

West Nile Virus Activity — United States, 2009

West Nile virus (WNV) was first detected in the Western Hemisphere in 1999 in New York City and has since caused seasonal epidemics of febrile illness and neurologic disease across the United States, where it is now the leading cause of arboviral encephalitis (1). This report updates a previous report (2) and summarizes WNV activity in the United States reported to CDC in 2009. A total of 38 states and the District of Columbia (DC) reported 720 cases of WNV disease. Of these, 33 states and DC reported 386 cases of WNV neuroinvasive disease, for an incidence of 0.13 per 100,000 population. The five states with the highest incidence of WNV neuroinvasive disease were Mississippi (1.05 per 100,000), South Dakota (0.74), Wyoming (0.73), Colorado (0.72), and Nebraska (0.61). Neuroinvasive disease incidence increased with increasing age, with the highest incidence among persons aged ≥ 70 years. A total of 33 WNV deaths were reported, 32 from neuroinvasive disease. Calculating from the number of neuroinvasive disease cases and projections from 1999 serosurvey data, CDC estimated that 54,000 persons were infected with WNV in 2009, of whom 10,000 developed nonneuroinvasive WNV disease. The continuing disease burden caused by WNV affirms the need for ongoing surveillance, mosquito control, promotion of personal protection from mosquito bites, and research into additional prevention strategies.

WNV is a nationally notifiable disease. Data are reported to CDC through ArboNET, an Internet-based arbovirus surveillance system managed by state health departments and CDC (2). Using standard case definitions,* human WNV disease cases are classified as WNV neuroinvasive disease (e.g., meningitis, encephalitis, or acute flaccid paralysis) or WNV nonneuroinvasive disease (e.g., acute systemic febrile illness that often includes headache, myalgia, or arthralgia). Nonneuroinvasive disease reporting varies greatly by jurisdiction, depending on disease awareness, health-care-seeking behaviors, and testing practices. Therefore, this report focuses on WNV neuroinvasive disease cases, which are thought to be identified and reported

more consistently because of the severity of the illness. In addition to human disease cases, ArboNET captures data on presumptively viremic blood donors (PVDs), veterinary cases, and WNV infections in sentinel animals (most commonly chickens), dead birds, and mosquitoes. Not all jurisdictions conduct nonhuman surveillance.

Human Surveillance

During 2009, a total of 720 cases of WNV disease were reported from 262 counties in 38 states and DC. Of these 720 cases, 386 (54%) were reported as WNV neuroinvasive disease and 334 (46%) as nonneuroinvasive disease. A total of 116 PVDs, identified through routine screening of the blood supply, also were reported. Of these PVDs, 92 (79%) were asymptomatic, 23 (20%) developed nonneuroinvasive disease, and one (1%) subsequently developed neuroinvasive disease. PVDs who developed symptomatic disease were included in disease case counts.

The 386 reported cases of neuroinvasive disease represented a rate of 0.13 per 100,000 population in the United States, based on July 1, 2009 U.S. Census population estimates (Figure 1). States reporting the most WNV neuroinvasive disease cases were Texas with 93 (24% of U.S. cases) and California with 67 (17%). Washington, which reported only two neuroinvasive disease cases in 2008, reported 26 (7%) cases in 2009. The five states with the highest incidence were Mississippi (31 cases,

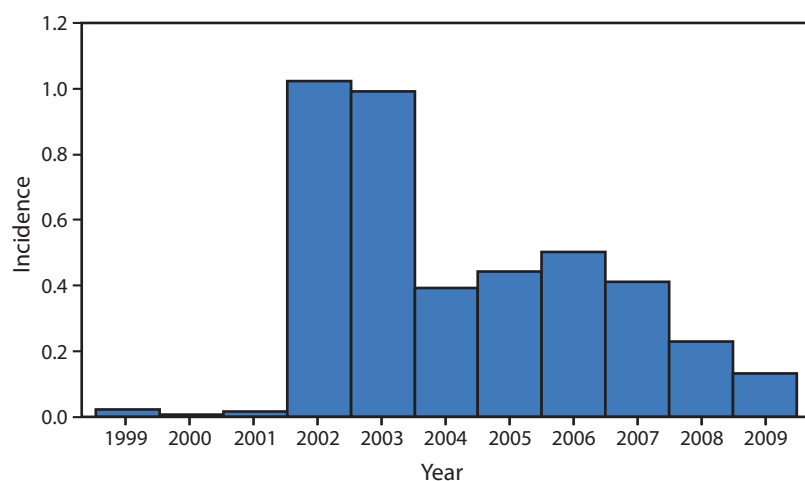
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* Available at http://www.cdc.gov/ncphi/diss/nndss/casedef/arboviral_current.htm.



FIGURE 1. Annual incidence* of cases of West Nile virus neuroinvasive disease† — ArboNET, United States, 1999–2009[‡]



* Per 100,000 population, based on July 1 U.S. Census estimates for each year.

† Meningitis, encephalitis, or acute flaccid paralysis.

[‡] N = 12,208 during 1999–2009; N = 386 in 2009

1.05 cases per 100,000 residents), South Dakota (six cases, 0.74), Wyoming (four cases, 0.73), Colorado (36 cases, 0.72), and Nebraska (11 cases, 0.61) (Figure 2). WNV neuroinvasive disease peaked in the United States during mid-August, and 352 (91%) of the 386 cases were reported during July–September.

This seasonality was consistent with trends observed over the preceding 10 years (2).

Of the 386 neuroinvasive disease cases, 226 (59%) occurred in males. The median age of patients was 60 years (range: 2–91 years), with increasing incidence among persons in older age groups (Figure 3). Overall, 368 (95%) patients with neuroinvasive disease were hospitalized, and 32 (8.3%) died (median age: 72 years; range: 19–89 years). A total of 229 (59%) neuroinvasive disease cases were classified as encephalitis, 117 (30%) as meningitis, and 40 (10%) as acute flaccid paralysis; 27 (68%) of the 40 cases classified as acute flaccid paralysis had coincident encephalitis or meningitis.

Serologic surveys indicate that for every case of WNV neuroinvasive disease there are approximately 140 infections and approximately 20% of infected persons develop nonneuroinvasive disease (3). Using the 386 reported neuroinvasive disease cases, CDC estimated that 54,000 infections and 10,000 cases of WNV nonneuroinvasive disease occurred in the United States in 2009. Only 334 nonneuroinvasive disease cases were reported to ArboNET in 2009, representing approximately 3% of the estimated number.

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Animal Surveillance

Of 298 reported veterinary cases of WNV disease, 275 (92%) occurred in equines and 23 (8%) occurred in other species: squirrels, 13; canines, eight; camelids, one; and deer, one. The equine cases were reported from 168 counties in 36 states, with 72 (26%) reported from Washington. The number of reported WNV-infected equines peaked during the first week of September.

In 2009, a total of 759 dead WNV-infected birds were reported from 141 counties in 25 states and the District of Columbia; California reported 515 (68%) dead birds. Of the 141 counties reporting WNV-infected birds, 92 (65%) counties in 19 states reported infected dead birds but no human disease cases. The number of reported WNV-infected birds peaked during the first week of September. Corvids (e.g., crows, jays, and magpies), which are targeted for surveillance by most states, accounted for 534 (70%) of the birds. Since 1999, WNV infection has been reported in 328 avian species, including two species, MacGillivray's warbler and tricolored blackbird, in which WNV was identified for the first time during 2009.

Mosquito Surveillance

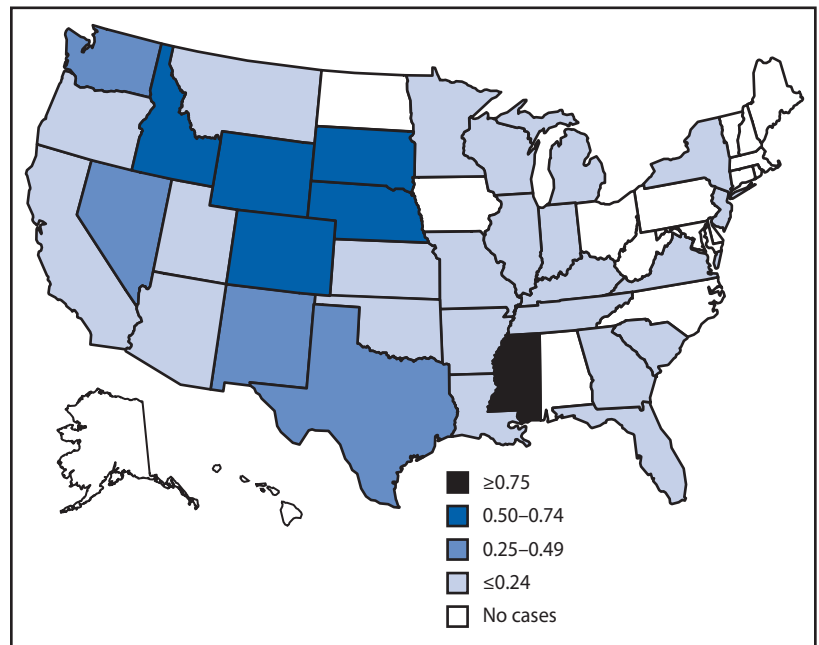
In 2009, a total of 6,646 mosquito pools[†] from 351 counties in 40 states and DC were reported as testing positive for WNV. Among the WNV-positive pools, 4,987 (75%) had species of *Culex* mosquitoes thought to be the principal vectors of WNV (e.g., *Culex pipiens*, *Culex quinquefasciatus*, *Culex restuans*, *Culex salinarius*, and *Culex tarsalis*). Unidentified or other species of *Culex* mosquitoes made up 1,488 (22%) pools, and non-*Culex* mosquito species (e.g., *Aedes* sp., *Anopheles* sp., *Coquillettidia perturbans*, *Culiseta* sp., *Mansonia titillans*, *Psorophora columbiae*, and *Uranotaenia sapphirina*) made up 171 (3%) pools. Data from 2009 also included the first report of WNV infection in *Aedes epactius*, which was collected in Texas. The number of reported WNV-infected mosquito pools peaked during mid-August.

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[†] A sample of mosquitoes (usually no more than 50) of the same species and sex, collected within a defined sampling area and period.

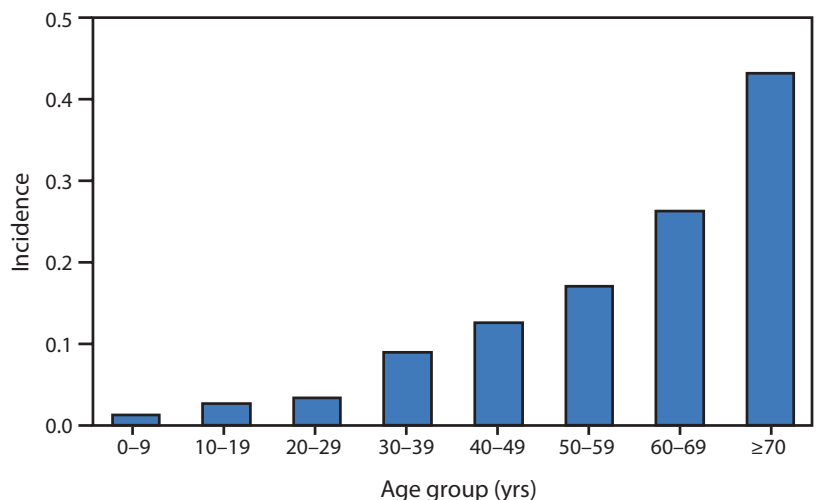
FIGURE 2. Incidence* of cases (N = 386) of West Nile virus neuroinvasive disease[†] — ArboNET, United States, 2009



* Per 100,000 population, based on July 1, 2009 U.S. Census estimates.

[†] Meningitis, encephalitis, or acute flaccid paralysis.

FIGURE 3. Incidence* of cases (N = 386) of West Nile virus neuroinvasive disease[†] by age group — ArboNET, United States, 2009



* Per 100,000 population, based on July 1, 2009 U.S. Census estimates.

[†] Meningitis, encephalitis, or acute flaccid paralysis.

Editorial Note

Since introduced into the United States in 1999, WNV has become the leading cause of arboviral encephalitis in the country. However, in 2009, the reported incidence of WNV neuroinvasive disease in the United States was 0.13 per 100,000 population, the lowest recorded since 2001 (2). During

What is already known on this topic?

Since introduced into the United States in 1999, West Nile virus (WNV) has become the leading cause of arboviral encephalitis in the country.

What is added by this report?

In 2009, 386 cases of WNV neuroinvasive disease were reported in the United States, or 0.13 cases per 100,000 population, the lowest incidence recorded since 2001; however, CDC also estimated that 54,000 persons were infected with WNV in 2009, including 10,000 with nonneuroinvasive WNV disease.

What are the implications for public health practice?

The continuing disease burden caused by WNV affirms the need for ongoing surveillance, mosquito control, promotion of personal protection from mosquito bites, and research into additional prevention strategies.

2004–2007, WNV had appeared to reach a stable incidence of approximately 0.4 per 100,000, but incidence dropped to 0.2 per 100,000 in 2008 (2) and continued to decline in 2009. This trend might be attributed to variation in populations of vectors and vertebrate hosts, accumulation of immunity in avian amplifying hosts, human behavior (e.g., use of repellents and protective clothing), community-level interventions, reporting practices, or environmental factors (e.g., temperature and rainfall) (4,5).

In 2009, evidence of WNV human disease again was detected in all geographic regions of the continental United States. The highest incidence of WNV neuroinvasive disease continued to occur mainly in the west-central United States, likely because of the high efficiency of *Cx. tarsalis* as a WNV vector. Mississippi (31 cases, 1.05 cases per 100,000) continued to be among those states with the highest incidence of WNV neuroinvasive disease. Arizona, which had the second highest incidence of WNV neuroinvasive disease in 2008 (62 cases, 1.0 per 100,000), reported an 81% decrease in cases with 12 cases and an incidence of only 0.18 per 100,000 in 2009 (1). After reporting its first two neuroinvasive disease cases in 2008, Washington reported the seventh highest state incidence in 2009 (26 cases, 0.39 per 100,000). These findings illustrate the wide annual variability and focality of WNV transmission.

The findings in this report are subject to at least two limitations. First, ArboNET is a passive surveillance system that depends on clinicians to consider the diagnosis of an arboviral disease, obtain the appropriate diagnostic test, and report any positive results. Diagnosis and reporting likely are incomplete, leading to underestimation of the true incidence of disease. Second, arboviral surveillance programs, testing capacity, and reporting can vary by county, state, or region, affecting incidence estimates.

In the absence of an effective human vaccine, prevention of WNV disease depends on community-level mosquito control and promotion of personal protective measures. Such measures include use of mosquito repellents, barrier protection (e.g., long-sleeved shirts, long pants, and socks), avoiding outdoor exposure, or using personal protection from dusk to dawn. Household measures, such as window screens and covering or draining peridomestic water-holding containers can further decrease the risk for WNV exposure.

Additional information on prevention of WNV infection is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>. An overview of current year WNV transmission activity is available at http://diseasemaps.usgs.gov/wnv_us_human.html.

Acknowledgments

This report is based, in part, on data provided by ArboNET surveillance coordinators in local and state health departments and ArboNET technical staff, Div of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases, CDC.

References

1. Reimann CA, Hayes EB, DiGuseppi C, et al. Epidemiology of neuroinvasive arboviral disease in the United States, 1999–2007. *Am J Trop Med Hyg* 2008;79:974–9.
2. CDC. Surveillance for human West Nile virus disease—United States, 1999–2008. Surveillance Summaries, April 2, 2010. *MMWR* 2010;59(No. SS-2).
3. Mostashari F, Bunning ML, Kitsutani PT, et al. Epidemic West Nile encephalitis, New York, 1999: results of a household-based seroepidemiological survey. *Lancet* 2001;358:261–4.
4. Komar N. West Nile virus: epidemiology and ecology in North America. *Adv Virus Res* 2003;61:185–234.
5. Hayes EB, Komar N, Nasci RS, Montgomery SP, O'Leary DR, Campbell GL. Epidemiology and transmission dynamics of West Nile virus disease. *Emerg Infect Dis* 2005;11:1167–73.

Vaccinia Virus Infection After Sexual Contact with a Military Smallpox Vaccinee — Washington, 2010

On March 1, 2010, the Washington State Department of Health (WADOH) notified Public Health – Seattle & King County (PHSKC) of a suspected case of contact transmission of vaccinia virus from sexual contact with a member of the military who had been vaccinated against smallpox. Vaccinia virus infection after sexual contact has been reported previously (1–4). Despite the patient's exposure history and clinical presentation, the diagnosis initially was not considered by the patient's physician, who ordered laboratory testing for several common sexually transmitted infections. The patient was seen by a second physician and referred to an infectious disease specialist, who obtained a swab sample of a genital lesion for laboratory testing for vaccinia virus. Vaccinia virus was confirmed by the Washington State Public Health Laboratory (WAPHL) and the CDC Poxvirus Laboratory. The patient resided in a household with an immunosuppressed renal transplant recipient. Appropriate contact precautions were recommended to the patient. No additional cases of contact transmission were reported. This report describes the patient's clinical course and the associated epidemiologic investigation. Health-care providers caring for U.S. military personnel or their contacts should consider vaccinia virus infection in the differential diagnosis of clinically compatible genital lesions. Contact precautions should be emphasized to all persons who are vaccinated, as well as their contacts with unexplained lesions that might represent vaccinia infection from contact transmission.

Case Report

On February 26, 2010, a patient in her 20s visited an urgent-care clinic and reported a 2-day history of painful, ring-shaped, vaginal "swellings." She denied any history of fever or other symptoms. Physical examination revealed a single, raised, circular lesion with central ulceration on the right labia majora. The patient reported that her boyfriend was a military service member who recently was vaccinated for smallpox, and she expressed concern that the lesions might have been related to this exposure. The health-care provider did not make a diagnosis, but cultured for

gonorrhea, chlamydia, and herpes virus, and treated the patient with valacyclovir, azithromycin, cefazolin, and ceftriaxone, with instructions to follow-up with her primary-care physician in the next several days.

Three days later, on March 1, the patient visited a different clinic because of increased pain at the site of the lesion. She said she noted new sores in her vaginal and vulvar areas and an enlarged and tender right inguinal lymph node. The patient again expressed concern about the possibility of vaccinia virus infection. On physical examination, additional painful, circular, nonvesicular lesions with raised borders and ulcerated centers were present on both labia minora and within the vaginal vault. The lesion on the right labia majora was approximately 1.5 cm in diameter. Examination also revealed an enlarged and tender right inguinal lymph node, and shotty, tender, left inguinal lymphadenopathy. The physician sent a lesion swab specimen in viral transport media to a commercial laboratory for herpes simplex virus and vaccinia virus testing and referred the patient to an infectious disease specialist for further evaluation. The preferred specimen for vaccinia virus testing is a swab placed in a dry tube, not viral transport media; therefore, the swab was not tested for vaccinia virus, and PHSKC facilitated collection of a second swab specimen during the patient's referral visit.

The next day, on March 2, the infectious disease specialist's examination showed a single 1.5–2.0 cm inguinal lymph node. A 3 cm region of ulceration was present in the vaginal vault, and three ulcers ranging in size from 1 cm to 2 cm were present on the vulva. The cervix appeared normal. The specialist made a diagnosis of suspected vaccinia infection, collected a swab specimen from an ulcer, and submitted it to WAPHL, a member of the Laboratory Response Network, for testing for vaccinia virus infection. The specialist prescribed Vicodin for pain and counseled the patient about infection control. A week later, the patient followed up with the same infectious disease specialist, who noted healing vaginal lesions that were smaller and more superficial, with some granulation tissue.

On March 3, WAPHL tested the clinical specimen (lesion swab) using real-time polymerase chain reaction (PCR) for orthopoxvirus and for nonvariola orthopoxvirus, both of which yielded positive findings. WAPHL called the CDC Poxvirus Program on March 3, and a duplicate swab was sent to CDC for confirmatory testing. CDC confirmed the WAPHL results and confirmed the presence of vaccinia virus in the patient's specimen using a vaccinia-specific real-time PCR assay.

Epidemiologic Investigation

On March 1, WADOH was contacted by the commercial laboratory with questions about vaccinia testing. WADOH obtained contact information for the patient and provider and notified PHSKC. The patient's clinical presentation, epidemiologic history, and positive vaccinia virus test results met CDC's case definition for vaccinia contact transmission (5). PHSKC interviewed the patient to determine whether any close contacts were at risk for infection or severe complications due to vaccinia virus infection, and also to reinforce infection control techniques (6).

The patient's boyfriend received a smallpox vaccination on February 15 at a military base in a neighboring county. On February 20, the boyfriend removed the bandage covering his vaccination site; that same day, the couple had unprotected sexual intercourse preceded by digital vaginal contact. Four days later (on February 24), the first lesion appeared on the patient's right labia majora.

The patient had a history of eczema as a child, but had not been symptomatic since she was age 10 years. She had no history of smallpox vaccination. She reported no underlying medical conditions or history of sexually transmitted diseases. Her boyfriend was her only sex partner, and he had not reported any genital lesions.

The patient shared a home with three other persons: two did not have any underlying risk factors for vaccinia complications, but the third had received a kidney transplant in 2001 and was on immunosuppressant drugs. This person previously served in the military and might have been vaccinated for smallpox in the past, but PHSKC was unable to obtain verification through medical records. The patient did not report any other social or familial contacts who were immunosuppressed, had a history of dermatologic conditions, or were pregnant. The boyfriend vaccinee could not be interviewed because he was deployed

What is already known on this topic?

Smallpox vaccination, which is conducted in the U.S. military, can result in autoinoculation and unintended transmission of vaccinia virus to others.

What is added by this report?

A vaccinia virus infection in a female patient resulted from digital vaginal contact with a recent military smallpox vaccinee.

What are the implications for public health practice?

Health-care providers caring for U.S. military personnel or their contacts should consider vaccinia virus infection in the differential diagnosis of clinically compatible genital lesions.

overseas. However, interviews with the vaccinee's mother and his roommate revealed no other close contacts at high risk for serious complications from vaccinia virus infection. The Military Vaccine Agency (MILVAX)* was notified of this case.

Interviews with the three health-care providers who examined the patient revealed that they had worn gloves and followed CDC-recommended contact precautions. A total of three health-care workers who were exposed to the patient and the laboratories who handled her clinical specimens were alerted of the diagnosis; no underlying health conditions were identified among the exposed health-care workers, and none had symptoms of vaccinia.

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Editorial Note

After a person is vaccinated with vaccinia, the vaccination site contains infectious virus from the time of papule formation until the scab separates from the skin (a period of approximately 2–3 weeks). During this period, a risk exists for inadvertent inoculation to another body site or another person (7). The most

*Additional information about MILVAX available at <http://www.vaccines.mil>.

frequently reported sites of vaccinia infections caused by unintentional transfer are the face, nose, mouth, lips, genitalia, anus, and eye (5). The case described in this report was in a female patient who was exposed to vaccinia virus via digital vaginal contact with a recent military smallpox vaccinee.

The U.S. military reinitiated routine smallpox vaccination for service members in 2002. The case described in this report is one of several that have been reported after sexual contact with a recent military vaccinee (1–3). In addition, CDC is aware of four similar unpublished cases in North Carolina, Minnesota, California, and Kansas in the past 12 months. Each of these occurred in female patients presenting with vaginal lesions who had a history of sexual contact with a military vaccinee; each infection was confirmed as vaccinia virus by laboratory testing. Increased awareness of the potential for vaccinia virus infections is recommended for health-care providers and public health departments caring for military personnel and their contacts. To help prevent transmission of the virus, health-care providers should educate vaccinees about methods to prevent transmission and inadvertent autoinoculation. These methods include frequent hand washing, keeping the vaccination site covered with a bandage, and not sharing linens or clothing with unvaccinated persons (5,6).

The first physician who saw the patient on February 26 only pursued laboratory testing for common sexually transmitted infections, although the patient stated that she had recent sexual contact with a smallpox vaccinee. Gonorrhea and chlamydia infections have different clinical presentations than the case described in this report. Primary syphilis infections generally present with a painless ulcer at the site of

invasion. Clinicians should suspect infections with vaccinia virus in patients with vesiculopapular rashes and known exposures to recent smallpox vaccinees, including sexual contact.

Health-care providers should contact their state or local health department for information on testing specimens for the presence of vaccinia; testing is available at laboratories participating in the Laboratory Response Network. Health-care providers should report vaccinia contact transmission as a vaccine adverse event to their local health authority and/or to the Vaccine Adverse Event Reporting System (VAERS). Surveillance case definitions are available for adverse events resulting from vaccinia vaccination (5). Vaccinia virus infections via contact transmission are not nationally notifiable; however, public health departments are encouraged to report these infections to CDC.

References

1. Muzny CA, King H, Byers P, et al. Vulvar vaccinia infection after sexual contact with a smallpox vaccinee. *Am J Med Sci* 2009;337:289–91.
2. CDC. Vulvar vaccinia infection after sexual contact with a military smallpox vaccinee—Alaska, 2006. *MMWR* 2007;56:417–9.
3. Lorch ME, Smith SB, Bessiner GT, Olivere JW. Conjugal transfer vaccinia. *J Am Acad Dermatol* 2004;51:460–2.
4. Humphrey DC. Localized accidental vaccinia of the vulva. Report of 3 cases and a review of the world literature. *Am J Obstet Gynecol* 1963;86:46–9.
5. CDC. Surveillance guidelines for smallpox vaccine (vaccinia) adverse reactions. *MMWR* 2006;55(No. RR-1).
6. CDC. Smallpox vaccination and adverse reactions: guidance for clinicians. *MMWR* 2003;52(No. RR-4).
7. Koplan JP, Marton KI. Smallpox vaccination revisited: some observations on the biology of vaccinia. *Am J Trop Med Hyg* 1975;24:656–63.

Hepatitis A Vaccination Coverage Among U.S. Children Aged 12–23 Months — Immunization Information System Sentinel Sites, 2006–2009

Hepatitis A vaccine was first licensed as a 2-dose vaccine for children aged ≥ 24 months in 1995. In 1996 and 1999, the Advisory Committee on Immunization Practices (ACIP) recommended routine hepatitis A vaccination for children aged ≥ 24 months in communities with the highest rates of the disease (1,2). In August 2005, the minimum age for which the vaccine was licensed was lowered to 12 months, and in May 2006, ACIP recommended routine vaccination of all children aged 12–23 months, regardless of risk category or location (3). As a result, hepatitis A incidence in the United States reached a historic low in 2007, the most recent year for which data are available (4). To assess hepatitis A vaccine coverage among children aged 12–23 months from 2006 through 2009, CDC used data from eight Immunization Information System (IIS) sentinel sites. Average (unweighted) hepatitis A vaccination coverage with ≥ 1 dose at the sites increased from 17% in 2006 to 47% in 2009. Average full vaccination coverage with ≥ 2 vaccine doses through age 23 months increased from 1% in 2006 to 15% in 2009. Vaccination coverage with ≥ 1 dose increased the most during 2006 through the first quarter of 2007, after which the rate of increase slowed. The 2006 ACIP recommendations for routine hepatitis A vaccination of all children aged 12–23 months resulted in improved coverage, but coverage has plateaued. Immunization programs and vaccine providers should encourage hepatitis A vaccination of all children beginning at age 12 months.

IIS are confidential, population-based, computerized data systems that were designed primarily to consolidate vaccination records for all children within a geographic area from multiple vaccine providers. Data are collected from health-care providers, vital records, and billing systems. Although not designed to be representative of the U.S. population, IIS sentinel sites are population based and cover more than 1.8 million children aged < 6 years residing in diverse regions of the United States. For the 2008–2012 sentinel site project period, CDC awarded supplemental funds to eight IIS* sites that met the following criteria: 1) $\geq 85\%$ of child vaccine

provider sites were enrolled in the IIS, 2) $\geq 85\%$ of children aged < 19 years who resided in the sentinel site region had ≥ 2 vaccinations recorded in the IIS, and 3) $> 70\%$ of doses were reported to IIS within 30 days of vaccination. The six sentinel site areas in Arizona, Colorado, Michigan, Minnesota, Oregon, and Wisconsin consist of contiguous geographic counties, postal code areas, or census tracts. The other two sentinel sites consist of the entire state of North Dakota and all of New York City. The total enrollment of children aged 12–23 months at the eight sites was 331,054 for 2006 and 307,030 for 2009. Enrollment in 2009 varied from 143,533 in New York City to 2,223 in Colorado. Data from the IIS sentinel sites were used to calculate hepatitis A vaccination coverage among children aged 12–23 months. Hepatitis A vaccination coverage with ≥ 1 dose among children aged 12–23 months was calculated by dividing the number of children who received ≥ 1 dose before age 24 months by the total number of children aged 12–23 months residing in each sentinel site area and enrolled in the IIS, by year and quarter, from 2006–2009.

To be considered valid, the 2 hepatitis A vaccine doses must be administered at least 6 months apart; therefore, children aged 12–17 months are not eligible to be fully vaccinated. To calculate full vaccination coverage, the number of children who received ≥ 2 valid hepatitis A vaccine doses before age 24 months was divided by the total number of children aged 18–23 months residing in each sentinel site area and enrolled in the IIS, by year and quarter, from 2006–2009. The unweighted average site-specific coverage for the eight sites was calculated by summing the percentages of children vaccinated at each site and dividing by the total number of sites (eight).

In 2006, average hepatitis A vaccination coverage with ≥ 1 dose among children aged 12–23 months was 17% across the eight IIS sentinel sites (range: 11%–26%) (Table 1). In 2009, Michigan, North Dakota, Oregon, and Wisconsin reached $\geq 50\%$ coverage among children aged 12–23 months. Coverage ranged from 29%–49% in the other sites. Among children recommended for routine hepatitis A vaccination

* Additional information available at <http://www.cdc.gov/vaccines/programs/iis/default.htm>.

TABLE 1. Hepatitis A vaccination coverage with ≥ 1 dose vaccine and annual mean coverage among children aged 12–23 months, by year — Immunization Information System (IIS) sentinel sites,* 2006–2009

IIS sentinel site	2006 %	2007 %	2008 %	2009 %
Arizona	22	39	43	45
Colorado	11	27	29	29
Michigan	12	41	46	50
Minnesota	13	45	52	49
North Dakota	26	49	56	58
New York City	11	26	32	34
Oregon	22	43	52	54
Wisconsin	17	40	50	54
Unweighted mean	17	39	45	47

* Enrollment of children aged 12–23 months in all eight sites was 331,054 in 2006 and 307,030 in 2009. Enrollment in 2009 was as follows: Arizona, 12,656; Colorado, 2,223; Michigan, 85,430; Minnesota, 18,741; North Dakota, 10,393; New York City, 143,533; Oregon, 18,710; and Wisconsin, 15,344.

and eligible to be fully vaccinated (i.e., children aged 18–23 months), full vaccination coverage with ≥ 2 doses increased from 1% in 2006 to 15% in 2009 (range: 6%–24%) (Table 2). Coverage increased 5–10 percentage points each quarter of 2006 through the first quarter of 2007. The change in coverage during these five quarters accounted for 73% of the total increase in hepatitis A vaccination coverage during 2006–2009. In the remaining 11 quarters (second quarter of 2007 through fourth quarter 2009), coverage increased less and declined slightly (between -2 and 2 percentage points per quarter) (Figure).

Reported by

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Editorial Note

Before the 2006 changes in ACIP recommendations for routine vaccination, all eight sentinel sites had low hepatitis A vaccination coverage (17%) among children aged 12–23 months. By 2009, coverage with ≥ 1 dose and ≥ 2 doses of hepatitis A vaccine had increased across all sites, ranging from 29% to 58% and 6% to 24%, respectively. The 2008 National Immunization Survey (NIS) reported vaccination coverage with ≥ 2 doses of approximately 40% (5). However, results from NIS are not comparable to results from IIS because 1) NIS includes children aged 19–35 months, while these IIS data include only

TABLE 2. Hepatitis A full vaccination coverage* and annual mean coverage among children aged 12–23 months,† by year — Immunization Information System (IIS) sentinel sites,‡ 2006–2009

IIS sentinel site	2006 %	2007 %	2008 %	2009 %
Arizona	2	8	10	11
Colorado	1	5	7	8
Michigan	0	11	15	18
Minnesota	1	11	15	14
North Dakota	3	16	21	24
New York City	0	3	5	6
Oregon	2	11	15	18
Wisconsin	2	14	19	23
Unweighted mean	1	10	13	15

* ≥ 2 doses separated by ≥ 6 months.

† Coverage calculation limited to children aged 18–23 months; only children aged ≥ 18 months are eligible to be fully vaccinated with hepatitis A vaccine.

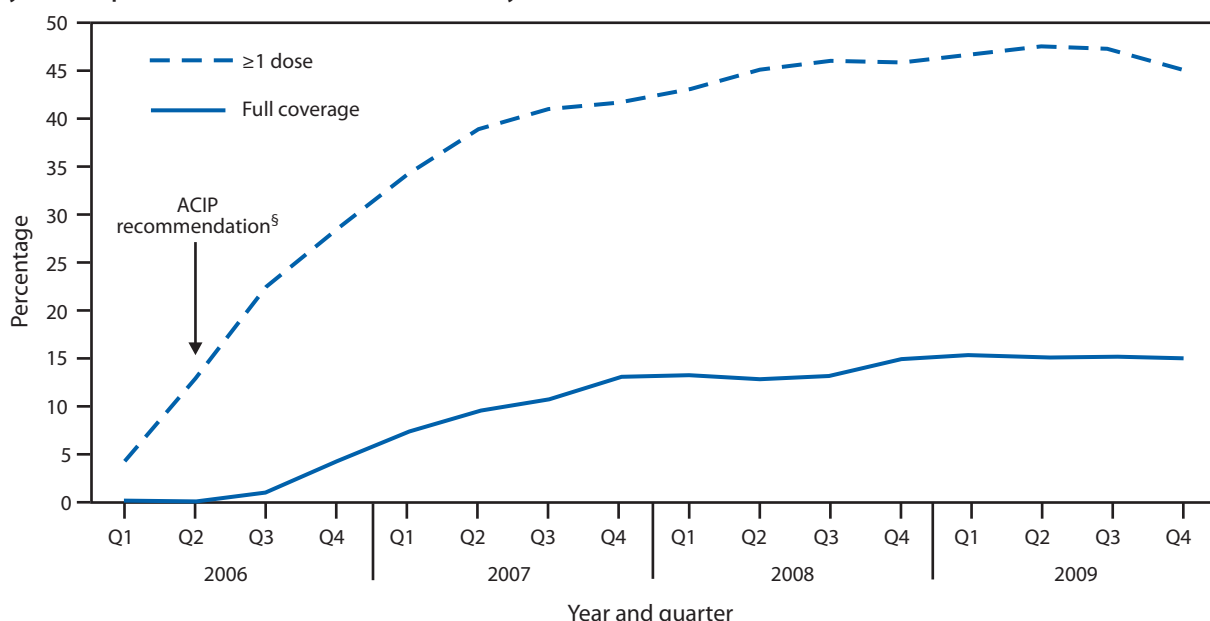
‡ Enrollment of children aged 12–23 months in all eight sites was 331,054 in 2006 and 307,030 in 2009. Enrollment in 2009 was as follows: Arizona, 12,656; Colorado, 2,223; Michigan, 85,430; Minnesota, 18,741; North Dakota, 10,393; New York City, 143,533; Oregon, 18,710; and Wisconsin, 15,344.

children aged 12–23 months; 2) NIS counts all doses administered, while IIS counts only those doses that are valid according to ACIP recommendations for the minimum age at administration and the minimum interval between doses; and 3) NIS includes any doses administered by the date of the household interview (may include doses administered through age 35 months), whereas these IIS results include only doses administered from ages 12–23 months. IIS results also might differ from NIS because of underreporting to IIS.

The variation in vaccination coverage across the sentinel sites in 2009 highlights state-specific differences in vaccine administration that likely are influenced by many factors, including provider practices, parental attitudes, access to care, reimbursement and insurance policies, and education and outreach regarding vaccine recommendations. Hepatitis A vaccination coverage at all eight sentinel sites increased substantially during 2006 through the first quarter of 2007, and then showed little increase through 2009. The slight decrease in ≥ 1 -dose coverage in the third and fourth quarters of 2009 might reflect an actual decrease in vaccination coverage, a decrease or delay in reporting to IIS, or some other factor.

A single dose of hepatitis A vaccine is highly immunogenic; however, a second dose is indicated for long-term protection (2), and extending the interval between doses has no adverse effect on immunogenicity. Vaccine providers can use reminder/recall messages

FIGURE. Mean hepatitis A vaccination coverage with ≥ 1 dose and full coverage* among children aged 12–23 months, by year and quarter — Immunization Information Systems (IIS) sentinel sites,[†] 2006–2009



* ≥ 2 doses separated by ≥ 6 months.

[†] The sentinel sites for this analysis included areas in Arizona, Colorado, Michigan, Minnesota, Oregon, and Wisconsin, all of North Dakota, and New York City. Additional information is available at <http://www.cdc.gov/vaccines/programs/iis/default.htm>. Enrollment of children aged 12–23 months in all eight sites was 331,054 in 2006 and 307,030 in 2009. Enrollment in 2009 was as follows: Arizona, 12,656; Colorado, 2,223; Michigan, 85,430; Minnesota, 18,741; North Dakota, 10,393; New York City, 143,533; Oregon, 18,710; and Wisconsin, 15,344.

[§] In May 2006, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination against hepatitis A of all children aged 12–23 months, regardless of risk category or location.

to help ensure that all children in their practice receive 2 hepatitis A vaccine doses. School or child-care entry vaccination requirements also might contribute to improved vaccination coverage (6). Two of the eight sentinel sites, North Dakota and Oregon, require that children entering child care, preschool, or Head Start programs be vaccinated against hepatitis A.[†] Both reminders/recalls and vaccination requirements for child care and school attendance are among a number of interventions recommended by the Task Force on Community Preventive Services to improve vaccination coverage (7,8).

The findings in this report are subject to at least three limitations. First, the analysis in this report is based on data from only eight IIS sentinel sites. Although these sites represent diverse regions of the United States, data from these sites might not be representative of immunization practices nationwide. Second, underestimates of coverage might have

occurred. IIS are dependent on participation by providers to report vaccination information. Although at least 85% of provider sites must be enrolled in an IIS for it to be included in this coverage analysis, not all providers and health systems in each IIS sentinel site are enrolled, and enrolled providers might not submit all vaccine data to IIS. Finally, data assessment was limited to vaccinations received through age 23 months; 2-dose vaccination coverage at older ages was not assessed.

Even with modest levels of vaccination coverage, vaccination of U.S. children against hepatitis A has resulted in significant communitywide decreases in disease incidence (9). As of 2007, the incidence of acute hepatitis A had declined to the lowest level recorded (4). The 2005 licensure of the hepatitis A vaccine for use in children aged ≥ 12 months and the 2006 ACIP recommendations for routine vaccination of all U.S. children resulted in improved vaccination coverage and are expected to reduce hepatitis A rates further. However, the findings of this report suggest that increases in hepatitis A vaccination coverage among children aged 12–23 months are slowing.

[†] North Dakota's immunization requirements are available at <http://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf>; Oregon's requirements are available at <http://www.oregon.gov/dhs/ph/imm/school>.

What is already known on this topic?

In August 2005, the youngest age for which hepatitis A vaccine was licensed was lowered from 24 months to 12 months, and in May 2006, the Advisory Committee for Immunization Practices (ACIP) recommended routine vaccination of all children aged 12–23 months, regardless of risk category or location.

What is added by this report?

After the 2006 ACIP recommendations for routine hepatitis A vaccination of all children aged 12–23 months, unweighted average coverage with ≥ 1 dose at eight Immunization Information System (IIS) sentinel sites increased rapidly through the first quarter of 2007 to approximately 40%, but then plateaued.

What are the implications for public health practice?

Immunization programs and vaccine providers should encourage all children to receive hepatitis A vaccine, beginning at age 12 months; interventions, including reminder/recall notification and school or child-care entry vaccination requirements, can contribute to increased vaccination coverage.

Immunization programs and vaccine providers should continue to encourage all children to receive hepatitis A vaccine, beginning at age 12 months. Because IIS vaccination data are especially timely (data on $>70\%$ of vaccine doses administered are entered into IIS sentinel sites within 30 days of vaccine administration), these data are particularly useful for monitoring hepatitis A vaccination coverage and evaluating the impact of interventions to increase coverage.

Acknowledgments

This report is based, in part, on contributions by the IIS sentinel site project contributors: P Gast, MS, L Rasmussen, Arizona Dept of Health Svcs; D Herrero, MS, K Dugger, MPH, Colorado Dept of Public Health and Environment Immunization Program; R Potter, DVM, B Salada, Michigan Dept of Community Health; KE White, MPH, EJ Peterson, Minnesota Dept of Health;

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References

1. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(No. RR-15).
2. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No. RR-12).
3. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(No. RR-7).
4. CDC. Surveillance for acute viral hepatitis—United States, 2007. Surveillance Summaries, May 22, 2009. MMWR 2009;58(No. SS-3).
5. CDC. National, state, and local area vaccination coverage among children aged 19–35 months—United States, 2008. MMWR 2009;58:921–6.
6. Orenstein WA, Hinman AR. The immunization system in the United States—the role of school immunization laws. Vaccine 1999;17(Suppl 3):S19–24.
7. Task Force on Community Preventive Services. Recommendations regarding interventions to improve vaccination coverage in children, adolescents, and adults. Am J Prev Med 2000;18:92–6.
8. Briss PA, Rodewald LE, Hinman AR, et al. Reviews of evidence regarding interventions to improve vaccination coverage in children, adolescents, and adults. Am J Prev Med 2000;18:97–140.
9. Armstrong GL, Billah K, Rein DB, Hicks KA, Wirth KE, Bell BP. The economics of routine childhood hepatitis A immunization in the United States: the impact of herd immunity. Pediatrics 2007;119:e22–9.

Announcements

Immunization Update 2010 Webcast

CDC will present “Immunization Update 2010” via satellite broadcast and webcast on August 5, 2010. The presentation is expected to focus on current use of influenza, pneumococcal conjugate, human papillomavirus, and meningococcal vaccines. Other emerging issues will be discussed, including the latest information from the June 2010 meeting of the Advisory Committee on Immunization Practices. The 2.5-hour broadcast will occur live from 9:00 to 11:30 a.m. and will be rebroadcast the same day from noon to 2:30 p.m. (Eastern Time). Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors by toll-free telephone lines.

Additional information about the program and instructions for accessing the broadcast are available at <http://www2.cdc.gov/phtn/webcast/immupdate2010/default.asp>. Registration for Internet access is not required. Continuing education accreditation for this activity is pending. CDC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The program will become available as a self-study DVD and Internet-based program in September 2010. Information about the self-study program is available at <http://www.cdc.gov/vaccines/ed/imzupdate/default.htm>.

Countermeasures Injury Compensation Program

The Countermeasures Injury Compensation Program (CICP) is a federal program that provides compensation for unreimbursed medical expenses, lost employment income, and/or death benefits for certain persons. These persons must have been seriously injured as a result of receiving covered countermeasures against certain pandemic, bioterrorism, or security threats specified by the Secretary of Health and Human Services through a Public Readiness and Emergency Preparedness (PREP) Act declaration.*

PREP Act declarations currently cover certain pandemic influenza countermeasures used to prevent, treat, or diagnose pandemic influenza such as influenza A (H1N1) 2009 monovalent vaccine, oseltamivir, zanamivir, peramivir, certain personal respiratory protection devices (e.g., N95 masks), certain respiratory support devices (e.g., mechanical ventilators), and certain diagnostic devices. Other PREP Act declarations cover certain vaccines, antimicrobials, antitoxins, drugs, diagnostics or devices used to identify, prevent, or treat smallpox, anthrax, botulism, or acute radiation syndrome. Injuries from certain other vaccines, including seasonal influenza, might be covered by the National Vaccine Injury Compensation Program (VICP),[†] established by the National Childhood Vaccine Injury Act of 1986.

The CICP has a statutory 1-year filing deadline after the administration or use of the covered countermeasure that might have caused the injury. Until the federal regulations that implement the CICP are published in the Federal Register, injured persons can meet the filing deadline by submitting a Letter of Intent to File a Request for Benefits. Additional information regarding CICP is available at <http://www.hrsa.gov/countermeasurescomp>.

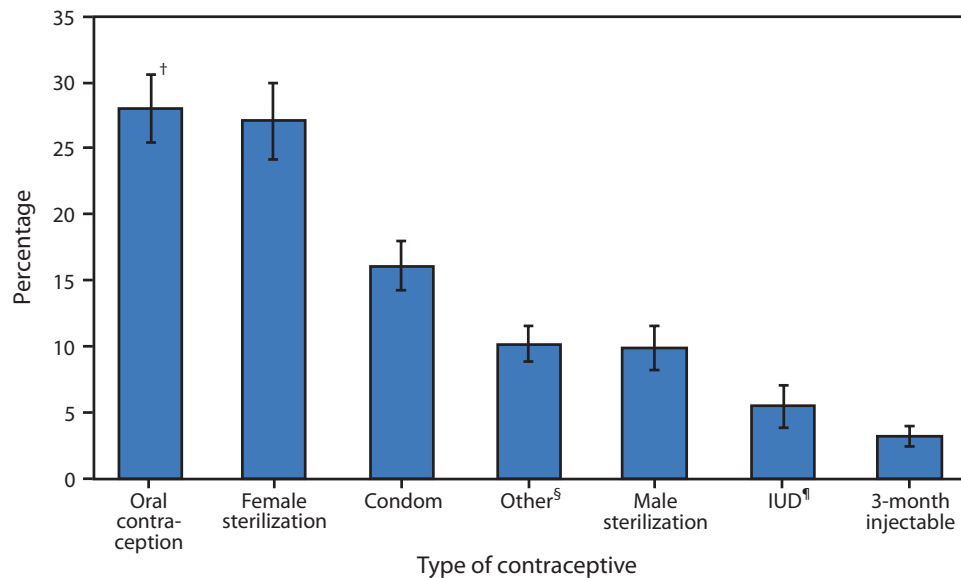
* Additional information available at <http://www.hhs.gov/disasters/discussion/planners/prepact>.

[†] Additional information available at <http://www.hrsa.gov/vaccinecompensation>.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Primary* Contraceptive Method Used Among Women Aged 15–44 Years — National Survey of Family Growth, United States, 2006–2008



* Women were asked to report up to four contraceptive methods they used during the month of interview. If a woman reported using multiple contraceptive methods during the month of interview, the most effective method was considered her primary method. If she used only one contraceptive method, that was considered her primary method.

† 95% confidence interval.

§ Other methods include other hormonal implants and injectables, contraceptive patch or ring, emergency contraception, diaphragm, foam, rhythm or periodic abstinence, withdrawal, and other methods.

¶ Intrauterine device.

During 2006–2008, the most frequent contraceptive methods used among women aged 15–44 years were oral contraception (28%) and female sterilization (27%). Other leading methods were the male condom (16%) and male sterilization (10%), with a smaller number of women using the IUD and the 3-month injectable.

Source: Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. Vital Health Stat 2010;23(29). Available at http://www.cdc.gov/nchs/data/series/sr_23/sr23_029.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 26, 2010 (25th week)*

Disease	Current week	Cum 2010	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	35	3	118	145	144	165	135	
foodborne	—	4	0	10	17	32	20	19	
infant	—	23	2	83	109	85	97	85	
other (wound and unspecified)	—	8	1	25	19	27	48	31	
Brucellosis	2	53	2	115	80	131	121	120	MO (1), FL (1)
Chancroid	—	26	0	28	25	23	33	17	
Cholera	—	3	0	10	5	7	9	8	
Cyclosporiasis [§]	3	43	12	141	139	93	137	543	NY (2), FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	—	2	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	1	0	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> , ** invasive disease (age <5 yrs):									
serotype b	—	7	0	35	30	22	29	9	
nonserotype b	1	94	4	236	244	199	175	135	FL (1)
unknown serotype	4	108	3	178	163	180	179	217	OH (3), FL (1)
Hansen disease [§]	1	17	2	103	80	101	66	87	FL (1)
Hantavirus pulmonary syndrome [§]	—	4	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal [§]	2	67	6	242	330	292	288	221	MD (1), WV (1)
HIV infection, pediatric (age <13 yrs) ^{††}	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality ^{§, §§}	—	54	1	359	90	77	43	45	
Listeriosis	12	272	16	852	759	808	884	896	NY (1), MO (1), FL (3), OK (1), TX (1), CO (1), WA (1), CA (3)
Measles ^{¶¶}	1	28	4	71	140	43	55	66	MN (1)
Meningococcal disease, invasive***:									
A, C, Y, and W-135	—	130	5	301	330	325	318	297	
serogroup B	—	59	4	174	188	167	193	156	
other serogroup	—	5	1	23	38	35	32	27	
unknown serogroup	3	193	11	482	616	550	651	765	VA (1), AZ (2)
Mumps	39	2,050	25	1,991	454	800	6,584	314	NY (2), NYC (34), PA (1), FL (2)
Novel influenza A virus infections ^{†††}	—	1	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	NN	NN	
Psittacosis [§]	—	4	0	9	8	12	21	16	
Q fever, total ^{§, §§§}	2	45	4	113	120	171	169	136	
acute	2	35	2	93	106	—	—	—	CA (2)
chronic	—	10	0	20	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella ^{¶¶¶}	—	3	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	2	—	—	1	1	
SARS-CoV ^{§, ****}	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	—	89	2	162	157	132	125	129	
Syphilis, congenital (age <1 yr) ^{††††}	—	79	8	421	431	430	349	329	
Tetanus	—	—	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal) [§]	1	44	2	74	71	92	101	90	CA (1)
Trichinellosis	—	1	0	13	39	5	15	16	
Tularemia	4	17	5	93	123	137	95	154	NE (1), KY (1), CA (2)
Typhoid fever	1	156	6	399	449	434	353	324	NY (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	1	41	1	78	63	37	6	2	MO (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	1	—	1	—	2	1	3	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	4	140	7	790	588	549	NN	NN	FL (2), CA (2)
Viral hemorrhagic fever ^{§§§§}	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 26, 2010 (25th week)*

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

* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/ncphi/diss/nndss/phs/files/5yearweeklyaverage.pdf>.

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

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 279 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008–09 influenza season have been reported.

¶¶ The one measles case reported for the current week was imported.

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

††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus.

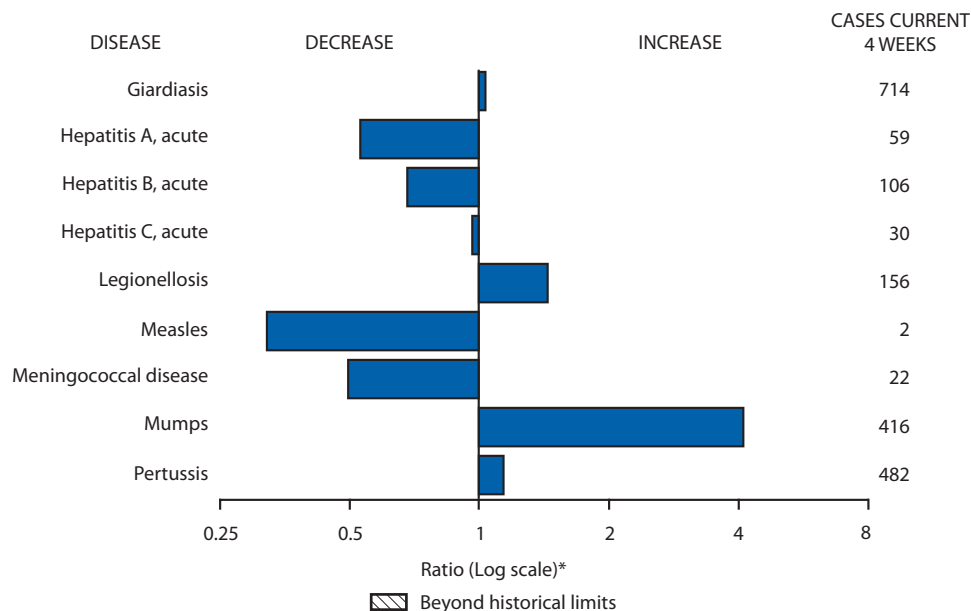
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

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

**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

†††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

§§§§ There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 26, 2010, with historical data

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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	<i>Chlamydia trachomatis</i> infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	11,947	22,273	27,358	501,136	605,235	72	117	284	2,423	2,544
New England	585	743	1,396	18,199	19,263	—	6	36	121	161
Connecticut	—	213	736	4,023	5,668	—	0	32	32	38
Maine†	42	49	75	1,191	1,224	—	1	4	27	17
Massachusetts	388	395	638	9,653	9,156	—	1	15	—	46
New Hampshire	38	39	120	1,053	1,018	—	1	6	27	26
Rhode Island†	66	70	130	1,692	1,622	—	0	8	7	2
Vermont†	51	23	63	587	575	—	1	9	28	32
Mid. Atlantic	2,795	3,175	4,619	79,328	75,765	14	13	38	270	282
New Jersey	304	440	624	10,393	12,004	—	0	5	—	17
New York (Upstate)	696	646	2,530	15,957	13,872	5	3	16	62	62
New York City	1,366	1,182	2,144	30,859	28,848	—	1	5	27	38
Pennsylvania	429	865	1,087	22,119	21,041	9	9	19	181	165
E.N. Central	996	3,432	4,413	70,303	98,311	8	28	73	577	621
Illinois	—	794	1,322	9,334	29,915	—	3	8	71	62
Indiana	—	299	602	5,924	11,321	—	4	11	76	123
Michigan	604	885	1,417	23,616	23,049	2	6	11	127	112
Ohio	105	958	1,074	21,798	23,640	5	7	16	172	172
Wisconsin	287	399	493	9,631	10,386	1	8	39	131	152
W.N. Central	189	1,311	1,711	30,486	33,947	11	20	59	379	356
Iowa	10	180	304	4,742	4,763	—	4	13	81	81
Kansas	—	191	571	4,360	4,668	2	2	6	46	39
Minnesota	2	270	337	6,363	7,095	3	5	31	97	77
Missouri	177	490	638	11,926	12,613	4	3	12	71	67
Nebraska†	—	95	237	2,322	2,562	2	2	9	46	37
North Dakota	—	32	93	773	787	—	0	18	11	6
South Dakota	—	48	82	—	1,459	—	2	10	27	49
S. Atlantic	2,642	3,860	6,098	83,599	125,433	11	19	50	411	428
Delaware	35	87	156	2,054	2,308	—	0	2	2	1
District of Columbia	—	110	178	2,291	3,482	—	0	1	2	4
Florida	719	1,402	1,669	34,811	36,148	5	8	24	167	136
Georgia	2	395	1,323	4,213	20,504	2	6	31	148	173
Maryland†	370	459	1,031	10,649	10,768	1	0	3	13	22
North Carolina	—	559	908	—	21,359	—	1	11	11	36
South Carolina†	752	523	1,331	13,174	13,648	1	1	7	23	23
Virginia†	715	592	924	14,683	15,327	2	1	7	39	28
West Virginia	49	67	137	1,724	1,889	—	0	2	6	5
E.S. Central	1,682	1,761	2,314	40,489	44,771	2	4	10	86	73
Alabama†	431	475	652	11,515	13,376	—	1	5	34	25
Kentucky	362	328	642	7,546	5,226	—	1	4	26	18
Mississippi	385	429	784	8,758	11,731	1	0	3	6	5
Tennessee†	504	564	734	12,670	14,438	1	1	5	20	25
W.S. Central	256	2,927	5,784	64,591	79,519	10	8	40	136	140
Arkansas†	—	232	402	3,205	7,006	2	1	5	17	15
Louisiana	—	338	1,055	2,922	14,880	—	1	6	16	16
Oklahoma	256	254	2,727	7,043	6,011	3	2	9	29	35
Texas†	—	2,045	3,212	51,421	51,622	5	5	30	74	74
Mountain	1,037	1,532	2,118	33,441	35,012	2	9	25	196	203
Arizona	90	476	713	9,605	12,443	—	0	2	12	19
Colorado	314	413	709	9,026	6,497	1	2	10	54	54
Idaho†	192	64	179	1,522	1,768	1	2	7	38	25
Montana†	53	58	77	1,473	1,502	—	1	4	26	15
Nevada†	170	175	478	4,750	4,805	—	0	2	6	7
New Mexico†	212	163	453	3,304	3,997	—	2	8	31	58
Utah	—	117	175	2,866	3,052	—	1	4	21	11
Wyoming†	6	37	70	895	948	—	0	2	8	14
Pacific	1,765	3,465	5,350	80,700	93,214	14	13	27	247	280
Alaska	—	105	146	2,815	2,566	—	0	1	2	2
California	1,497	2,657	4,406	64,646	71,545	8	9	20	148	152
Hawaii	—	115	159	2,544	3,040	—	0	0	—	1
Oregon	—	168	468	1,367	5,300	3	2	10	61	89
Washington	268	391	638	9,328	10,763	3	1	8	36	36
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	3	27	88	220	—	0	0	—	—
Puerto Rico	—	107	329	2,469	3,692	N	0	0	N	N
U.S. Virgin Islands	—	8	16	132	273	—	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 years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever [†]					Dengue Hemorrhagic Fever [‡]				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	0	8	66	NN	—	0	1	1	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine [¶]	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island [¶]	—	0	0	—	NN	—	0	0	—	NN
Vermont [¶]	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	4	24	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	4	20	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	2	5	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	2	5	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska [¶]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	5	27	NN	—	0	1	1	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	5	25	NN	—	0	1	1	NN
Georgia	—	0	1	1	NN	—	0	0	—	NN
Maryland [¶]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina [¶]	—	0	1	1	NN	—	0	0	—	NN
Virginia [¶]	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama [¶]	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee [¶]	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas [¶]	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas [¶]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	2	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho [¶]	—	0	0	—	NN	—	0	0	—	NN
Montana [¶]	—	0	0	—	NN	—	0	0	—	NN
Nevada [¶]	—	0	1	1	NN	—	0	0	—	NN
New Mexico [¶]	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming [¶]	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	7	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	4	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	3	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	82	939	NN	—	0	3	22	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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

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

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

† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage.

‡ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis				Anaplasma phagocytophilum				Undetermined						
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	9	9	176	140	261	9	11	309	99	300	—	1	35	18	68
New England	—	0	6	3	13	—	2	22	14	91	—	0	1	2	2
Connecticut	—	0	0	—	—	—	0	13	—	1	—	0	0	—	—
Maine§	—	0	1	2	2	—	0	3	5	10	—	0	0	—	—
Massachusetts	—	0	3	—	2	—	0	11	—	53	—	0	0	—	—
New Hampshire	—	0	1	1	2	—	0	3	6	9	—	0	1	2	1
Rhode Island§	—	0	4	—	7	—	0	20	3	18	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	2	15	13	49	7	3	27	42	87	—	0	4	1	17
New Jersey	—	0	8	—	32	—	0	7	1	33	—	0	0	—	—
New York (Upstate)	—	1	15	8	10	7	2	20	41	51	—	0	2	1	1
New York City	—	0	2	4	2	—	0	1	—	2	—	0	0	—	1
Pennsylvania	—	0	5	1	5	—	0	1	—	1	—	0	3	—	15
E.N. Central	—	0	7	5	44	—	2	23	29	117	—	0	6	5	32
Illinois	—	0	4	2	21	—	0	1	—	3	—	0	0	—	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	4	18
Michigan	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	3	—	0	0	—	1	—	0	1	—	—
Wisconsin	—	0	3	3	19	—	2	22	29	113	—	0	3	1	11
W.N. Central	3	2	23	43	57	—	0	261	—	—	—	0	30	6	5
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	2	3	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	3	1	22	40	54	—	0	2	—	—	—	0	4	6	3
Nebraska§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	2	3	14	47	55	2	0	3	12	4	—	0	2	—	—
Delaware	—	0	3	7	8	—	0	1	1	1	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	1	0	2	5	5	—	0	1	1	—	—	0	0	—	—
Georgia	—	0	2	3	11	—	0	1	1	1	—	0	0	—	—
Maryland§	1	0	3	7	20	1	0	2	6	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	2	2	5	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	16	6	1	0	1	2	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	3	1	11	21	38	—	0	1	2	1	—	0	5	4	12
Alabama§	—	0	3	4	—	—	0	1	1	—	—	0	0	—	—
Kentucky	—	0	2	2	2	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	2	—	3	—	0	0	—	—	—	0	0	—	—
Tennessee§	3	1	10	15	33	—	0	1	1	1	—	0	5	4	12
W.S. Central	1	0	141	8	3	—	0	23	—	—	—	0	1	—	—
Arkansas§	—	0	34	—	1	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	1	0	105	7	2	—	0	16	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	1	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

† Cumulative total *E. ewingii* cases reported for year 2010 = 2.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive [†] All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	203	345	662	7,289	7,618	2,685	5,226	6,935	112,534	145,456	25	53	171	1,402	1,561
New England	11	25	65	358	614	63	92	197	2,373	2,352	1	2	21	39	101
Connecticut	—	5	15	112	119	—	46	170	1,044	1,077	—	0	15	18	28
Maine [§]	9	4	13	92	87	2	3	11	97	70	1	0	2	6	12
Massachusetts	—	8	36	—	265	50	39	72	998	956	—	0	8	—	50
New Hampshire	—	3	11	60	59	—	2	7	73	53	—	0	2	7	5
Rhode Island [§]	—	1	7	19	29	11	6	13	134	173	—	0	2	4	2
Vermont [§]	2	4	14	75	55	—	1	17	27	23	—	0	1	4	4
Mid. Atlantic	33	62	112	1,285	1,446	550	641	941	15,723	14,532	6	12	34	297	282
New Jersey	—	7	15	113	202	52	93	134	2,199	2,257	—	2	7	41	60
New York (Upstate)	22	24	84	480	517	118	102	422	2,513	2,429	4	3	20	83	68
New York City	3	16	26	372	396	261	215	394	5,716	5,265	—	2	6	61	33
Pennsylvania	8	15	37	320	331	119	209	277	5,295	4,581	2	4	9	112	121
E.N. Central	20	52	92	1,131	1,179	246	1,047	1,536	19,298	31,030	6	8	18	237	252
Illinois	—	12	22	212	256	—	282	441	2,305	9,959	—	2	9	59	94
Indiana	—	6	14	115	104	—	78	183	1,585	3,682	—	1	6	43	48
Michigan	5	13	25	277	277	143	250	502	6,581	7,382	—	0	4	19	12
Ohio	15	16	28	388	362	35	317	372	6,734	7,431	6	2	6	60	54
Wisconsin	—	9	23	139	180	68	91	191	2,093	2,576	—	2	5	56	44
W.N. Central	13	27	165	642	645	76	270	367	6,112	7,226	1	3	24	89	81
Iowa	1	5	13	117	130	1	31	55	751	816	—	0	1	1	—
Kansas	1	4	14	98	58	—	40	83	873	1,216	—	0	2	8	11
Minnesota	—	0	135	136	137	1	41	64	904	1,136	1	0	17	24	18
Missouri	5	9	27	166	206	74	122	172	3,018	3,173	—	1	6	39	34
Nebraska [§]	6	3	9	85	73	—	22	54	511	648	—	0	3	9	13
North Dakota	—	0	8	11	7	—	2	11	55	55	—	0	4	8	5
South Dakota	—	1	10	29	34	—	3	16	—	182	—	0	0	—	—
S. Atlantic	56	73	143	1,745	1,634	776	1,188	1,774	23,278	36,666	5	14	27	350	436
Delaware	—	0	3	12	14	3	19	37	459	409	—	0	1	4	3
District of Columbia	—	1	4	12	36	—	43	86	863	1,353	—	0	1	1	1
Florida	46	38	87	914	851	270	385	482	9,323	10,348	2	3	9	102	143
Georgia	—	14	52	387	346	1	126	494	1,506	6,965	1	3	9	90	84
Maryland [§]	5	6	12	139	126	123	129	237	3,055	2,873	2	1	6	27	52
North Carolina	N	0	0	N	N	—	182	331	—	7,088	—	1	6	20	54
South Carolina [§]	1	2	7	52	42	226	159	394	3,912	4,100	—	2	7	51	36
Virginia [§]	4	9	36	213	199	144	164	271	3,941	3,258	—	2	5	44	45
West Virginia	—	1	5	16	20	9	8	19	219	272	—	0	5	11	18
E.S. Central	1	6	22	112	172	399	483	680	10,962	12,745	—	3	12	93	105
Alabama [§]	—	4	13	65	82	111	140	187	3,376	3,659	—	0	3	15	28
Kentucky	N	0	0	N	N	68	90	156	1,889	1,536	—	0	2	14	15
Mississippi	N	0	0	N	N	102	127	219	2,430	3,609	—	0	2	9	7
Tennessee [§]	1	3	18	47	90	118	145	206	3,267	3,941	—	2	10	55	55
W.S. Central	5	9	18	146	190	85	824	1,554	16,825	22,872	2	2	20	71	73
Arkansas [§]	3	2	9	46	57	—	74	139	948	2,120	—	0	3	11	14
Louisiana	—	3	10	54	83	—	107	343	910	4,842	—	0	2	14	13
Oklahoma	2	3	10	46	50	85	79	616	1,909	1,769	1	1	15	40	43
Texas [§]	N	0	0	N	N	—	565	964	13,058	14,141	1	0	2	6	3
Mountain	17	33	64	668	610	117	169	266	3,875	4,288	3	5	14	170	139
Arizona	—	3	7	62	90	13	63	109	1,121	1,389	—	2	10	64	46
Colorado	13	12	26	321	173	33	50	127	1,227	1,323	3	1	6	47	40
Idaho [§]	1	4	10	94	60	1	2	8	38	46	—	0	2	8	2
Montana [§]	—	3	11	54	47	2	2	6	55	40	—	0	1	2	1
Nevada [§]	1	1	11	26	40	42	27	94	859	841	—	0	2	5	11
New Mexico [§]	—	1	8	31	56	26	19	41	405	472	—	1	5	24	18
Utah	—	5	13	62	119	—	7	15	154	145	—	1	4	15	19
Wyoming [§]	2	1	5	18	25	—	1	7	16	32	—	0	2	5	2
Pacific	47	54	133	1,202	1,128	373	561	663	14,088	13,745	1	2	9	56	92
Alaska	—	2	7	40	34	—	23	36	632	405	—	0	2	11	9
California	36	34	61	772	794	337	459	556	11,913	11,332	—	0	2	6	33
Hawaii	—	0	2	—	10	—	10	24	284	313	—	0	2	—	19
Oregon	3	9	17	218	156	—	12	43	106	551	1	1	5	36	28
Washington	8	9	75	172	134	36	43	84	1,153	1,144	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	1	1	—	0	3	8	11	—	0	0	—	—
Puerto Rico	1	1	10	11	78	—	4	24	117	109	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	4	25	79	—	0	0	—	—

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

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

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	8	31	68	629	928	26	58	203	1,310	1,620	7	14	43	343	374
New England	—	1	5	21	50	1	1	3	20	29	—	1	5	11	29
Connecticut	—	0	2	13	12	—	0	3	4	8	—	1	4	11	21
Maine†	—	0	1	4	1	—	0	2	9	6	—	0	1	—	—
Massachusetts	—	0	4	—	27	—	0	2	—	12	—	0	1	—	7
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	0	—	2	1	0	1	2	—	—	0	0	—	1
Mid. Atlantic	—	4	10	91	133	—	5	10	136	192	—	2	4	49	46
New Jersey	—	0	4	10	37	—	1	4	32	62	—	0	2	5	2
New York (Upstate)	—	1	3	26	23	—	1	6	25	34	—	1	3	30	23
New York City	—	1	5	29	39	—	1	4	43	34	—	0	1	—	1
Pennsylvania	—	1	6	26	34	—	1	5	36	62	—	0	3	14	20
E.N. Central	—	4	19	84	132	1	8	15	197	232	2	2	6	69	46
Illinois	—	1	13	16	49	—	2	6	34	52	—	0	1	1	3
Indiana	—	0	4	8	9	—	1	5	25	40	—	0	3	12	9
Michigan	—	1	4	26	34	—	2	6	52	70	1	1	6	49	15
Ohio	—	0	4	15	24	1	2	5	59	58	1	0	3	5	16
Wisconsin	—	0	3	19	16	—	1	3	27	12	—	0	1	2	3
W.N. Central	—	1	10	24	56	—	3	15	63	62	—	0	11	12	5
Iowa	—	0	3	4	16	—	1	3	9	14	—	0	4	1	2
Kansas	—	0	2	7	6	—	0	2	4	4	—	0	0	—	1
Minnesota	—	0	8	1	12	—	0	13	2	10	—	0	9	3	—
Missouri	—	0	3	11	10	—	1	5	39	23	—	0	1	7	—
Nebraska†	—	0	3	1	10	—	0	2	9	10	—	0	1	1	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	1	—	0	1	—	—
S. Atlantic	5	7	14	142	208	10	16	39	378	434	1	3	7	65	99
Delaware	—	0	1	5	3	—	1	2	15	17	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	6	—	0	1	2	—
Florida	4	3	8	59	95	2	5	11	149	151	1	1	4	24	19
Georgia	1	1	3	17	22	4	3	7	75	68	—	0	2	5	24
Maryland†	—	0	4	11	19	2	1	6	27	43	—	0	2	12	12
North Carolina	—	0	3	11	33	—	0	4	4	62	—	0	4	9	20
South Carolina†	—	1	4	21	19	1	1	4	26	23	—	0	0	—	1
Virginia†	—	1	3	16	16	1	2	14	49	41	—	0	2	7	7
West Virginia	—	0	2	1	—	—	0	19	31	23	—	0	3	6	16
E.S. Central	—	1	3	18	21	1	6	13	138	167	3	2	7	62	52
Alabama†	—	0	1	4	6	—	1	5	28	48	—	0	2	2	5
Kentucky	—	0	2	9	3	—	2	6	45	42	3	1	5	43	31
Mississippi	—	0	1	—	5	—	0	3	14	12	—	0	0	—	—
Tennessee†	—	0	2	5	7	1	2	6	51	65	—	0	4	17	16
W.S. Central	—	3	19	67	90	8	9	109	190	275	1	1	14	24	25
Arkansas†	—	0	3	—	5	—	1	4	25	36	—	0	1	—	1
Louisiana	—	0	1	4	2	—	1	5	19	31	—	0	1	2	4
Oklahoma	—	0	3	—	1	—	1	19	30	50	1	0	12	13	4
Texas†	—	3	18	63	82	8	5	87	116	158	—	0	4	9	16
Mountain	2	3	8	74	71	2	2	6	49	69	—	1	4	20	29
Arizona	—	1	5	38	29	—	0	2	15	28	—	0	0	—	—
Colorado	1	1	4	12	21	—	0	2	2	12	—	0	2	2	17
Idaho†	1	0	1	4	1	—	0	2	4	2	—	0	2	7	2
Montana†	—	0	1	4	4	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	6	7	2	0	3	21	15	—	0	1	2	2
New Mexico†	—	0	1	3	6	—	0	1	2	5	—	0	2	5	5
Utah	—	0	2	4	3	—	0	1	4	4	—	0	1	4	2
Wyoming†	—	0	3	3	—	—	0	1	—	3	—	0	0	—	—
Pacific	1	5	16	108	167	3	6	20	139	160	—	1	6	31	43
Alaska	—	0	0	—	2	—	0	1	1	2	—	0	2	—	—
California	—	4	15	87	123	2	4	16	96	114	—	0	4	13	21
Hawaii	—	0	2	—	7	—	0	1	—	4	—	0	0	—	—
Oregon	—	0	2	10	9	—	1	4	24	22	—	0	3	8	11
Washington	1	0	2	11	26	1	0	4	18	18	—	0	6	10	11
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	12	4	—	0	6	22	37	—	0	6	21	26
Puerto Rico	—	0	2	2	17	—	0	5	7	18	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	52	58	174	996	1,044	259	344	2,345	6,179	11,713	12	25	87	476	543
New England	—	2	18	25	53	20	94	857	1,182	4,511	—	1	4	7	27
Connecticut	—	1	5	12	17	—	32	295	529	1,674	—	0	3	1	4
Maine†	—	0	3	3	—	13	14	76	177	126	—	0	1	3	1
Massachusetts	—	0	9	—	32	—	26	401	—	1,995	—	0	3	—	16
New Hampshire	—	0	3	3	2	1	20	95	400	577	—	0	1	1	2
Rhode Island†	—	0	4	5	1	—	1	29	10	45	—	0	1	1	2
Vermont†	—	0	1	2	1	6	4	45	66	94	—	0	1	1	2
Mid. Atlantic	17	14	73	224	321	147	171	999	3,279	4,568	3	7	17	142	157
New Jersey	—	1	14	3	74	5	40	430	804	2,032	—	0	5	1	43
New York (Upstate)	8	5	29	77	76	76	56	577	816	909	3	1	4	33	21
New York City	1	2	19	47	59	—	5	58	3	344	—	3	12	83	69
Pennsylvania	8	6	25	97	112	66	71	475	1,656	1,283	—	1	4	25	24
E.N. Central	13	11	41	198	186	7	22	258	393	943	1	2	12	51	68
Illinois	—	1	11	8	26	—	0	12	6	49	—	1	7	19	30
Indiana	—	1	6	38	23	—	1	6	20	29	—	0	4	7	9
Michigan	1	2	13	33	35	3	1	9	14	14	—	0	3	6	11
Ohio	12	5	17	97	77	—	1	5	8	8	1	0	6	18	14
Wisconsin	—	1	6	22	25	4	18	239	345	843	—	0	2	1	4
W.N. Central	—	2	19	46	40	—	3	1,395	23	91	1	1	11	24	25
Iowa	—	0	3	3	11	—	0	14	13	52	—	0	1	6	5
Kansas	—	0	1	3	4	—	0	2	5	11	—	0	1	3	2
Minnesota	—	0	16	15	5	—	0	1,380	—	26	—	0	11	3	10
Missouri	—	1	5	16	14	—	0	1	2	1	1	0	1	4	5
Nebraska†	—	0	2	4	5	—	0	1	3	—	—	0	2	8	2
North Dakota	—	0	1	3	1	—	0	15	—	—	—	0	1	—	—
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	12	11	24	213	208	77	62	258	1,133	1,469	4	6	15	123	161
Delaware	—	0	5	8	3	10	12	65	266	352	—	0	1	2	1
District of Columbia	—	0	4	12	12	—	0	6	6	29	—	0	3	6	6
Florida	3	4	10	78	67	1	2	11	26	15	2	2	7	52	40
Georgia	1	1	4	23	25	—	0	6	4	21	—	0	6	3	34
Maryland†	4	3	12	47	54	50	26	134	517	716	2	1	13	26	42
North Carolina	—	0	5	2	27	—	0	6	12	55	—	0	3	5	16
South Carolina†	—	0	2	4	3	1	1	3	17	16	—	0	1	3	1
Virginia†	4	1	6	34	17	15	14	79	270	232	—	1	5	26	20
West Virginia	—	0	3	5	—	—	0	33	15	33	—	0	2	—	1
E.S. Central	1	2	12	52	50	1	1	4	21	10	—	0	4	11	16
Alabama†	—	0	2	5	8	—	0	1	—	1	—	0	3	2	3
Kentucky	—	0	3	10	20	—	0	1	1	1	—	0	3	3	5
Mississippi	—	0	2	4	2	—	0	0	—	—	—	0	1	—	1
Tennessee†	1	1	9	33	20	1	1	4	20	8	—	0	1	6	7
W.S. Central	1	2	14	41	51	—	3	44	31	45	—	1	31	47	16
Arkansas†	—	0	2	8	4	—	0	0	—	—	—	0	1	1	1
Louisiana	—	0	3	1	5	—	0	0	—	—	—	0	1	—	3
Oklahoma	—	0	4	6	3	—	0	2	—	—	—	0	1	3	—
Texas†	1	1	10	26	39	—	3	42	31	45	—	1	30	43	12
Mountain	4	3	8	68	55	—	0	4	6	21	—	1	6	17	16
Arizona	3	1	4	23	23	—	0	1	1	1	—	0	2	8	2
Colorado	—	1	5	17	6	—	0	1	1	—	—	0	3	3	10
Idaho†	—	0	2	—	1	—	0	3	2	6	—	0	1	—	1
Montana†	—	0	1	3	4	—	0	1	—	1	—	0	3	1	1
Nevada†	1	0	2	15	6	—	0	2	—	6	—	0	1	2	—
New Mexico†	—	0	2	2	1	—	0	1	1	1	—	0	0	—	—
Utah	—	0	3	7	13	—	0	1	1	5	—	0	1	3	2
Wyoming†	—	0	2	1	1	—	0	1	—	1	—	0	0	—	—
Pacific	4	4	19	129	80	7	4	10	111	55	3	2	19	54	57
Alaska	—	0	0	—	1	—	0	1	1	3	—	0	1	2	2
California	3	3	19	116	62	5	3	9	75	31	—	1	13	33	43
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	4	6	1	1	4	31	18	—	0	1	5	6
Washington	1	0	4	9	10	1	0	3	4	3	3	0	5	14	5
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Meningococcal disease, invasive†					Pertussis					Rabies, animal				
	All groups				Cum 2009					Cum 2009					Cum 2009
	Current week	Previous 52 weeks		Cum 2010		Current week	Previous 52 weeks		Cum 2010		Current week	Previous 52 weeks		Cum 2010	
		Med	Max				Med	Max				Med	Max		
United States	3	16	43	387	536	145	269	1,750	5,613	6,661	40	66	147	1,275	2,489
New England	—	0	2	6	17	—	6	21	43	335	2	5	24	115	163
Connecticut	—	0	2	—	2	—	1	5	19	16	—	1	22	58	73
Maine [§]	—	0	1	2	2	—	0	4	12	58	1	1	4	28	24
Massachusetts	—	0	1	—	10	—	3	12	—	198	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	4	4	44	—	0	2	3	19
Rhode Island [§]	—	0	1	—	1	—	0	8	5	11	—	0	5	3	18
Vermont [§]	—	0	1	4	1	—	0	1	3	8	1	1	5	23	29
Mid. Atlantic	—	1	4	34	62	26	20	41	371	546	8	11	26	335	279
New Jersey	—	0	2	8	11	—	3	10	44	119	—	0	0	—	—
New York (Upstate)	—	0	3	8	12	20	6	27	147	85	8	9	22	231	177
New York City	—	0	2	8	12	—	0	11	24	49	—	2	12	104	2
Pennsylvania	—	0	2	10	27	6	7	22	156	293	—	0	0	—	100
E.N. Central	—	2	8	64	103	39	61	105	1,361	1,349	8	2	19	69	76
Illinois	—	0	4	7	26	—	11	29	205	321	—	1	9	27	22
Indiana	—	0	3	15	23	—	7	19	150	151	—	0	5	—	16
Michigan	—	0	5	10	17	9	19	41	398	276	4	1	6	25	23
Ohio	—	1	2	18	23	30	18	46	553	523	4	0	5	17	15
Wisconsin	—	0	2	14	14	—	2	12	55	78	—	0	0	—	—
W.N. Central	—	2	6	31	40	3	26	627	415	1,048	6	5	18	113	183
Iowa	—	0	3	6	6	—	5	19	146	116	—	0	4	7	16
Kansas	—	0	2	4	7	—	3	12	62	108	1	1	4	31	49
Minnesota	—	0	2	2	8	—	0	601	6	194	1	0	9	15	20
Missouri	—	0	3	14	13	2	11	35	137	530	2	1	5	30	17
Nebraska [§]	—	0	2	4	4	1	2	6	45	88	2	1	6	26	51
North Dakota	—	0	1	1	—	—	0	12	5	2	—	0	7	4	4
South Dakota	—	0	2	—	2	—	1	6	14	10	—	0	4	—	26
S. Atlantic	1	2	7	76	106	14	22	63	500	743	13	28	58	483	1,113
Delaware	—	0	1	1	2	1	0	3	5	6	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
Florida	—	1	5	38	32	3	6	28	134	246	—	0	21	48	161
Georgia	—	0	1	6	19	2	3	8	87	131	—	4	14	—	210
Maryland [§]	—	0	1	4	5	1	2	8	47	63	—	6	15	158	179
North Carolina	—	0	2	5	27	—	0	9	—	107	—	3	17	—	240
South Carolina [§]	—	0	1	7	7	6	5	23	152	99	—	0	0	—	—
Virginia [§]	1	0	2	13	10	—	4	15	63	83	13	10	26	240	267
West Virginia	—	0	2	2	4	1	0	6	9	5	—	2	6	37	56
E.S. Central	—	0	4	19	19	5	14	31	347	381	—	2	7	55	86
Alabama [§]	—	0	2	4	5	2	5	16	106	139	—	0	4	23	—
Kentucky	—	0	2	8	4	—	4	15	122	107	—	0	2	3	29
Mississippi	—	0	1	2	2	—	1	6	24	39	—	0	1	—	1
Tennessee [§]	—	0	2	5	8	3	4	10	95	96	—	1	6	29	56
W.S. Central	—	1	9	45	44	37	67	753	1,304	1,263	1	6	40	18	430
Arkansas [§]	—	0	2	5	5	1	5	29	50	134	1	0	10	12	27
Louisiana	—	0	3	8	10	—	1	7	15	91	—	0	0	—	—
Oklahoma	—	0	7	12	3	1	0	41	13	15	—	0	15	6	4
Texas [§]	—	1	7	20	26	35	60	681	1,226	1,023	—	4	30	—	399
Mountain	2	1	5	34	42	4	18	41	450	490	—	1	8	21	50
Arizona	2	0	2	9	8	—	6	13	165	98	—	0	5	—	—
Colorado	—	0	3	11	12	1	2	13	54	131	—	0	0	—	—
Idaho [§]	—	0	1	5	6	3	2	19	81	45	—	0	2	1	—
Montana [§]	—	0	1	1	5	—	1	6	23	11	—	0	4	2	14
Nevada [§]	—	0	1	5	3	—	0	6	7	6	—	0	1	2	1
New Mexico [§]	—	0	1	2	3	—	1	6	33	32	—	0	3	5	15
Utah	—	0	1	1	1	—	3	9	84	147	—	0	2	—	3
Wyoming [§]	—	0	1	—	4	—	0	1	3	20	—	0	3	11	17
Pacific	—	3	16	78	103	17	32	186	822	506	2	4	12	66	109
Alaska	—	0	2	1	3	—	0	6	12	28	—	0	2	11	9
California	—	2	13	52	68	14	20	162	608	210	2	3	11	50	98
Hawaii	—	0	2	—	3	—	0	4	—	19	—	0	0	—	—
Oregon	—	1	5	16	20	1	6	12	131	108	—	0	2	5	2
Washington	—	0	7	9	9	2	4	24	71	141	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	—	1	3	22	22
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	672	788	1,521	13,961	17,941	60	67	195	1,237	1,737	184	260	523	5,882	7,732
New England	4	20	184	342	1,253	—	2	30	37	139	—	2	28	36	120
Connecticut	—	0	179	179	430	—	0	19	19	67	—	0	25	25	43
Maine [§]	3	2	7	43	53	—	0	2	3	9	—	0	2	3	2
Massachusetts	—	12	47	—	494	—	0	6	—	39	—	1	27	—	63
New Hampshire	—	3	9	65	175	—	0	3	10	16	—	0	5	3	2
Rhode Island [§]	—	2	11	33	68	—	0	26	—	—	—	0	7	4	7
Vermont [§]	1	1	5	22	33	—	0	3	5	8	—	0	1	1	3
Mid. Atlantic	62	89	208	1,829	2,101	9	7	24	145	172	21	36	90	768	1,496
New Jersey	—	15	47	225	430	—	1	5	16	51	—	7	23	127	326
New York (Upstate)	32	24	78	487	467	7	3	15	65	39	2	4	19	79	95
New York City	5	24	46	473	475	—	1	4	16	35	—	7	15	141	219
Pennsylvania	25	29	67	644	729	2	2	8	48	47	19	19	63	421	856
E.N. Central	43	74	168	1,560	2,303	5	10	29	166	314	7	28	234	888	1,478
Illinois	—	24	52	460	653	—	1	6	11	92	—	9	227	525	345
Indiana	—	8	31	58	252	—	1	9	16	34	—	1	5	18	41
Michigan	5	15	34	310	456	1	2	11	54	55	1	4	10	95	135
Ohio	38	25	52	599	629	4	2	11	50	52	6	8	46	153	677
Wisconsin	—	9	30	133	313	—	2	11	35	81	—	5	19	97	280
W.N. Central	26	45	94	892	1,193	9	11	41	226	247	37	48	88	1,384	399
Iowa	2	7	16	147	192	—	2	14	39	64	—	0	5	26	42
Kansas	5	6	20	148	165	—	1	5	23	29	4	4	14	129	123
Minnesota	—	9	32	179	265	—	2	17	31	58	—	0	6	14	33
Missouri	13	13	29	286	234	3	2	29	97	52	33	44	75	1,198	184
Nebraska [§]	6	4	12	79	202	6	1	6	30	36	—	0	3	14	12
North Dakota	—	0	39	15	15	—	0	7	—	3	—	0	5	—	3
South Dakota	—	2	9	38	120	—	0	12	6	5	—	0	2	3	2
S. Atlantic	223	264	503	3,769	4,330	20	12	23	220	290	45	40	71	852	1,169
Delaware	—	2	9	46	34	—	0	2	1	7	—	3	10	32	40
District of Columbia	—	2	6	27	44	—	0	1	3	1	—	0	3	14	14
Florida	130	127	277	1,822	1,853	8	3	7	84	80	26	11	30	357	219
Georgia	26	39	105	602	770	—	1	4	24	32	15	12	23	303	311
Maryland [§]	19	14	32	312	315	6	1	6	32	37	3	3	17	43	199
North Carolina	—	32	90	230	593	—	1	5	4	60	—	2	26	15	224
South Carolina [§]	30	18	66	318	285	2	0	3	11	12	—	1	6	32	68
Virginia [§]	16	18	68	333	366	3	2	15	55	53	1	3	15	55	89
West Virginia	2	3	23	79	70	1	0	5	6	8	—	0	2	1	5
E.S. Central	31	47	118	858	1,044	1	4	10	76	100	2	11	40	322	486
Alabama [§]	—	14	40	227	304	—	1	4	18	25	—	2	10	45	92
Kentucky	13	8	28	191	199	—	1	4	8	32	—	4	28	153	124
Mississippi	1	12	42	186	261	—	0	2	10	6	—	1	4	18	18
Tennessee [§]	17	13	33	254	280	1	1	8	40	37	2	5	13	106	252
W.S. Central	100	98	547	1,433	1,858	4	4	68	70	120	46	47	251	967	1,497
Arkansas [§]	20	10	25	171	212	3	1	4	21	12	2	2	11	23	173
Louisiana	—	17	46	281	393	—	0	3	4	14	—	3	9	85	107
Oklahoma	18	10	46	190	230	1	0	27	5	9	8	7	96	148	98
Texas [§]	62	58	477	791	1,023	—	3	41	40	85	36	34	144	711	1,119
Mountain	25	49	133	1,012	1,264	7	7	26	136	209	7	15	43	273	558
Arizona	7	18	50	322	429	2	1	5	32	28	2	9	38	145	396
Colorado	13	11	33	252	260	2	2	11	23	82	2	2	6	46	40
Idaho [§]	3	3	10	60	76	2	1	7	21	26	3	0	1	9	2
Montana [§]	—	2	7	46	61	—	0	7	20	9	—	0	1	4	11
Nevada [§]	1	4	14	96	118	—	0	4	10	13	—	1	7	15	32
New Mexico [§]	—	5	40	95	141	—	1	3	13	17	—	1	6	45	66
Utah	—	5	15	124	146	—	1	11	13	32	—	0	4	9	11
Wyoming [§]	1	1	9	17	33	1	0	2	4	2	—	0	2	—	—
Pacific	158	116	299	2,266	2,595	5	9	46	161	146	19	21	64	392	529
Alaska	—	1	6	40	30	—	0	1	1	1	—	0	2	—	1
California	129	84	227	1,678	1,977	2	4	35	76	88	16	16	51	335	415
Hawaii	—	4	62	—	116	—	0	2	—	3	—	0	4	—	14
Oregon	2	8	49	269	196	—	1	11	25	13	—	1	4	27	24
Washington	27	15	61	279	276	3	3	19	59	41	3	2	9	30	75
American Samoa	—	1	1	1	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	2	5	—	0	0	—	—	—	0	3	1	3
Puerto Rico	—	7	39	87	250	—	0	0	—	—	—	0	1	—	6
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	1	2	12	33	64	21	12	416	285	570
New England	—	0	1	—	1	—	0	2	1	8
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	2	—	4
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island [§]	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	10	2	—	1	6	17	45
New Jersey	—	0	1	—	1	—	0	3	—	32
New York (Upstate)	—	0	1	1	—	—	0	3	3	1
New York City	—	0	1	2	—	—	0	2	8	5
Pennsylvania	—	0	2	7	1	—	0	1	6	7
E.N. Central	—	0	1	—	5	1	0	5	11	46
Illinois	—	0	1	—	—	—	0	3	—	32
Indiana	—	0	0	—	3	—	0	2	7	4
Michigan	—	0	1	—	1	—	0	2	3	—
Ohio	—	0	0	—	—	1	0	4	1	9
Wisconsin	—	0	0	—	1	—	0	1	—	1
W.N. Central	—	0	3	4	7	8	2	23	82	103
Iowa	—	0	1	—	—	—	0	1	—	2
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	2	3	7	2	22	81	100
Nebraska [§]	—	0	2	—	3	1	0	1	1	1
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	0	7	9	39	6	3	31	79	193
Delaware	—	0	1	1	—	—	0	3	5	4
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	2	0	2	9	2
Georgia	—	0	6	5	33	—	0	0	—	—
Maryland [§]	—	0	1	1	1	1	0	3	6	27
North Carolina	—	0	1	1	3	—	1	23	27	124
South Carolina [§]	—	0	1	—	2	—	0	1	3	13
Virginia [§]	—	0	1	—	—	3	0	6	29	23
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	3	1	6	3	16	79	116
Alabama [§]	—	0	1	—	—	—	1	7	17	24
Kentucky	—	0	1	2	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	1	—	8
Tennessee [§]	—	0	2	1	—	6	2	13	62	84
W.S. Central	—	0	3	1	1	—	1	408	12	47
Arkansas [§]	—	0	1	—	—	—	0	110	—	29
Louisiana	—	0	0	—	—	—	0	0	—	2
Oklahoma	—	0	3	—	—	—	0	287	8	5
Texas [§]	—	0	1	1	1	—	0	11	4	11
Mountain	—	0	2	2	7	—	0	3	4	12
Arizona	—	0	2	—	2	—	0	2	1	5
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho [§]	—	0	0	—	—	—	0	1	1	—
Montana [§]	—	0	1	2	4	—	0	1	1	5
Nevada [§]	—	0	0	—	—	—	0	1	—	—
New Mexico [§]	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming [§]	—	0	1	—	1	—	0	1	—	—
Pacific	1	0	2	4	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	1	0	2	4	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	156	109	477	8,552	1,839	34	48	156	1,310	1,359	71	236	413	4,992	6,633
New England	3	4	98	449	30	1	1	24	36	45	4	7	22	209	150
Connecticut	—	0	93	225	—	—	0	22	22	—	—	1	10	39	32
Maine [§]	1	1	6	72	8	—	0	2	6	2	—	0	3	14	1
Massachusetts	—	0	1	—	2	—	0	3	—	34	4	5	12	129	103
New Hampshire	—	0	7	59	—	—	0	2	3	6	—	0	1	8	10
Rhode Island [§]	—	0	7	40	11	—	0	1	2	1	—	0	5	17	4
Vermont [§]	2	0	6	53	9	1	0	1	3	2	—	0	2	2	—
Mid. Atlantic	11	8	52	721	107	7	7	48	205	171	25	33	47	798	875
New Jersey	—	0	8	63	—	—	1	4	34	27	2	4	12	113	124
New York (Upstate)	1	3	12	105	42	—	3	19	76	79	6	2	11	51	53
New York City	8	2	25	255	4	7	1	24	59	53	14	18	39	454	531
Pennsylvania	2	4	22	298	61	—	0	5	36	12	3	7	14	180	167
E.N. Central	17	21	96	1,714	423	—	8	18	203	224	1	27	44	456	701
Illinois	—	0	7	51	—	—	1	5	45	36	—	12	21	127	336
Indiana	—	6	23	342	168	—	1	6	29	45	—	3	9	52	73
Michigan	4	2	26	403	19	—	1	6	46	45	—	4	13	108	112
Ohio	13	12	49	735	236	—	2	6	57	75	1	7	13	152	154
Wisconsin	—	0	22	183	—	—	1	4	26	23	—	0	3	17	26
W.N. Central	9	6	182	538	113	3	3	12	99	97	2	5	12	123	148
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	4	12
Kansas	—	1	7	60	43	—	0	2	11	14	—	0	3	8	12
Minnesota	5	0	179	287	20	2	1	10	44	32	2	1	5	39	36
Missouri	1	1	9	70	41	1	0	3	27	34	—	3	8	67	81
Nebraska [§]	3	1	7	80	—	—	0	2	10	6	—	0	1	5	4
North Dakota	—	0	11	30	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	11	2	—	0	2	5	7	—	0	0	—	—
S. Atlantic	36	34	143	1,994	829	12	12	28	341	329	25	58	218	1,247	1,549
Delaware	—	0	3	21	11	—	0	2	—	—	—	0	3	3	17
District of Columbia	—	0	4	20	16	—	0	2	7	3	—	2	8	58	89
Florida	18	17	89	947	494	7	3	18	124	126	1	19	31	433	536
Georgia	3	10	28	317	232	2	4	12	91	75	1	14	167	233	313
Maryland [§]	3	0	25	274	4	—	1	6	33	50	7	6	12	130	128
North Carolina	—	0	0	—	—	—	0	0	—	—	9	9	31	200	257
South Carolina [§]	3	0	25	309	—	1	1	4	35	30	2	2	6	62	61
Virginia [§]	—	0	4	39	—	—	1	4	37	30	5	4	22	125	144
West Virginia	9	1	21	67	72	2	0	4	14	15	—	0	2	3	4
E.S. Central	14	9	50	760	188	—	2	8	74	80	3	20	39	420	549
Alabama [§]	—	0	0	—	—	—	0	0	—	—	—	6	17	113	227
Kentucky	2	2	16	109	52	—	0	2	9	7	—	2	13	61	25
Mississippi	—	1	6	37	31	—	0	2	8	12	1	5	17	94	92
Tennessee [§]	12	7	44	614	105	—	2	7	57	61	2	7	16	152	205
W.S. Central	56	6	88	1,092	73	11	6	41	175	205	1	42	72	661	1,343
Arkansas [§]	5	2	9	101	34	—	0	3	10	26	—	5	14	59	96
Louisiana	—	1	8	47	39	—	0	3	16	17	—	7	27	64	393
Oklahoma	—	0	5	31	—	—	1	5	31	32	1	1	6	31	45
Texas [§]	51	0	81	913	—	11	3	34	118	130	—	27	46	507	809
Mountain	8	4	83	1,105	74	—	5	12	153	189	3	8	18	172	262
Arizona	2	0	52	529	—	—	2	7	69	84	1	3	10	59	126
Colorado	5	0	20	316	—	—	1	4	40	28	—	2	5	52	45
Idaho [§]	—	0	1	8	—	—	0	1	4	6	—	0	1	2	3
Montana [§]	—	0	1	11	—	—	0	1	1	—	—	0	1	—	—
Nevada [§]	—	1	4	46	28	—	0	1	4	6	1	1	10	41	50
New Mexico [§]	1	0	8	96	—	—	0	4	13	23	1	1	4	13	22
Utah	—	2	9	91	37	—	1	4	20	41	—	0	2	5	15
Wyoming [§]	—	0	2	8	9	—	0	1	2	1	—	0	1	—	1
Pacific	2	1	14	179	2	—	0	7	24	19	7	39	61	906	1,056
Alaska	—	0	9	68	—	—	0	5	16	11	—	0	0	—	—
California	2	0	12	111	—	—	0	2	8	—	7	34	56	811	938
Hawaii	—	0	1	—	2	—	0	1	—	8	—	0	3	17	19
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	28
Washington	—	0	0	—	—	—	0	0	—	—	—	3	7	72	71
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	104	106
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2010, and June 27, 2009 (25th week)*

Reporting area	West Nile virus disease [†]														
	Varicella (chickenpox) [§]					Neuroinvasive					Nonneuroinvasive [¶]				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	120	329	527	8,249	13,469	—	0	46	1	14	—	0	49	2	13
New England	—	16	36	352	592	—	0	0	—	—	—	0	0	—	—
Connecticut	—	7	20	162	289	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	4	15	96	97	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	3	7	68	120	—	0	0	—	—	—	0	0	—	—
Rhode Island [§]	—	1	12	14	22	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	1	10	12	61	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	10	33	66	901	1,274	—	0	2	—	—	—	0	1	—	—
New Jersey	1	9	30	331	267	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	9	22	52	570	1,007	—	0	0	—	—	—	0	0	—	—
E.N. Central	22	108	176	2,906	4,267	—	0	4	—	—	—	0	3	—	—
Illinois	—	26	49	719	1,002	—	0	3	—	—	—	0	0	—	—
Indiana [§]	3	5	35	260	309	—	0	1	—	—	—	0	1	—	—
Michigan	8	35	62	930	1,252	—	0	1	—	—	—	0	0	—	—
Ohio	9	28	56	815	1,327	—	0	0	—	—	—	0	2	—	—
Wisconsin	2	7	24	182	377	—	0	1	—	—	—	0	0	—	—
W.N. Central	6	13	40	319	880	—	0	5	—	—	—	0	11	—	5
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas [§]	—	4	18	96	372	—	0	1	—	—	—	0	2	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	1
Missouri	6	6	16	185	422	—	0	2	—	—	—	0	1	—	—
Nebraska [§]	N	0	0	N	N	—	0	2	—	—	—	0	6	—	1
North Dakota	—	0	26	29	52	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	7	9	34	—	0	3	—	—	—	0	2	—	2
S. Atlantic	30	36	101	1,259	1,646	—	0	4	—	—	—	0	2	2	—
Delaware [§]	—	0	6	27	7	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	12	21	—	0	1	—	—	—	0	0	—	—
Florida [§]	—	15	57	639	843	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	2	—
Maryland [§]	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina [§]	—	0	34	72	91	—	0	2	—	—	—	0	0	—	—
Virginia [§]	26	10	34	261	441	—	0	2	—	—	—	0	0	—	—
West Virginia	4	8	26	248	243	—	0	0	—	—	—	0	0	—	—
E.S. Central	6	6	28	170	348	—	0	6	1	2	—	0	4	—	—
Alabama [§]	5	6	27	168	345	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	1	0	1	2	3	—	0	5	1	—	—	0	4	—	—
Tennessee [§]	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
W.S. Central	37	68	285	1,699	3,163	—	0	19	—	6	—	0	6	—	1
Arkansas [§]	—	3	32	103	312	—	0	1	—	2	—	0	0	—	—
Louisiana	—	2	10	64	71	—	0	2	—	1	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas [§]	37	58	272	1,532	2,780	—	0	16	—	3	—	0	4	—	1
Mountain	9	25	48	624	1,224	—	0	12	—	3	—	0	17	—	7
Arizona	—	0	0	—	—	—	0	4	—	1	—	0	2	—	—
Colorado [§]	6	10	41	239	660	—	0	7	—	—	—	0	14	—	2
Idaho [§]	N	0	0	N	N	—	0	3	—	1	—	0	5	—	1
Montana [§]	3	3	17	128	107	—	0	1	—	—	—	0	1	—	—
Nevada [§]	N	0	0	N	N	—	0	2	—	1	—	0	1	—	2
New Mexico [§]	—	2	7	57	86	—	0	2	—	—	—	0	1	—	—
Utah	—	6	22	187	371	—	0	1	—	—	—	0	0	—	1
Wyoming [§]	—	0	3	13	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	19	75	—	0	12	—	3	—	0	12	—	—
Alaska	—	0	4	19	45	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	3	—	0	6	—	—
Hawaii	—	0	2	—	30	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	9	14	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	5	30	119	319	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

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

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

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

TABLE III. Deaths in 122 U.S. cities,* week ending June 26, 2010 (25th week)

All causes, by age (years)								All causes, by age (years)							
Reporting area	All Ages	≥65	45–64	25–44	1–24	<1	P&I†	Reporting area	All Ages	≥65	45–64	25–44	1–24	<1	P&I†
New England	541	364	121	41	10	5	44	S. Atlantic	1,154	714	299	83	31	23	81
Boston, MA	144	86	39	15	3	1	13	Atlanta, GA	133	74	40	15	4	—	6
Bridgeport, CT	42	29	9	3	1	—	5	Baltimore, MD	137	80	36	11	7	3	15
Cambridge, MA	17	15	2	—	—	—	3	Charlotte, NC	110	74	26	5	2	3	7
Fall River, MA	24	18	5	1	—	—	5	Jacksonville, FL	152	102	33	9	7	1	15
Hartford, CT	58	41	12	4	—	1	4	Miami, FL	93	58	22	3	2	4	7
Lowell, MA	16	9	5	—	2	—	1	Norfolk, VA	59	36	18	2	2	1	2
Lynn, MA	7	4	2	—	1	—	—	Richmond, VA	65	34	24	4	1	2	2
New Bedford, MA	16	12	4	—	—	—	1	Savannah, GA	58	42	12	3	—	1	3
New Haven, CT	37	20	8	7	1	1	2	St. Petersburg, FL	48	31	10	2	4	1	1
Providence, RI	76	57	13	2	2	2	—	Tampa, FL	162	104	38	17	2	1	11
Somerville, MA	2	2	—	—	—	—	—	Washington, D.C.	121	68	36	11	—	6	10
Springfield, MA	39	24	9	6	—	—	6	Wilmington, DE	16	11	4	1	—	—	2
Waterbury, CT	17	12	5	—	—	—	—	E.S. Central	796	524	196	42	21	13	60
Worcester, MA	46	35	8	3	—	—	4	Birmingham, AL	166	108	38	14	3	3	14
Mid. Atlantic	1,859	1,232	447	115	41	24	80	Chattanooga, TN	58	40	13	2	1	2	2
Albany, NY	37	21	10	3	—	3	7	Knoxville, TN	104	76	16	5	4	3	5
Allentown, PA	29	18	6	4	1	—	—	Lexington, KY	59	33	20	3	—	3	7
Buffalo, NY	68	42	20	3	1	2	2	Memphis, TN	176	115	49	11	1	—	21
Camden, NJ	33	20	10	—	2	1	2	Mobile, AL	72	48	20	2	2	—	2
Elizabeth, NJ	10	7	3	—	—	—	2	Montgomery, AL	33	24	6	1	1	1	3
Erie, PA	48	36	12	—	—	—	—	Nashville, TN	128	80	34	4	9	1	6
Jersey City, NJ	16	11	4	1	—	—	1	W.S. Central	1,091	677	281	79	32	21	56
New York City, NY	904	624	211	46	13	10	37	Austin, TX	81	36	32	7	3	3	4
Newark, NJ	51	24	14	10	3	—	1	Baton Rouge, LA	61	45	10	5	1	—	—
Paterson, NJ	17	12	2	3	—	—	3	Corpus Christi, TX	49	35	11	2	1	—	2
Philadelphia, PA	365	217	95	32	14	7	8	Dallas, TX	201	113	55	21	7	4	12
Pittsburgh, PA [§]	36	26	7	2	—	1	6	El Paso, TX	108	68	25	9	4	2	2
Reading, PA	26	24	2	—	—	—	2	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	59	41	10	4	4	—	2	Houston, TX	135	85	36	6	4	4	6
Schenectady, NY	19	12	6	1	—	—	1	Little Rock, AR	56	37	14	2	2	1	2
Scranton, PA	19	11	8	—	—	—	—	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	65	46	16	1	2	—	4	San Antonio, TX	228	139	62	17	6	4	14
Trenton, NJ	27	19	5	3	—	—	—	Shreveport, LA	38	24	10	2	—	2	5
Utica, NY	12	8	3	—	1	—	1	Tulsa, OK	134	95	26	8	4	1	9
Yonkers, NY	18	13	3	2	—	—	1	Mountain	1,019	658	236	70	33	22	55
E.N. Central	1,898	1,224	458	127	49	40	105	Albuquerque, NM	116	74	31	7	2	2	9
Akron, OH	36	26	9	—	—	1	3	Boise, ID	41	27	10	2	2	—	2
Canton, OH	31	19	6	4	1	1	2	Colorado Springs, CO	80	47	18	10	3	2	4
Chicago, IL	293	173	79	31	8	2	9	Denver, CO	69	39	28	2	—	—	3
Cincinnati, OH	64	40	14	5	3	2	5	Las Vegas, NV	240	159	47	24	6	4	15
Cleveland, OH	214	148	51	10	2	3	8	Ogden, UT	37	27	7	3	—	—	1
Columbus, OH	212	127	66	11	5	3	13	Phoenix, AZ	158	89	50	8	6	5	5
Dayton, OH	106	72	25	5	2	2	7	Pueblo, CO	29	23	3	1	2	—	1
Detroit, MI	178	98	54	10	7	9	6	Salt Lake City, UT	108	66	19	8	10	5	7
Evansville, IN	53	39	6	6	2	—	4	Tucson, AZ	141	107	23	5	2	4	8
Fort Wayne, IN	70	43	22	3	—	2	2	Pacific	1,630	1,103	384	78	30	34	137
Gary, IN	20	11	4	5	—	—	—	Berkeley, CA	10	9	1	—	—	—	1
Grand Rapids, MI	37	28	7	1	—	1	2	Fresno, CA	109	73	31	3	1	1	13
Indianapolis, IN	191	123	41	14	7	6	17	Glendale, CA	32	25	6	—	—	1	9
Lansing, MI	40	31	8	1	—	—	2	Honolulu, HI	77	49	18	6	1	3	7
Milwaukee, WI	94	53	27	8	1	5	8	Long Beach, CA	77	54	9	9	2	3	3
Peoria, IL	38	26	7	1	3	1	4	Los Angeles, CA	241	151	63	13	6	8	29
Rockford, IL	44	36	6	2	—	—	2	Pasadena, CA	19	13	5	1	—	—	2
South Bend, IN	46	38	6	2	—	—	4	Portland, OR	122	81	30	4	3	3	7
Toledo, OH	78	49	15	5	7	2	6	Sacramento, CA	161	112	38	4	4	3	7
Youngstown, OH	53	44	5	3	1	—	1	San Diego, CA	143	95	32	12	2	2	12
W.N. Central	460	311	109	20	15	5	32	San Francisco, CA	118	75	33	5	3	2	13
Des Moines, IA	—	—	—	—	—	—	—	San Jose, CA	203	147	45	5	2	4	21
Duluth, MN	11	6	5	—	—	—	1	Santa Cruz, CA	22	10	8	3	1	—	—
Kansas City, KS	22	13	6	2	—	1	1	Seattle, WA	108	76	21	6	1	4	2
Kansas City, MO	93	68	20	2	3	—	2	Spokane, WA	53	37	14	2	—	—	4
Lincoln, NE	37	24	10	3	—	—	2	Tacoma, WA	135	96	30	5	4	—	7
Minneapolis, MN	63	35	16	4	5	3	4	Total¶	10,448	6,807	2,531	655	262	187	650
Omaha, NE	99	70	23	4	2	—	11								
St. Louis, MO	13	7	5	—	—	1	—								
St. Paul, MN	44	35	8	—	1	—	3								
Wichita, KS	78	53	16	5	4	—	8								

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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