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Influenza Vaccination Coverage Among Children and Adults – United States, 2008–09 Influenza Season

Before 2008, the Advisory Committee on Immunization Practices (ACIP) had recommended annual vaccination for influenza for persons aged ≥ 50 years, 18–49 years at higher risk for influenza complications, and 6 months–4 years (1). In 2008, ACIP expanded the recommendations to include all children aged 5–18 years, beginning with the 2008–09 season, if feasible, but no later than the 2009–10 season (2). This expansion added 26 million children and adolescents to groups recommended for routine influenza vaccination. To assess vaccination uptake among children and adults during the 2008–09 influenza season, CDC analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS) in 19 states, which represent 43% of the U.S. population. This report summarizes the results of the analysis, which indicated that reported influenza vaccination coverage of ≥ 1 doses was 40.9% for ages 6–23 months, 32.0% for 2–4 years, and 20.8% for 5–17 years. Among adults, reported coverage was 32.1% for persons aged 18–49 years with high-risk conditions, 42.3% for persons 50–64 years, and 67.2% for persons ≥ 65 years. These results are consistent with previous studies that have found no significant increases in vaccination coverage for any of these age groups over previous seasons (1–5).* These 2008–09 season estimates provide a baseline for assessing implementation of the 2008 recommendation for school-aged children. Attaining higher coverage rates likely will require additional vaccination programs in schools and expanded vaccination services in provider offices (6,7).

* CDC. Early release of selected estimates based on data from the January–March 2009 and the January–March 2008 National Health Interview Survey receipt of influenza vaccination. Available, respectively, at http://www.cdc.gov/nchs/data/nhis/earlyrelease/200909_04.pdf and at http://www.cdc.gov/nchs/data/nhis/earlyrelease/200809_04.pdf.

BRFSS is a state-based, random-digit-dialed telephone survey that collects information from approximately 414,000 randomly selected, noninstitutionalized adults aged ≥ 18 years.[†] Data are collected monthly in all 50 states, the District of Columbia (DC), Puerto Rico, the U.S. Virgin Islands, and Guam. Collected data are weighted by age, sex, and race/ethnicity to reflect each state's adult population. To determine influenza vaccination status, respondents were asked, "During the past 12 months, have you had a flu shot?" and "During the past 12 months, have you had a flu vaccine that was sprayed in your nose?" Persons who answered "yes" to either question were asked what month and year their most recent influenza vaccination was received. For the January and February 2009 BRFSS survey conducted just before the beginning of the 2009 H1N1 influenza outbreak, 19[§] of the 46 states and DC that were participating volunteered to add two questions to assess seasonal influenza vaccination in children. The questions asked respondents to indicate whether a randomly selected child in each eligible household had received an influenza vaccination within the past 12 months and in what month (for those who

[†] Additional information and survey questions available at <http://www.cdc.gov/brfss>.
[§] Alaska, California, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kansas, Maine, Michigan, Nevada, New Mexico, Ohio, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming.

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had received a vaccination). Weighted data from these 19 states were combined to estimate coverage levels for adults and children for the 2008–09 season. Vaccination coverage estimates are based on vaccinations during August–December.

During the 2008–09 influenza season, the Council of American Survey and Research Organizations (CASRO) state response and cooperation rates[‡] (including median and range for each) for these 19 states were 53.7% (37.9–66.1) and 76.7% (57.8–86.4), respectively. Respondents who reported unknown influenza vaccination status (don't know, refused, missing, or blank or incomplete date of vaccination) (4.8%) were excluded from the analysis. Software for statistical analysis of complex survey data was used to calculate point estimates and 95% confidence intervals. Statistical differences between groups were determined using the t-test ($p \leq 0.05$).

Seasonal influenza vaccination coverage estimates for adults in the 19 states were 67.2% (ages ≥ 65 years), 42.3% (50–64 years), 22.2% (18–49 years), and 32.1% (18–49 years, with diabetes, asthma, or heart disease) (Table). Among children, coverage estimates were 40.9% (ages 6–23 months), 32.0% (2–4 years), 20.8% (5–17 years), and 24.0% (6 months–17 years). Among all persons aged ≥ 6 months, coverage was higher among non-Hispanic whites (36.7%) compared with non-Hispanic blacks (24.9%) ($p < 0.001$) and Hispanics (22.0%) ($p < 0.001$). Age-specific coverage levels were higher among non-Hispanic whites compared with non-Hispanic blacks for the two oldest age groups (50–64 years and ≥ 65 years) ($p = 0.002$ and $p = 0.03$), and compared with Hispanics for children aged 2–4 years ($p < 0.001$).

During the 2004–05 season, because of a vaccine shortage, BRFSS-estimated coverage levels dropped by 9 percentage points among persons aged ≥ 65 years, 20 points among persons aged 50–64 years, and 12 points among persons aged 18–49 years with high-risk conditions. Coverage levels among adults for the past four seasons (Figure) have increased to nearly the same levels of those preceding 2005–04 season. The 2008–09 coverage estimates were still lower than those during 2003–04, the season before the vaccine shortage, by 5.3, 3.2, and 4.7 percentage points, respectively, for the ≥ 65 , 50–64, and 18–49 years age groups.

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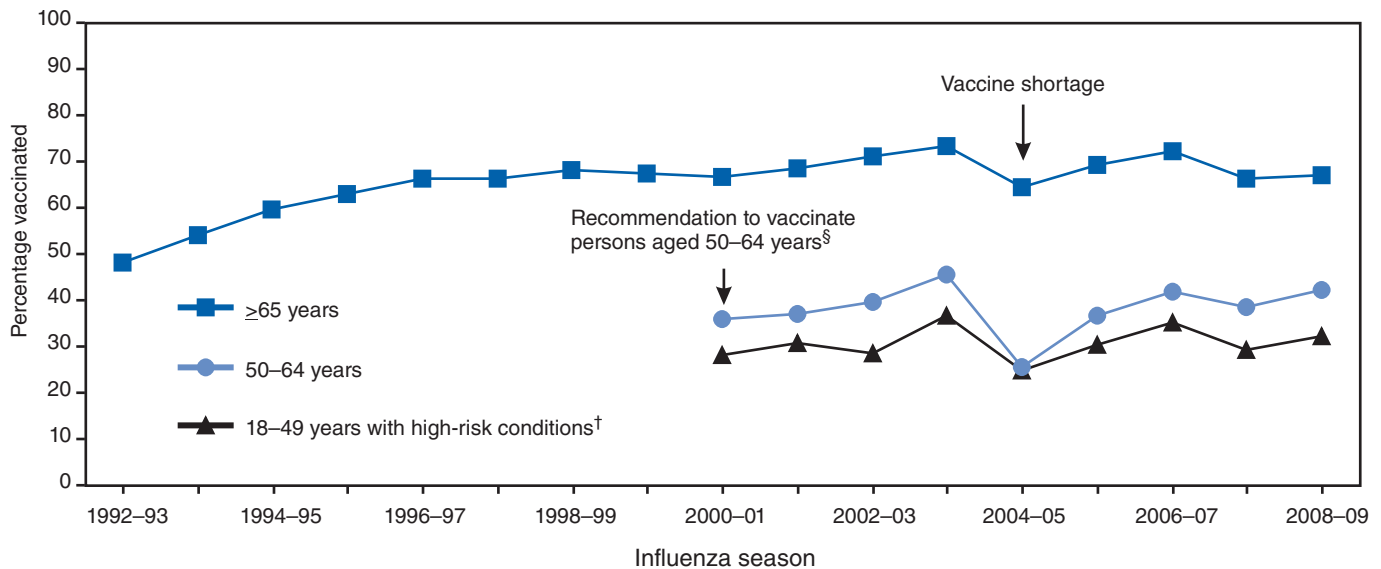
[‡] The CASRO response rate is the product of three other rates: the resolution rate, which is the proportion of telephone numbers that can be identified as either for a business or a residence; the screening rate, which is the proportion of qualified households that complete the screening process; and the cooperation rate, which is the proportion of contacted eligible households for which a completed interview is obtained.

TABLE. Estimated seasonal influenza vaccination coverage, by age and race/ethnicity — Behavioral Risk Factor Surveillance System (BRFSS), selected states,* 2008–09 season†

Age group	Total§			White, non-Hispanic			Black, non-Hispanic			Hispanic			Other		
	No.	%	(CI¶)	No.	%	(CI)	No.	%	(CI)	No.	%	(CI)	No.	%	(CI)
All age groups (≥6 mos)	31,130	32.6	(31.6–33.7)	24,865	36.7	(35.4–37.9)	1,173	24.9	(20.9–29.0)	2,536	22.0	(19.1–24.8)	2,556	36.2	(31.6–40.8)
6 mos–17 yrs	5,543	24.0	(21.8–26.4)	4,042	24.9	(22.5–27.5)	220	20.0	(13.0–29.4)	689	18.4	(13.5–24.5)	592	36.5	(27.7–48.2)
6–23 mos	416	40.9	(31.1–51.6)	306	37.2	(28.2–47.3)	—**	—	—	—	—	—	52	63.3	(35.1–84.7)
2–4 yrs	788	32.0	(26.0–38.7)	529	39.6	(32.3–47.4)	—	—	—	118	16.1	(8.8–27.7)	104	32.0	(26.0–38.7)
5–17 yrs	4,339	20.8	(18.4–23.4)	3,207	21.0	(18.4–23.8)	175	20.5	(12.6–31.6)	521	16.8	(11.5–23.9)	436	30.7	(21.8–41.3)
18–49 yrs	9,493	22.2	(20.6–23.9)	7,052	25.3	(22.5–27.3)	414	16.8	(11.9–23.1)	1,115	14.8	(11.7–18.6)	912	28.5	(22.1–35.9)
18–49 yrs at high risk††	1,333	32.1	(27.5–37.1)	943	33.5	(28.4–39.2)	74	41.6	(26.1–58.9)	162	27.2	(17.1–40.5)	154	29.3	(15.8–47.7)
50–64 yrs	8,422	42.3	(40.1–44.5)	7,071	43.7	(41.6–45.7)	306	29.8	(22.0–38.9)	437	40.6	(31.7–50.1)	608	44.1	(34.9–53.8)
≥65 yrs	7,672	67.2	(65.0–69.4)	6,700	69.0	(67.1–70.9)	233	56.3	(45.0–66.9)	295	65.8	(53.1–76.6)	444	58.4	(46.4–69.5)

* Alaska, California, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kansas, Maine, Michigan, Nevada, New Mexico, Ohio, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming.
 † Interviews were conducted primarily in January and February. Vaccination coverage estimates are based on vaccinations given during August–December, representing approximately 92% of all vaccinations administered during the entire season (August–March), based on 2008 National Health Interview Survey.
 § Excludes 1,560 (4.8%) respondents who answered “don’t know / not sure” or “refused,” including respondents whose vaccination status or month and year were not recorded in the database.
 ¶ 95% confidence interval.
 ** Estimate unstable; sample size <30 or relative standard error >0.30.
 †† Respondents who have diabetes, heart disease, or asthma.

FIGURE. Estimated influenza vaccination coverage among persons aged ≥18 years — United States, Behavioral Risk Factor Surveillance System (BRFSS), 1992–93 through 2008–09 influenza seasons*



* Data for the 2008–09 season were obtained from a survey conducted in 46 states and the District of Columbia, primarily during January and February 2009, and include vaccinations given during August–December 2008. Data for the 2007–08 season are based on February–August interviews only and vaccinations given during September 2007–January 2008. All other data points are based on February–August interviews only and vaccinations given in the preceding 12 months of interview.
 † Persons who had asthma or diabetes were identified as having high-risk conditions for the 2000–01 through 2004–05 seasons, and persons with asthma, diabetes, or heart diseases were identified as having high-risk conditions for the 2005–06 through 2008–09 seasons.
 § The Advisory Committee on Immunization Practices added a recommendation to vaccinate all persons aged 50–64 years, beginning with the 2000–01 influenza season. BRFSS also began collecting influenza vaccination data in the 2000–01 influenza season for persons aged 50–64 years and for persons aged 18–49 years with selected high-risk conditions.

Editorial Note: CDC routinely monitors influenza vaccination coverage levels using four data sources. The results in this report come from the nationwide BRFSS surveillance system, used here in 19 states that collected influenza vaccination data for all children aged ≥ 6 months in 2009. Other sources for monitoring influenza vaccination coverage rates include the National Immunization Survey (NIS), the National Health Interview Survey (NHIS), and eight sentinel immunization information system (IIS) sites located in the United States. These data sources differ in their geographic scope, age groups and population types covered, type of vaccination data, accuracy of reporting, sample representativeness, and timeliness. The special BRFSS survey conducted in early 2009 provided estimates for the 2008–09 season about 1 year earlier than usual, and for children for whom BRFSS has not routinely collected influenza vaccination data.

In 2008, ACIP recommended that all children aged 5–18 years be vaccinated annually for influenza, beginning with the 2008–09 season, if feasible, but no later than the 2009–10 season (2). This report presents findings from the first large-scale, state-based assessment of the response to this recommendation and indicates that approximately 20% of school-aged children were vaccinated during the 2008–09 season. Recent NHIS results demonstrate that influenza vaccine coverage rates among both children and adults were stable over the 2007–08 and 2008–09 seasons.* The national stability found by NHIS supports the use of these first estimates by BRFSS of school-aged influenza vaccination coverage as an overall baseline for gauging future coverage as the states move into the first full season of the new recommendation.

These BRFSS results generally are consistent with other surveys, including prior BRFSS, NIS, and NHIS surveys, which do not indicate significant increases of vaccination coverage in any of these age groups (3–5).[†] Although recently published coverage rates from IIS sentinel sites results (8) are not directly comparable to the 2008–09 BRFSS results in this report (because of differing methods and sources of data [9], varying completeness and accuracy of vaccination histories, and different populations surveyed), they generally corroborate the BRFSS results. The estimated coverage for ≥ 1 doses in this report for children aged 6–23 months (40.9%) is lower than those for the same season in the IIS sentinel sites (47.8%), but estimated coverage in this report is higher for older children, 32.0% versus 27.8% for aged 2–4 years, and 20.8% versus an average of 12.7% for school-aged children.

BRFSS influenza vaccination coverage among adult target groups for the 2008–09 season described in this report were similar to results from prior seasons, and coverage remained below *Healthy People 2010* objectives of 60% for high-risk adults aged < 65 years and 90% for adults aged ≥ 65 years

(objective 14-29) (3).** Adult coverage levels have remained below those achieved during the 2003–04 season, before the influenza vaccine shortage of 2004–05, highlighting the difficulties in improving coverage above current levels even among adults for whom recommendations are long standing.

The findings in this report are subject to at least six limitations. First, the BRFSS is a landline telephone survey, and therefore subject to selection bias because of noninclusion of cell-phone-only households and households with no telephone service. Second, nonresponse bias might remain after weighting adjustments. Third, the vaccination coverage estimates reported here are based on data from 19 states. Consequently, those estimates might not be representative of the entire U.S. population. However, seasonal influenza vaccination coverage estimates among adults in the 19 states were similar to those for the 46 states and District of Columbia (within 0.2–2.7 points, depending on the age group), and to the NHIS results (5). Fourth, influenza vaccination status was based on self-report, which might result in under- or overreporting because of recall or social desirability bias. Fifth, this survey collected coverage status only through December, although vaccinations continued through March, this underestimates vaccination coverage. However, a comparison using 2008 BRFSS data found that, based on interviews primarily from January and February, coverage among adults was no more than 4 percentage points lower than coverage based on March through August interviews (CDC, unpublished data, 2009). Finally, the BRFSS question about child influenza vaccination asks for the date of the most recent flu vaccination received during the 12 months before the day of the interview; consequently, full vaccination status among children aged 6 months–8 years, who require 2 vaccine doses in their first season to be vaccinated fully, could not be determined.

Reminder and recall systems and standing orders programs have been shown to be effective in all age groups (7). Wider use of these interventions can achieve higher coverage among children and adults recommended for influenza vaccination (1). Vaccination programs in schools and other community settings supplementing vaccination services routinely provided in health-care provider offices and public health clinics (1,6,7) also can increase coverage.

** CDC data for the 2007–08 season were in preparation for publication at the time of this report.

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Norovirus Outbreaks on Three College Campuses — California, Michigan, and Wisconsin, 2008

Noroviruses are the most common cause of outbreaks of acute gastroenteritis worldwide (1). Norovirus outbreaks affect persons of all ages and occur in a wide variety of settings (e.g., nursing homes, hospitals, restaurants, communities, schools, day care centers, military barracks, and cruise ships) (2). During fall 2008, three norovirus outbreaks occurring on college campuses in California, Michigan, and Wisconsin were reported to CDC. Public health investigations led by the respective state and local health departments were conducted to characterize the extent of the outbreaks and implement appropriate control measures. This report summarizes the investigations of these outbreaks, which resulted in a total of approximately 1,000 cases of reported illness, including at least 10 hospitalizations, and prompted closure of one of the three campuses. Median duration of the three outbreaks was 19 days (range: 16–20 days), and the attack rates ranged from 1.5% to 12.9%. Because of the potential for widespread infection and rapid transmission on college campuses, efforts to prevent and control norovirus outbreaks in these settings should focus on promoting hand hygiene, environmental disinfection, and exclusion of ill food workers.

California

On October 3, 2008, the Los Angeles County Department of Public Health (LACDPH) was notified by a local university (enrollment: approximately 32,000) of at least 30 students

visiting the student health center or local emergency departments with symptoms of acute gastroenteritis consistent with norovirus infection. LACDPH arranged collection of stool specimens for diagnoses, performed on-site interviews with ill students, and monitored daily reports of gastrointestinal illness from the student health center, local hospitals, and residence hall advisors. LACDPH made multiple site visits to inspect dining halls and dormitories and to monitor stadium food preparation and janitorial services during football games held on October 4 and 11. Alcohol-based hand sanitizers were installed in numerous cafeterias, classrooms, and sports venues. All students were asked via a single e-mail message from the campus administration to complete a web-based survey, which was used for case ascertainment and risk factor analysis. Persons with suspected acute gastroenteritis reported to LACDPH also were interviewed either in person or by telephone.

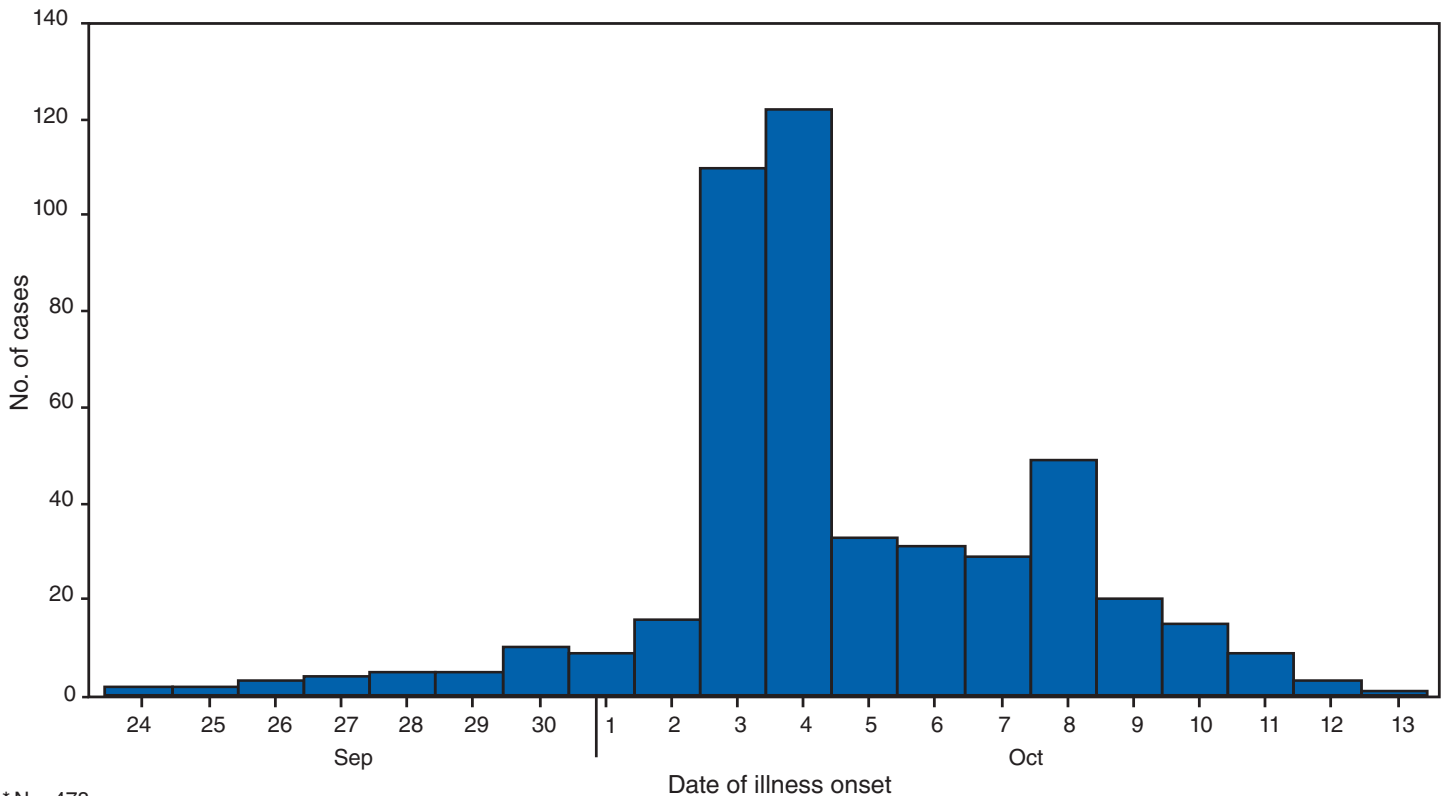
A case of acute gastroenteritis was defined as either 1) vomiting and diarrhea or 2) vomiting or diarrhea with at least two of the following symptoms: stomach cramps, nausea, fever, body aches, headache, and fatigue. A total of 5,227 students (16% of all students) completed the web-based survey, of whom 440 (8.4%) met the case definition. Illness onsets occurred during September 24–October 13 (Figure 1). Of 43 students interviewed directly by LACDPH, 38 additional cases were identified, resulting in a total case count of 478 and an overall campus attack rate of 1.5%. Among the patients, symptoms included nausea (87%), fatigue (83%), vomiting (78%), stomach cramps (73%), diarrhea (70%), headache (61%), body aches (55%), and subjective fever (47%). Mean duration of symptoms was 2.4 days. Mean age of patients was 20.4 years; 64% were female.

A total of 185 patients (39%) sought medical attention at the student health center, 35 (7.3%) visited an emergency department, and 10 (2.1%) were hospitalized for dehydration. Of 10 patients for whom stool specimens were submitted, six were positive for norovirus by real-time reverse transcription–polymerase chain reaction (rRT-PCR). All six had matching genetic sequences classified as GII.6 Seacroft, a strain that had not been found previously in California. A cohort study was conducted using data collected through the web-based survey to assess potential exposures that might have produced a spike in cases with illness onset October 3. However, no single event, residence hall, or eating venue was implicated as a significant risk factor, and no ill food handler was identified in the investigation.

Michigan

On November 6, 2008, the Ottawa County Health Department (OCHD) was notified by the medical clinic at a

FIGURE 1. Number* of acute gastroenteritis cases† among students on a college campus, by date of illness onset — California, September–October 2008



* N = 478.

† A case of acute gastroenteritis was defined as 1) vomiting and diarrhea or 2) vomiting or diarrhea with at least two of the following symptoms: stomach cramps, nausea, fever, body aches, headache, and fatigue.

college (enrollment: approximately 3,000) of a sudden increase in the number of students reporting acute diarrhea and vomiting, from a baseline daily average of two to five cases to 60 cases on 1 day, November 6. OCHD reported this increased activity to the Michigan Department of Community Health (MDCH), which initiated an investigation. On November 6, MDCH sent a Health Alert notification to neighboring jurisdictions and a mass fax describing the surge in gastroenteritis along with disinfection guidelines* to community schools, health-care providers, and local medical facilities.

A case of acute gastroenteritis was defined as illness onset during November 1–21 in a student, faculty member, or staff member with diarrhea or vomiting and one or more of the following symptoms: nausea, body ache, headache, or self-reported fever. On November 7, the cumulative number of reported cases increased sharply to 130, suggesting a possible common-source exposure. Because the campus has only one primary dining facility and parent's day activities were beginning the following day, OCHD investigators were concerned that further spread could occur. To facilitate environmental

disinfection and prevent opportunities for further outbreak amplification via either foodborne or person-to-person transmission in large gatherings, OCHD decided, in consultation with MDCH and administrators from the college, to close the campus until November 12, except for dormitories and the medical clinic.

During the campus closure, e-mail and text messages were sent to students, instructing them to stay in their residence unless illness required medical attention. Faculty and staff members were advised to stay home if ill until at least 72 hours after symptoms had ceased and to exercise proper hand washing techniques. Those experiencing illness were asked to reply electronically to a brief questionnaire requesting symptom history and residence. Parents of students and the news media were sent e-mail messages with ongoing updates on the outbreak, and relevant announcements were posted on the college website. Only take-out or delivery food services were available through dining facilities. Recommendations to students included promptly disinfecting dormitory room and bathroom surfaces and objects with dilute bleach solution, washing soiled linens and clothing, and frequent hand washing.

* Information available at http://www.michigan.gov/documents/Guidelines_for_Environmental_Cleaning_125846_7.pdf.

On the basis of electronic responses ($n = 205$) and direct reporting ($n = 213$) to the medical clinic, 418 (12.9%) of 3,238 students and 33 (5.2%) of 630 faculty and staff members met the outbreak case definition for gastroenteritis (Figure 2). Stool specimens from five patients were submitted for testing; all five were positive for norovirus by rRT-PCR and classified as genotype GI.4. Environmental health investigation of the three dining facilities revealed no violations; however, interviews with dining services staff indicated that three ill food service workers had worked briefly while symptomatic with vomiting and diarrhea at the main campus dining facility on November 4 before being sent home.

Wisconsin

On November 6, 2008, two students living in the same residence hall (hall A; population: 1,150) of a large university (enrollment: approximately 42,000) visited campus health services with symptoms of acute gastroenteritis characterized by vomiting, diarrhea, and abdominal pain. The two patients reported that an unspecified number of other students in hall A were ill with similar symptoms. In collaboration with the local and state health departments, campus health services initiated

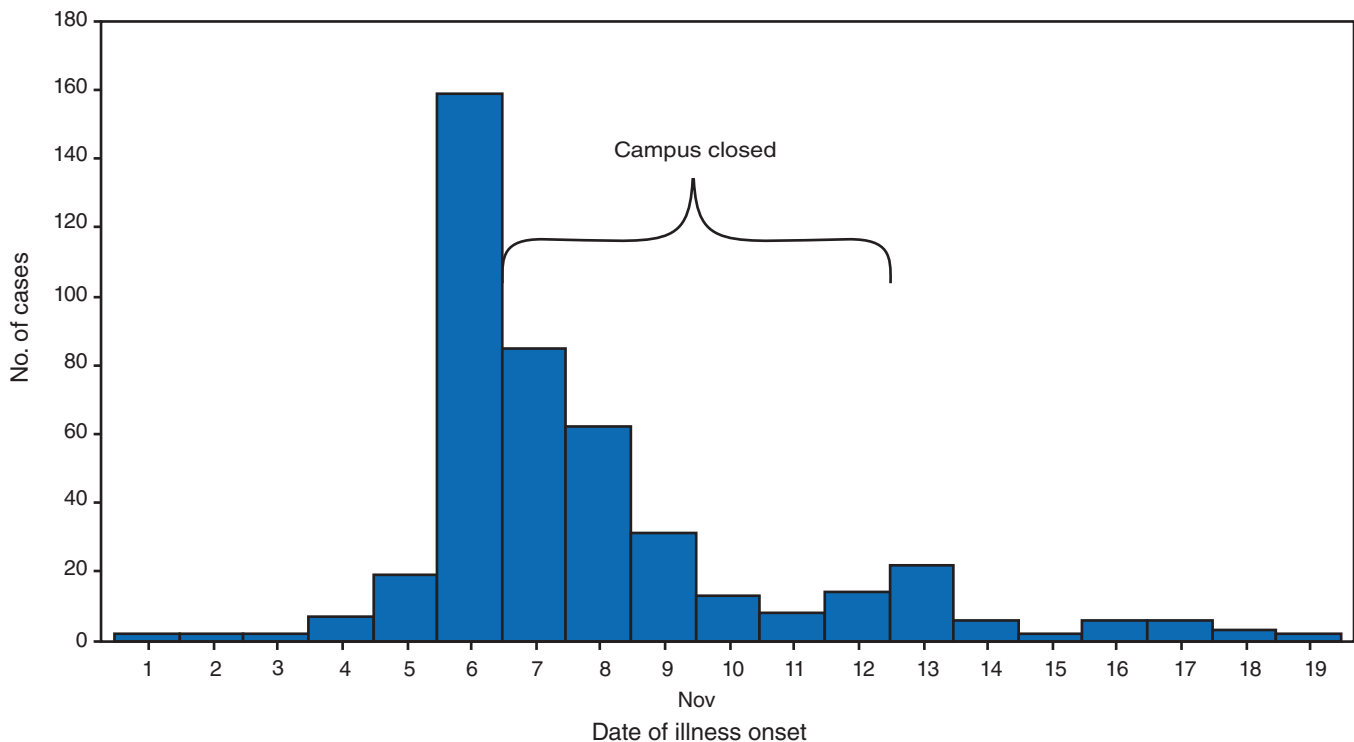
an investigation. Hall A staff members provided daily reports of the number of ill residents. A case of acute gastroenteritis was defined as vomiting or diarrhea (three or more loose stools in 24 hours).

Students were educated regarding hand washing, and cleaning of dormitories, public restrooms, and communal areas was implemented with cleaning agents approved for norovirus by the Environmental Protection Agency.[†] Additional cases continued to be reported during the week of November 10, including cases among students living in neighboring residence halls and a sorority house. To enhance surveillance, campus health services sent an e-mail message on November 14 to all 3,480 residents living in eight neighboring residence halls and to all 2,700 students who were members of a fraternity or sorority. Students who had experienced illness during the preceding 2 weeks were asked to complete an online questionnaire used for case ascertainment and descriptive analyses.

Approximately 200 students completed questionnaires, and 138 persons met the case definition for acute gastroenteritis. An additional 18 cases were identified among students visiting the campus health center, for a total of 156 cases. Among the 138

[†] Information available at http://www.epa.gov/oppad001/list_g_norovirus.pdf.

FIGURE 2. Number* of acute gastroenteritis cases† among students, faculty, and staff on a college campus, by date of illness onset — Michigan, November 2008



* $N = 451$.

† A case of acute gastroenteritis was defined as diarrhea or vomiting with one or more of the following symptoms: nausea, body ache, headache, or self-reported fever.

patients, 93 (67%) lived in hall A, 29 (21%) lived in five of the eight neighboring residence halls, nine (6.5%) lived in a sorority house, and 25 (18%) lived off campus (Figure 3). The overall attack rate was 2.2%. The attack rate was 8.1% among hall A residents and 3.5% among residents of the eight neighboring residence halls. Self-reported signs and symptoms of illness among students included diarrhea (92%), vomiting (88%), abdominal cramps (88%), chills (80%), body aches (81%), and subjective fever (65%). The median duration of illness was 2 days. None of the patients was hospitalized, although 36 (23%) consulted a health-care provider. Stool specimens were obtained from five patients, and two were positive by rRT-PCR for norovirus genogroup II.

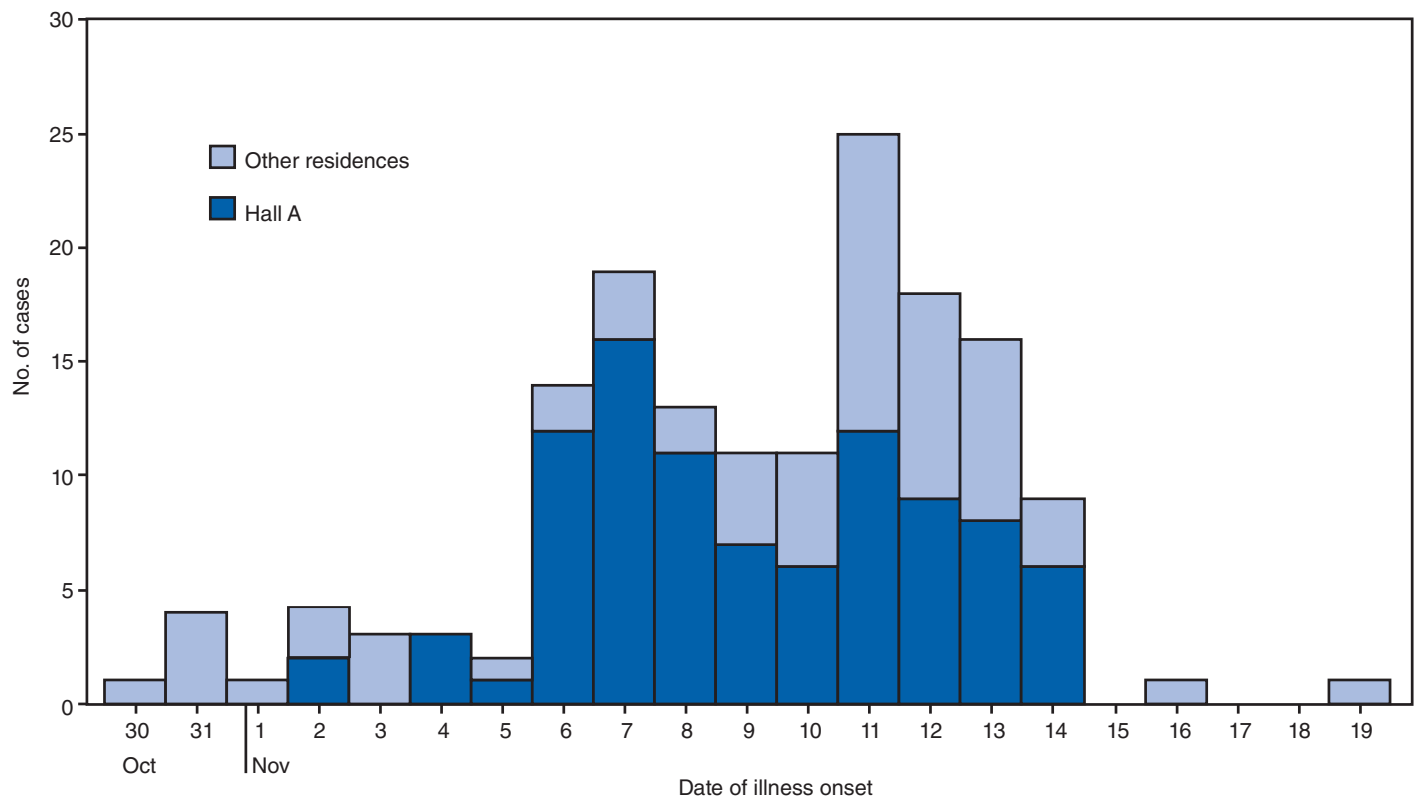
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Editorial Note: This report highlights the effect of norovirus outbreaks on these three college campuses and the demand for campus medical services. College campuses are at particularly

high risk for norovirus outbreaks because of the extensive opportunities for transmission created by numerous shared exposures and living areas (3–5). Notably, the Wisconsin school had experienced a previous norovirus outbreak in 1999 attributed to direct person-to-person and fomite transmission in the shared living and bathroom areas of a dormitory (6). The ready access to health-care services that is typically present on college campuses also likely encourages increased reporting of illness relative to the general public, which can facilitate outbreak reporting.

The identification of a source of infection and targets for intervention is complicated by the multiple potential routes by which norovirus can be transmitted (1). The California university outbreak exhibited a sharp increase in cases suggestive of a point source, although no single facility or campus event was implicated. During the Michigan college outbreak, foodborne transmission was suggested by reports of ill food workers immediately before the spike in reported norovirus cases; however, no analytic investigation was conducted to support this hypothesis. In contrast, the propagation of cases, association with a specific residence hall, and the shape of the epidemic curve during the Wisconsin university outbreak are suggestive of primarily person-to-person transmission.

FIGURE 3. Number* of acute gastroenteritis cases† among students on a college campus, by residence and date of illness onset — Wisconsin, October–November 2008



* N = 156.

† A case of acute gastroenteritis was defined as vomiting or diarrhea (three or more loose stools in 24 hours).

Control measures implemented in response to the Michigan outbreak included cancellation of all campus activities and closure of all buildings (excluding dormitories and the medical clinic) to enable extensive disinfection and promote social distancing. During norovirus outbreaks, particularly in institutional settings, temporary closure of public areas for the purpose of disinfection and cancellation of large gatherings often are indicated to help break or slow the cycle of transmission (7). In health-care settings, rapid closure of units experiencing norovirus outbreaks to new admissions has been associated with shorter outbreak duration (8). The number of cases declined after closure of the Michigan campus; however, the direct effect of campus closure on limiting further transmission is unclear.

The findings in this report are subject to at least four limitations. First, analytic studies were not performed during the outbreak investigations at the Michigan and Wisconsin schools, so specific exposures and risk factors could not be assessed. Second, because multiple control measures were implemented simultaneously in response to these three outbreaks, the efficacy of any single intervention could not be determined. Third, the majority of the data were self-reported through mostly passive electronic surveillance surveys that had relatively low response rates, likely resulting in underestimation of cases and attack rates. Finally, different case definitions were used in each of the three outbreaks because no standard case definition for norovirus infection exists. As such, outbreak-specific case definitions typically are developed during suspected norovirus outbreaks and tailored to the desired sensitivity and specificity of the investigation.

Norovirus exhibits many characteristics that can facilitate spread of infection and complicate interventions, including multiple potential modes of transmission, prolonged asymptomatic shedding, environmental stability of the virus, and lack of persistent cross-protective immunity (i.e., failure of prior infection to confer immunity to other norovirus strains) (1). Consistent with recommendations for general norovirus outbreak management (7), strategies to prevent and control norovirus on college campuses should focus on hand hygiene, environmental disinfection, and exclusion of ill food workers (Box). Additionally, the use of e-mail, text messaging, and the Internet all facilitated communication during these outbreaks, although the usefulness of these media for case ascertainment is unclear considering the relatively low response rates. Given the widespread access to these technological resources on college campuses, such methods might be helpful during future outbreaks for rapid health communications and to supplement traditional case ascertainment methods.

BOX. CDC recommendations to prevent and control outbreaks of norovirus associated with college campuses

- Promote good hand hygiene, including frequent washing with soap and water and use of alcohol-based hand sanitizers ($\geq 62\%$ ethanol) as a complement to soap and water washing.
- Discourage sharing of eating utensils, toothbrushes, linens, or other personal items among students, especially when ill.
- Restrict ill students and staff from food preparation activities until at least 72 hours after symptoms have resolved.
- Encourage students to seek appropriate medical care when ill and limit social activities if symptoms are consistent with norovirus infection.
- Disinfect bathrooms and any areas possibly contaminated by ill persons, using a chlorine bleach solution with a concentration of 1,000–5,000 ppm (1:50–1:10 dilution of household bleach [5.25%]) or other approved disinfectant.*
- Consider closure of specific facilities and/or cancellation of events to help limit transmission during an outbreak.
- Disseminate prevention and control recommendations promptly during an outbreak, employing electronic communication resources (e.g., e-mail, Internet, and text messages) if available.

* Agents registered as effective against norovirus by the Environmental Protection Agency are listed at http://www.epa.gov/oppad001/list_g_norovirus.pdf. Evidence for efficacy against norovirus usually is based on studies using feline calicivirus (FCV) as a surrogate. However, FCV and norovirus exhibit different physiochemical properties, and whether inactivation of FCV reflects efficacy against norovirus is unclear.

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Update on Influenza A (H1N1) 2009 Monovalent Vaccines

On September 15, 2009, four influenza vaccine manufacturers received approval from the Food and Drug Administration for use of influenza A (H1N1) 2009 monovalent influenza vaccines in the prevention of influenza caused by the 2009 pandemic influenza A (H1N1) virus.* Both live, attenuated and inactivated influenza A (H1N1) 2009 monovalent vaccine formulations are available; each contains the strain A/California/7/2009(H1N1)pdm. None of the approved influenza A 2009 (H1N1) monovalent vaccines or seasonal influenza vaccines contains adjuvants (1–5). CDC’s Advisory Committee on Immunization Practices has made recommendations previously for which persons should be the initial targets for immunization with influenza A (H1N1) 2009 monovalent vaccines and has issued guidelines on decisions for expansion of vaccination efforts to other population groups (6). Children aged 6 months–9 years receiving influenza A (H1N1) 2009 monovalent vaccines should receive 2 doses, with doses separated by approximately 4 weeks; persons aged ≥10 years should receive 1 dose (1–4).

The approved age groups for use of inactivated influenza A (H1N1) monovalent influenza vaccines differ by manufacturer (Table). Three manufacturers that produce inactivated vaccines approved for prevention of seasonal influenza (6) also produce formulations of influenza A (H1N1) 2009 monovalent influenza vaccines. Vaccine produced by CSL Limited is approved for use in persons aged ≥18 years (1), vaccine produced by Novartis Vaccines and Diagnostics Limited is approved for persons aged ≥4 years (2), and vaccine produced by Sanofi Pasteur, Inc. is approved for persons aged ≥6 months (3). A live attenuated influenza vaccine (LAIV) manufactured by MedImmune LLC is approved for persons aged 2–49 years (1). The 2009 (H1N1) monovalent LAIV has the same age range for use as the seasonal LAIV and should not be used to vaccinate children

aged <2 years, adults aged >49 years, pregnant women, persons with underlying medical conditions that confer a higher risk for influenza complications, or children aged <5 years old with one or more episodes of wheezing in the past year (5).

Influenza A (H1N1) 2009 monovalent vaccine approvals were made on the basis of standards developed for vaccine strain changes for seasonal influenza vaccines, adherence to manufacturing processes, product quality testing, and lot release procedures developed for seasonal vaccines. The age groups, precautions, and contraindications approved for the influenza A (H1N1) 2009 monovalent vaccine are identical to those approved for seasonal vaccines. All influenza vaccines available in the United States for the 2009–10 influenza season are produced using embryonated hen’s eggs and contain residual egg protein.

Preliminary data indicate that the immunogenicity and safety of these vaccines are similar to those of seasonal influenza vaccines. An immunogenicity study of an inactivated influenza A (H1N1) monovalent vaccine manufactured by CSL Limited (Parkville, Victoria, Australia) demonstrated that by day 21 after vaccination, antibody titers of 1:40 or more (hemagglutination-inhibition assay) were observed in 116 (97%) of 120 adults who received the 15 µg dose. Local discomfort (e.g., injection site tenderness or pain) was reported by 46% of subjects, and one or more systemic symptoms (e.g., headache, malaise, or myalgia) by 45% of subjects (7). This safety profile is consistent with results from studies of the seasonal influenza vaccine manufactured by CSL Limited (8). In studies of other seasonal inactivated influenza vaccines, rates of adverse events were not significantly different from placebo injections except for arm soreness and redness at the injection site (9). The National Institute of Allergy and Infectious Diseases (NIAID) reported preliminary results of a study among children aged 6 months–18 years. Among children aged 6–35 months, 3–9 years, and 10–17 years immunized with a 15 µg inactivated influenza A 2009 (H1N1) monovalent vaccine (Sanofi Pasteur, Inc., Swiftwater, PA), 25%, 36% and 76%, respectively, developed antibody titers of 1:40 or more (hemagglutination-inhibition assay) after a single dose of vaccine.† Immunogenicity and safety study results similar to those observed for seasonal vaccines also have been reported by the other manufacturers (MedImmune LLC, Gaithersburg, MD and Novartis Vaccines and Diagnostics, Limited, Liverpool, UK, unpublished data, 2009).

Influenza activity attributed to 2009 H1N1 viruses has increased during September 2009 and is expected to continue through the fall and winter influenza season. Surveillance data indicate that the 2009 H1N1 viruses have not undergone

*Food and Drug Administration. FDA approves vaccines for 2009 H1N1 influenza virus. Available at <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm182399.htm>.

† National Institutes of Health. Early results: in children, 2009 H1N1 influenza vaccine works like seasonal flu vaccine. Available at <http://www.nih.gov/news/health/sep2009/niid-21.htm>.

TABLE. Influenza A (H1N1) 2009 monovalent vaccines approved for use in the United States, October 6, 2009

Vaccine type	Manufacturer	Presentation	Mercury content		Age group	No. of doses	Route
			(μg Hg/0.5 mL dose)				
Inactivated*	Sanofi Pasteur	0.25 mL prefilled syringe	0		6–35 mos	2 [†]	Intramuscular [§]
		0.5 mL prefilled syringe	0		\geq 36 mos	1 or 2 [†]	Intramuscular
		5.0 mL multidose vial	25.0		\geq 6 mos	1 or 2 [†]	Intramuscular
Inactivated*	Novartis Vaccines and Diagnostics Limited	5.0 mL multidose vial	25.0		\geq 4 yrs	1 or 2 [†]	Intramuscular
		0.5 mL pre-filled syringe	<1.0		\geq 4 yrs	1 or 2 [†]	Intramuscular
Inactivated*	CSL Limited	0.5 mL prefilled syringe	0		\geq 18 yrs	1	Intramuscular
		5.0 mL multidose vial	24.5		\geq 18 yrs	1	Intramuscular
LAIV [¶]	MedImmune LLC	0.2-mL sprayer**	0		2–49 yrs	1 or 2 ^{††}	Intranasal

* A 0.5-mL dose contains 15 μg hemagglutinin of A/California/7/2009 (H1N1)pdm.

[†] Two doses administered approximately 4 weeks apart (\geq 21 days acceptable) are recommended for children aged 6 months–9 years.

[§] The preferred site for infants and young children is the anterolateral aspect of the thigh.

[¶] Live attenuated influenza vaccine. A 0.2-mL dose contains 10^{6.5–7.5} fluorescent focal units of live attenuated influenza virus reassortants of A/California/7/2009 (H1N1)pdm.

** Influenza A (H1N1) 2009 LAIV is shipped refrigerated and stored in the refrigerator at 36°F–46°F (2°C–8°C) after arrival in the immunization clinic. The dose is 0.2 mL divided equally between each nostril. LAIV should not be administered to persons with asthma. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: “In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?” Children whose parents or caregivers answer “yes” to this question and children who have asthma or who had a wheezing episode noted in the medical record during the preceding 12 months should not receive LAIV.

^{††} Two doses administered approximately 4 weeks apart are recommended for children aged 2–9 years.

substantial antigenic change since they were first characterized in April 2009 and should be well-matched to the monovalent vaccine strain (10). Influenza A (H1N1) 2009 monovalent vaccines will be available in many areas by mid-October. Vaccines against seasonal influenza are available now, and immunization programs and providers should begin or continue administering seasonal influenza vaccines as recommended (5,6). Additional data from clinical trials will be available over the coming weeks, and immunization providers should periodically look for updates on use of influenza A (2009) H1N1 monovalent vaccines at <http://www.cdc.gov/flu>.

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Availability of Less Nutritious Snack Foods and Beverages in Secondary Schools – Selected States, 2002–2008

On October 2, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

Foods and beverages offered or sold in schools outside of U.S. Department of Agriculture school meal programs are not subject to federal nutrition standards (1) and generally are of lower nutritional quality than foods and beverages served in the meal programs. To estimate changes in the percentage of schools in which students could not purchase less nutritious foods and beverages, CDC analyzed 2002–2008 survey data from its School Health Profiles for public secondary schools. This report summarizes the results of those analyses, which indicated that, during 2002–2008, the percentage of schools in which students could not purchase candy or salty snacks not low in fat increased in 37 of 40 states. From 2006 to 2008, the percentage of schools in which students could not purchase soda pop or fruit drinks that were not 100% juice increased in all 34 participating states. Despite these improvements, in 2008, the percentage of schools among states in which students could not purchase sports drinks ranged from 22.7% to 84.8% (state median: 43.7%), and the percentage in which students could not purchase soda pop ranged from 25.6% to 92.8% (state median: 62.9%). The percentage of schools in which students could not purchase candy or salty snacks also varied widely among states (range: 18.2%–88.2%, state median: 61.2%). School and public health officials should increase efforts to eliminate availability of less nutritious foods and beverages at school, as recommended by the Institute of Medicine (IOM) (2).

School Health Profiles surveys have been conducted biennially since 1994 to assess school health practices in the United States (3). States, territories, large urban school districts, and tribal governments participate in the surveys, either selecting systematic, equal-probability samples of their secondary schools* or selecting all public secondary schools within their jurisdiction. Self-administered questionnaires are sent to the principal and lead health education teacher at each selected school and returned to the agency conducting the survey. Principals (or their designees) are asked questions about foods available for purchase by students outside of the school meal

programs in their schools.[†] Participation in School Health Profiles is confidential and voluntary. Follow-up telephone calls and written reminders are used to encourage participation. Data are included in this report only if the state provided appropriate documentation of methods and a school response rate of $\geq 70\%$. For states that use a sample-based method, results are weighted to reflect the likelihood of schools being selected and to adjust for differing patterns of nonresponse. For states that conduct a census, results are weighted to adjust for differing patterns of nonresponse.

This report includes data from 40 states[§] that provided weighted Profiles data in 2008 and at least 1 other year during 2002–2006. For each of these states, a composite variable was created to measure the percentage of schools in which students could not purchase candy or salty snacks.[¶] For 31 states with at least 3 years of weighted data, temporal changes during 2002–2008 were analyzed using logistic regression analyses that simultaneously assessed significant ($p < 0.05$) linear and quadratic time effects.^{**} For nine states^{††} with only 2 years of data, t-test analyses were used to test for significant ($p < 0.05$) differences between years. For 34 states^{§§} that had weighted Profiles data in 2006 and 2008, the percentage of schools in which students could not purchase soda pop or sports drinks is reported.^{¶¶} Analysis by t-test was used to determine significant ($p < 0.05$) differences between results from 2006 and 2008. Statistical software used for all analyses accounted for the sample design and unequal weights.

[†] Principals were asked the following yes/no questions in 2006 and 2008: “Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar: Chocolate candy? Other kinds of candy? Salty snacks that are not low in fat? Soda pop or fruit drinks that are not 100% juice? Sports drinks?”

[§] Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

[¶] Defined as chocolate candy or other kinds of candy and defined as salty snacks that are not low in fat.

^{**} A quadratic trend indicates a significant but nonlinear trend in the data over time; whereas a linear trend is depicted with a straight line, a quadratic trend is depicted with a curve with one bend. Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time.

^{††} Florida, Kansas, Kentucky, Mississippi, New Jersey, Rhode Island, South Dakota, Texas, and West Virginia.

^{§§} Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and West Virginia.

^{¶¶} Soda pop includes fruit drinks that were not 100% juice. Soda pop and sports drinks (which are also high in calories and added sugars) were assessed using identically worded questions only in 2006 and 2008.

*Middle schools, junior high schools, and high schools with one or more of grades 6–12.

From 2002 to 2008, the percentage of schools in which students could not purchase candy or salty snacks increased in 37 of 40 states. Among the 31 states with at least 3 years of weighted data during 2002–2008, a significant linear increase in the percentage of secondary schools in which students could not purchase candy and salty snacks was detected in all states except Nebraska (Table 1). A significant quadratic trend also was detected in nine of these 31 states. The quadratic trends indicated that, except in Washington, the rate of increase was greatest from 2006 to 2008 and from 2004 to 2008. Among the 34 states with weighted data for both 2006 and 2008, the median percentage of schools in which students could not purchase candy or salty snacks increased from 45.7% in 2006 to 63.5% in 2008 (Table 1).

Compared with 2006, in 2008 the percentage of secondary schools in which students could not purchase soda pop was significantly higher in all 34 states, and the percentage of schools in which students could not purchase sports drinks was significantly higher in 23 states (Table 2). Among the 34 states in 2008, the percentage of schools in which students could not purchase soda pop (range: 25.6%–92.8%) or sports drinks (range: 22.7%–84.8%) varied widely. The median percentage of schools in which students could not purchase soda pop increased from 37.8% in 2006 to 62.9% in 2008, and the median percentage of schools in which students could not purchase sports drinks increased from 28.4% in 2006 to 43.7% in 2008.

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Editorial Note: School food environments and practices that promote consumption of less nutritious foods and beverages are associated with poorer diets and higher body mass index among students (4). The findings in this report indicate that progress was made during 2002–2008 in increasing the percentage of secondary schools in which students cannot purchase less nutritious foods and beverages from vending machines at the school or from a school store, canteen, or snack bar.

This progress, however, has varied among states. For example, in Connecticut, Hawaii, and Maine, in more than 80% of schools students could not purchase candy and salty snacks in 2008; however, this was true in only 18.2% of schools in Utah. Similarly, in 92.8% of schools in Connecticut and 82.4% in Hawaii, but in only 25.6% of schools in Utah, students could not purchase soda pop in 2008. Although Connecticut and Hawaii had nutrition standards for foods sold outside of the school meal programs that specifically addressed calories, fat, saturated fat, trans fat, sugars, sodium, and nutrient content, Utah had no such standards at the time these data were collected. However, in July 2008, Utah enacted a revised policy

TABLE 1. Percentage of schools in which students could not purchase candy or salty snacks* from vending machines at the school or at a school store, canteen, or snack bar — 40 states, 2002–2008

State (2008 sample size)	2002	2004	2006	2008
Alabama (292 schools)	13.5	—†	42.5	73.9§
Alaska (154)	41.7	48.8	53.2	68.6¶
Arizona (264)	29.3	40.8	56.2	71.7¶
Arkansas (213)	26.4	25.2	70.0	70.8¶
Connecticut (236)	29.6	38.8	54.3	80.4§
Delaware (76)	43.7	36.6	49.3	64.0¶
Florida (310)	—	—	57.5	57.6
Hawaii (78)	70.5	—	85.8	88.2¶
Idaho (239)	24.2	25.9	28.4	39.0¶
Illinois (336**)	40.1	—	45.7	57.1¶
Iowa (259)	27.1	31.1	39.5	59.3§
Kansas (245)	—	—	31.9	44.2††
Kentucky (238)	19.8	—	—	73.2††
Maine (267)	30.6	40.6	73.1	82.0¶
Massachusetts (292)	29.0	33.6	56.5	66.6¶
Michigan (333)	19.4	17.5	24.7	43.4§
Minnesota (300)	15.9	20.2	—	48.2¶
Mississippi (216)	—	—	23.3	72.2††
Missouri (337)	27.6	27.8	34.2	53.3§
Montana (245)	38.8	44.1	42.6	55.2¶
Nebraska (208)	48.8	43.6	48.8	54.1
New Hampshire (183)	26.7	33.6	51.5	71.8¶
New Jersey (323)	35.0	—	—	75.3††
New York (352)	29.6	35.6	—	59.4¶
North Carolina (297)	26.4	25.9	43.1	51.8¶
North Dakota (164)	48.5	49.0	52.5	68.9§
Oklahoma (276)	15.5	14.7	—	46.7§
Oregon (277)	—	20.9	37.2	54.0¶
Pennsylvania (500)	—	26.8	45.7	65.6¶
Rhode Island (82)	—	—	48.0	79.3††
South Carolina (230)	—	16.8	24.2	44.2¶
South Dakota (203)	—	—	65.7	72.0
Tennessee (345)	20.4	23.5	30.6	71.6§
Texas (372)	—	—	41.3	56.0††
Utah (183)	7.6	7.9	14.7	18.2¶
Vermont (108)	48.7	—	63.5	63.0¶
Virginia (315)	27.9	—	35.9	50.6¶
Washington (310)	—	22.0	45.5	52.8§
West Virginia (180)	—	—	62.9	72.9††
Wisconsin (293)	31.4	33.1	—	57.3¶
No. of participating states	29	26	34	40
State median	29.0	29.5	45.7	61.2
State range	7.6–70.5	7.9–49.0	14.7–85.8	18.2–88.2

* Defined as chocolate candy or other kinds of candy and salty snacks that are not low in fat.

† Data not available.

§ Logistic regression analysis detected significant linear and quadratic time effects ($p < 0.05$).

¶ Logistic regression analysis detected significant linear time effects ($p < 0.05$).

** Does not include Chicago Public Schools.

†† Analysis by t-test detected significant differences between 2002 and 2008 for Kentucky and New Jersey ($p < 0.05$) and between 2006 and 2008 for Kansas, Mississippi, Rhode Island, Texas, and West Virginia.

TABLE 2. Percentage of schools in which students could not purchase soda pop or sports drinks from vending machines at the school or at a school store, canteen, or snack bar — 34 states, 2006–2008

State (2008 sample size)	Soda pop*		Sports drinks	
	2006	2008	2006	2008
Alabama (292 schools)	30.3	68.3 [†]	18.1	35.2 [†]
Alaska (154)	49.6	66.0 [†]	46.7	50.2
Arizona (264)	56.9	81.0 [†]	41.2	54.8 [†]
Arkansas (213)	35.8	52.3 [†]	41.5	48.6
Connecticut (236)	60.5	92.8 [†]	42.7	84.8 [†]
Delaware (76)	54.6	80.5 [†]	32.4	42.0
Florida (310)	42.6	58.7 [†]	34.0	30.0
Hawaii (78)	60.5	82.4 [†]	69.5	79.6
Idaho (239)	17.5	49.2 [†]	9.8	39.8 [†]
Illinois (336 [§])	36.3	56.6 [†]	32.5	48.4 [†]
Iowa (259)	25.1	49.1 [†]	18.7	25.5
Kansas (245)	20.9	37.4 [†]	21.1	22.7
Maine (267)	74.7	84.8 [†]	40.5	45.5
Massachusetts (292)	62.6	81.0 [†]	40.9	58.6 [†]
Michigan (333)	32.3	57.3 [†]	21.1	31.9 [†]
Mississippi (216)	21.8	74.7 [†]	21.5	46.6 [†]
Missouri (337)	25.8	45.1 [†]	23.8	24.4
Montana (245)	28.7	53.5 [†]	14.7	24.5 [†]
Nebraska (208)	21.7	37.8 [†]	18.7	29.4 [†]
New Hampshire (183)	56.6	71.5 [†]	26.9	44.0 [†]
North Carolina (297)	44.0	58.0 [†]	27.8	39.1 [†]
North Dakota (164)	30.9	57.3 [†]	26.6	40.4 [†]
Oregon (277)	38.0	64.4 [†]	29.1	49.4 [†]
Pennsylvania (500)	49.3	71.7 [†]	37.7	48.5 [†]
Rhode Island (82)	56.0	82.5 [†]	29.0	55.3 [†]
South Carolina (230)	24.0	50.4 [†]	13.4	32.9 [†]
South Dakota (203)	33.4	51.9 [†]	22.9	25.3
Tennessee (345)	26.7	74.0 [†]	18.1	66.1 [†]
Texas (372)	43.7	70.4 [†]	29.1	47.4 [†]
Utah (183)	14.0	25.6 [†]	12.1	22.8 [†]
Vermont (108)	60.7	73.5 [†]	43.7	47.6
Virginia (315)	37.6	54.6 [†]	33.0	43.5 [†]
Washington (310)	42.2	61.4 [†]	24.9	36.1 [†]
West Virginia (180)	62.7	70.5 [†]	51.4	62.0 [†]
State median	37.8	62.9	28.4	43.7
State range	14.0–74.7	25.6–92.8	9.8–69.5	22.7–84.8

* Includes fruit drinks that were not 100% juice.

[†] Analysis by t-test detected significant difference between 2006 and 2008 ($p < 0.05$).

[§] Does not include Chicago Public Schools.

setting nutrition standards (5). From 2006 to 2008, the largest increases in the percentage of schools in which students could not purchase candy, salty snacks, and soda pop were observed in Mississippi and Tennessee. These two states have been among those with the highest rates of adult obesity in the United States (6) but have now adopted statewide nutrition standards for foods in schools outside of school meal programs (7,8).

The findings in this report are subject to at least two limitations. First, these data apply only to public secondary schools and, therefore, do not reflect practices at private schools or elementary schools. Second, these data were self-reported by principals or their designees and the accuracy of their identi-

fication of the food products described in this report was not verified by other sources.

In response to growing concern over obesity, federal and state agencies and national nongovernmental organizations have continued to provide technical assistance to schools who seek to adopt and implement nutrition standards. From 2004 to 2009, the number of states with nutrition standards for foods outside of school meal programs increased from six to 27 (9). Despite these improvements, greater efforts are needed to ensure that all foods and beverages offered or sold outside of school meal programs meet nutrition standards, such as those recommended by IOM (2). Schools should implement nutrition standards that provide students with healthy choices throughout the school day and throughout the school campus.

Acknowledgments

The findings in this report are based, in part, on data collected by state School Health Profiles coordinators.

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Announcement

New System for Monitoring Emergency Department Visits for Influenza-Like Illness

CDC has partnered with the International Society for Disease Surveillance and the Public Health Informatics Institute to enhance surveillance for influenza-like illness (ILI) through a system called "Distribute." The Distribute system aggregates information from hospital emergency department (ED) syndromic surveillance systems operated by state and local health departments; the name reflects the shared and distributed responsibilities for developing and managing the system.

This new ILI surveillance system complements the existing CDC influenza surveillance systems by providing further characterization of geographic- and age-specific trends. The number of states or local areas represented on the Distribute web page will increase over time as additional health departments participate in the Distribute system. Information on trends in ILI ED visits from the participating health departments is available at <http://www.ISDSDistribute.org>.

Announcement

National Latino AIDS Awareness Day – October 15, 2009

October 15 is National Latino AIDS Awareness Day, which is held to raise awareness of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic in the Hispanic/Latino population in the United States. In 2006, Hispanics accounted for approximately 17% of the estimated 56,300 new HIV infections (1), and among Hispanic males and females, incidence rates were 2.2 and 3.8 times the rates among white males and females, respectively (2). Male-to-male sexual contact accounted for approximately 72% of new HIV infections among Hispanic men and approximately 55% of all new HIV infections among Hispanics during 2006. Among Hispanic females, high-risk heterosexual

contact accounted for approximately 83% of new infections during 2006.

National Latino AIDS Awareness Day also is a day for encouraging HIV testing among Hispanics. Knowledge of their HIV status enables infected persons to prevent further HIV transmission and promotes entry into HIV/AIDS care. Data from the 34 states with confidential HIV and AIDS reporting from 1996–2005 showed that Hispanics were more likely than non-Hispanic whites to receive an initial HIV diagnosis late in their HIV infection (3). National HIV behavioral surveillance data also have shown that 48% of Hispanic men who have sex with men did not know they were infected (4).

Information about National Latino AIDS Awareness Day is available at <http://www.cdc.gov/features/latinoaidsawareness>. Information about CDC activities and resources supporting National Latino AIDS Awareness Day is available at <http://www.cdc.gov/hiv/hispanics>.

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Erratum: Vol. 58, No. 37

In the report, "Progress Toward Measles Control — African Region, 2001–2008," on page 1037, under the subheading "Routine Vaccination Activities," the 4th sentence should have read as follows: "As of 2008, **six (13%)** countries provided a second dose of MCV (MCV2) through routine services: South Africa and Swaziland reported MCV2 coverage of 70%, Lesotho reported MCV2 coverage of 80%, Algeria and Seychelles reported MCV2 coverage of >95%, **and Mauritius did not report MCV2 coverage in 2008.**"

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 3, 2009 (39th)*

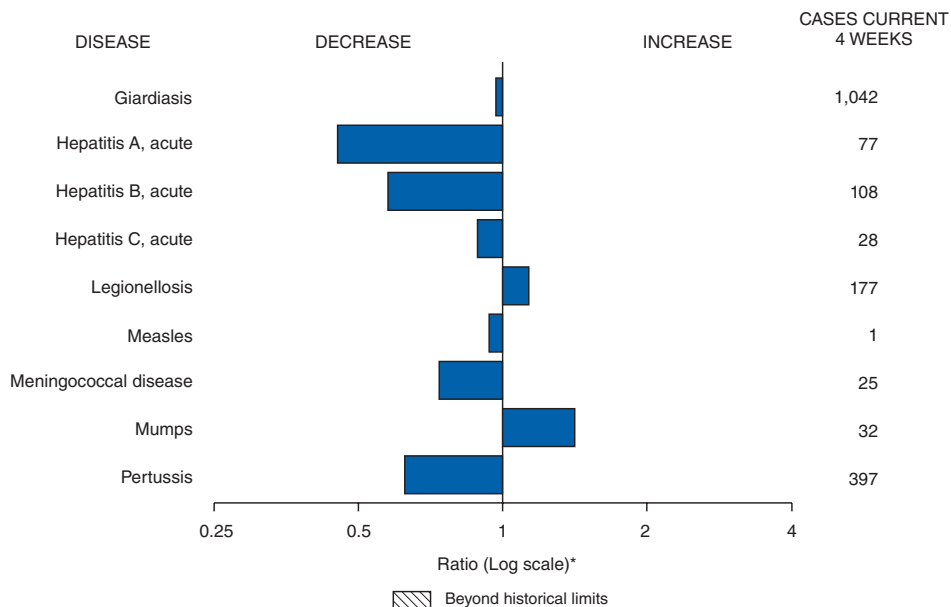
Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2008	2007	2006	2005	2004	
Anthrax	—	—	—	—	1	1	—	—	
Botulism:									
foodborne	—	12	0	17	32	20	19	16	
infant	1	40	2	109	85	97	85	87	WA (1)
other (wound and unspecified)	—	17	0	19	27	48	31	30	
Brucellosis	—	73	2	80	131	121	120	114	
Chancroid	—	20	0	25	23	33	17	30	
Cholera	—	7	0	5	7	9	8	6	
Cyclosporiasis§	—	110	1	139	93	137	543	160	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	23	4	62	55	67	80	112	
eastern equine	—	3	0	4	4	8	21	6	
Powassan	—	1	—	2	7	1	1	1	
St. Louis	—	7	0	13	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
<i>Ehrlichia chaffeensis</i>	6	588	17	1,137	828	578	506	338	RI (1), NY (1), MD (1), VA (1), GA (1), FL (1)
<i>Ehrlichia ewingii</i>	—	6	—	9	—	—	—	—	
<i>Anaplasma phagocytophilum</i>	2	465	16	1,026	834	646	786	537	RI (1), NY (1)
undetermined	2	95	4	180	337	231	112	59	MD (1), TN (1)
<i>Haemophilus influenzae</i> ,††									
invasive disease (age <5 yrs):									
serotype b	—	18	0	30	22	29	9	19	
nonserotype b	—	153	3	244	199	175	135	135	
unknown serotype	2	173	3	163	180	179	217	177	NY (1), FL (1)
Hansen disease§	1	47	2	80	101	66	87	105	FL (1)
Hantavirus pulmonary syndrome§	—	7	1	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	3	148	7	330	292	288	221	200	MN (2), MO (1)
Hepatitis C viral, acute	3	1,454	15	878	845	766	652	720	IA (1), MD (1), FL (1)
HIV infection, pediatric (age <13 years)§§	—	—	2	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	19	148	0	90	77	43	45	—	WI (1), MD (2), NC (1), FL (1), TN (3), OK (1), TX (7), CO (1), AZ (1), AK (1)
Listeriosis	12	534	21	759	808	884	896	753	NY (2), OH (4), WV (1), FL (1), AL (1), OK (1), CO (1), WA (1)
Measles***	1	58	0	140	43	55	66	37	MN (1)
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	1	194	4	330	325	318	297	—	CO (1)
serogroup B	1	102	2	188	167	193	156	—	FL (1)
other serogroup	—	21	0	38	35	32	27	—	
unknown serogroup	8	346	9	616	550	651	765	—	OH (2), MO (1), NE (1), MD (1), TN (1), TX (1), CA (1)
Mumps	6	316	17	454	800	6,584	314	258	ME (1), NYC (5)
Novel influenza A virus infections	—	§§§	0	2	4	N	N	N	
Plague	—	6	0	3	7	17	8	3	
Poliomyelitis, paralytic	—	—	0	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	—	7	0	8	12	21	16	12	
Q fever total§,¶¶¶:	2	63	2	124	171	169	136	70	
acute	2	53	1	110	—	—	—	—	MN (2)
chronic	—	10	0	14	—	—	—	—	
Rabies, human	—	1	0	2	1	3	2	7	
Rubella****	—	4	0	16	12	11	11	10	
Rubella, congenital syndrome	—	1	—	—	—	1	1	—	
SARS-CoV§,††††	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	103	1	157	132	125	129	132	NY (1)
Syphilis, congenital (age <1 yr)	—	143	8	434	430	349	329	353	
Tetanus	—	8	1	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	1	60	2	71	92	101	90	95	OH (1)
Trichinellosis	—	13	0	39	5	15	16	5	
Tularemia	—	57	3	123	137	95	154	134	
Typhoid fever	4	276	11	449	434	353	324	322	NY (1), MD (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	1	59	1	63	37	6	2	—	FL (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	—	2	1	3	1	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	17	435	8	492	549	N	N	N	MN (1), MD (1), GA (1), FL (4), AZ (1), CA (9)
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 October 3, 2009 (39th)*

—: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts.
 * Incidence data for reporting year 2009 is provisional, whereas data for 2004 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. The total sum of incident cases is then divided by 25 weeks. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.
 § Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).
 †† 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. Thirty-one influenza-associated pediatric death occurring during the 2009–10 influenza season beginning September 1, 2009, have been reported. One hundred and sixteen influenza-associated pediatric deaths occurring during the 2008–09 influenza season have been reported.
 *** The one measles case reported for the current week was indigenous.
 ††† Data for meningococcal disease (all serogroups) are available in Table II.
 §§§ CDC discontinued reporting of individual confirmed and probable cases of novel influenza A (H1N1) viruses infections on July 24, 2009. CDC will report the total number of novel influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (<http://www.cdc.gov/h1n1flu>).
 ¶¶¶ In 2008, 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.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 3, 2009, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Chlamydia [†]					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 week		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	13,358	22,222	25,700	842,665	886,023	173	168	472	8,567	4,781	116	125	369	4,997	6,341
New England	923	753	1,655	30,103	27,959	—	0	1	1	1	5	6	35	317	337
Connecticut	240	222	1,306	8,742	8,277	N	0	0	N	N	—	0	28	28	41
Maine [§]	34	48	75	1,802	1,905	N	0	0	N	N	2	0	4	37	39
Massachusetts	551	344	945	14,736	13,183	N	0	0	N	N	—	2	15	134	147
New Hampshire	—	38	61	1,178	1,546	—	0	1	1	1	1	1	5	56	49
Rhode Island [§]	70	66	244	2,799	2,164	—	0	0	—	—	1	0	8	15	7
Vermont [§]	28	22	53	846	884	N	0	0	N	N	1	1	5	47	54
Mid. Atlantic	2,208	2,922	6,734	114,589	109,895	—	0	0	—	—	20	13	30	584	581
New Jersey	265	388	838	15,224	16,752	N	0	0	N	N	—	0	2	8	36
New York (Upstate)	680	578	4,563	23,484	20,566	N	0	0	N	N	12	4	12	177	203
New York City	814	1,154	3,130	44,181	41,875	N	0	0	N	N	—	1	8	57	90
Pennsylvania	449	832	1,072	31,700	30,702	N	0	0	N	N	8	7	19	342	252
E.N. Central	1,574	3,474	4,072	128,141	144,971	—	0	4	26	37	12	27	79	1,039	1,677
Illinois	495	1,088	1,370	39,425	44,083	N	0	0	N	N	—	2	11	99	161
Indiana	439	418	713	17,513	16,173	N	0	0	N	N	—	3	17	134	145
Michigan	411	854	1,332	34,418	34,112	—	0	3	14	28	1	5	13	201	208
Ohio	68	801	1,231	24,134	34,530	—	0	2	12	9	9	8	25	305	541
Wisconsin	161	341	494	12,651	16,073	N	0	0	N	N	2	8	25	300	622
W.N. Central	630	1,317	1,647	49,114	50,035	—	0	1	8	1	18	17	62	796	774
Iowa	180	192	256	7,373	6,657	N	0	0	N	N	3	4	14	167	238
Kansas	26	137	526	5,753	6,885	N	0	0	N	N	—	1	6	61	69
Minnesota	—	254	342	9,062	10,765	—	0	0	—	—	12	4	34	246	170
Missouri	258	511	647	19,550	18,327	—	0	1	8	1	—	3	12	140	137
Nebraska [§]	143	103	219	3,997	3,911	N	0	0	N	N	3	2	8	83	91
North Dakota	22	32	60	1,242	1,337	N	0	0	N	N	—	0	10	7	4
South Dakota	1	57	80	2,137	2,153	N	0	0	N	N	—	2	10	92	65
S. Atlantic	1,998	4,038	5,453	147,019	181,577	—	0	1	5	4	21	21	49	805	724
Delaware	82	87	180	3,559	2,724	—	0	1	1	1	—	0	2	8	11
District of Columbia	—	128	226	4,973	5,203	—	0	0	—	—	—	0	2	2	10
Florida	623	1,421	1,630	54,777	53,392	N	0	0	N	N	11	8	24	328	341
Georgia	1	708	1,909	22,859	31,654	N	0	0	N	N	8	6	23	284	187
Maryland [§]	—	421	772	15,545	17,436	—	0	1	4	3	—	1	5	32	28
North Carolina	—	0	1,193	—	25,667	N	0	0	N	N	—	0	16	58	28
South Carolina [§]	554	540	1,422	18,832	19,709	N	0	0	N	N	—	1	7	34	39
Virginia [§]	665	609	926	23,720	23,408	N	0	0	N	N	—	1	6	46	60
West Virginia	73	70	101	2,754	2,384	N	0	0	N	N	2	0	2	13	20
E.S. Central	641	1,749	2,210	67,802	63,825	—	0	0	—	—	5	3	10	158	134
Alabama [§]	30	473	625	17,497	18,901	N	0	0	N	N	1	1	4	45	59
Kentucky	133	248	458	9,638	8,974	N	0	0	N	N	—	1	4	44	28
Mississippi	—	459	841	17,803	14,922	N	0	0	N	N	1	0	3	12	16
Tennessee [§]	478	573	809	22,864	21,028	N	0	0	N	N	3	1	5	57	31
W.S. Central	2,214	2,903	5,403	113,235	111,012	—	0	1	1	3	13	11	271	380	1,321
Arkansas [§]	327	275	417	10,955	10,690	N	0	0	N	N	—	1	10	38	59
Louisiana	168	410	1,134	15,069	16,173	—	0	1	1	3	—	1	6	29	47
Oklahoma	292	175	2,730	10,621	10,018	N	0	0	N	N	9	2	11	98	106
Texas [§]	1,427	1,987	2,523	76,590	74,131	N	0	0	N	N	4	7	258	215	1,109
Mountain	832	1,501	2,145	54,696	55,505	154	128	369	6,742	3,242	7	9	24	403	474
Arizona	309	464	736	18,091	18,584	153	126	365	6,660	3,162	—	1	4	26	73
Colorado	—	377	727	12,882	13,172	N	0	0	N	N	5	2	10	114	92
Idaho [§]	132	64	313	2,625	2,945	N	0	0	N	N	1	1	7	65	49
Montana [§]	32	56	88	2,245	2,309	N	0	0	N	N	—	1	4	46	39
Nevada [§]	142	172	460	7,534	7,273	1	1	4	47	43	—	0	2	16	16
New Mexico [§]	191	176	540	6,569	5,703	—	0	2	9	25	—	2	7	95	157
Utah	26	93	251	3,378	4,395	—	0	2	25	10	—	0	3	23	31
Wyoming [§]	—	33	97	1,372	1,124	—	0	1	1	2	1	0	2	18	17
Pacific	2,338	3,611	4,684	137,966	141,244	19	42	172	1,784	1,493	15	11	24	515	319
Alaska	—	96	199	3,193	3,511	N	0	0	N	N	—	0	1	6	3
California	1,668	2,774	3,594	107,021	109,783	19	42	172	1,784	1,493	14	6	20	314	190
Hawaii	—	120	147	4,412	4,409	N	0	0	N	N	—	0	1	1	2
Oregon [§]	391	198	631	7,209	7,493	N	0	0	N	N	1	3	8	135	53
Washington	279	409	571	16,131	16,048	N	0	0	N	N	—	1	6	59	71
American Samoa	—	0	0	—	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	3	8	—	107	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	133	332	5,386	5,318	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	9	17	290	503	—	0	0	—	—	—	0	0	—	—

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

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

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

[†] Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	307	333	490	12,848	13,554	3,091	5,263	6,918	200,141	250,638	23	60	124	2,269	2,110
New England	15	29	55	1,135	1,229	133	94	301	3,716	3,987	—	3	16	149	121
Connecticut	—	5	14	171	252	64	46	275	1,743	1,929	—	0	12	43	28
Maine§	3	4	13	172	132	2	2	9	105	74	—	0	2	16	11
Massachusetts	—	12	30	499	512	64	38	112	1,495	1,629	—	2	5	72	58
New Hampshire	1	2	11	131	126	1	2	6	82	80	—	0	2	9	9
Rhode Island§	3	1	6	44	69	1	6	19	258	247	—	0	7	6	7
Vermont§	8	3	15	118	138	1	1	4	33	28	—	0	1	3	8
Mid. Atlantic	65	63	116	2,393	2,491	486	588	1,138	23,222	24,589	7	11	25	451	394
New Jersey	—	7	17	215	396	42	87	122	3,218	4,020	—	2	7	84	67
New York (Upstate)	47	25	81	984	844	129	106	664	4,399	4,608	4	3	20	110	116
New York City	5	15	23	589	651	188	210	577	8,295	7,713	—	2	11	85	68
Pennsylvania	13	15	46	605	600	127	189	267	7,310	8,248	3	4	10	172	143
E.N. Central	28	44	80	1,709	2,027	549	1,080	1,436	39,841	51,941	1	12	28	489	347
Illinois	—	9	23	331	543	163	337	448	12,074	15,389	—	3	9	123	114
Indiana	N	0	11	N	N	157	145	252	5,740	6,592	—	1	22	53	57
Michigan	4	12	20	465	441	164	281	493	11,203	12,788	—	0	3	17	18
Ohio	22	16	28	622	654	14	251	431	7,616	12,431	1	2	6	77	108
Wisconsin	2	8	19	291	389	51	91	140	3,208	4,741	—	3	20	219	50
W.N. Central	18	24	141	1,152	1,527	161	276	393	10,572	12,641	4	3	15	127	152
Iowa	4	6	14	236	249	24	34	53	1,225	1,163	—	0	0	—	2
Kansas	—	2	11	96	129	12	39	83	1,587	1,674	—	0	2	13	17
Minnesota	—	0	104	250	509	—	43	65	1,496	2,344	1	0	10	44	46
Missouri	9	7	29	368	370	89	129	173	4,916	6,065	2	1	4	44	57
Nebraska§	5	3	9	131	156	36	22	54	1,014	1,057	1	0	4	21	21
North Dakota	—	0	16	9	13	—	2	14	77	90	—	0	4	5	9
South Dakota	—	1	7	62	101	—	7	20	257	248	—	0	0	—	—
S. Atlantic	75	69	109	2,764	2,160	593	1,157	2,042	42,392	63,777	6	14	31	559	536
Delaware	—	0	3	18	30	18	17	37	722	805	—	0	1	3	6
District of Columbia	—	0	5	18	54	—	51	88	1,982	1,920	—	0	2	—	5
Florida	55	37	59	1,458	906	200	415	486	15,931	17,842	3	4	10	187	143
Georgia	—	12	67	679	520	—	243	876	7,727	11,738	—	3	9	120	107
Maryland§	4	5	10	191	204	—	121	212	4,206	4,646	1	1	6	70	77
North Carolina	N	0	0	N	N	—	0	470	—	11,291	—	1	17	61	60
South Carolina§	3	2	8	74	91	171	168	412	5,976	7,199	1	1	5	50	48
Virginia§	10	8	31	289	297	193	144	308	5,461	7,762	—	1	6	42	71
West Virginia	3	1	3	37	58	11	10	23	387	574	1	0	3	26	19
E.S. Central	4	8	20	283	364	158	516	714	19,581	23,036	1	3	9	124	114
Alabama§	1	3	11	130	209	11	139	204	4,991	7,415	—	0	4	28	19
Kentucky	N	0	0	N	N	38	80	135	2,809	3,490	—	0	5	18	6
Mississippi	N	0	0	N	N	—	145	252	5,570	5,397	—	0	1	4	13
Tennessee§	3	4	13	153	155	109	162	230	6,211	6,734	1	2	6	74	76
W.S. Central	13	8	22	331	325	618	854	1,405	32,926	38,239	1	2	22	88	93
Arkansas§	9	2	8	109	106	103	83	134	3,373	3,528	—	0	2	13	11
Louisiana	—	2	8	96	110	49	139	420	4,845	7,001	—	0	1	12	8
Oklahoma	4	3	18	126	109	80	69	612	3,628	3,679	1	1	20	61	66
Texas§	N	0	0	N	N	386	558	725	21,080	24,031	—	0	1	2	8
Mountain	18	26	57	1,123	1,207	105	176	265	6,405	8,774	3	5	11	188	235
Arizona	1	3	9	153	104	44	56	88	2,106	2,597	—	1	7	64	89
Colorado	14	8	26	364	421	—	54	122	1,765	2,759	1	1	6	55	45
Idaho§	2	3	10	131	147	3	2	13	75	134	—	0	1	4	12
Montana§	—	2	10	96	72	2	1	6	56	90	—	0	1	1	3
Nevada§	1	2	11	86	87	32	30	91	1,350	1,690	2	0	2	16	15
New Mexico§	—	2	8	86	88	23	24	52	848	1,025	—	0	3	19	36
Utah	—	5	12	162	256	1	4	15	151	385	—	1	2	26	32
Wyoming§	—	1	4	45	32	—	1	7	54	94	—	0	1	3	3
Pacific	71	51	130	1,958	2,224	288	546	764	21,486	23,654	—	2	8	94	118
Alaska	—	2	10	85	71	—	15	24	546	397	—	0	3	13	16
California	50	34	56	1,298	1,479	255	465	657	18,061	19,393	—	0	3	22	39
Hawaii	2	0	1	12	37	—	11	22	460	475	—	0	3	23	16
Oregon§	7	7	17	283	353	20	20	42	727	923	—	1	3	33	45
Washington	12	7	74	280	284	13	45	71	1,692	2,466	—	0	2	3	2
American Samoa	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	—	45	—	0	0	—	—
Puerto Rico	1	2	10	71	171	—	4	24	178	216	—	0	1	3	1
U.S. Virgin Islands	—	0	0	—	—	—	2	7	80	98	N	0	0	N	N

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

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

* Incidence data for reporting year 2009 is 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 October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
	Med	Max				Med	Max				Med	Max			
United States	25	36	89	1,391	2,016	31	64	197	2,335	2,851	37	51	143	2,212	2,321
New England	2	2	8	79	105	—	1	4	29	61	—	3	15	127	163
Connecticut	1	0	2	18	24	—	0	3	11	23	—	1	5	45	30
Maine§	—	0	5	1	6	—	0	2	9	10	—	0	3	6	8
Massachusetts	—	1	4	46	50	—	0	2	6	17	—	1	9	50	65
New Hampshire	—	0	1	5	11	—	0	2	3	5	—	0	2	9	24
Rhode Island§	1	0	1	7	12	—	0	0	—	4	—	0	12	11	31
Vermont§	—	0	1	2	2	—	0	1	—	2	—	0	1	6	5
Mid. Atlantic	2	5	11	191	245	3	7	17	237	333	12	15	68	856	768
New Jersey	—	1	5	35	64	—	1	6	59	94	—	2	14	129	97
New York (Upstate)	1	1	4	40	48	1	1	11	43	49	10	5	29	278	244
New York City	—	2	5	60	84	—	1	4	46	75	—	2	20	160	106
Pennsylvania	1	1	6	56	49	2	2	8	89	115	2	6	25	289	321
E.N. Central	1	5	18	191	272	2	8	21	293	394	7	9	32	417	517
Illinois	—	1	12	83	97	—	2	6	54	149	—	1	7	61	86
Indiana	—	0	4	13	16	—	1	18	48	28	—	1	5	25	40
Michigan	—	1	5	50	99	1	2	8	96	112	1	2	11	104	142
Ohio	1	1	4	34	33	—	1	13	69	91	6	4	17	222	218
Wisconsin	—	0	4	11	27	1	0	4	26	14	—	0	2	5	31
W.N. Central	1	2	16	94	216	2	3	16	130	61	1	2	7	73	109
Iowa	—	0	2	27	103	—	0	3	25	16	—	0	2	18	15
Kansas	—	0	1	7	14	—	0	2	5	6	—	0	1	3	2
Minnesota	—	0	12	14	28	—	0	11	20	7	—	0	3	8	11
Missouri	1	0	3	25	27	2	1	5	61	26	1	1	4	33	61
Nebraska§	—	0	3	18	40	—	0	2	17	5	—	0	2	9	18
North Dakota	—	0	2	—	—	—	0	1	—	1	—	0	3	1	—
South Dakota	—	0	1	3	4	—	0	1	2	—	—	0	1	1	2
S. Atlantic	8	7	14	309	306	10	18	32	680	697	12	9	18	370	369
Delaware	—	0	1	3	6	U	0	1	U	U	1	0	5	12	10
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	8	14
Florida	4	4	9	146	112	7	6	11	227	246	4	3	10	135	109
Georgia	—	1	3	46	44	2	3	9	111	134	1	1	5	38	32
Maryland§	—	0	4	30	35	1	1	5	53	61	4	2	10	85	105
North Carolina	—	0	3	25	52	—	1	19	135	61	—	0	6	39	24
South Carolina§	2	0	3	31	12	—	1	4	36	53	—	0	1	7	9
Virginia§	1	1	2	26	40	—	2	10	66	81	2	1	5	40	42
West Virginia	1	0	1	2	5	—	1	19	52	61	—	0	2	6	24
E.S. Central	—	1	3	32	66	4	7	11	237	298	1	2	12	94	95
Alabama§	—	0	2	8	9	—	2	7	67	85	—	0	2	10	13
Kentucky	—	0	1	8	25	2	2	7	62	73	—	1	3	39	46
Mississippi	—	0	1	8	4	—	1	2	21	35	—	0	1	3	1
Tennessee§	—	0	2	8	28	2	2	6	87	105	1	1	9	42	35
W.S. Central	—	3	43	104	188	7	10	99	373	554	—	1	21	46	67
Arkansas§	—	0	1	5	6	—	1	5	41	48	—	0	2	5	10
Louisiana	—	0	1	3	11	—	1	4	33	73	—	0	2	4	9
Oklahoma	—	0	6	3	7	2	2	17	77	82	—	0	6	3	3
Texas§	—	3	37	93	164	5	6	76	222	351	—	1	19	34	45
Mountain	1	3	8	128	178	—	3	7	104	155	—	2	8	88	65
Arizona	1	2	6	60	88	—	1	4	38	60	—	1	4	38	14
Colorado	—	0	5	39	34	—	0	2	20	27	—	0	2	10	7
Idaho§	—	0	1	3	16	—	0	2	7	7	—	0	1	2	3
Montana§	—	0	1	6	1	—	0	0	—	2	—	0	2	5	4
Nevada§	—	0	2	8	10	—	0	3	25	34	—	0	2	10	9
New Mexico§	—	0	1	6	15	—	0	2	5	8	—	0	1	3	8
Utah	—	0	1	4	11	—	0	1	5	12	—	0	4	17	20
Wyoming§	—	0	1	2	3	—	0	2	4	5	—	0	2	3	—
Pacific	10	7	17	263	440	3	6	36	252	298	4	3	12	141	168
Alaska	—	0	1	3	3	—	0	1	2	10	—	0	1	1	1
California	8	5	17	208	356	3	4	28	187	209	3	3	9	110	128
Hawaii	—	0	1	5	16	—	0	1	4	7	—	0	1	1	8
Oregon§	—	0	2	14	24	—	0	4	28	35	—	0	2	11	16
Washington	2	1	4	33	41	—	1	8	31	37	1	0	4	18	15
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	0	2	18	20	5	0	3	17	45	—	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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting year 2009 is provisional.

† Data for acute hepatitis C, viral 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 October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All groups				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	357	487	1,706	22,491	26,145	23	23	42	888	923	10	17	48	663	917
New England	40	92	358	4,193	9,677	—	1	5	33	46	—	1	4	25	24
Connecticut	—	0	82	—	3,316	—	0	4	5	10	—	0	1	2	1
Maine§	39	10	76	682	501	—	0	1	1	1	—	0	1	4	4
Massachusetts	—	28	245	2,251	4,046	—	0	3	19	26	—	0	3	12	16
New Hampshire	—	12	78	848	1,372	—	0	1	2	3	—	0	1	2	2
Rhode Island§	1	1	78	183	119	—	0	1	4	2	—	0	1	4	1
Vermont§	—	4	36	229	323	—	0	1	2	4	—	0	1	1	—
Mid. Atlantic	267	222	1,401	13,381	10,521	3	5	13	221	256	—	2	5	72	100
New Jersey	—	36	308	3,227	2,982	—	0	3	—	58	—	0	2	8	13
New York (Upstate)	172	86	1,368	3,341	3,635	2	1	10	40	28	—	0	2	18	25
New York City	—	3	23	154	664	—	3	11	138	138	—	0	2	12	22
Pennsylvania	95	53	625	6,659	3,240	1	1	4	43	32	—	1	4	34	40
E.N. Central	6	18	193	1,756	2,026	1	3	9	121	122	2	3	9	112	159
Illinois	—	1	11	100	98	—	1	4	49	63	—	1	6	28	58
Indiana	—	1	5	46	36	—	0	3	15	5	—	0	3	28	22
Michigan	—	1	9	82	71	1	0	3	21	14	—	0	5	18	28
Ohio	2	0	3	40	38	—	1	6	31	24	2	0	3	31	32
Wisconsin	4	14	179	1,488	1,783	—	0	1	5	16	—	0	2	7	19
W.N. Central	—	4	336	179	573	8	1	7	51	54	2	1	9	53	80
Iowa	—	1	13	79	94	—	0	2	9	8	—	0	1	6	18
Kansas	—	0	4	14	9	—	0	2	4	6	—	0	2	8	4
Minnesota	—	0	326	67	454	8	0	7	21	21	—	0	4	10	21
Missouri	—	0	2	4	4	—	0	2	10	11	1	0	3	20	23
Nebraska§	—	0	3	14	9	—	0	1	6	8	1	0	1	6	11
North Dakota	—	0	10	—	—	—	0	0	—	—	—	0	3	1	1
South Dakota	—	0	1	1	3	—	0	1	1	—	—	0	1	2	2
S. Atlantic	37	61	217	2,725	3,087	6	6	17	264	221	2	2	9	119	134
Delaware	7	12	63	781	641	—	0	1	4	2	—	0	1	3	2
District of Columbia	—	0	5	19	56	—	0	2	5	3	—	0	0	—	—
Florida	6	1	9	71	57	2	2	7	78	40	1	1	4	43	46
Georgia	1	0	6	45	33	2	1	5	59	49	—	0	2	23	16
Maryland§	14	25	130	1,255	1,540	1	1	8	55	56	1	0	1	8	15
North Carolina	—	1	14	56	23	—	0	5	21	23	—	0	5	18	12
South Carolina§	—	0	3	23	21	—	0	1	2	8	—	0	1	10	20
Virginia§	9	11	61	375	605	1	1	4	38	38	—	0	2	9	18
West Virginia	—	0	27	100	111	—	0	1	2	2	—	0	2	5	5
E.S. Central	—	0	2	22	39	—	1	3	25	14	1	0	3	23	40
Alabama§	—	0	1	2	9	—	0	3	7	4	—	0	1	5	5
Kentucky	—	0	1	1	4	—	0	2	8	4	—	0	1	4	7
Mississippi	—	0	0	—	1	—	0	1	1	1	—	0	1	2	9
Tennessee§	—	0	2	19	25	—	0	3	9	5	1	0	1	12	19
W.S. Central	2	1	21	40	82	1	1	8	35	65	1	2	12	64	95
Arkansas§	—	0	0	—	—	—	0	1	3	—	—	0	2	6	13
Louisiana	—	0	0	—	3	—	0	1	3	3	—	0	3	11	19
Oklahoma	—	0	2	—	—	—	0	2	2	2	—	0	3	8	12
Texas§	2	1	21	40	79	1	0	7	27	60	1	1	9	39	51
Mountain	—	1	13	41	46	—	0	5	25	27	1	1	4	50	49
Arizona	—	0	2	4	8	—	0	2	7	13	—	0	2	13	7
Colorado	—	0	1	6	3	—	0	3	8	4	1	0	2	16	10
Idaho§	—	0	2	9	8	—	0	1	1	1	—	0	1	5	4
Montana§	—	0	13	3	4	—	0	3	5	—	—	0	2	4	4
Nevada§	—	0	2	12	11	—	0	1	—	4	—	0	2	4	7
New Mexico§	—	0	1	1	8	—	0	1	—	2	—	0	1	3	8
Utah	—	0	1	4	2	—	0	2	4	3	—	0	1	1	7
Wyoming§	—	0	1	2	2	—	0	0	—	—	—	0	2	4	2
Pacific	5	3	13	154	94	4	3	10	113	118	1	3	14	145	236
Alaska	—	0	1	2	6	—	0	1	2	4	—	0	2	5	6
California	5	2	10	128	51	4	2	8	84	86	1	2	8	97	173
Hawaii	N	0	0	N	N	—	0	1	1	3	—	0	1	4	4
Oregon§	—	0	3	13	28	—	0	2	10	4	—	0	6	26	29
Washington	—	0	12	11	9	—	0	3	16	21	—	0	6	13	24
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	2	2	—	0	0	—	3
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2009 is 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 October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	85	280	1,697	10,255	7,144	43	68	139	2,821	3,316	2	29	179	1,142	1,849
New England	—	15	27	487	773	—	7	16	245	312	—	0	2	9	4
Connecticut	—	0	4	31	43	—	2	10	101	152	—	0	0	—	—
Maine†	—	1	10	69	27	—	1	4	40	43	—	0	2	4	1
Massachusetts	—	8	21	289	602	—	0	0	—	—	—	0	1	4	1
New Hampshire	—	1	7	64	23	—	0	7	24	31	—	0	0	—	1
Rhode Island†	—	0	7	26	67	—	1	6	42	28	—	0	2	—	1
Vermont†	—	0	1	8	11	—	1	4	38	58	—	0	1	1	—
Mid. Atlantic	17	24	64	845	830	9	14	23	478	729	—	1	29	58	109
New Jersey	—	4	12	138	169	—	0	0	—	—	—	0	2	—	75
New York (Upstate)	13	5	41	170	321	9	8	22	359	393	—	0	29	11	12
New York City	3	0	21	60	51	—	0	2	1	15	—	0	4	25	11
Pennsylvania	1	13	33	477	289	—	4	17	118	321	—	0	2	22	11
E.N. Central	25	57	238	2,252	1,165	4	3	19	210	219	—	1	6	69	135
Illinois	—	14	45	471	258	1	1	9	83	88	—	1	6	40	100
Indiana	—	5	158	206	47	—	0	6	21	7	—	0	3	10	6
Michigan	9	11	32	580	196	1	1	6	61	69	—	0	2	5	3
Ohio	16	22	57	885	546	2	0	5	45	55	—	0	4	14	26
Wisconsin	—	3	12	110	118	N	0	0	N	N	—	0	0	—	—
W.N. Central	9	36	872	1,365	584	8	5	17	225	249	—	4	26	277	397
Iowa	—	6	21	145	95	—	0	5	24	18	—	0	2	5	8
Kansas	—	4	12	142	44	—	1	6	60	55	—	0	1	2	—
Minnesota	—	0	808	165	161	4	0	11	50	44	—	0	1	2	—
Missouri	6	20	51	752	189	4	1	5	60	57	—	4	25	257	368
Nebraska†	3	3	32	117	69	—	0	1	—	32	—	0	2	11	18
North Dakota	—	0	24	17	1	—	0	9	4	24	—	0	1	—	—
South Dakota	—	0	10	27	25	—	0	4	27	19	—	0	0	—	3
S. Atlantic	18	29	71	1,252	706	9	24	111	1,253	1,339	1	12	40	394	656
Delaware	—	0	2	10	13	—	0	0	—	—	—	0	3	16	27
District of Columbia	—	0	2	2	4	—	0	0	—	—	—	0	0	—	6
Florida	10	9	32	442	214	—	0	95	133	138	—	0	2	6	10
Georgia	—	3	11	148	70	—	0	72	334	304	—	0	7	40	73
Maryland†	4	2	8	86	109	8	7	15	296	344	—	1	3	27	72
North Carolina	—	0	65	213	79	N	2	4	N	N	1	6	36	238	309
South Carolina†	3	4	17	185	93	—	0	0	—	—	—	0	9	16	36
Virginia†	—	3	24	141	116	—	10	23	399	483	—	1	9	47	115
West Virginia	1	0	5	25	8	1	2	6	91	70	—	0	1	4	8
E.S. Central	1	15	33	596	244	2	1	7	74	148	1	4	15	204	280
Alabama†	1	4	19	226	35	—	0	0	—	—	—	1	6	50	72
Kentucky	—	6	15	186	63	2	1	4	40	35	—	0	1	1	1
Mississippi	—	1	4	42	80	—	0	1	—	5	—	0	1	7	10
Tennessee†	—	3	14	142	66	—	0	4	34	108	1	3	14	146	197
W.S. Central	6	57	389	2,131	1,161	9	0	13	64	78	—	1	161	110	228
Arkansas†	1	4	38	185	72	—	0	10	33	44	—	0	61	47	44
Louisiana	—	2	8	90	68	—	0	0	—	—	—	0	1	2	5
Oklahoma	2	0	45	39	32	9	0	13	30	32	—	0	98	48	142
Texas†	3	47	304	1,817	989	—	0	1	1	2	—	0	6	13	37
Mountain	1	18	31	697	651	—	2	9	75	79	—	0	3	20	37
Arizona	—	3	10	168	183	N	0	0	N	N	—	0	2	4	10
Colorado	1	4	12	202	120	—	0	0	—	—	—	0	1	1	1
Idaho†	—	1	5	60	24	—	0	0	—	11	—	0	1	1	1
Montana†	—	0	6	34	77	—	0	4	24	8	—	0	2	8	3
Nevada†	—	0	4	15	26	—	0	1	6	11	—	0	1	1	3
New Mexico†	—	1	10	44	39	—	0	2	19	24	—	0	1	1	4
Utah	—	4	19	154	167	—	0	6	7	7	—	0	1	1	5
Wyoming†	—	0	5	20	15	—	0	4	19	18	—	0	1	3	10
Pacific	8	17	67	630	1,030	2	5	12	197	163	—	0	1	1	3
Alaska	—	1	21	34	151	—	0	2	11	13	N	0	0	N	N
California	—	3	19	143	418	2	4	12	171	141	—	0	1	1	—
Hawaii	—	0	3	24	10	—	0	0	—	—	N	0	0	N	N
Oregon†	2	3	17	205	145	—	0	3	15	9	—	0	0	—	3
Washington	6	6	58	224	306	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	—	1	1	3	31	49	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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

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

* Incidence data for reporting year 2009 is 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 October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	789	910	2,323	32,519	35,554	75	89	255	3,155	3,795	184	313	1,268	11,279	14,793
New England	2	32	353	1,680	1,830	3	3	54	170	204	1	3	38	274	192
Connecticut	—	0	328	328	491	—	0	54	54	47	—	0	33	33	40
Maine§	—	2	7	105	116	—	0	3	15	18	—	0	1	2	18
Massachusetts	—	22	49	880	951	—	1	6	60	95	—	3	26	198	117
New Hampshire	—	3	42	214	118	1	1	3	25	19	—	0	4	15	4
Rhode Island§	2	2	11	108	80	—	0	1	1	8	1	0	7	21	10
Vermont§	—	1	5	45	74	2	0	6	15	17	—	0	2	5	3
Mid. Atlantic	56	91	151	3,517	4,480	8	6	19	270	375	7	56	82	2,165	1,884
New Jersey	—	12	30	307	1,041	—	1	4	31	110	1	13	27	443	665
New York (Upstate)	43	24	66	1,023	1,031	8	3	9	111	130	3	5	23	175	479
New York City	2	19	42	883	1,023	—	1	5	46	44	—	9	17	335	596
Pennsylvania	11	29	61	1,304	1,385	—	1	6	82	91	3	24	63	1,212	144
E.N. Central	49	90	144	3,547	3,941	4	13	33	509	683	12	57	132	1,945	2,923
Illinois	—	25	50	950	1,145	—	2	10	110	109	—	12	25	402	780
Indiana	—	6	50	246	470	—	1	6	39	73	—	1	21	38	525
Michigan	5	18	33	733	736	—	3	14	119	169	—	5	24	175	101
Ohio	40	28	52	1,156	987	4	3	11	111	152	8	31	80	957	1,158
Wisconsin	4	11	29	462	603	—	3	10	130	180	4	10	38	373	359
W.N. Central	15	50	109	2,065	2,222	8	12	38	570	637	18	17	48	711	691
Iowa	2	7	15	323	335	1	2	14	136	172	—	1	12	47	121
Kansas	—	6	18	269	378	—	1	7	33	37	—	3	11	159	39
Minnesota	3	13	51	477	551	1	2	19	164	134	—	2	14	68	238
Missouri	10	12	33	517	605	4	2	10	103	127	18	5	40	408	178
Nebraska§	—	5	41	283	193	2	2	6	72	128	—	0	3	22	6
North Dakota	—	0	30	40	38	—	0	28	3	1	—	0	9	3	33
South Dakota	—	3	22	156	122	—	0	12	59	38	—	0	1	4	76
S. Atlantic	383	262	440	9,089	8,788	11	13	30	489	639	29	45	85	1,724	2,397
Delaware	—	2	7	87	128	—	0	2	11	11	1	1	8	91	7
District of Columbia	—	0	5	21	49	—	0	1	1	6	—	0	2	6	16
Florida	218	115	280	4,407	3,556	5	3	7	130	109	13	9	24	357	650
Georgia	61	39	96	1,723	1,734	—	1	4	54	71	4	13	30	488	872
Maryland§	26	15	26	562	652	1	2	6	72	109	3	6	14	270	78
North Carolina	42	20	104	842	908	1	2	21	78	71	7	6	27	266	147
South Carolina§	19	15	54	585	829	—	0	3	22	36	—	3	12	91	456
Virginia§	16	19	88	702	774	2	3	16	100	194	1	5	59	149	143
West Virginia	1	4	23	160	158	2	0	3	21	32	—	0	3	6	28
E.S. Central	15	56	124	2,089	2,605	1	4	12	163	214	4	17	58	616	1,455
Alabama§	4	15	38	507	727	—	1	4	36	53	1	3	11	102	338
Kentucky	4	10	18	364	349	—	1	7	55	70	—	2	25	154	225
Mississippi	1	14	45	641	896	—	0	1	6	4	—	1	4	37	284
Tennessee§	6	14	62	577	633	1	2	8	66	87	3	11	48	323	608
W.S. Central	97	111	1,333	3,511	5,088	4	5	139	175	271	48	54	967	2,011	3,224
Arkansas§	25	12	29	481	592	2	0	4	31	46	3	7	20	248	429
Louisiana	—	12	43	599	872	—	0	1	—	7	—	4	13	108	532
Oklahoma	15	14	102	491	602	—	1	82	21	23	8	5	61	227	116
Texas§	57	56	1,204	1,940	3,022	2	3	55	123	195	37	40	889	1,428	2,147
Mountain	23	57	128	2,250	2,579	8	10	40	427	445	21	24	54	908	777
Arizona	9	20	48	781	839	1	1	4	57	54	11	17	42	662	370
Colorado	9	13	33	490	554	4	3	18	135	133	6	2	11	78	89
Idaho§	2	3	10	141	135	2	2	15	73	91	—	0	2	8	11
Montana§	—	2	7	87	92	1	0	7	28	31	—	0	5	13	6
Nevada§	2	4	13	194	177	—	0	3	23	15	3	1	11	57	181
New Mexico§	—	5	28	260	451	—	1	2	28	43	1	2	12	73	90
Utah	—	6	15	233	270	—	2	8	72	68	—	0	3	15	27
Wyoming§	1	1	8	64	61	—	0	2	11	10	—	0	1	2	3
Pacific	149	129	537	4,771	4,021	28	10	31	382	327	44	26	70	925	1,250
Alaska	—	1	6	59	43	—	0	1	—	5	—	0	1	2	1
California	125	97	516	3,625	2,923	9	5	15	187	153	33	20	65	749	1,073
Hawaii	3	5	13	191	207	—	0	1	3	11	1	0	4	29	36
Oregon§	1	8	16	312	343	1	1	6	55	55	—	1	7	29	69
Washington	20	12	85	584	505	18	3	17	137	103	10	2	11	116	71
American Samoa	—	0	1	—	2	—	0	0	—	—	—	1	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	11	—	0	0	—	—	—	0	1	—	14
Puerto Rico	6	8	40	277	552	—	0	1	1	—	—	0	2	7	25
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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting year 2009 is 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 October 3, 2009, and September 27, 2008 (39th)*

Reporting area	Streptococcal diseases, invasive, group A				<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant†					
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max		
United States	31	101	239	4,061	4,340	21	36	122	1,265	1,333
New England	—	5	28	238	306	1	1	12	46	63
Connecticut	—	0	21	63	86	—	0	11	—	—
Maine§	—	0	2	14	22	1	0	1	4	1
Massachusetts	—	3	10	103	142	—	1	4	30	46
New Hampshire	—	1	4	34	20	—	0	2	8	8
Rhode Island§	—	0	2	11	23	—	0	2	1	8
Vermont§	—	0	3	13	13	—	0	1	3	—
Mid. Atlantic	11	19	43	829	879	2	5	33	190	163
New Jersey	—	3	7	115	157	—	1	4	36	48
New York (Upstate)	7	7	25	272	275	2	2	17	88	73
New York City	—	4	12	159	163	—	0	31	66	42
Pennsylvania	4	6	18	283	284	N	0	2	N	N
E.N. Central	2	17	42	758	817	3	6	18	197	246
Illinois	—	5	12	211	216	—	1	5	23	70
Indiana	—	2	23	121	110	—	0	13	29	26
Michigan	—	3	11	121	145	—	1	5	49	60
Ohio	2	4	13	189	224	3	1	6	59	47
Wisconsin	—	2	11	116	122	—	1	3	37	43
W.N. Central	—	6	37	325	319	5	2	11	114	72
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	5	37	35	N	0	1	N	N
Minnesota	—	0	34	146	150	5	0	10	66	20
Missouri	—	2	8	73	75	—	0	4	30	32
Nebraska§	—	1	3	37	31	—	0	1	8	7
North Dakota	—	0	4	11	8	—	0	3	4	6
South Dakota	—	0	3	21	20	—	0	2	6	7
S. Atlantic	5	22	49	925	896	5	6	16	234	264
Delaware	—	0	1	10	6	—	0	0	—	—
District of Columbia	—	0	3	11	12	N	0	0	N	N
Florida	4	6	12	230	201	—	1	6	54	49
Georgia	—	5	13	220	203	2	2	6	60	72
Maryland§	1	3	12	147	151	3	1	4	56	47
North Carolina	—	2	12	84	117	N	0	0	N	N
South Carolina§	—	1	5	57	58	—	1	6	34	50
Virginia§	—	3	9	132	114	—	0	4	18	38
West Virginia	—	1	4	34	34	—	0	3	12	8
E.S. Central	2	3	10	154	157	1	2	7	70	67
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	5	30	33	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	14	8
Tennessee§	2	3	9	124	124	1	1	6	56	59
W.S. Central	8	9	79	356	388	3	5	46	215	211
Arkansas§	—	0	2	14	9	—	0	4	22	11
Louisiana	—	0	3	11	15	—	0	3	13	11
Oklahoma	5	3	20	116	89	2	1	7	48	53
Texas§	3	5	59	215	275	1	3	34	132	136
Mountain	2	9	22	349	456	1	4	16	173	208
Arizona	2	3	7	120	161	—	2	10	93	93
Colorado	—	3	7	108	114	1	0	4	31	49
Idaho§	—	0	2	8	13	—	0	2	7	3
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	5	9	—	0	1	—	3
New Mexico§	—	2	7	63	108	—	0	4	15	29
Utah	—	1	6	44	45	—	0	5	27	29
Wyoming§	—	0	1	1	6	—	0	0	—	2
Pacific	1	3	9	127	122	—	0	4	26	39
Alaska	—	1	4	27	30	—	0	3	20	24
California	N	0	0	N	N	N	0	0	N	N
Hawaii	1	2	8	100	92	—	0	2	6	15
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	30	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

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

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

* Incidence data for reporting year 2009 is provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 3, 2009, and September 27, 2008 (39th)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Aged <5 years									
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	30	60	276	2,109	2,328	6	9	21	324	364	103	266	452	9,797	9,581
New England	1	1	48	43	54	—	0	5	3	8	5	5	15	242	232
Connecticut	—	0	48	—	7	—	0	5	—	—	—	1	5	43	23
Maine§	1	0	2	11	15	—	0	1	1	1	—	0	1	2	10
Massachusetts	—	0	1	3	—	—	0	1	2	—	5	4	11	172	162
New Hampshire	—	0	3	5	—	—	0	0	—	—	—	0	2	13	15
Rhode Island§	—	0	6	13	19	—	0	1	—	5	—	0	5	12	14
Vermont§	—	0	2	11	13	—	0	0	—	2	—	0	2	—	8
Mid. Atlantic	5	3	14	133	239	—	0	3	20	21	26	35	51	1,386	1,258
New Jersey	—	0	0	—	—	—	0	0	—	—	1	3	13	166	169
New York (Upstate)	2	1	10	59	51	—	0	2	10	6	2	2	8	92	101
New York City	—	0	4	3	97	—	0	2	—	1	18	22	40	864	792
Pennsylvania	3	1	8	71	91	—	0	2	10	14	5	7	12	264	196
E.N. Central	6	11	41	476	485	1	1	7	67	66	5	23	43	794	911
Illinois	N	0	0	N	N	N	0	0	N	N	2	8	19	235	369
Indiana	—	3	32	171	166	—	0	6	24	21	1	2	10	124	105
Michigan	—	0	2	19	17	—	0	1	2	2	1	4	18	181	145
Ohio	6	7	18	286	302	1	1	4	41	43	1	6	18	223	249
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	31	43
W.N. Central	1	2	161	97	165	—	0	3	20	33	1	6	11	231	316
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	17	15
Kansas	—	1	5	38	61	—	0	2	13	4	—	0	3	26	24
Minnesota	—	0	156	—	24	—	0	3	—	24	—	1	6	40	80
Missouri	—	1	5	45	72	—	0	1	5	2	1	3	7	128	185
Nebraska§	1	0	1	2	—	—	0	0	—	—	—	0	3	16	12
North Dakota	—	0	3	10	2	—	0	0	—	—	—	0	1	3	—
South Dakota	—	0	2	2	6	—	0	2	2	3	—	0	1	1	—
S. Atlantic	16	26	53	995	958	5	4	14	151	163	16	64	262	2,420	2,094
Delaware	—	0	2	15	3	—	0	0	—	—	—	0	3	24	10
District of Columbia	N	0	0	N	N	N	0	0	N	N	—	3	9	126	99
Florida	13	15	36	586	542	3	2	13	93	103	3	19	32	738	784
Georgia	3	8	25	302	326	2	1	5	51	52	4	14	227	578	485
Maryland§	—	0	1	4	4	—	0	0	—	1	—	6	16	226	254
North Carolina	N	0	0	N	N	N	0	0	N	N	7	9	21	406	200
South Carolina§	—	0	0	—	—	—	0	0	—	—	1	2	6	89	66
Virginia§	N	0	0	N	N	N	0	0	N	N	1	7	15	229	187
West Virginia	—	2	13	88	83	—	0	3	7	7	—	0	2	4	9
E.S. Central	1	5	25	201	251	—	1	3	29	47	10	22	36	858	831
Alabama§	N	0	0	N	N	N	0	0	N	N	—	8	17	325	338
Kentucky	—	1	5	56	62	—	0	2	7	10	—	1	10	49	64
Mississippi	—	0	3	3	31	—	0	1	2	9	—	4	18	163	118
Tennessee§	1	3	23	142	158	—	0	3	20	28	10	8	15	321	311
W.S. Central	—	2	6	75	76	—	0	3	15	12	32	48	80	1,840	1,636
Arkansas§	—	1	5	43	13	—	0	3	10	3	10	4	35	186	116
Louisiana	—	1	5	32	63	—	0	1	5	9	—	10	40	303	468
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	7	49	57
Texas§	—	0	0	—	—	—	0	0	—	—	22	33	50	1,302	995
Mountain	—	2	7	86	98	—	0	3	17	12	4	9	18	332	476
Arizona	—	0	0	—	—	—	0	0	—	—	1	4	9	144	246
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	4	64	112
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	3	4
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	—	1	4	34	47	—	0	2	7	5	3	1	10	82	63
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	5	37	32
Utah	—	1	6	43	50	—	0	3	9	7	—	0	2	—	16
Wyoming§	—	0	2	9	1	—	0	1	1	—	—	0	1	2	3
Pacific	—	0	1	3	2	—	0	1	2	2	4	44	67	1,694	1,827
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
California	N	0	0	N	N	N	0	0	N	N	3	40	60	1,532	1,653
Hawaii	—	0	1	3	2	—	0	1	2	2	—	0	3	21	16
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	4	32	16
Washington	N	0	0	N	N	N	0	0	N	N	1	3	7	109	141
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	168	117
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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting year 2009 is provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 3, 2009, and September 27, 2008 (39th)*

Reporting area	West Nile virus disease†														
	Varicella (chickenpox)				Neuroinvasive				Nonneuroinvasive§						
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
	Med	Max				Med	Max				Med	Max			
United States	188	448	1,035	13,597	22,299	—	1	35	236	615	—	1	34	199	633
New England	17	8	46	246	1,269	—	0	0	—	7	—	0	0	—	3
Connecticut	—	0	21	—	653	—	0	0	—	5	—	0	0	—	3
Maine¶	12	0	12	42	192	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	2	—	—	0	0	—	1	—	0	0	—	—
New Hampshire	5	4	11	155	203	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	4	—	—	0	0	—	1	—	0	0	—	—
Vermont¶	—	1	17	43	221	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	13	37	58	1,168	1,784	—	0	3	5	43	—	0	1	1	19
New Jersey	N	0	0	N	N	—	0	1	2	4	—	0	0	—	4
New York (Upstate)	N	0	0	N	N	—	0	3	1	20	—	0	0	—	7
New York City	—	0	0	—	—	—	0	1	1	8	—	0	1	—	6
Pennsylvania	13	37	58	1,168	1,784	—	0	1	1	11	—	0	1	1	2
E.N. Central	64	158	254	4,845	5,442	—	0	3	6	40	—	0	3	3	20
Illinois	5	36	73	1,193	888	—	0	2	4	11	—	0	0	—	8
Indiana	—	4	29	316	—	—	0	1	2	2	—	0	1	1	1
Michigan	13	47	90	1,388	2,215	—	0	1	—	10	—	0	0	—	6
Ohio	37	42	91	1,536	1,716	—	0	1	—	13	—	0	2	2	1
Wisconsin	9	12	55	412	623	—	0	0	—	4	—	0	0	—	4
W.N. Central	5	17	114	725	956	—	0	4	22	46	—	0	6	46	126
Iowa	N	0	0	N	N	—	0	0	—	3	—	0	1	5	2
Kansas	—	5	22	183	356	—	0	2	3	11	—	0	2	4	15
Minnesota	—	0	0	—	—	—	0	1	1	2	—	0	1	2	8
Missouri	5	10	51	485	561	—	0	1	2	11	—	0	0	—	3
Nebraska¶	N	0	0	N	N	—	0	2	10	6	—	0	5	23	35
North Dakota	—	0	108	57	—	—	0	0	—	2	—	0	1	1	35
South Dakota	—	0	4	—	39	—	0	3	6	11	—	0	2	11	28
S. Atlantic	35	54	146	1,554	3,697	—	0	2	6	19	—	0	1	1	20
Delaware	—	0	4	8	35	—	0	0	—	—	—	0	0	—	1
District of Columbia	—	0	3	8	20	—	0	0	—	4	—	0	0	—	4
Florida	19	27	67	981	1,268	—	0	0	—	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	3	3	—	0	0	—	4
Maryland¶	N	0	0	N	N	—	0	0	—	6	—	0	1	1	8
North Carolina	N	0	0	N	N	—	0	0	—	2	—	0	0	—	1
South Carolina¶	—	1	54	154	695	—	0	2	3	—	—	0	0	—	1
Virginia¶	—	0	119	28	1,125	—	0	0	—	—	—	0	0	—	1
West Virginia	16	9	32	375	554	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	10	28	358	932	—	0	5	32	46	—	0	4	19	55
Alabama¶	—	10	28	356	920	—	0	0	—	11	—	0	0	—	7
Kentucky	N	0	0	N	N	—	0	1	3	2	—	0	0	—	—
Mississippi	—	0	1	2	12	—	0	5	28	21	—	0	4	17	41
Tennessee¶	N	0	0	N	N	—	0	1	1	12	—	0	1	2	7
W.S. Central	35	95	747	3,632	6,510	—	0	14	68	58	—	0	5	18	57
Arkansas¶	—	2	30	96	602	—	0	1	3	6	—	0	0	—	2
Louisiana	—	1	7	76	61	—	0	3	7	13	—	0	4	6	28
Oklahoma	N	0	0	N	N	—	0	2	6	2	—	0	0	—	5
Texas¶	35	88	721	3,460	5,847	—	0	11	52	37	—	0	3	12	22
Mountain	18	31	83	988	1,608	—	0	6	43	86	—	0	12	63	177
Arizona	—	0	0	—	—	—	0	5	12	47	—	0	2	4	47
Colorado	18	12	44	420	666	—	0	4	13	16	—	0	11	38	53
Idaho¶	N	0	0	N	N	—	0	1	2	4	—	0	2	6	35
Montana¶	—	2	20	105	233	—	0	1	2	—	—	0	1	2	5
Nevada¶	N	0	0	N	N	—	0	2	7	8	—	0	1	5	7
New Mexico¶	—	2	20	134	173	—	0	2	5	5	—	0	1	2	2
Utah	—	12	31	329	526	—	0	0	—	6	—	0	0	—	20
Wyoming¶	—	0	1	—	10	—	0	1	2	—	—	0	2	6	8
Pacific	1	2	7	81	101	—	0	9	54	270	—	0	11	48	156
Alaska	—	1	6	50	50	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	35	265	—	0	6	33	142
Hawaii	1	1	4	31	51	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	1	1	3	—	0	3	6	13
Washington	N	0	0	N	N	—	0	4	18	2	—	0	3	9	1
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	3	—	55	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	8	26	342	462	—	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. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

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

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

§ Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/pbs/infdis.htm>.

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

TABLE III. Deaths in 122 U.S. cities,* week ending October 3, 2009 (39th)

Reporting area	All causes, by age (years)							Reporting area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&† Total		All Ages	≥65	45-64	25-44	1-24	<1	P&† Total
New England	469	321	106	27	9	6	43	S. Atlantic	1,094	652	284	105	28	25	57
Boston, MA	128	83	31	9	3	2	12	Atlanta, GA	123	82	26	12	3	—	3
Bridgeport, CT	26	18	6	1	1	—	1	Baltimore, MD	145	77	47	14	2	5	15
Cambridge, MA	11	8	2	1	—	—	1	Charlotte, NC	75	49	17	7	—	2	6
Fall River, MA	27	24	2	1	—	—	5	Jacksonville, FL	110	68	27	9	4	2	4
Hartford, CT	38	28	7	3	—	—	3	Miami, FL	77	51	17	6	3	—	4
Lowell, MA	18	13	2	—	3	—	2	Norfolk, VA	41	24	11	3	2	1	1
Lynn, MA	7	6	1	—	—	—	1	Richmond, VA	66	36	24	5	1	—	5
New Bedford, MA	16	12	2	2	—	—	—	Savannah, GA	50	28	13	7	—	2	5
New Haven, CT	28	15	12	—	—	1	5	St. Petersburg, FL	42	27	8	3	1	3	1
Providence, RI	50	35	9	4	1	1	3	Tampa, FL	205	124	52	18	4	7	8
Somerville, MA	3	2	—	1	—	—	—	Washington, D.C.	149	81	41	16	8	3	3
Springfield, MA	32	24	5	1	1	1	—	Wilmington, DE	11	5	1	5	—	—	2
Waterbury, CT	27	19	6	2	—	—	3	E.S. Central	807	472	229	58	22	26	65
Worcester, MA	58	34	21	2	—	1	7	Birmingham, AL	184	113	48	13	8	2	12
Mid. Atlantic	1,688	1,184	355	83	33	33	95	Chattanooga, TN	49	26	18	2	2	1	3
Albany, NY	43	29	10	2	—	2	4	Knoxville, TN	115	75	30	6	1	3	16
Allentown, PA	26	21	4	—	1	—	—	Lexington, KY	60	35	19	3	1	2	1
Buffalo, NY	82	59	17	3	—	3	6	Memphis, TN	153	76	46	18	7	6	13
Camden, NJ	31	11	14	3	2	1	—	Mobile, AL	61	36	20	3	—	2	5
Elizabeth, NJ	20	13	5	—	1	1	1	Montgomery, AL	42	24	14	3	—	1	6
Erie, PA	47	38	8	—	1	—	2	Nashville, TN	143	87	34	10	3	9	9
Jersey City, NJ	22	17	5	—	—	—	5	W.S. Central	1,014	630	256	64	35	29	44
New York City, NY	950	678	192	50	16	14	39	Austin, TX	87	56	17	7	6	1	8
Newark, NJ	37	19	10	1	—	7	4	Baton Rouge, LA	47	31	10	2	1	3	—
Paterson, NJ	4	4	—	—	—	—	—	Corpus Christi, TX	U	U	U	U	U	U	U
Philadelphia, PA	131	71	39	11	8	2	4	Dallas, TX	191	109	50	14	8	10	11
Pittsburgh, PA§	38	22	12	2	1	1	3	El Paso, TX	66	51	9	4	1	1	2
Reading, PA	28	24	2	2	—	—	2	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	125	101	17	4	1	2	15	Houston, TX	332	191	97	24	9	11	11
Schenectady, NY	12	9	3	—	—	—	—	Little Rock, AR	91	54	24	6	4	3	1
Scranton, PA	34	30	3	—	1	—	5	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	16	12	1	2	1	—	5	San Antonio, TX	U	U	U	U	U	U	U
Trenton, NJ	23	14	9	—	—	—	—	Shreveport, LA	71	51	19	1	—	—	5
Utica, NY	7	3	3	1	—	—	—	Tulsa, OK	129	87	30	6	6	—	6
Yonkers, NY	12	9	1	2	—	—	—	Mountain	1,010	662	229	69	26	23	62
E.N. Central	1,423	967	332	65	32	27	96	Albuquerque, NM	120	87	22	7	3	1	9
Akron, OH	35	18	13	2	2	—	2	Boise, ID	42	28	11	3	—	—	3
Canton, OH	40	29	11	—	—	—	2	Colorado Springs, CO	58	45	11	2	—	—	3
Chicago, IL	U	U	U	U	U	U	U	Denver, CO	78	50	17	3	3	5	5
Cincinnati, OH	79	47	19	4	4	5	9	Las Vegas, NV	244	141	70	22	9	2	19
Cleveland, OH	199	127	54	8	8	2	7	Ogden, UT	27	19	5	1	—	2	2
Columbus, OH	210	134	56	9	4	7	19	Phoenix, AZ	162	89	42	15	6	9	8
Dayton, OH	97	76	17	3	—	1	6	Pueblo, CO	27	22	2	2	1	—	—
Detroit, MI	U	U	U	U	U	U	U	Salt Lake City, UT	90	59	15	11	2	3	5
Evansville, IN	31	19	11	1	—	—	1	Tucson, AZ	162	122	34	3	2	1	8
Fort Wayne, IN	69	53	12	4	—	—	3	Pacific	1,504	1,038	316	93	27	30	126
Gary, IN	9	4	2	1	1	1	—	Berkeley, CA	12	8	3	1	—	—	1
Grand Rapids, MI	53	40	11	—	2	—	2	Fresno, CA	118	83	18	14	1	2	6
Indianapolis, IN	163	105	41	8	3	6	9	Glendale, CA	34	28	6	—	—	—	5
Lansing, MI	40	31	7	2	—	—	1	Honolulu, HI	78	62	13	2	—	1	9
Milwaukee, WI	97	69	21	6	—	1	9	Long Beach, CA	57	34	19	3	1	—	5
Peoria, IL	42	31	8	1	1	1	6	Los Angeles, CA	224	142	48	15	7	12	29
Rockford, IL	60	38	15	6	—	1	7	Pasadena, CA	25	15	7	1	—	2	1
South Bend, IN	49	35	8	3	3	—	7	Portland, OR	36	21	9	4	2	—	3
Toledo, OH	87	59	16	6	4	2	3	Sacramento, CA	186	126	42	7	8	3	15
Youngstown, OH	63	52	10	1	—	—	3	San Diego, CA	170	122	34	9	—	5	10
W.N. Central	580	383	143	24	14	14	32	San Francisco, CA	103	73	19	9	1	1	12
Des Moines, IA	52	35	9	3	1	4	2	San Jose, CA	183	127	43	8	2	3	16
Duluth, MN	30	23	6	—	—	1	1	Santa Cruz, CA	33	24	7	2	—	—	3
Kansas City, KS	29	17	10	1	1	—	—	Seattle, WA	90	60	20	8	1	1	2
Kansas City, MO	93	51	26	8	5	3	6	Spokane, WA	64	51	11	2	—	—	4
Lincoln, NE	35	32	3	—	—	—	2	Tacoma, WA	91	62	17	8	4	—	5
Minneapolis, MN	57	40	12	2	2	1	4	Total¶	9,589	6,309	2,250	588	226	213	620
Omaha, NE	66	44	18	2	—	2	4								
St. Louis, MO	89	46	29	5	5	2	8								
St. Paul, MN	55	43	11	—	—	1	5								
Wichita, KS	74	52	19	3	—	—	—								

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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