia	—	368	1,323	3,601	19,689	3	6	31	144	166
Maryland†	649	451	1,031	10,190	10,310	—	0	3	12	22
North Carolina	—	586	940	—	20,500	—	1	11	11	32
South Carolina†	476	523	1,331	12,512	12,317	—	1	7	20	22
Virginia†	514	598	924	13,968	14,421	5	1	7	36	27
West Virginia	58	67	137	1,668	1,802	—	0	2	6	5
E.S. Central	1,826	1,712	2,268	38,199	42,543	—	4	10	83	68
Alabama†	486	475	639	10,972	12,750	—	1	5	34	23
Kentucky	—	321	642	6,807	4,768	—	2	4	26	18
Mississippi	786	424	640	8,365	11,259	—	0	3	4	5
Tennessee†	554	553	734	12,055	13,766	—	1	5	19	22
W.S. Central	464	2,918	5,784	64,204	73,735	9	8	40	124	127
Arkansas†	288	230	402	3,205	6,636	1	1	5	15	12
Louisiana	—	351	1,055	2,922	14,316	—	1	6	16	14
Oklahoma	176	252	2,727	6,656	3,284	3	2	9	26	34
Texas†	—	2,051	3,212	51,421	49,499	5	5	30	67	67
Mountain	859	1,561	2,118	32,197	33,279	5	9	25	194	189
Arizona	78	476	713	9,515	11,773	—	0	3	12	17
Colorado	355	429	709	8,692	5,970	2	2	10	53	49
Idaho†	99	64	185	1,328	1,768	2	2	7	37	22
Montana†	25	57	77	1,381	1,465	—	1	4	26	14
Nevada†	131	177	478	4,525	4,653	—	0	2	6	7
New Mexico†	84	163	453	3,042	3,818	1	2	8	31	56
Utah	86	117	175	2,866	2,929	—	1	4	21	11
Wyoming†	1	37	70	848	903	—	0	2	8	13
Pacific	2,293	3,481	5,350	77,423	89,884	14	13	27	233	260
Alaska	—	105	146	2,709	2,469	—	0	1	2	2
California	2,027	2,657	4,406	61,743	68,942	10	9	20	140	138
Hawaii	—	117	159	2,544	2,910	—	0	0	—	1
Oregon	—	171	468	1,367	5,127	2	2	10	58	85
Washington	266	393	638	9,060	10,436	2	1	8	33	34
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	6	3	27	88	219	—	0	0	—	—
Puerto Rico	147	107	329	2,469	3,462	N	0	0	N	N
U.S. Virgin Islands	—	8	16	132	257	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	0	8	43	NN	—	0	0	—	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island¶	—	0	0	—	NN	—	0	0	—	NN
Vermont¶	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	3	12	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	2	8	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	2	5	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	2	5	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	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	3	19	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	3	17	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	1	1	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama¶	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee¶	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas¶	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	2	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	0	—	NN	—	0	0	—	NN
Montana¶	—	0	0	—	NN	—	0	0	—	NN
Nevada¶	—	0	1	1	NN	—	0	0	—	NN
New Mexico¶	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming¶	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	4	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	1	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	3	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	82	932	NN	—	0	3	22	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	5	8	176	123	227	12	12	309	97	247	3	1	35	15	64
New England	—	0	6	3	12	—	2	22	14	79	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	13	—	1	—	0	0	—	—
Maine§	—	0	1	2	2	—	0	3	5	7	—	0	0	—	—
Massachusetts	—	0	3	—	2	—	0	11	—	45	—	0	0	—	—
New Hampshire	—	0	1	1	1	—	0	3	6	8	—	0	1	1	1
Rhode Island§	—	0	4	—	7	—	0	20	3	18	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	2	15	13	43	7	3	27	35	70	—	0	4	1	16
New Jersey	—	0	8	—	29	—	0	7	1	26	—	0	0	—	—
New York (Upstate)	2	1	15	8	9	7	2	20	34	43	—	0	2	1	1
New York City	—	0	2	4	1	—	0	1	—	1	—	0	0	—	1
Pennsylvania	—	0	5	1	4	—	0	1	—	—	—	0	3	—	14
E.N. Central	—	0	7	5	42	1	3	23	36	94	—	0	6	3	30
Illinois	—	0	4	2	21	—	0	1	—	2	—	0	0	—	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	1	16
Michigan	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	3	—	0	0	—	1	—	0	1	—	—
Wisconsin	—	0	3	3	17	1	3	22	36	91	—	0	3	2	11
W.N. Central	2	2	23	34	43	—	0	261	—	—	3	0	30	6	5
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	1	3	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	2	1	22	32	40	—	0	2	—	—	3	0	4	6	3
Nebraska§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	3	14	44	49	3	0	2	10	3	—	0	2	—	—
Delaware	—	0	3	7	7	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	4	4	1	0	1	1	—	—	0	0	—	—
Georgia	—	0	2	3	9	—	0	1	1	1	—	0	0	—	—
Maryland§	1	0	3	6	19	2	0	1	5	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	2	2	4	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	15	6	—	0	1	1	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	11	17	34	1	0	1	2	1	—	0	5	4	11
Alabama§	—	0	3	4	—	1	0	1	1	—	—	0	0	—	—
Kentucky	—	0	2	2	2	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	2	—	3	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	10	11	29	—	0	1	1	1	—	0	5	4	11
W.S. Central	—	0	141	7	2	—	0	23	—	—	—	0	1	—	—
Arkansas§	—	0	34	—	1	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	6	1	—	0	16	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	1	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 1.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (***Continued***) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th 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	201	345	662	7,056	7,306	2,905	5,300	6,935	107,616	138,521	37	54	171	1,346	1,489
New England	4	26	65	345	588	44	95	197	2,311	2,274	1	3	21	38	98
Connecticut	—	6	15	112	115	—	47	170	1,044	1,028	—	0	15	18	28
Maine§	1	4	13	83	83	3	3	11	95	65	—	0	2	5	12
Massachusetts	—	8	36	—	260	36	40	81	949	942	—	0	8	—	48
New Hampshire	—	3	11	58	52	2	2	7	72	52	—	0	2	7	5
Rhode Island§	—	1	7	19	23	3	6	19	124	164	—	0	2	4	1
Vermont§	3	4	14	73	55	—	1	17	27	23	1	0	1	4	4
Mid. Atlantic	29	63	112	1,232	1,382	597	635	941	15,039	13,959	8	12	34	285	260
New Jersey	—	7	15	113	193	77	93	134	2,132	2,178	—	2	7	39	53
New York (Upstate)	16	24	84	458	498	146	101	422	2,396	2,342	4	3	20	79	63
New York City	2	16	26	354	375	223	215	396	5,489	5,037	—	2	6	59	30
Pennsylvania	11	15	37	307	316	151	206	277	5,022	4,402	4	4	9	108	114
E.N. Central	24	52	92	1,124	1,131	291	1,065	1,536	18,075	29,736	2	8	18	217	244
Illinois	—	12	22	212	245	—	336	441	2,305	9,567	—	2	9	59	90
Indiana	—	6	14	103	100	—	81	183	1,518	3,548	—	1	5	31	47
Michigan	4	13	25	271	274	233	248	502	6,384	7,014	—	0	4	19	12
Ohio	17	16	28	373	346	—	314	372	5,822	7,113	2	2	6	54	52
Wisconsin	3	9	23	165	166	58	92	195	2,046	2,494	—	2	5	54	43
W.N. Central	10	27	165	625	627	65	272	367	5,874	6,954	5	3	24	87	79
Iowa	2	5	13	115	125	3	31	46	730	783	—	0	1	1	—
Kansas	3	4	14	95	57	7	40	83	873	1,163	—	0	2	8	10
Minnesota	—	0	135	136	137	—	41	64	863	1,105	—	0	17	23	18
Missouri	3	9	27	160	199	55	123	172	2,867	3,029	2	1	6	38	33
Nebraska§	1	3	9	79	71	—	22	54	486	641	1	0	3	9	13
North Dakota	1	0	8	11	4	—	2	11	55	52	2	0	4	8	5
South Dakota	—	1	10	29	34	—	3	16	—	181	—	0	0	—	—
S. Atlantic	59	74	143	1,685	1,566	689	1,233	1,774	22,007	34,892	9	14	27	344	415
Delaware	—	0	3	12	13	34	19	37	456	399	—	0	1	4	3
District of Columbia	—	1	4	10	35	—	43	86	863	1,307	—	0	1	1	1
Florida	48	38	87	868	830	196	381	482	8,845	9,906	6	3	9	100	138
Georgia	2	13	52	386	324	3	125	494	1,227	6,668	3	3	9	89	80
Maryland§	3	6	12	134	118	181	128	237	2,905	2,737	—	1	6	25	47
North Carolina	N	0	0	N	N	—	208	331	—	6,798	—	1	6	20	53
South Carolina§	1	2	7	51	41	152	159	394	3,703	3,706	—	2	7	50	35
Virginia§	5	9	36	208	187	119	164	271	3,799	3,110	—	2	5	44	40
West Virginia	—	1	5	16	18	4	8	19	209	261	—	0	5	11	18
E.S. Central	—	6	22	106	166	535	481	655	10,387	12,090	—	3	12	88	103
Alabama§	—	4	13	60	78	147	139	187	3,226	3,513	—	0	2	13	27
Kentucky	N	0	0	N	N	—	88	156	1,714	1,405	—	0	5	14	15
Mississippi	N	0	0	N	N	219	125	198	2,326	3,424	—	0	2	7	6
Tennessee§	—	3	18	46	88	169	143	206	3,121	3,748	—	2	10	54	55
W.S. Central	3	9	18	140	181	150	835	1,554	16,681	21,318	6	2	20	69	67
Arkansas§	1	2	9	42	55	98	72	139	948	2,005	—	0	3	10	12
Louisiana	—	3	10	54	81	—	107	343	910	4,644	1	0	2	14	12
Oklahoma	2	3	10	44	45	52	79	616	1,765	1,153	5	1	15	40	40
Texas§	N	0	0	N	N	—	568	964	13,058	13,516	—	0	2	5	3
Mountain	18	33	64	646	589	125	171	266	3,730	4,073	4	5	14	163	136
Arizona	2	3	7	61	88	10	63	109	1,108	1,301	1	2	10	61	45
Colorado	14	12	26	308	167	45	50	127	1,174	1,243	3	1	6	44	40
Idaho§	2	4	10	90	58	2	2	8	37	46	—	0	2	8	2
Montana§	—	3	11	54	45	—	2	6	52	40	—	0	1	2	1
Nevada§	—	2	11	25	40	35	27	94	813	816	—	0	2	5	11
New Mexico§	—	1	8	31	55	27	19	41	377	458	—	1	5	23	18
Utah	—	5	13	62	111	6	7	15	154	140	—	1	4	15	17
Wyoming§	—	1	5	15	25	—	1	7	15	29	—	0	2	5	2
Pacific	54	53	133	1,153	1,076	409	554	663	13,512	13,225	2	2	9	55	87
Alaska	—	2	7	37	33	—	23	36	611	387	—	0	2	11	8
California	32	34	61	736	757	378	458	556	11,394	10,902	—	0	2	6	33
Hawaii	—	0	2	—	9	—	10	24	284	306	—	0	2	—	17
Oregon	6	9	17	214	148	—	12	43	106	520	2	1	5	35	26
Washington	16	8	75	166	129	31	43	84	1,117	1,110	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	1	1	3	0	3	8	11	—	0	0	—	—
Puerto Rico	—	1	10	10	76	11	4	24	117	100	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	4	25	79	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th 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	22	32	68	613	893	40	57	203	1,239	1,565	8	14	43	329	354
New England	2	1	5	21	49	—	1	3	19	26	—	1	5	11	26
Connecticut	1	0	2	13	12	—	0	3	4	5	—	1	4	11	19
Maine†	1	0	1	4	1	—	0	2	9	6	—	0	1	—	—
Massachusetts	—	1	4	—	26	—	0	2	—	12	—	0	1	—	6
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	0	—	2	—	0	1	1	—	—	0	0	—	1
Mid. Atlantic	3	4	10	86	126	1	5	10	125	188	3	2	4	49	44
New Jersey	—	0	4	8	37	—	1	4	25	61	—	0	2	5	2
New York (Upstate)	1	1	3	26	23	1	1	6	25	34	3	1	3	30	21
New York City	—	1	5	26	34	—	1	4	39	34	—	0	1	—	1
Pennsylvania	2	1	6	26	32	—	1	5	36	59	—	0	3	14	20
E.N. Central	—	4	19	84	131	5	8	15	192	229	1	2	6	61	41
Illinois	—	1	13	16	48	—	2	6	34	51	—	0	1	1	3
Indiana	—	0	4	8	9	—	1	5	19	39	—	0	3	10	6
Michigan	—	1	4	26	34	1	2	6	51	70	—	1	6	45	14
Ohio	—	0	4	15	24	4	2	5	58	57	—	0	3	3	16
Wisconsin	—	0	3	19	16	—	1	5	30	12	1	0	1	2	2
W.N. Central	—	1	10	24	55	1	3	15	62	56	—	0	11	12	5
Iowa	—	0	3	4	16	—	1	3	9	12	—	0	4	1	2
Kansas	—	0	2	7	6	—	0	2	4	4	—	0	0	—	1
Minnesota	—	0	8	1	12	—	0	13	2	10	—	0	9	3	—
Missouri	—	0	3	11	9	1	1	5	38	19	—	0	1	7	—
Nebraska†	—	0	3	1	10	—	0	2	9	10	—	0	1	1	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	1	—	0	1	—	—
S. Atlantic	9	7	14	136	199	13	16	39	359	418	1	3	8	64	99
Delaware	—	0	1	5	3	—	1	2	15	17	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	4	—	0	1	2	—
Florida	5	3	8	55	92	8	5	11	147	146	—	1	4	23	18
Georgia	—	1	3	16	20	2	3	7	67	66	—	0	2	5	22
Maryland†	2	0	4	12	18	—	1	6	24	42	—	0	3	12	16
North Carolina	—	0	3	11	33	—	0	4	4	59	—	0	4	9	19
South Carolina†	1	1	4	20	17	—	1	4	25	21	—	0	0	—	1
Virginia†	1	1	3	15	15	1	2	14	44	40	1	0	2	7	7
West Virginia	—	0	2	1	—	2	0	19	31	23	—	0	3	6	16
E.S. Central	—	1	3	18	19	3	6	13	131	163	2	2	7	58	49
Alabama†	—	0	1	4	6	—	1	5	27	48	—	0	2	2	5
Kentucky	—	0	2	9	3	3	2	6	44	41	2	1	5	39	28
Mississippi	—	0	1	—	5	—	0	3	12	12	—	0	0	—	—
Tennessee†	—	0	2	5	5	—	2	6	48	62	—	0	4	17	16
W.S. Central	—	3	19	66	84	4	9	109	171	263	—	1	14	23	24
Arkansas†	—	0	3	—	5	—	1	4	19	34	—	0	1	—	1
Louisiana	—	0	1	4	2	—	1	5	19	28	—	0	1	2	4
Oklahoma	—	0	3	—	1	1	1	19	30	48	—	0	12	12	4
Texas†	—	3	18	62	76	3	5	87	103	153	—	0	4	9	15
Mountain	6	3	8	70	68	1	2	6	46	68	1	1	4	20	28
Arizona	3	1	5	36	27	—	0	2	14	28	—	0	0	—	—
Colorado	—	1	4	11	21	—	0	2	2	12	—	0	3	2	16
Idaho†	—	0	1	3	—	—	0	2	4	2	1	0	2	7	2
Montana†	—	0	1	4	4	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	6	7	1	0	3	19	14	—	0	1	2	2
New Mexico†	—	0	1	3	6	—	0	1	2	5	—	0	2	5	5
Utah	—	0	2	4	3	—	0	1	4	4	—	0	1	4	2
Wyoming†	3	0	1	3	—	—	0	1	—	3	—	0	0	—	—
Pacific	2	5	16	108	162	12	6	20	134	154	—	1	6	31	38
Alaska	—	0	0	—	2	—	0	1	1	2	—	0	2	—	—
California	2	4	15	88	121	9	4	16	94	111	—	0	4	13	18
Hawaii	—	0	2	—	6	—	0	1	—	4	—	0	0	—	—
Oregon	—	0	2	10	8	1	1	4	22	19	—	0	3	8	10
Washington	—	0	2	10	25	2	0	4	17	18	—	0	6	10	10
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	2	0	6	12	9	4	0	9	22	37	2	0	6	21	26
Puerto Rico	—	0	2	2	16	—	0	5	7	18	—	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.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th 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	38	57	174	870	931	193	345	2,345	5,586	9,911	16	24	87	447	517
New England	1	2	18	24	41	10	105	857	1,058	3,801	—	1	4	7	24
Connecticut	1	1	5	12	12	—	31	295	469	1,436	—	0	3	1	1
Maine†	—	0	3	3	—	—	14	76	164	90	—	0	1	3	1
Massachusetts	—	0	9	—	26	—	33	401	—	1,639	—	0	3	—	16
New Hampshire	—	0	3	2	1	1	19	95	356	513	—	0	1	1	2
Rhode Island†	—	0	4	5	1	—	1	29	10	43	—	0	1	1	2
Vermont†	—	0	1	2	1	9	4	45	59	80	—	0	1	1	2
Mid. Atlantic	8	16	73	199	270	107	161	999	2,905	3,821	2	7	17	129	149
New Jersey	—	1	14	3	63	—	37	430	699	1,745	—	1	5	1	42
New York (Upstate)	7	5	29	69	71	79	56	577	743	770	1	1	4	30	20
New York City	—	3	19	39	49	—	8	58	3	286	—	3	12	73	67
Pennsylvania	1	6	25	88	87	28	68	475	1,460	1,020	1	1	4	25	20
E.N. Central	4	10	41	148	169	3	26	258	425	748	2	2	12	46	65
Illinois	—	1	11	8	23	—	0	12	6	41	—	1	7	19	27
Indiana	—	1	5	12	20	—	1	6	10	25	—	0	4	2	9
Michigan	—	2	13	27	30	—	1	9	9	11	—	0	3	6	11
Ohio	4	5	17	85	73	1	1	5	7	8	2	0	6	17	14
Wisconsin	—	1	6	16	23	2	24	239	393	663	—	0	2	2	4
W.N. Central	2	2	19	44	33	—	3	1,395	20	83	—	1	11	22	25
Iowa	—	0	3	3	10	—	0	14	11	44	—	0	1	6	5
Kansas	—	0	1	3	3	—	0	2	4	11	—	0	1	3	2
Minnesota	—	0	16	15	2	—	0	1,380	—	26	—	0	11	3	10
Missouri	1	1	5	14	12	—	0	1	2	1	—	0	1	3	5
Nebraska†	—	0	2	4	5	—	0	1	3	—	—	0	2	7	2
North Dakota	1	0	1	3	1	—	0	15	—	—	—	0	1	—	—
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	12	11	24	197	191	63	60	258	1,016	1,337	6	6	15	118	154
Delaware	—	0	5	5	3	—	12	65	233	319	—	0	1	2	1
District of Columbia	—	0	5	12	11	—	0	7	6	23	—	0	3	6	5
Florida	6	4	10	75	65	2	2	11	25	14	3	2	7	50	39
Georgia	—	1	4	22	25	—	0	6	3	21	—	0	6	2	32
Maryland†	3	3	12	43	42	28	25	134	451	654	2	1	13	24	40
North Carolina	—	0	5	2	26	—	0	6	12	51	—	0	3	5	15
South Carolina†	—	0	2	4	3	1	1	3	16	16	—	0	1	3	1
Virginia†	3	1	6	29	16	32	14	79	255	206	1	1	5	26	20
West Virginia	—	0	3	5	—	—	0	33	15	33	—	0	2	—	1
E.S. Central	—	2	12	45	49	1	1	4	19	9	—	0	4	11	15
Alabama†	—	0	2	4	8	—	0	1	—	1	—	0	3	2	3
Kentucky	—	0	3	10	20	—	0	1	1	1	—	0	3	3	5
Mississippi	—	0	2	2	2	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	29	19	1	1	4	18	7	—	0	1	6	7
W.S. Central	1	2	14	37	49	3	3	44	31	41	—	1	31	47	15
Arkansas†	—	0	1	6	3	—	0	0	—	—	—	0	1	1	1
Louisiana	—	0	3	1	5	—	0	0	—	—	—	0	1	—	3
Oklahoma	1	0	4	6	3	—	0	2	—	—	—	0	1	3	—
Texas†	—	1	10	24	38	3	3	42	31	41	—	1	30	43	11
Mountain	4	3	8	51	52	—	0	4	6	19	1	1	6	17	14
Arizona	4	1	4	23	22	—	0	1	1	1	—	0	2	8	1
Colorado	—	0	4	2	5	—	0	1	1	—	1	0	3	3	9
Idaho†	—	0	2	—	1	—	0	3	2	6	—	0	1	—	1
Montana†	—	0	1	2	4	—	0	1	—	1	—	0	3	1	1
Nevada†	—	0	2	14	6	—	0	2	—	6	—	0	1	2	—
New Mexico†	—	0	2	2	1	—	0	1	1	—	—	0	0	—	—
Utah	—	0	4	7	12	—	0	1	1	5	—	0	1	3	2
Wyoming†	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
Pacific	6	4	19	125	77	6	4	10	106	52	5	2	19	50	56
Alaska	—	0	0	—	1	—	0	1	1	3	—	0	1	2	2
California	4	3	19	113	59	4	3	9	73	29	1	2	13	33	42
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	1	0	3	4	6	—	1	4	29	17	—	0	1	4	6
Washington	1	0	4	8	10	2	0	3	3	3	4	0	5	11	5
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	9	16	43	374	522	131	266	1,750	5,120	6,326	38	66	147	1,191	2,399
New England	—	0	2	6	17	3	6	21	41	320	9	5	24	113	150
Connecticut	—	0	2	—	2	—	1	4	17	14	5	1	22	58	65
Maine§	—	0	1	2	2	3	0	4	12	57	1	1	4	27	23
Massachusetts	—	0	1	—	10	—	3	12	—	188	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	4	4	42	—	0	2	3	17
Rhode Island§	—	0	1	—	1	—	0	8	5	11	—	0	5	3	17
Vermont§	—	0	1	4	1	—	0	1	3	8	3	1	5	22	28
Mid. Atlantic	—	1	4	34	62	30	19	41	334	525	15	11	26	304	268
New Jersey	—	0	2	8	11	—	3	10	43	117	—	0	0	—	—
New York (Upstate)	—	0	3	8	12	18	6	27	127	80	15	9	22	223	166
New York City	—	0	2	8	12	8	0	11	24	46	—	0	12	81	2
Pennsylvania	—	0	2	10	27	4	7	22	140	282	—	0	0	—	100
E.N. Central	1	2	7	60	96	30	58	105	1,250	1,269	5	2	19	60	69
Illinois	—	0	4	7	24	—	11	29	205	308	2	1	9	27	21
Indiana	—	0	2	11	23	—	6	16	95	144	—	0	5	—	15
Michigan	—	0	5	10	12	12	18	41	380	257	2	1	6	20	22
Ohio	1	1	2	18	23	17	19	46	523	485	1	0	5	13	11
Wisconsin	—	0	2	14	14	1	2	12	47	75	—	0	0	—	—
W.N. Central	1	2	6	31	39	10	26	627	396	1,017	—	5	18	99	182
Iowa	—	0	3	6	6	—	5	19	142	109	—	0	4	7	15
Kansas	—	0	2	4	6	—	3	12	53	107	—	1	4	22	49
Minnesota	—	0	2	2	8	—	0	601	6	185	—	0	9	14	20
Missouri	—	0	3	14	13	3	12	35	132	517	—	1	5	28	17
Nebraska§	—	0	2	4	4	6	2	5	44	87	—	1	6	24	51
North Dakota	1	0	1	1	—	1	0	12	5	2	—	0	7	4	4
South Dakota	—	0	2	—	2	—	1	6	14	10	—	0	4	—	26
S. Atlantic	2	2	7	74	104	8	22	63	467	704	5	29	58	463	1,076
Delaware	—	0	1	1	2	—	0	2	—	6	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
Florida	1	1	5	38	32	3	6	28	131	237	—	0	21	47	161
Georgia	—	0	1	6	19	1	3	8	84	126	—	4	14	—	205
Maryland§	1	0	1	4	5	—	2	8	45	61	—	7	15	153	172
North Carolina	—	0	2	5	26	—	0	9	—	98	—	3	17	—	226
South Carolina§	—	0	1	7	6	4	5	21	134	94	—	0	0	—	—
Virginia§	—	0	2	11	10	—	4	15	62	74	1	10	26	226	259
West Virginia	—	0	2	2	4	—	0	6	8	5	4	2	6	37	53
E.S. Central	—	0	4	19	18	6	14	31	325	367	1	2	7	52	81
Alabama§	—	0	2	4	5	—	4	16	89	136	1	0	4	20	—
Kentucky	—	0	2	8	3	6	4	15	122	104	—	0	2	3	27
Mississippi	—	0	1	2	2	—	1	6	22	38	—	0	1	—	1
Tennessee§	—	0	2	5	8	—	4	10	92	89	—	1	6	29	53
W.S. Central	—	1	9	42	43	24	68	753	1,225	1,175	—	7	40	17	422
Arkansas§	—	0	2	5	5	—	5	29	44	129	—	0	10	11	27
Louisiana	—	0	3	8	10	—	1	7	15	84	—	0	0	—	—
Oklahoma	—	0	7	12	2	1	0	41	12	13	—	0	15	6	4
Texas§	—	1	7	17	26	23	60	681	1,154	949	—	5	30	—	391
Mountain	4	1	4	31	41	15	18	41	443	473	—	1	8	20	49
Arizona	—	0	2	7	8	—	6	13	163	97	—	0	5	—	—
Colorado	3	0	3	11	12	3	2	13	53	123	—	0	0	—	—
Idaho§	—	0	1	4	5	6	1	19	77	43	—	0	2	1	—
Montana§	—	0	1	1	5	6	1	6	23	11	—	0	4	2	13
Nevada§	1	0	1	5	3	—	0	6	7	6	—	0	1	1	1
New Mexico§	—	0	1	2	3	—	1	6	33	31	—	0	3	5	15
Utah	—	0	1	1	1	—	3	9	84	143	—	0	2	—	3
Wyoming§	—	0	1	—	4	—	0	2	3	19	—	0	3	11	17
Pacific	1	3	16	77	102	5	32	186	639	476	3	3	12	63	102
Alaska	—	0	2	1	3	—	0	6	12	28	—	0	2	11	9
California	1	2	13	52	67	—	19	162	440	199	2	3	11	47	92
Hawaii	—	0	2	—	3	—	0	4	—	16	—	0	0	—	—
Oregon	—	0	5	15	20	1	5	12	118	97	1	0	2	5	1
Washington	—	0	7	9	9	4	4	24	69	136	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	1	1	3	22	21
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	640	840	1,521	13,033	16,876	61	63	195	1,120	1,618	196	256	523	5,586	7,431
New England	1	20	184	335	1,209	1	2	30	36	135	—	3	28	36	119
Connecticut	—	0	179	179	430	—	0	19	19	67	—	0	25	25	43
Maine§	1	2	7	39	50	—	0	2	3	9	—	0	2	3	2
Massachusetts	—	13	47	—	469	—	0	6	—	37	—	1	27	—	62
New Hampshire	—	3	9	64	171	—	0	3	10	16	—	0	5	3	2
Rhode Island§	—	2	11	33	60	—	0	26	—	—	—	0	7	4	7
Vermont§	—	1	5	20	29	1	0	3	4	6	—	0	1	1	3
Mid. Atlantic	60	86	208	1,703	1,976	2	7	24	132	162	17	37	90	715	1,437
New Jersey	—	15	47	198	410	—	1	5	14	47	—	6	23	108	320
New York (Upstate)	36	24	78	456	438	2	3	15	58	35	4	4	19	77	92
New York City	7	23	46	438	441	—	0	4	14	34	1	7	15	136	209
Pennsylvania	17	29	67	611	687	—	2	8	46	46	12	19	63	394	816
E.N. Central	54	76	168	1,525	2,162	3	10	29	141	289	11	29	234	887	1,424
Illinois	—	24	52	460	617	—	1	6	11	87	—	9	227	525	333
Indiana	—	9	31	37	239	—	1	9	13	30	—	1	5	15	40
Michigan	5	15	34	290	430	—	2	7	41	52	—	4	10	91	131
Ohio	49	25	52	563	593	3	2	11	46	48	9	8	46	147	659
Wisconsin	—	11	30	175	283	—	2	11	30	72	2	6	23	109	261
W.N. Central	41	45	94	853	1,136	6	10	41	205	213	53	46	88	1,317	381
Iowa	7	7	16	143	182	1	2	14	34	50	—	0	5	24	41
Kansas	7	6	20	135	154	—	1	5	19	27	3	4	14	117	119
Minnesota	—	10	32	179	252	—	2	17	31	50	—	0	6	14	32
Missouri	18	13	29	271	223	2	2	29	92	47	49	41	75	1,145	172
Nebraska§	3	4	12	72	197	3	1	6	23	33	1	0	3	14	12
North Dakota	6	0	39	15	13	—	0	7	—	2	—	0	5	—	3
South Dakota	—	2	9	38	115	—	0	12	6	4	—	0	2	3	2
S. Atlantic	212	282	503	3,501	4,024	7	12	23	195	278	41	39	71	795	1,112
Delaware	—	2	9	37	34	—	0	2	1	6	—	3	10	32	39
District of Columbia	—	2	6	27	41	—	0	1	3	1	—	0	3	12	14
Florida	122	131	277	1,692	1,722	5	3	7	76	77	30	11	25	331	209
Georgia	34	39	105	552	696	2	1	4	23	31	8	12	23	279	298
Maryland§	11	15	32	289	302	—	1	6	25	36	1	3	17	39	186
North Carolina	—	33	90	230	546	—	1	5	4	57	—	2	26	15	212
South Carolina§	30	18	66	285	271	—	0	3	7	12	1	1	6	32	65
Virginia§	15	18	68	312	346	—	3	15	51	50	1	3	15	54	84
West Virginia	—	3	23	77	66	—	0	5	5	8	—	0	2	1	5
E.S. Central	15	45	118	733	976	4	4	10	68	94	3	11	37	303	469
Alabama§	—	13	40	208	291	—	1	4	16	23	—	2	10	43	91
Kentucky	4	8	19	158	186	—	1	4	7	28	3	3	27	145	120
Mississippi	—	11	42	142	239	—	0	2	9	6	—	1	4	14	17
Tennessee§	11	13	33	225	260	4	1	8	36	37	—	5	13	101	241
W.S. Central	79	107	547	1,314	1,741	3	4	68	63	111	46	47	251	914	1,433
Arkansas§	17	10	25	145	191	1	1	4	17	11	—	2	11	21	165
Louisiana	9	19	46	281	372	—	0	3	4	13	—	3	9	85	102
Oklahoma	13	10	46	169	215	1	0	27	4	7	6	7	96	140	93
Texas§	40	58	477	719	963	1	3	41	38	80	40	34	144	668	1,073
Mountain	23	51	133	957	1,193	11	7	26	126	196	5	14	43	247	540
Arizona	3	18	50	292	416	5	1	4	29	25	3	9	38	127	384
Colorado	13	11	33	239	235	2	2	11	21	75	2	2	6	44	38
Idaho§	2	3	10	57	72	4	1	7	19	25	—	0	1	6	2
Montana§	—	2	7	44	60	—	1	7	20	9	—	0	1	4	11
Nevada§	4	4	14	93	116	—	0	4	9	12	—	1	7	14	31
New Mexico§	—	5	40	92	129	—	1	3	13	17	—	1	8	43	63
Utah	—	6	15	124	134	—	1	11	13	31	—	0	4	9	11
Wyoming§	1	1	9	16	31	—	0	2	2	2	—	0	2	—	—
Pacific	155	116	299	2,112	2,459	24	9	46	154	140	20	21	64	372	516
Alaska	—	1	6	36	29	—	0	1	1	—	—	0	2	—	1
California	119	85	227	1,550	1,873	4	5	35	74	86	17	16	51	319	405
Hawaii	—	4	62	—	108	—	0	2	—	3	—	0	4	—	13
Oregon	4	8	49	264	185	1	1	11	23	12	1	1	4	26	24
Washington	32	15	61	262	264	19	3	18	56	39	2	2	9	27	73
American Samoa	—	1	1	1	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	1	0	2	2	5	—	0	0	—	—	1	0	2	1	1
Puerto Rico	2	7	39	75	234	—	0	0	—	—	—	0	1	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th 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	—	2	12	30	52	12	12	416	234	513
New England	—	0	1	—	1	—	0	2	1	6
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	2	—	2
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	2	8	1	—	1	7	16	40
New Jersey	—	0	1	—	1	—	0	3	—	29
New York (Upstate)	—	0	1	1	—	—	0	3	3	1
New York City	—	0	1	1	—	—	0	2	7	4
Pennsylvania	—	0	2	6	—	—	0	2	6	6
E.N. Central	—	0	1	—	5	—	0	7	1	43
Illinois	—	0	1	—	—	—	0	6	—	29
Indiana	—	0	0	—	3	—	0	2	—	4
Michigan	—	0	1	—	1	—	0	1	1	—
Ohio	—	0	0	—	—	—	0	4	—	9
Wisconsin	—	0	1	—	1	—	0	1	—	1
W.N. Central	—	0	3	5	6	5	2	23	67	82
Iowa	—	0	1	—	—	—	0	1	—	2
Kansas	—	0	1	2	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	3	3	5	2	22	67	79
Nebraska§	—	0	2	—	3	—	0	1	—	1
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	0	7	9	32	3	3	31	74	179
Delaware	—	0	1	1	—	—	0	3	5	3
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	—	0	3	9	2
Georgia	—	0	6	5	27	—	0	0	—	—
Maryland§	—	0	1	1	1	—	0	3	5	25
North Carolina	—	0	2	1	3	—	1	23	27	114
South Carolina§	—	0	1	—	1	—	0	1	2	13
Virginia§	—	0	1	—	—	3	0	6	26	22
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	3	—	4	3	16	62	106
Alabama§	—	0	1	—	—	—	1	7	12	22
Kentucky	—	0	1	2	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	1	—	8
Tennessee§	—	0	2	1	—	4	2	13	50	76
W.S. Central	—	0	3	1	1	—	1	408	12	46
Arkansas§	—	0	1	—	—	—	0	110	—	28
Louisiana	—	0	0	—	—	—	0	0	—	2
Oklahoma	—	0	3	—	—	—	0	287	8	5
Texas§	—	0	1	1	1	—	0	11	4	11
Mountain	—	0	2	1	5	—	0	3	1	11
Arizona	—	0	2	—	2	—	0	2	—	5
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	1	—
Montana§	—	0	1	1	3	—	0	1	—	4
Nevada§	—	0	0	—	—	—	0	1	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	2	3	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	3	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	166	82	469	8,323	1,807	36	48	156	1,263	1,328	61	237	413	4,776	6,330
New England	7	3	98	444	30	—	1	24	35	44	5	7	22	204	144
Connecticut	—	0	93	225	—	—	0	22	22	—	—	1	10	39	29
Maine§	3	1	6	70	8	—	0	2	6	2	—	0	3	14	1
Massachusetts	—	0	1	—	2	—	0	3	—	33	4	5	12	124	100
New Hampshire	—	0	7	59	—	—	0	2	3	6	—	0	1	8	10
Rhode Island§	—	0	7	40	11	—	0	1	2	1	1	0	5	17	4
Vermont§	4	0	6	50	9	—	0	1	2	2	—	0	2	2	—
Mid. Atlantic	22	7	52	692	103	16	7	48	193	162	33	33	47	766	836
New Jersey	1	0	8	60	—	—	1	4	33	26	4	4	12	110	115
New York (Upstate)	3	3	12	104	40	3	3	19	76	77	3	2	11	46	53
New York City	16	1	25	241	3	12	1	24	50	47	23	18	39	439	507
Pennsylvania	2	3	22	287	60	1	0	5	34	12	3	7	14	171	161
E.N. Central	22	19	104	1,735	418	4	8	18	209	218	—	26	44	435	676
Illinois	—	0	7	51	—	—	1	5	45	35	—	13	21	127	322
Indiana	2	5	20	261	166	—	1	6	27	43	—	3	9	49	72
Michigan	2	1	26	388	19	1	1	6	46	44	—	4	13	103	109
Ohio	18	11	49	724	233	3	2	6	57	75	—	7	13	143	148
Wisconsin	—	0	31	311	—	—	1	5	34	21	—	0	3	13	25
W.N. Central	9	5	182	528	110	1	3	12	96	95	2	5	12	104	142
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	3	12
Kansas	2	1	7	59	43	—	0	2	11	14	1	0	3	8	12
Minnesota	—	0	179	282	20	—	1	10	42	32	—	1	5	24	34
Missouri	1	1	9	69	39	—	1	3	26	33	1	3	8	64	77
Nebraska§	3	0	7	77	—	—	0	2	10	5	—	0	1	5	4
North Dakota	3	0	11	30	6	1	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	11	2	—	0	2	5	7	—	0	0	—	—
S. Atlantic	26	34	143	1,952	817	5	12	28	327	324	7	58	218	1,188	1,456
Delaware	—	0	3	21	11	—	0	2	—	—	—	0	3	3	14
District of Columbia	—	0	4	20	15	—	0	2	7	3	—	2	8	58	87
Florida	9	17	89	929	488	1	3	18	117	123	—	19	32	416	509
Georgia	3	10	28	308	227	1	4	12	87	73	—	14	167	216	281
Maryland§	6	0	25	271	4	1	1	6	33	50	3	6	12	121	122
North Carolina	—	0	0	—	—	—	0	0	—	—	—	9	31	191	249
South Carolina§	7	0	25	306	—	1	1	4	34	30	3	2	6	60	56
Virginia§	1	0	4	39	—	1	1	4	37	30	1	4	22	120	134
West Virginia	—	1	21	58	72	—	0	4	12	15	—	0	2	3	4
E.S. Central	17	9	50	736	184	1	2	8	71	80	—	20	39	395	526
Alabama§	—	0	0	—	—	—	0	0	—	—	—	6	17	109	219
Kentucky	2	2	16	107	49	—	0	2	9	7	—	2	13	52	24
Mississippi	—	1	6	32	31	—	0	2	6	12	—	5	17	91	85
Tennessee§	15	5	44	597	104	1	2	7	56	61	—	7	15	143	198
W.S. Central	42	5	88	978	72	9	6	41	155	198	3	44	72	658	1,284
Arkansas§	—	2	9	95	34	—	0	3	10	25	3	5	14	59	90
Louisiana	1	1	8	47	38	—	0	3	16	17	—	7	27	64	377
Oklahoma	—	0	5	31	—	—	1	5	31	31	—	1	6	28	45
Texas§	41	0	81	805	—	9	3	34	98	125	—	27	46	507	772
Mountain	10	3	82	1,082	71	—	5	12	153	188	5	8	18	165	250
Arizona	4	0	51	515	—	—	2	7	69	84	1	3	10	58	118
Colorado	6	0	20	311	—	—	1	4	40	28	1	2	5	49	44
Idaho§	—	0	1	8	—	—	0	1	4	6	—	0	1	2	3
Montana§	—	0	1	11	—	—	0	1	1	—	—	0	1	—	—
Nevada§	—	1	4	44	27	—	0	1	4	6	1	1	10	39	49
New Mexico§	—	0	8	94	—	—	0	4	13	23	2	1	4	12	21
Utah	—	2	9	91	37	—	1	4	20	40	—	0	2	5	14
Wyoming§	—	0	2	8	7	—	0	1	2	1	—	0	1	—	1
Pacific	11	0	14	176	2	—	0	7	24	19	6	40	61	861	1,016
Alaska	—	0	9	68	—	—	0	5	16	11	—	0	0	—	—
California	11	0	12	108	—	—	0	2	8	—	5	35	56	766	904
Hawaii	—	0	1	—	2	—	0	1	—	8	—	0	3	17	18
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	24
Washington	—	0	0	—	—	—	0	0	—	—	1	3	7	72	70
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	—	—	9	3	17	104	103
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 19, 2010, and June 20, 2009 (24th week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease†: Neuroinvasive					West Nile virus disease†: Nonneuroinvasive¶				
	Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2010	Cum 2009
United States	140	329	515	8,063	13,252	—	0	46	1	11	—	0	49	2	9
New England	8	17	36	349	575	—	0	0	—	—	—	0	0	—	—
Connecticut	6	7	20	161	277	—	0	0	—	—	—	0	0	—	—
Maine§	—	4	15	96	95	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	1	3	7	66	118	—	0	0	—	—	—	0	0	—	—
Rhode Island§	1	1	12	14	22	—	0	0	—	—	—	0	0	—	—
Vermont§	—	1	10	12	60	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	13	32	66	858	1,254	—	0	2	—	—	—	0	1	—	—
New Jersey	—	9	30	307	264	—	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	13	22	52	551	990	—	0	0	—	—	—	0	0	—	—
E.N. Central	39	108	178	2,950	4,211	—	0	4	—	—	—	0	3	—	—
Illinois	1	26	49	719	994	—	0	3	—	—	—	0	0	—	—
Indiana§	10	5	35	257	307	—	0	1	—	—	—	0	1	—	—
Michigan	8	35	62	911	1,232	—	0	1	—	—	—	0	0	—	—
Ohio	20	28	56	807	1,318	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	8	24	256	360	—	0	1	—	—	—	0	0	—	—
W.N. Central	4	13	40	305	871	—	0	5	—	—	—	0	11	—	3
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	—	4	18	92	370	—	0	1	—	—	—	0	2	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	4	6	16	175	415	—	0	2	—	—	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	29	52	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	7	9	34	—	0	3	—	—	—	0	2	—	2
S. Atlantic	13	36	95	1,185	1,616	—	0	4	—	—	—	0	2	2	—
Delaware§	—	0	3	15	7	—	0	0	—	—	—	0	0	—	—
District of Columbia	1	0	4	12	21	—	0	1	—	—	—	0	0	—	—
Florida§	12	15	57	639	826	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	2	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	34	69	91	—	0	2	—	—	—	0	0	—	—
Virginia§	—	9	34	206	434	—	0	2	—	—	—	0	0	—	—
West Virginia	—	8	26	244	237	—	0	0	—	—	—	0	0	—	—
E.S. Central	2	6	28	164	343	—	0	6	1	2	—	0	4	—	—
Alabama§	2	6	27	163	340	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	1	1	3	—	0	5	1	—	—	0	4	—	—
Tennessee§	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
W.S. Central	47	69	285	1,620	3,094	—	0	19	—	5	—	0	6	—	1
Arkansas§	—	3	32	100	310	—	0	1	—	2	—	0	0	—	—
Louisiana	—	2	8	25	70	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	47	59	272	1,495	2,714	—	0	16	—	3	—	0	4	—	1
Mountain	14	25	48	615	1,214	—	0	12	—	2	—	0	17	—	5
Arizona	—	0	0	—	—	—	0	4	—	1	—	0	2	—	—
Colorado§	5	10	41	233	658	—	0	7	—	—	—	0	14	—	1
Idaho§	N	0	0	N	N	—	0	3	—	1	—	0	5	—	1
Montana§	8	3	17	125	105	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	1
New Mexico§	—	2	7	57	83	—	0	2	—	—	—	0	1	—	—
Utah	1	6	22	187	368	—	0	1	—	—	—	0	0	—	1
Wyoming§	—	0	3	13	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	17	74	—	0	12	—	2	—	0	12	—	—
Alaska	—	0	4	17	44	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	2	—	0	6	—	—
Hawaii	—	0	2	—	30	—	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	1	0	3	9	14	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	5	30	105	306	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE III. Deaths in 122 U.S. cities,* week ending June 19, 2010 (24th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	512	348	115	33	6	10	44
Boston, MA	135	93	30	7	3	2	16
Bridgeport, CT	30	18	9	2	1	—	2
Cambridge, MA	9	6	2	1	—	—	—
Fall River, MA	25	16	5	4	—	—	2
Hartford, CT	49	33	13	3	—	—	4
Lowell, MA	19	15	4	—	—	—	1
Lynn, MA	6	3	3	—	—	—	1
New Bedford, MA	23	19	2	2	—	—	1
New Haven, CT	33	18	9	4	—	2	3
Providence, RI	63	45	10	3	1	4	2
Somerville, MA	4	2	1	1	—	—	—
Springfield, MA	46	34	9	1	1	1	6
Waterbury, CT	24	15	6	2	—	1	2
Worcester, MA	46	31	12	3	—	—	4
Mid. Atlantic	1,680	1,144	385	98	23	30	73
Albany, NY	49	30	12	2	1	4	3
Allentown, PA	30	22	4	3	1	—	1
Buffalo, NY	81	45	26	7	2	1	7
Camden, NJ	21	8	5	2	—	6	1
Elizabeth, NJ	12	7	4	1	—	—	1
Erie, PA	36	31	5	—	—	—	—
Jersey City, NJ	23	13	6	2	1	1	—
New York City, NY	1,001	705	213	57	13	13	38
Newark, NJ	28	11	15	2	—	—	1
Paterson, NJ	27	18	5	4	—	—	3
Philadelphia, PA	128	80	34	10	1	3	4
Pittsburgh, PA§	37	26	8	2	1	—	4
Reading, PA	31	21	7	—	2	1	3
Rochester, NY	50	31	16	1	1	1	1
Schenectady, NY	15	13	2	—	—	—	—
Scranton, PA	19	14	4	1	—	—	3
Syracuse, NY	46	37	6	3	—	—	2
Trenton, NJ	23	15	7	1	—	—	—
Utica, NY	8	7	1	—	—	—	—
Yonkers, NY	15	10	5	—	—	—	1
E.N. Central	1,851	1,230	451	109	30	31	126
Akron, OH	51	39	5	3	2	2	3
Canton, OH	35	29	5	1	—	—	2
Chicago, IL	235	146	54	25	9	1	10
Cincinnati, OH	81	45	22	6	4	4	10
Cleveland, OH	222	153	53	12	1	3	12
Columbus, OH	235	154	57	16	4	4	17
Dayton, OH	113	81	25	7	—	—	15
Detroit, MI	149	79	54	12	1	3	9
Evansville, IN	47	32	11	2	2	—	4
Fort Wayne, IN	61	42	18	1	—	—	4
Gary, IN	11	7	2	1	1	—	—
Grand Rapids, MI	40	33	5	1	—	1	4
Indianapolis, IN	199	116	64	11	3	5	9
Lansing, MI	34	26	5	2	1	—	2
Milwaukee, WI	76	50	20	5	—	1	8
Peoria, IL	35	26	7	—	—	2	2
Rockford, IL	41	29	11	1	—	—	2
South Bend, IN	40	30	7	1	—	2	4
Toledo, OH	102	74	21	2	2	3	6
Youngstown, OH	44	39	5	—	—	—	3
W.N. Central	591	389	144	26	13	19	46
Des Moines, IA	85	64	17	2	—	2	7
Duluth, MN	25	19	6	—	—	—	—
Kansas City, KS	29	15	9	2	1	2	5
Kansas City, MO	108	62	32	7	6	1	8
Lincoln, NE	48	39	6	1	—	2	2
Minneapolis, MN	65	35	19	5	2	4	5
Omaha, NE	66	42	18	1	2	3	2
St. Louis, MO	9	4	2	3	—	—	1
St. Paul, MN	55	37	13	3	—	2	5
Wichita, KS	101	72	22	2	2	3	11
S. Atlantic	1,219	748	322	84	37	26	80
Atlanta, GA	151	84	43	14	7	3	9
Baltimore, MD	138	72	43	11	9	3	8
Charlotte, NC	111	77	27	6	—	1	13
Jacksonville, FL	172	109	53	6	2	2	15
Miami, FL	105	82	21	2	—	—	13
Norfolk, VA	63	37	15	5	3	3	1
Richmond, VA	70	40	17	4	2	5	2
Savannah, GA	53	36	9	6	2	—	1
St. Petersburg, FL	48	34	10	3	—	1	1
Tampa, FL	180	112	42	17	6	3	8
Washington, D.C.	120	62	38	10	5	5	8
Wilmington, DE	8	3	4	—	1	—	1
E.S. Central	859	552	230	42	17	18	65
Birmingham, AL	176	120	41	6	3	6	14
Chattanooga, TN	102	69	27	4	2	—	10
Knoxville, TN	97	64	23	6	2	2	8
Lexington, KY	67	37	23	3	1	3	3
Memphis, TN	157	103	41	7	2	4	14
Mobile, AL	58	34	18	4	2	—	4
Montgomery, AL	44	30	10	3	—	1	4
Nashville, TN	158	95	47	9	5	2	8
W.S. Central	1,130	750	276	65	18	20	55
Austin, TX	80	55	18	5	—	2	1
Baton Rouge, LA	75	52	13	8	—	2	2
Corpus Christi, TX	59	47	11	1	—	—	3
Dallas, TX	170	94	52	15	4	5	7
El Paso, TX	74	56	17	1	—	—	5
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	182	111	53	7	4	7	11
Little Rock, AR	73	43	24	3	3	—	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	225	159	50	10	3	2	13
Shreveport, LA	58	38	12	5	1	2	6
Tulsa, OK	134	95	26	10	3	—	7
Mountain	1,020	691	229	54	24	21	61
Albuquerque, NM	95	64	23	6	1	1	7
Boise, ID	53	39	9	5	—	—	1
Colorado Springs, CO	45	32	8	4	1	—	2
Denver, CO	94	61	28	3	—	2	6
Las Vegas, NV	252	169	58	10	12	3	13
Ogden, UT	12	8	3	1	—	—	1
Phoenix, AZ	155	94	43	9	4	4	6
Pueblo, CO	26	15	8	2	1	—	—
Salt Lake City, UT	122	83	20	9	2	8	12
Tucson, AZ	166	126	29	5	3	3	13
Pacific	1,471	1,028	317	64	38	23	120
Berkeley, CA	14	11	2	1	—	—	—
Fresno, CA	137	99	30	6	1	1	13
Glendale, CA	36	30	5	1	—	—	4
Honolulu, HI	65	50	10	4	—	1	5
Long Beach, CA	51	36	9	4	—	1	8
Los Angeles, CA	217	150	46	13	3	5	19
Pasadena, CA	19	12	4	2	—	1	2
Portland, OR	101	66	24	5	5	1	8
Sacramento, CA	195	143	43	5	2	2	16
San Diego, CA	178	128	37	3	7	3	10
San Francisco, CA	U	U	U	U	U	U	U
San Jose, CA	178	122	43	8	2	3	16
Santa Cruz, CA	24	13	9	2	—	—	1
Seattle, WA	106	61	24	5	13	3	4
Spokane, WA	62	42	14	3	2	1	8
Tacoma, WA	88	65	17	2	3	1	6
Total¶	**10,333**	**6,880**	**2,469**	**575**	**206**	**198**	**670**

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.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, visit *MMWR*'s free subscription page at *http://www.cdc.gov/mmwr/mmwrsubscribe.html*. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data presented by the Notifiable Disease Data Team and 122 Cities Mortality Data Team in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to *mmwrq@cdc.gov.*

☆ U.S. Government Printing Office: 2010-623-026/41258 Region IV ISSN: 0149-2195