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Prevalence of Duchenne/Becker Muscular Dystrophy Among Males Aged 5–24 Years – Four States, 2007

Muscular dystrophies are a group of genetic diseases characterized by progressive skeletal muscle weakness and muscle cell death with replacement of muscle cells by fibrosis and fat (1). The most common muscular dystrophy in children is Duchenne muscular dystrophy (DMD), which predominantly affects males (2). Historically, DMD has resulted in loss of ambulation between ages 7 and 13 years and death in the teens or 20s (3). The average age at diagnosis is 5 years, despite earlier onset of symptoms (4). Becker muscular dystrophy is similar to DMD but has later onset and slower, more variable progression of symptoms. Birth prevalence of DMD has been estimated at 1 in 3,500 (2.9 per 10,000) male births and Becker muscular dystrophy at 1 in 18,518 (0.5 per 10,000) male births (5). To estimate the population-based prevalence of Duchenne/Becker muscular dystrophy (DBMD) and describe selected clinical outcomes, CDC and investigators from the Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet) analyzed data for males born during 1983–2002 that were reported to the MD STARnet from four participating states. This report summarizes those findings, which indicated overall state-specific prevalences on January 1, 2007, of 1.3–1.8 per 10,000 males aged 5–24 years. Among MD STARnet subjects, more than 90% of males with DBMD aged ≥ 15 years used wheelchairs. Nearly 60% of males with DBMD born during 1983–1987 had survived through 2007, emphasizing the need to develop and implement programs that address lifelong needs of males with DBMD.

Since 2004, MD STARnet has conducted named population-based surveillance of DBMD in four states (Arizona, Colorado, Iowa, and 12 counties* in western New York) for males born on

or after January 1, 1982 (6). Cases are ascertained by reviewing medical records of patients in hospitals or specialty clinics using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9) nonspecific muscular dystrophy code (359.1). Trained abstractors screen medical records to determine if the patient might have DBMD. Medical records of potential cases are abstracted using a standardized tool to collect data on clinical signs and symptoms, family history, screening and diagnostic tests, medical treatments, clinical outcome (e.g., death and mobility), and case demographics. Clinical reviewers apply MD STARnet standard case definition criteria (6)[†] to classify each case as definite, probable, or possible. Cases meeting the definite and probable definitions are included in this report.

The analyses in this report used two different time frames. For the calculation of prevalence rates and the use of wheelchairs among males with DBMD identified by MD STARnet, January 1, 2007, was used. December 31, 2007, was used to report deaths and survival. For each of the four sites, residency

[†] Definite cases were symptomatic and had 1) a documented dystrophin mutation, or 2) a muscle biopsy that showed an abnormality of dystrophin with no alternative explanation identified, or 3) an elevated creatine kinase (CK) level, a pedigree compatible with X-linked inheritance, and an affected family member with dystrophin mutation or dystrophin abnormality on muscle biopsy. Probable cases were symptomatic, had an elevated CK level, and had an X-linked pedigree consistent with a dystrophinopathy. Possible cases were symptomatic and had an elevated CK level.

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*Includes Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne, and Wyoming counties. The 12 counties represented 14% of males aged 5–24 years in New York.

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was defined as having a home address in the corresponding state and at least one clinic visit during 2005–2007. Denominators used for rate calculations were the male resident population from the U.S. Census Bureau's 2007 population estimates (8). For the analysis of wheelchair use, an indicator of mobility impairment, any use of a wheelchair, scooter, or stroller (excluding use of a stroller before age 7 years) was considered to be wheelchair use. Because of the progressive nature of DBMD, wheelchair use was assumed to continue after initiation.

To describe the death and survival of males with DBMD, MD STARnet subjects born during 1983–2002 and who ever resided in the four geographic areas were included in the analysis. Known deaths that occurred through December 31, 2007, were identified from clinic reports. Investigators used state death certificate files, the National Death Index, and/or Social Security files to ascertain additional deaths. Known deaths were included in the analysis regardless of the state where they occurred. Subjects with no report of death were classified as survivors (i.e., males with a clinic visit during 2005–2007) or lost to follow-up (i.e., no clinic visit during that period and no report of death).

On January 1, 2007, 452 definite or probable cases of DBMD in males born during 1983–2002 were identified in the four states. Of these, 46 (10%) died before the end of 2006 and 57 (13%) were lost to follow-up. The remaining 349 males with definite or probable DBMD were used to calculate point prevalence in 2007 (Table 1). Overall DBMD prevalence rates per 10,000 males aged 5–24 years ranged from 1.3 (Arizona) to 1.8 (western New York). Age- and state-specific prevalences per 10,000 males ranged from 0.9 (Iowa) to 1.9 (western New York) for males aged 5–9 years; 1.4 (Colorado) to 2.5 (Iowa) for males aged 10–14 years; 1.6 (Arizona) to 2.5 (Colorado) for males aged 15–19 years; and 0.8 (Arizona) to 1.1 (western New York) for males aged 20–24 years. For the 349 males with DBMD at the beginning of 2007, the age-specific percentages for those who used wheelchairs were 29% at age 5–9 years and >90% at age ≥15 years (Table 2).

During 2007, the number of deaths increased from 46 to 58. Of the 12 additional deaths, 10 were counted in the prevalence analysis and two had been categorized as lost to follow-up on January 1, 2007. Death records indicated that the two males who had been categorized as lost to follow-up died in 2007. Of the 58 deaths, 54 (93%) were attributable to DBMD. Of the remaining four, one resulted from poisoning, one was attributed to an unintentional injury, and two resulted from unknown causes. Among subjects born during 1983–2002, survival ranged from 58% for the oldest males (1983–1987) to 100% for youngest group (1998–2002) (Table 3).

TABLE 1. Overall and age-specific prevalence of Duchenne/Becker muscular dystrophy among males, by age group — Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet), four states, January 1, 2007

Age group (yrs)	Arizona			Colorado			Iowa			Western New York*		
	Cases†	Population§	Prevalence¶	Cases	Population	Prevalence	Cases	Population	Prevalence	Cases	Population	Prevalence
5–9	26	232,419	1.1	23	166,577	1.4	9	97,669	0.9	14	73,970	1.9
10–14	35	226,682	1.5	23	162,149	1.4	25	100,839	2.5	19	84,171	2.3
15–19	36	225,557	1.6	41	166,265	2.5	21	111,056	1.9	20	101,597	2.0
20–24	17	226,577	0.8	18	179,099	1.0	11	110,891	1.0	11	100,109	1.1
Total	114	911,235	1.3	105	674,090	1.6	66	420,455	1.6	64	359,847	1.8

* Includes Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne, and Wyoming counties.

† All residential cases as of January 1, 2007, meeting the definite or probable case definition used by MD STARnet.

§ Male residential population using U.S. Census Bureau 2007 population estimates.

¶ Prevalence per 10,000 male residents.

TABLE 2. Males with Duchenne/Becker muscular dystrophy who used wheelchairs,* by age group — Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet), four states,† January 1, 2007

Age group (yrs)	No.‡	Using wheelchair	
		No.	(%)
5–9	72	21	(29)
10–14	102	84	(82)
15–19	118	110	(93)
20–24	57	52	(91)

* Excludes stroller use before age 7 years.

† Arizona, Colorado, Iowa, and western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne, and Wyoming counties).

‡ All residential cases as of January 1, 2007, meeting the definite or probable case definition used by MD STARnet (7).

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Editorial Note: This report describes the first population-based assessment of DBMD prevalence in the United States. The analysis used data from the four states participating in MD STARnet, a surveillance system for DBMD that is unique because it is population-based, ascertains DBMD cases using a nonspecific ICD-9 code augmented by medical record review, and follows cases longitudinally. The results indicate an overall site-specific prevalence at January 1, 2007, of 1.3–1.8 per 10,000 males aged 5–24 years. Comparable studies for this population are not available. However, newborn screening for males with DMD range from 1 in 7,730 (1.3 per 10,000) to 1 in 3,871 (2.6 per 10,000) (8).

TABLE 3. Survival* of males diagnosed with Duchenne/Becker muscular dystrophy (DBMD), by years of birth — Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet), four states,† December 31, 2007

Years of birth	No.‡	Lost to follow-up ¶	Deaths	Survival (%)**
1998–2002	76	4	0	(100)
1993–1997	118	15	1	(99)
1988–1992	151	18	20	(85)
1983–1987	107	18	37	(58)

* Survival measured through December 31, 2007, for MD STARnet subjects born during 1983–2002.

† Arizona, Colorado, Iowa, and western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne, and Wyoming counties).

‡ Subjects who met the definite or probable case definition used by MD STARnet (7).

¶ Two males with DBMD were lost to follow-up as of January 1, 2007, but had a death record in 2007. These males are included as deaths.

** [(No. - lost to follow-up - deaths) / (No. - lost to follow-up)] x 100.

In all four states, lower prevalences were observed consistently for the youngest and oldest groups, compared with the middle two age groups. The lower prevalences for males aged 5–9 years (born during 1998–2002) might reflect diagnostic delays previously reported by MD STARnet (4). The case classification used by MD STARnet rigorously defines probable or definite cases, but might not identify all cases of DBMD. This might be especially true for males aged 20–24 years (born during 1983–1987) because widespread use of genetic diagnostic tests did not begin until the early 1990s. Additionally, this group has the lowest survival.

Data show that some males (29%) who have DBMD experience impaired mobility by the end of their first decade of life and more than 90% used wheelchairs by the end of their second decade of life. Although not showing age distribution of wheelchair use, a previous study reported loss of ambulation at a mean age of 9.4 years and dependency on an electric wheelchair at a mean age of 14.6 years (9). More public health programs that promote early identification of motor delays

What is already known on this topic?

Most previous prevalence studies of Duchenne/Becker muscular dystrophy (DBMD) have been conducted in clinical populations, and no population-based study has been conducted in the United States.

What is added by this report?

In 2007, the estimated prevalence of DBMD at four U.S. sites was 1.3–1.8 per 10,000 males aged 5–24 years, and a majority of surveillance subjects were surviving into adulthood.

What are the implications for public health practice?

More public health interventions, such as educational and vocational support, and access to and use of health care addressing DBMD patient physical and psychosocial needs are needed to support these patients and their families as they transition from childhood into adulthood.

leading to diagnosis of DBMD at an earlier age would provide opportunities for prescribing mobility aids and initiating therapeutic interventions to support prolonged ambulation.

The analysis of survival among MD STARnet subjects indicated that all males born during 1993–2002 (corresponding to ages 5–9 years) were surviving at the end of 2007, and 60% of those born during 1983–1987 (corresponding to ages 20–24 years) were surviving. A 2002 British study, which only included males who have DMD, reported mean survival of 19–25 years, and survival was related to receipt of respiratory therapy (10). As males with DBMD increasingly survive into adulthood, practitioners who care for adults are increasingly challenged to manage patients who have rare disorders, such as DMD, who historically did not survive to adulthood. Programs are needed to address their changing medical, psychosocial, educational, and vocational needs. For example, public health programs that promote earlier diagnosis of DMD might allow earlier prescription of mobility aids and earlier initiation of therapeutic interventions to support prolonged ambulation.

The findings in this report are subject to at least five limitations. First, approximately 13% of MD STARnet subjects were lost to follow-up. Cases lost to follow-up were excluded from analyses because neither residency nor survival could be confirmed. If cases lost to follow-up were included in the analyses, prevalence rates could increase and the percentage of survivors would increase or decrease. Second, as for all surveillance systems, some cases might not be ascertained, which could lower prevalence rates. Circumstances reducing case ascertainment include frequent delays in diagnosis (4), problems locating the records of males born more than 20 years ago (records were archived or lost), and out of state medical care. Third, current case classification, which rigorously defines probable or definite cases, might underrepresent true identification of all cases of

DBMD, especially for males born during 1983–1987. Fourth, the variable follow-up period was too brief to observe long-term survival for all males with DBMD. Finally, because the analysis was conducted in just four states, these findings are not nationally representative.

DBMD results from both familial and new genetic mutations; therefore, any newborn male can be affected. Accurate population based prevalence estimates of DBMD provide information to policy makers, health-care providers, and payers for the planning and provision of services.

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References

1. Emery AE. The muscular dystrophies. *BMJ* 1998;317:991–5.
2. Emery AE. Duchenne muscular dystrophy. 2nd ed. New York, NY: Oxford University Press; 1987.
3. Wong BL, Christopher C. Corticosteroids in Duchenne muscular dystrophy: a reappraisal. *J Child Neurol* 2002;17:183–90.
4. Ciafaloni E, Fox DJ, Pandya S, et al. Delayed diagnosis in Duchenne muscular dystrophy: data from the Muscular Dystrophy Surveillance, Tracking, and Research Network (MD STARnet). *J Pediatr* 2009 [Epub ahead of print].
5. Emery AE. Population frequencies of inherited neuromuscular diseases—a world survey. *Neuromuscul Disord* 1991;1:19–29.
6. Miller LA, Romitti PA, Cunniff C, et al. The Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet): surveillance methodology. *Birth Defects Res A Clin Mol Teratol* 2006;76:793–7.
7. US Census Bureau. American fact finder. Available at http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=PEP_2007_EST&_lang=en&_ts=265803653715. Accessed October 14, 2009.
8. Bradley D, Parsons E. Newborn screening for Duchenne muscular dystrophy. *Semin Neonatol* 1998;3:27–34.
9. Kohler M, Clarenbach CF, Bahler C, et al. Disability and survival in Duchenne muscular dystrophy. *J Neurol Neurosurg Psychiatry* 2009;80:320–5.
10. Eagle M, Baudouin SV, Chandler C, et al. Survival in Duchenne muscular dystrophy: improvements in life expectancy since 1967 and the impact of home nocturnal ventilation. *Neuromuscul Disord* 2002;12:926–9.

Progress Toward Global Eradication of Dracunculiasis, January 2008–June 2009

Dracunculiasis is a parasitic infection caused by *Dracunculus medinensis*. Persons become infected by drinking water from stagnant sources (e.g., ponds) contaminated by copepods (water fleas) that contain immature forms of the parasite. In 1986, the World Health Assembly (WHA) called for the eradication of dracunculiasis (Guinea worm disease) at a time when an estimated 3.5 million cases occurred annually in 20 countries in Africa and Asia and 120 million persons were at risk for the disease (1,2). Because of slow mobilization in countries with endemic disease, the global dracunculiasis eradication program did not meet the 1995 target date for eradicating dracunculiasis set by WHA in 1991 (3). In 2004, WHA established a new target date of 2009 (4); despite considerable progress toward global eradication, that target date also will not be met. This report updates continued progress toward global eradication of dracunculiasis since January 2008 (5,6). At the end of December 2008, dracunculiasis was endemic in six countries (Ethiopia, Ghana, Mali, Niger, Nigeria, and Sudan). The number of indigenous cases of dracunculiasis had decreased 52%, from 9,585 in 2007 to 4,619 in 2008. Of the 1,446 cases that occurred during January–June 2009, 1,413 (98%) were reported from Sudan and Ghana. Currently, insecurity (e.g., sporadic violence or civil unrest) in areas of Sudan and Mali where dracunculiasis is endemic poses the greatest threat to the success of the global dracunculiasis eradication program.

No effective drug or vaccine exists to treat dracunculiasis, and persons who contract *D. medinensis* infection do not become immune. After a 1-year incubation period in infected persons, adult worms approximately 1 meter (39.4 in) long emerge through skin lesions that frequently develop secondary infections. The emerging worm is removed by rolling it on a stick a few centimeters each day. Disabilities caused by dracunculiasis are related to the secondary bacterial infections in the skin, with associated pain and swelling (7,8). Dracunculiasis can be prevented by 1) filtering drinking water through a fine woven cloth, 2) treating contaminated water with Abate (temephos) larvicide, 3) providing safe water from borehole or hand-dug wells, and 4) educating persons to avoid entering water sources when the worms are emerging from their bodies.

Containment of transmission, achieved through voluntary isolation of each patient, provision of first aid, manual

extraction of the worm, and application of occlusive bandages,* is a complementary component to the four main interventions. Countries enter the World Health Organization (WHO) precertification stage of eradication approximately 1 year (i.e., one incubation period for *D. medinensis*) after reporting their last indigenous case.† Eight countries where dracunculiasis was formerly endemic (Benin, Burkina Faso, Chad, Côte d'Ivoire, Kenya, Mauritania, Togo, and Uganda) are in the precertification stage of eradication. WHO already has certified 180 countries and territories as free from dracunculiasis; Cambodia and 20 African countries remain to be certified.

In each country affected by dracunculiasis, a national Guinea worm eradication program receives monthly reports of cases of dracunculiasis[§] from every village with endemic transmission. Reporting rates are calculated by dividing the number of villages with endemic dracunculiasis reporting each month by the total number of reports expected each month from all villages with endemic disease. All villages where endemic transmission of dracunculiasis is interrupted (i.e., zero cases reported for 12 consecutive months) are kept under active surveillance and response for 3 consecutive years. Village volunteers conduct daily household checks for dracunculiasis to ensure that any cases are reported promptly and immediate measures are taken to prevent transmission from the patient to sources of water.

Country Reports

Sudan. Since 2003, all reported indigenous cases of dracunculiasis have occurred in Southern Sudan. The Southern Sudan Guinea Worm Eradication Program, created in 2006 after Sudan's civil war ended in 2005, has approximately 28,000 village volunteers and health staff members working in the program, and 10,695 villages under active surveillance. The reporting rate improved from 63% in 2006, to 70% in 2007, to 87% in 2008. During 2007–2008, the number of cases and the number of villages reporting cases each were reduced by 38%

*Transmission from a patient with dracunculiasis is contained if all of the following conditions are met: 1) the disease is detected <24 hours after worm emergence; 2) the patient has not entered any water source since the worm emerged; 3) a volunteer has managed the patient properly, by cleaning and bandaging the lesion until the worm has been fully removed manually and by providing health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, transmission is not contained until the last worm is pulled out); and 4) the containment process, including verification of dracunculiasis, is validated by a supervisor within 7 days of emergence of the worm.

† Certification of a country as free from dracunculiasis requires a 3-year period after the last known indigenous case is reported, during which active surveillance and response to cases of dracunculiasis must be maintained.

§ A case of dracunculiasis is defined as disease in a person exhibiting a skin lesion or lesions with emergence of one or more Guinea worms; each person is counted only once in a calendar year.

(from 5,815 to 3,618 and from 1,998 to 1,243, respectively); the percentage of villages with cloth filters in all households increased from 38% to 79%, and the proportion with Abate larvicide treatment of water sources increased from 11% to 34% (Table 1). During January–June 2009, the number of reported cases decreased by 34%, from 1,789 to 1,188, despite 23 incidences of insecurity that resulted in program staff members being evacuated or confined to quarters, disrupting program operations.

Ghana. The country's Guinea Worm Eradication Program achieved an 85% reduction in cases in 2008, from 3,358 cases reported from 406 villages in 2007 to 501 cases reported from 131 villages in 2008. During January–June 2009, the number of cases decreased 45%, from 416 to 229, compared with the same period in 2008 (Table 2). Of all infected persons reported in Ghana during January–June 2009, 78% were treated voluntarily and contained in temporary case-containment centers or other health facilities, compared with 36% of infected persons reported in 2008.

Mali. An unexpected outbreak in the previously dracunculiasis-free region of Kidal occurred in 2006; notification of the outbreak and implementation of control measures were delayed by sporadic insecurity (6). Mali reported an increase in cases, from 313 in 2007 to 417 in 2008. With improved security and better case containment in 2008, Mali reported 90% fewer cases during January–June 2009, compared with the same period in 2008 (Table 2).

Ethiopia. After approximately 20 months with no reported indigenous cases, Ethiopia reported 41 cases in 2008, including 37 indigenous cases, from seven villages in Gambella Region.

During January–June 2009, Ethiopia contained 100% of cases reported.

Nigeria. Nigeria reported 38 indigenous cases from five villages during 2008, a consequence of an unexpected outbreak discovered in early 2007. After 7 consecutive months with no cases, a single indigenous case was detected in the same area in November 2008. All cases in 2008 were contained. No indigenous cases were reported during January–June 2009 (Table 2).

Niger. Niger reported one case imported from Mali in February 2008 and two indigenous cases during September–October 2008. Only the case in October 2008 was not contained. During January–June 2009, Niger reported one case, imported from Ghana in March, which reportedly did not contaminate a source of drinking water.

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Editorial Note: In 2008, for the first time, fewer than 5,000 cases of dracunculiasis were reported globally. At the end of 2008, dracunculiasis remained endemic in Sudan, Ghana, Mali, Nigeria, Niger, and Ethiopia. Transmission of dracunculiasis might have been interrupted in Nigeria and Niger in 2008. However, interruption cannot be confirmed until 1 year has elapsed since the last reported cases (i.e., late 2009). Because no uncontained cases have been reported since late 2007 in Nigeria, interruption of transmission seems more assured in Nigeria than in Niger. The 2008 setbacks in Ethiopia and Mali (including the possibility of cases exported to Algeria) are causes for concern, but with 90% reduction in cases and a

TABLE 1. Number of reported dracunculiasis cases, by country and local intervention — worldwide, 2008

Country	No. of reported cases in 2008		% of cases reported that were contained in 2008	Villages/localities reporting cases in 2008			Villages/localities and interventions*					
	Indigenous	Imported†		No. reporting one or more cases	No. reporting only cases imported into village‡	No. reporting only cases indigenous to village§	No. of villages reporting indigenous cases during 2008–2009	% reporting monthly	% with cloth filters in all households	% using Abate	% with one or more sources of safe drinking water	% provided with health education
Sudan	3,618	0	49	1,243	296	947	2,301	87	79	34	15	96
Ghana	501	0	85	131	85	46	197	98	75	58	46	100
Mali	417	0	85	69	43	26	113	100	100	56	21	100
Nigeria	38	0	100	5	3	2	4	100	100	100	80	100
Ethiopia	37	4	78	9	7	2	2	100	98	70	50	100
Niger	2	1	67	3	1	2	7	100	100	86	71	100
Burkina Faso	0	1	100	1	1	0	0	—¶	—	—	—	—
Total	4,613	6	57	1,461	436	1,025	2,624	89	79	37	18	96

* Interventions include distribution of filters, use of Abate (temephos), provision of one or more sources of safe water, and provision of health education.

† Sudan disputes Ethiopia's claim regarding two of four cases imported from Sudan because no endemic transmission of dracunculiasis has been observed in the reported area of origin of these cases in Sudan. The Niger case was imported from Mali, and the Burkina Faso case was imported from Ghana.

‡ Definitions of imported and indigenous cases as they relate to villages/localities are available at http://www.cartercenter.org/health/guinea_worm/program_definition.html.

¶ Data not available.

What is already known on this topic?

Annual cases of dracunculiasis (Guinea worm disease) have decreased from 3.5 million to <10,000 since the World Health Assembly mandated eradication in 1986.

What is added by this report?

The number of indigenous dracunculiasis cases continues to decline and fell below 5,000 for the first time in 2008.

What are the implications for public health practice?

In 2009, global dracunculiasis eradication is threatened most by program disruptions from sporadic insecurity, violence, and unrest, particularly in Southern Sudan.

containment rate of 100% during January–June 2009, Mali's Guinea Worm Eradication Program appears to be progressing rapidly toward halting transmission. Despite a small outbreak in a village in the Northern Region early in 2009, Ghana also made much progress in 2008 and through the first 6 months of 2009. A major challenge to the eradication programs remains the extensive seasonal travel and movement of populations in dracunculiasis-endemic countries together with the parasite's 1-year incubation period. These factors result in dracunculiasis cases in unexpected periods and places and lead to exportation of cases from known endemic areas to dracunculiasis-free areas of the same country, or to other countries.

The global campaign to eradicate dracunculiasis now has the support of all countries where the disease remains endemic, in addition to a large coalition of agencies, foundations, governments, and nongovernmental organizations. The major partners, apart from the ministries of health of the endemic countries, are the Carter Center, CDC, the United Nations Children's Fund (UNICEF), and WHO; substantial assistance also has been received from the Bill & Melinda Gates Foundation. The principal concerns at this stage of

the dracunculiasis eradication program are the increasingly frequent programmatic disruptions resulting from sporadic insecurity, most notably in Southern Sudan in 2009.

References

1. Watts SJ. Dracunculiasis in Africa: its geographic extent, incidence, and at-risk population. *Am J Trop Med Hyg* 1987;37:119–25
2. World Health Assembly. Elimination of dracunculiasis: resolution of the 39th World Health Assembly. Geneva, Switzerland: World Health Organization; 1986. Resolution no. 39.21.
3. Ruiz-Tiben E, Hopkins DR. Dracunculiasis (Guinea worm disease) eradication. *Adv Parasitol* 2006;61:275–309.
4. World Health Assembly. Eradication of dracunculiasis: resolution of the 57th World Health Assembly. Geneva, Switzerland: World Health Organization; 2004. Resolution no. WHA 57.9. Available at http://www.who.int/gb/ebwha/pdf_files/wha57/a57_r9-en.pdf. Accessed October 9, 2009.
5. World Health Organization. Dracunculiasis eradication: global surveillance summary, 2008. *Wkly Epidemiol Rec* 2009;84:162–71.
6. CDC. Progress toward global eradication of dracunculiasis, January 2007–June 2008. *MMWR* 2008;57:1173–6.
7. Imtiaz R, Hopkins DR, Ruiz-Tiben E. Permanent disability from dracunculiasis. *Lancet* 1990;336:630.
8. Ruiz-Tiben E, Hopkins DR. In: Guerrant RL, Walker DH, Weller PE, eds. *Tropical infectious diseases: principles, pathogens, and practice*. 2nd ed. New York, NY: Elsevier; 2006:1204–7.

Announcement**National Teen Driver Safety Week – October 18–24, 2009**

Motor-vehicle injuries are the leading cause of death and the fourth leading cause of injury-related emergency department visits among teens aged 15–19 years. In 2007, approximately 4,200 teens in this age group died and an estimated 387,000 were treated in emergency departments for injuries sustained in motor-vehicle crashes in the United States (1,2). To reduce morbidity and mortality, 49 states and the District of Columbia have adopted three-stage graduated driver licensing (GDL) systems. GDL systems provide longer practice periods, restrict unsupervised driving during the initial independent driving stage, and require greater participation of parents in their teen's learning-to-drive process. These systems have reduced the collision risk for novice teen drivers by 20%–40% (3).

This year, National Teen Driver Safety Week, October 18–24, highlights the importance of parents supervising their teen's driving and establishing and enforcing rules of the road. Teens whose parents initially limit driving privileges have fewer traffic citations and collisions than teens whose parents do not restrict driving privileges (4). To increase awareness of the importance of parents in managing teen driver behavior and educating teens about high-risk activities that lead to motor-vehicle crashes, CDC has developed a communication campaign targeting the parents of novice teen drivers. The Parents Are the Key campaign is being pilot tested in central

TABLE 2. Number of reported indigenous* dracunculiasis cases, by country — worldwide, 2007 versus 2008 and January–June 2008 versus January–June 2009†

Country	2007	2008	% change	January–June 2008	January–June 2009	% change
Sudan	5,815	3,618	-38	1,789	1,188	-34
Ghana	3,358	501	-85	416	229	-45
Mali	313	417	33	78	8	-90
Nigeria	73	38	-48	37	0	-100
Niger	11	2	-82	0	0	0
Ethiopia	0	37	—	38	21	-45
Total	9,570	4,613	-52	2,358	1,446	-39

* Excludes 15 cases imported from another country in 2007, six cases imported in 2008, and one case imported into Niger from Ghana during January–June 2009.

† Provisional case counts.

Arkansas and Columbus, Ohio. The campaign encourages parents to learn about and ensure that their teen adheres to their state's GDL system requirements, establish rules of the road that limit novice teens' nighttime driving and driving under other risky conditions, and enforce the rules with a parent-teen contract.

Information about teen driver safety and National Teen Driver Safety Week are available from CDC at http://www.cdc.gov/motorvehiclesafety/teen_drivers/index.html, the National Highway Traffic Safety Administration at <http://www.nhtsa.dot.gov>, and the Children's Hospital of Philadelphia at http://stokes.chop.edu/programs/injury/our_research/ydri.php.

References

1. National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS) encyclopedia. Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration; 2009. Available at <http://www-fars.nhtsa.dot.gov>. Accessed October 13, 2009.
2. CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: US Department of Health and Human Services, CDC; 2009. Available at <http://www.cdc.gov/injury/wisqars/index.html>. Accessed October 13, 2009.
3. Shope JT. Graduated driver licensing: review of evaluation results since 2002. *J Safety Res* 2007;38:165–75.
4. Simons-Morton B. Parent involvement in novice teen driving: rationale, evidence of effects, and potential for enhancing graduated driver licensing effectiveness. *J Safety Res* 2007;38:193–202.

Announcement

Breast Cancer Awareness Month – October 2009

October is National Breast Cancer Awareness Month. Breast cancer is the most frequent type of cancer in women, and the second leading cause of cancer-related death in women (1). In addition, approximately 30% of women aged ≥ 40 years have a disability (2), and during 2008 women aged ≥ 40 years with a disability were less likely to have a mammogram (72.2%) than were women without a disability (77.8%) (2). To decrease delayed diagnosis of breast cancer, health-care providers should encourage and schedule mammograms every 1–2 years for all women aged ≥ 40 years, including those with disabilities.

Women with disabilities disproportionately encounter barriers to preventative health care, which can be reduced by improving environmental access, enhancing provider training and education, increasing outreach efforts to women with disabilities, and improving overall health education. To encourage women with disabilities aged ≥ 40 years to get screened for breast cancer, CDC has launched the Right to Know campaign (available at <http://www.cdc.gov/righttoknow>). The campaign includes resources and materials that can assist health-care professionals, organizations, and their partners in effectively communicating the need for early and regular breast cancer screening for women living with physical disabilities.

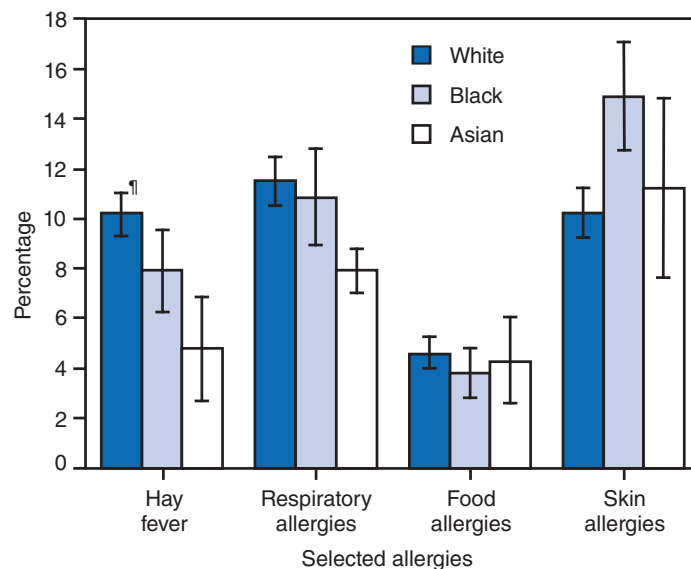
References

1. US Cancer Statistics Working Group. United States cancer statistics: 1999–2005 cancer incidence and mortality data. Atlanta, GA: US Department of Health and Human Services, CDC and National Cancer Institute; 2009.
2. CDC. Behavioral Risk Factor Surveillance System survey data. Atlanta, GA: US Department of Health and Human Services, CDC; 2008.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children Aged <18 Years with Selected Allergies,* by White, Black, or Asian Race† — National Health Interview Survey, United States, 2008§



* Respondents were asked whether the child had any of the following conditions during the preceding 12 months: hay fever, any kind of respiratory allergy, any kind of food or digestive allergy, or eczema or any kind of skin allergy. A child might be included in more than one category.

† Races shown are single race only. Other race categories are not shown because of small sample sizes.

§ Estimates are age adjusted using the projected 2000 U.S. population as the standard population and the following age groups: 0–4 years, 5–11 years, and 12–17 years. Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample child component.

¶ 95% confidence interval.

In 2008, white children aged <18 years were more likely to have hay fever (10.2%) than black children (7.9%) or Asian children (4.8%). White children also were more likely to have respiratory allergies (11.5%) than Asian children (7.9%). Black children were more likely to have skin allergies (14.9%) than white children (10.2%).

SOURCE: National Health Interview Survey, 2008 data. Available at <http://www.cdc.gov/nchs/nhis.htm>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 10, 2009 (40th week)*

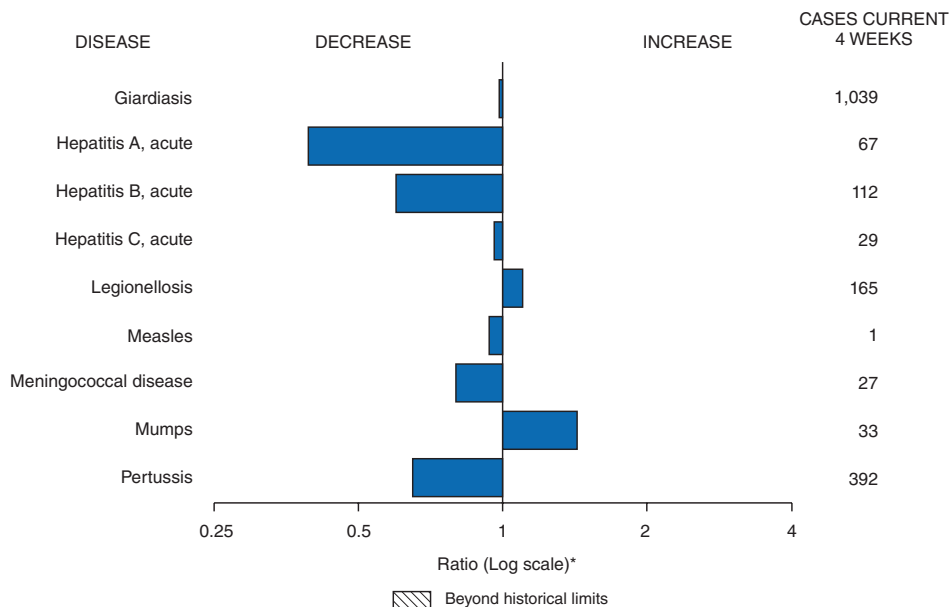
Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2008	2007	2006	2005	2004	
Anthrax	—	—	—	—	1	1	—	—	
Botulism:									
foodborne	—	12	0	17	32	20	19	16	
infant	—	41	2	109	85	97	85	87	
other (wound and unspecified)	—	17	0	19	27	48	31	30	
Brucellosis	2	76	2	80	131	121	120	114	MO (1), NE (1)
Chancroid	—	20	0	25	23	33	17	30	
Cholera	—	8	0	5	7	9	8	6	
Cyclosporiasis§	—	111	1	139	93	137	543	160	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	29	3	62	55	67	80	112	
eastern equine	—	4	0	4	4	8	21	6	
Powassan	—	1	—	2	7	1	1	1	
St. Louis	—	7	0	13	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
<i>Ehrlichia chaffeensis</i>	12	617	16	1,137	828	578	506	338	NY (2), OH (1), VA (5), SC (1), TN (3)
<i>Ehrlichia ewingii</i>	—	6	—	9	—	—	—	—	
<i>Anaplasma phagocytophilum</i>	10	488	15	1,026	834	646	786	537	NY (9), VA (1)
undetermined	1	100	4	180	337	231	112	59	NY (1)
<i>Haemophilus influenzae</i> ,††									
invasive disease (age <5 yrs):									
serotype b	—	19	0	30	22	29	9	19	
nonserotype b	—	154	2	244	199	175	135	135	
unknown serotype	3	177	2	163	180	179	217	177	NY (1), OH (1), SC (1)
Hansen disease§	1	48	2	80	101	66	87	105	FL (1)
Hantavirus pulmonary syndrome§	—	10	0	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	4	152	6	330	292	288	221	200	ME (1), CT (1), MN (1), OK (1)
Hepatitis C viral, acute	8	1,474	15	878	845	766	652	720	MI (1), MN (1), IA (1), GA (1), KY (1), AL (2), WA (1)
HIV infection, pediatric (age <13 years)§§	—	—	2	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	11	159	0	90	77	43	45	—	AZ (1), CO (1), ID (1), KY (1), LA (2), NC (1), OH (1), SC (1), TN (2)
Listeriosis	7	549	21	759	808	884	896	753	PA (2), MO (1), GA (1), WA (1), CA (2)
Measles***	—	58	0	140	43	55	66	37	
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	—	195	4	330	325	318	297	—	
serogroup B	1	105	2	188	167	193	156	—	MN (1)
other serogroup	—	21	1	38	35	32	27	—	
unknown serogroup	6	351	10	616	550	651	765	—	OH (2), NE (1), FL (2), CA (1)
Mumps	5	323	15	454	800	6,584	314	258	NY (4), CA (1)
Novel influenza A virus infections	—	§§§	—	2	4	N	N	N	
Plague	—	7	0	3	7	17	8	3	
Poliomyelitis, paralytic	—	—	0	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	—	7	0	8	12	21	16	12	
Q fever total§,¶¶¶:	—	63	2	124	171	169	136	70	
acute	—	53	1	110	—	—	—	—	
chronic	—	10	0	14	—	—	—	—	
Rabies, human	—	1	0	2	1	3	2	7	
Rubella****	—	4	0	16	12	11	11	10	
Rubella, congenital syndrome	—	1	—	—	—	1	1	—	
SARS-CoV§,††††	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	108	1	157	132	125	129	132	
Syphilis, congenital (age <1 yr)	—	160	8	434	430	349	329	353	
Tetanus	—	8	1	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	1	64	1	71	92	101	90	95	KY (1)
Trichinellosis	—	13	0	39	5	15	16	5	
Tularemia	3	60	3	123	137	95	154	134	AR (1), WA (2)
Typhoid fever	—	280	10	449	434	353	324	322	
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	1	60	1	63	37	6	2	—	NY (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	—	2	1	3	1	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	12	449	9	492	549	N	N	N	OH (1), FL (3), WA (3), CA (4), HI (1)
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 10, 2009 (40th week)*

—: No reported cases. N: Not reportable. Cum: Cumulative year-to-date counts.
 * Incidence data for reporting year 2009 is provisional, whereas data for 2004 through 2008 are finalized.
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. The total sum of incident cases is then divided by 25 weeks. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.
 § Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).
 †† Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 §§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 ¶¶ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Forty-three influenza-associated pediatric deaths occurring during the 2009–10 influenza season beginning August 30, 2009 have been reported. One hundred and fifteen influenza-associated pediatric death occurring during the 2008–09 influenza season have been reported.
 *** No measles cases were reported for the current week.
 ††† Data for meningococcal disease (all serogroups) are available in Table II.
 §§§ CDC discontinued reporting of individual confirmed and probable cases of novel influenza A (H1N1) viruses infections on July 24, 2009. CDC will report the total number of novel influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (<http://www.cdc.gov/h1n1flu>).
 ¶¶¶ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
 **** No rubella cases were reported for the current week.
 †††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 10, 2009, with historical data



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

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	232	334	490	13,206	14,031	2,749	5,277	6,918	204,835	257,506	12	60	124	2,302	2,154
New England	10	29	58	1,173	1,270	91	95	301	3,807	4,061	—	3	16	150	128
Connecticut	—	5	14	171	258	59	46	275	1,802	1,981	—	0	12	43	32
Maine§	2	4	13	174	139	—	2	9	105	76	—	0	2	16	13
Massachusetts	—	12	30	499	529	23	39	112	1,518	1,640	—	2	5	72	59
New Hampshire	—	3	11	135	129	—	2	6	82	81	—	0	2	9	9
Rhode Island§	—	1	6	44	72	7	6	19	265	255	—	0	7	6	7
Vermont§	8	3	15	150	143	2	1	4	35	28	—	0	1	4	8
Mid. Atlantic	60	63	104	2,486	2,607	697	584	1,138	24,110	25,333	4	11	25	457	401
New Jersey	—	7	17	215	407	90	86	122	3,322	4,119	—	2	7	84	69
New York (Upstate)	53	25	81	1,037	882	108	106	664	4,507	4,753	1	3	20	111	118
New York City	—	15	23	612	672	380	210	577	8,681	7,990	—	2	11	85	68
Pennsylvania	7	15	29	622	646	119	189	267	7,600	8,471	3	4	10	177	146
E.N. Central	25	45	67	1,755	2,107	328	1,081	1,436	40,541	53,373	2	12	28	496	356
Illinois	—	9	22	331	566	—	335	448	12,074	15,798	—	3	9	123	117
Indiana	N	0	11	N	N	72	145	252	5,814	6,781	—	1	22	57	59
Michigan	2	12	20	472	460	200	277	493	11,477	13,156	—	0	3	18	19
Ohio	21	16	28	643	677	17	245	431	7,863	12,780	2	1	6	79	110
Wisconsin	2	8	19	309	404	39	89	140	3,313	4,858	—	3	20	219	51
W.N. Central	26	24	141	1,184	1,561	107	278	393	10,931	13,003	2	3	15	129	157
Iowa	6	6	14	243	257	—	33	53	1,225	1,200	—	0	0	—	2
Kansas	—	2	11	96	135	25	40	83	1,716	1,715	—	0	2	13	17
Minnesota	—	0	104	250	509	—	42	65	1,564	2,399	2	0	10	46	48
Missouri	11	7	29	384	379	82	129	173	5,065	6,237	—	1	4	44	58
Nebraska§	4	3	9	135	161	—	22	54	1,027	1,105	—	0	4	21	23
North Dakota	5	0	16	14	13	—	2	14	77	91	—	0	4	5	9
South Dakota	—	1	7	62	107	—	7	20	257	256	—	0	0	—	—
S. Atlantic	50	70	109	2,820	2,221	613	1,151	2,042	43,674	65,512	3	14	31	571	548
Delaware	1	0	3	20	30	18	18	37	740	818	—	0	1	3	6
District of Columbia	—	0	5	18	54	46	50	88	2,067	1,983	—	0	2	—	5
Florida	44	37	59	1,500	939	174	413	486	16,322	18,324	2	4	10	188	144
Georgia	—	12	67	680	528	—	243	876	7,995	12,064	—	3	9	124	110
Maryland§	—	5	10	191	213	33	123	212	4,388	4,760	—	1	6	70	81
North Carolina	N	0	0	N	N	—	0	470	—	11,645	—	1	17	61	60
South Carolina§	2	2	8	78	96	117	169	412	6,090	7,331	1	1	5	51	49
Virginia§	3	8	31	294	302	225	144	308	5,685	8,003	—	1	6	48	73
West Virginia	—	1	5	39	59	—	10	23	387	584	—	0	3	26	20
E.S. Central	—	7	18	285	384	291	510	714	20,029	23,554	—	3	9	124	114
Alabama§	—	3	11	132	216	—	139	204	4,991	7,600	—	0	4	28	19
Kentucky	N	0	0	N	N	—	77	135	2,809	3,595	—	0	5	18	6
Mississippi	N	0	0	N	N	139	149	252	5,867	5,489	—	0	1	4	13
Tennessee§	—	4	12	153	168	152	162	230	6,362	6,870	—	2	6	74	76
W.S. Central	6	8	22	336	340	259	851	1,405	33,191	39,411	—	2	22	88	94
Arkansas§	3	2	9	112	112	53	83	134	3,431	3,629	—	0	2	13	11
Louisiana	—	2	8	96	111	145	138	420	4,990	7,259	—	0	1	12	8
Oklahoma	3	3	18	128	117	61	69	612	3,690	3,767	—	1	20	61	66
Texas§	N	0	0	N	N	—	556	696	21,080	24,756	—	0	1	2	9
Mountain	6	26	59	1,153	1,250	69	174	265	6,487	8,996	1	5	11	193	236
Arizona	—	3	9	155	107	26	55	88	2,132	2,673	1	1	7	68	90
Colorado	—	8	26	364	431	—	53	122	1,765	2,835	—	1	6	55	45
Idaho§	—	3	10	131	151	—	2	13	75	135	—	0	1	4	12
Montana§	5	2	10	104	75	—	1	5	56	96	—	0	1	1	3
Nevada§	1	2	11	90	95	23	30	92	1,381	1,714	—	0	2	16	15
New Mexico§	—	2	8	88	93	20	24	52	868	1,046	—	0	3	19	36
Utah	—	6	12	176	265	—	4	15	156	396	—	1	2	27	32
Wyoming§	—	1	4	45	33	—	1	5	54	101	—	0	1	3	3
Pacific	49	51	130	2,014	2,291	294	546	764	22,065	24,263	—	2	8	94	120
Alaska	—	2	10	85	74	—	15	24	546	421	—	0	3	13	17
California	25	34	56	1,329	1,513	248	465	657	18,581	19,914	—	0	3	22	39
Hawaii	—	0	2	13	37	2	11	22	475	484	—	0	3	23	16
Oregon§	10	7	18	293	370	11	20	42	738	931	—	1	3	33	46
Washington	14	7	74	294	297	33	44	71	1,725	2,513	—	0	2	3	2
American Samoa	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	—	56	—	0	0	—	—
Puerto Rico	—	2	10	75	178	1	4	24	183	218	—	0	1	3	1
U.S. Virgin Islands	—	0	0	—	—	—	2	7	80	99	N	0	0	N	N

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

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

* Incidence data for reporting year 2009 is provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A				B										
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
	Med	Max				Med	Max				Med	Max			
United States	7	36	89	1,414	2,071	27	64	197	2,372	2,913	29	50	145	2,273	2,417
New England	—	2	5	80	113	—	1	4	29	62	1	3	16	130	170
Connecticut	—	0	2	18	25	—	0	3	11	23	1	1	5	46	32
Maine§	—	0	2	1	11	—	0	2	9	10	—	0	3	7	8
Massachusetts	—	1	4	46	52	—	0	2	6	18	—	1	9	50	70
New Hampshire	—	0	1	6	11	—	0	2	3	5	—	0	2	9	24
Rhode Island§	—	0	1	7	12	—	0	0	—	4	—	0	12	11	31
Vermont§	—	0	1	2	2	—	0	1	—	2	—	0	1	7	5
Mid. Atlantic	—	5	11	199	255	3	6	17	240	341	15	15	68	887	803
New Jersey	—	1	5	42	65	—	1	6	59	94	—	3	14	138	101
New York (Upstate)	—	1	3	39	52	1	1	11	44	50	7	5	29	285	256
New York City	—	2	5	61	89	—	1	4	47	79	—	2	20	166	113
Pennsylvania	—	1	6	57	49	2	2	8	90	118	8	6	25	298	333
E.N. Central	—	4	18	191	277	—	8	21	294	402	6	9	33	429	538
Illinois	—	1	12	83	97	—	2	6	54	154	—	1	7	61	90
Indiana	—	0	4	13	19	—	1	18	48	30	—	1	5	29	43
Michigan	—	1	5	50	99	—	2	8	97	113	—	2	11	106	147
Ohio	—	1	4	34	35	—	1	13	69	91	6	4	17	228	227
Wisconsin	—	0	4	11	27	—	0	4	26	14	—	0	2	5	31
W.N. Central	1	2	16	96	218	3	3	16	134	63	—	2	7	75	112
Iowa	—	0	2	27	105	—	0	3	26	17	—	0	2	18	15
Kansas	—	0	1	7	14	—	0	2	5	6	—	0	1	3	2
Minnesota	1	0	12	15	28	3	0	11	23	7	—	0	3	8	12
Missouri	—	0	3	26	27	—	1	5	61	27	—	1	4	35	63
Nebraska§	—	0	3	18	40	—	0	2	17	5	—	0	2	9	18
North Dakota	—	0	2	—	—	—	0	1	—	1	—	0	3	1	—
South Dakota	—	0	1	3	4	—	0	1	2	—	—	0	1	1	2
S. Atlantic	2	7	14	315	319	12	17	32	694	715	3	9	18	374	384
Delaware	—	0	1	3	6	U	0	1	U	U	1	0	5	14	11
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	8	14
Florida	2	4	9	148	116	2	6	11	229	254	2	3	10	137	112
Georgia	—	1	3	46	46	1	3	9	113	136	—	1	5	38	33
Maryland§	—	0	4	30	36	—	1	5	53	63	—	2	10	85	108
North Carolina	—	0	3	25	55	9	1	19	144	61	—	0	6	39	28
South Carolina§	—	0	4	35	14	—	1	4	36	56	—	0	1	7	10
Virginia§	—	1	2	26	41	—	2	10	67	82	—	1	5	40	44
West Virginia	—	0	1	2	5	—	0	19	52	63	—	0	2	6	24
E.S. Central	1	1	3	33	67	1	7	11	240	304	1	2	12	96	97
Alabama§	1	0	2	9	10	—	2	7	69	86	—	0	2	10	14
Kentucky	—	0	1	8	25	—	2	7	62	75	1	1	3	41	46
Mississippi	—	0	1	8	4	1	1	2	22	35	—	0	1	3	1
Tennessee§	—	0	2	8	28	—	2	6	87	108	—	1	9	42	36
W.S. Central	—	3	43	104	193	3	10	99	377	563	—	1	21	46	71
Arkansas§	—	0	1	5	6	—	1	5	41	51	—	0	1	5	12
Louisiana	—	0	1	3	11	—	1	4	33	74	—	0	2	4	9
Oklahoma	—	0	6	3	7	1	2	17	78	82	—	0	6	3	3
Texas§	—	3	37	93	169	2	6	76	225	356	—	1	19	34	47
Mountain	—	3	8	128	180	2	3	7	107	161	2	2	8	93	68
Arizona	—	2	6	60	89	—	1	4	38	61	—	1	4	38	14
Colorado	—	0	5	39	34	—	0	2	20	28	—	0	2	10	9
Idaho§	—	0	1	3	16	—	0	2	8	7	1	0	1	3	3
Montana§	—	0	1	6	1	—	0	0	—	2	—	0	2	5	4
Nevada§	—	0	2	8	11	2	0	3	27	37	—	0	2	10	9
New Mexico§	—	0	1	6	15	—	0	2	5	9	1	0	1	5	8
Utah	—	0	1	4	11	—	0	1	5	12	—	0	4	19	21
Wyoming§	—	0	1	2	3	—	0	2	4	5	—	0	2	3	—
Pacific	3	7	17	268	449	3	6	36	257	302	1	3	12	143	174
Alaska	—	0	1	3	3	—	0	1	2	10	—	0	1	1	1
California	2	5	17	212	364	2	4	28	191	213	—	3	9	111	134
Hawaii	—	0	1	5	16	—	0	1	4	7	—	0	1	1	8
Oregon§	1	0	2	15	24	—	0	4	28	35	—	0	2	11	16
Washington	—	1	4	33	42	1	1	8	32	37	1	0	4	19	15
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	18	21	—	0	5	17	46	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2009 is provisional.

† Data for acute hepatitis C, viral are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All groups				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	253	473	1,730	23,071	26,825	10	23	42	910	959	7	17	48	672	934
New England	33	80	359	4,331	9,917	—	1	5	33	47	—	1	4	25	24
Connecticut	—	0	82	—	3,391	—	0	4	5	10	—	0	1	2	1
Maine§	32	10	76	714	557	—	0	1	1	1	—	0	1	4	4
Massachusetts	—	26	245	2,251	4,111	—	0	3	19	27	—	0	3	12	16
New Hampshire	—	12	79	862	1,409	—	0	1	2	3	—	0	1	2	2
Rhode Island§	—	1	78	183	119	—	0	1	4	2	—	0	1	4	1
Vermont§	1	5	38	321	330	—	0	1	2	4	—	0	1	1	—
Mid. Atlantic	187	231	1,401	13,707	10,753	—	6	13	229	261	—	2	6	73	102
New Jersey	—	36	315	3,313	3,033	—	0	3	—	59	—	0	2	8	13
New York (Upstate)	106	86	1,368	3,444	3,755	—	1	10	40	28	—	0	2	18	25
New York City	—	3	23	165	677	—	4	11	146	141	—	0	2	13	23
Pennsylvania	81	53	625	6,785	3,288	—	1	4	43	33	—	1	4	34	41
E.N. Central	1	17	197	1,827	2,077	1	3	10	123	127	2	3	9	114	167
Illinois	—	1	11	100	101	—	1	4	49	65	—	1	6	28	63
Indiana	—	1	6	52	36	—	0	3	15	5	—	0	3	28	23
Michigan	1	1	10	87	72	1	0	3	22	14	—	0	5	18	29
Ohio	—	1	4	43	39	—	1	6	31	26	2	0	3	33	33
Wisconsin	—	14	182	1,545	1,829	—	0	1	6	17	—	0	2	7	19
W.N. Central	—	4	336	182	646	1	1	8	53	59	2	1	9	55	80
Iowa	—	1	13	80	96	—	0	2	10	10	—	0	1	6	18
Kansas	—	0	2	14	13	—	0	1	4	8	—	0	2	8	4
Minnesota	—	0	326	67	520	1	0	8	22	21	1	0	4	11	21
Missouri	—	0	2	6	4	—	0	2	10	12	—	0	3	20	23
Nebraska§	—	0	3	14	10	—	0	1	6	8	1	0	1	7	11
North Dakota	—	0	10	—	—	—	0	0	—	—	—	0	3	1	1
South Dakota	—	0	1	1	3	—	0	1	1	—	—	0	1	2	2
S. Atlantic	29	60	217	2,769	3,166	5	6	17	269	235	2	2	9	122	134
Delaware	3	11	63	790	655	—	0	1	4	2	—	0	1	3	2
District of Columbia	—	0	5	19	61	—	0	2	5	3	—	0	0	—	—
Florida	6	1	9	77	59	1	2	7	79	47	2	1	4	45	46
Georgia	—	0	6	45	34	—	1	5	59	50	—	0	2	23	16
Maryland§	—	24	130	1,255	1,573	—	1	8	55	58	—	0	1	8	15
North Carolina	—	1	14	56	27	—	0	5	21	24	—	0	5	18	12
South Carolina§	—	0	3	25	22	—	0	1	2	9	—	0	1	10	20
Virginia§	20	11	61	402	622	4	1	4	42	40	—	0	2	10	18
West Virginia	—	0	27	100	113	—	0	1	2	2	—	0	2	5	5
E.S. Central	—	0	2	22	40	—	0	3	25	16	—	0	3	23	41
Alabama§	—	0	1	2	9	—	0	3	7	4	—	0	1	6	6
Kentucky	—	0	1	1	4	—	0	2	8	4	—	0	1	4	7
Mississippi	—	0	0	—	1	—	0	1	1	1	—	0	1	2	9
Tennessee§	—	0	2	19	26	—	0	3	9	7	—	0	1	11	19
W.S. Central	—	1	21	40	83	—	1	8	35	66	—	1	12	64	98
Arkansas§	—	0	0	—	—	—	0	1	3	—	—	0	2	6	13
Louisiana	—	0	0	—	3	—	0	1	3	3	—	0	3	11	20
Oklahoma	—	0	2	—	—	—	0	2	2	2	—	0	3	8	12
Texas§	—	1	21	40	80	—	0	7	27	61	—	1	9	39	53
Mountain	—	1	13	42	47	—	0	5	25	28	—	1	4	50	51
Arizona	—	0	2	4	8	—	0	2	7	13	—	0	2	13	7
Colorado	—	0	1	6	3	—	0	3	8	4	—	0	2	16	10
Idaho§	—	0	2	9	9	—	0	1	1	1	—	0	1	5	5
Montana§	—	0	13	3	4	—	0	3	5	—	—	0	2	4	4
Nevada§	—	0	2	12	11	—	0	1	—	4	—	0	2	4	7
New Mexico§	—	0	1	2	8	—	0	0	—	3	—	0	1	3	8
Utah	—	0	1	4	2	—	0	2	4	3	—	0	1	1	8
Wyoming§	—	0	1	2	2	—	0	0	—	—	—	0	2	4	2
Pacific	3	3	13	151	96	3	3	10	118	120	1	3	14	146	237
Alaska	—	0	1	2	6	—	0	1	2	4	—	0	2	5	6
California	3	2	10	125	52	1	2	8	87	87	1	2	8	98	174
Hawaii	N	0	0	N	N	—	0	1	1	3	—	0	1	4	4
Oregon§	—	0	3	13	29	1	0	2	11	4	—	0	6	26	29
Washington	—	0	12	11	9	1	0	3	17	22	—	0	6	13	24
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	2	2	—	0	0	—	3
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2009 is provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	92	276	1,697	10,524	7,431	37	66	139	2,868	3,419	3	29	179	1,165	1,901
New England	—	14	27	489	795	23	7	18	274	326	—	0	2	9	4
Connecticut	—	0	4	31	43	22	2	10	123	159	—	0	0	—	—
Maine†	—	1	10	69	27	—	1	4	41	44	—	0	2	4	1
Massachusetts	—	8	19	289	623	—	0	0	—	—	—	0	1	4	1
New Hampshire	—	1	7	64	24	—	0	7	24	34	—	0	0	—	1
Rhode Island†	—	0	7	26	67	—	1	6	42	30	—	0	2	—	1
Vermont†	—	0	1	10	11	1	1	4	44	59	—	0	1	1	—
Mid. Atlantic	12	23	64	871	857	10	13	23	488	748	1	1	29	61	112
New Jersey	—	4	12	148	174	—	0	0	—	—	—	0	2	—	77
New York (Upstate)	6	5	41	176	332	10	8	22	369	406	1	0	29	12	12
New York City	—	0	21	60	53	—	0	2	1	16	—	0	4	27	11
Pennsylvania	6	13	33	487	298	—	3	17	118	326	—	0	2	22	12
E.N. Central	20	59	238	2,320	1,220	—	3	19	210	233	—	1	6	70	137
Illinois	—	13	45	471	276	—	1	9	83	95	—	1	6	40	102
Indiana	—	5	158	238	62	—	0	6	21	8	—	0	3	11	6
Michigan	4	11	32	595	202	—	1	6	61	72	—	0	2	5	3
Ohio	16	22	57	901	556	—	0	5	45	58	—	0	4	14	26
Wisconsin	—	3	12	115	124	N	0	0	N	N	—	0	0	—	—
W.N. Central	8	36	872	1,387	667	2	5	17	227	253	—	4	26	286	405
Iowa	—	6	21	148	112	—	0	5	24	19	—	0	2	5	8
Kansas	—	4	9	142	56	—	1	6	60	56	—	0	1	2	—
Minnesota	—	0	808	165	186	—	0	11	50	44	—	0	1	2	—
Missouri	4	20	51	767	201	2	1	5	62	58	—	4	25	265	376
Nebraska†	4	3	32	121	79	—	0	1	—	32	—	0	2	12	18
North Dakota	—	0	24	17	1	—	0	9	4	24	—	0	1	—	—
South Dakota	—	0	10	27	32	—	0	4	27	20	—	0	0	—	3
S. Atlantic	30	29	71	1,290	728	—	24	111	1,253	1,371	1	11	40	396	678
Delaware	—	0	2	12	14	—	0	0	—	—	—	0	3	16	27
District of Columbia	—	0	2	2	4	—	0	0	—	—	—	0	0	—	6
Florida	17	9	32	459	222	—	0	95	133	138	—	0	2	6	12
Georgia	—	3	11	148	73	—	0	72	334	312	—	0	7	40	75
Maryland†	—	2	8	86	112	—	7	15	296	355	—	1	3	27	72
North Carolina	7	0	65	220	79	N	2	4	N	N	—	6	36	238	315
South Carolina†	2	4	17	191	96	—	0	0	—	—	—	0	5	17	45
Virginia†	4	3	24	147	120	—	10	23	399	496	1	1	9	48	118
West Virginia	—	0	5	25	8	—	2	6	91	70	—	0	1	4	8
E.S. Central	2	15	33	604	250	2	1	7	76	155	—	4	15	211	294
Alabama†	1	4	19	230	36	—	0	0	—	—	—	1	6	53	78
Kentucky	—	6	15	186	66	2	1	4	42	38	—	0	1	1	1
Mississippi	—	1	4	43	80	—	0	1	—	5	—	0	1	7	10
Tennessee†	1	3	14	145	68	—	0	4	34	112	—	2	14	150	205
W.S. Central	5	60	389	2,216	1,202	—	0	13	64	78	1	1	161	111	231
Arkansas†	2	5	38	199	74	—	0	10	33	44	—	0	61	47	44
Louisiana	—	2	8	90	70	—	0	0	—	—	—	0	1	2	5
Oklahoma	1	0	45	40	32	—	0	13	30	32	1	0	98	49	142
Texas†	2	49	304	1,887	1,026	—	0	1	1	2	—	0	6	13	40
Mountain	—	18	31	705	659	—	2	9	78	84	—	0	3	20	37
Arizona	—	3	10	170	185	N	0	0	N	N	—	0	2	4	10
Colorado	—	4	12	202	123	—	0	0	—	—	—	0	1	1	1
Idaho†	—	1	5	60	24	—	0	0	—	11	—	0	1	1	1
Montana†	—	0	6	40	77	—	0	4	25	11	—	0	2	8	3
Nevada†	—	0	4	15	26	—	0	1	6	11	—	0	1	1	3
New Mexico†	—	1	10	44	41	—	0	2	19	25	—	0	1	1	4
Utah	—	4	19	154	168	—	0	6	9	7	—	0	1	1	5
Wyoming†	—	0	5	20	15	—	0	4	19	19	—	0	1	3	10
Pacific	15	17	67	642	1,053	—	5	12	198	171	—	0	1	1	3
Alaska	—	1	21	34	159	—	0	2	11	13	N	0	0	N	N
California	—	3	19	143	426	—	4	12	172	147	—	0	1	1	—
Hawaii	—	0	3	24	10	—	0	0	—	—	N	0	0	N	N
Oregon†	1	3	17	208	147	—	0	3	15	11	—	0	0	—	3
Washington	14	6	58	233	311	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	—	2	1	3	33	49	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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

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

* Incidence data for reporting year 2009 is provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	636	915	2,323	33,478	36,743	77	89	255	3,290	3,941	118	313	1,268	11,495	15,300
New England	1	32	363	1,704	1,879	2	3	56	182	207	—	3	38	274	195
Connecticut	—	0	338	338	491	—	0	56	56	47	—	0	33	33	40
Maine [§]	1	2	7	106	121	1	0	3	16	19	—	0	1	2	18
Massachusetts	—	21	49	880	980	—	1	6	60	95	—	3	26	198	119
New Hampshire	—	3	42	218	121	1	1	3	29	20	—	0	4	15	5
Rhode Island [§]	—	2	11	108	89	—	0	1	1	8	—	0	7	21	10
Vermont [§]	—	1	5	54	77	—	0	6	20	18	—	0	2	5	3
Mid. Atlantic	58	93	151	3,670	4,606	9	7	20	284	382	6	57	82	2,201	1,933
New Jersey	—	12	30	353	1,060	—	1	4	31	112	—	13	27	460	691
New York (Upstate)	35	24	66	1,058	1,065	9	3	9	120	135	4	4	23	179	484
New York City	3	19	42	914	1,056	—	1	5	47	44	2	9	17	345	608
Pennsylvania	20	29	61	1,345	1,425	—	1	7	86	91	—	24	63	1,217	150
E.N. Central	34	90	144	3,601	4,065	5	13	24	520	716	12	56	132	1,964	3,028
Illinois	—	25	50	950	1,187	—	2	10	110	112	—	11	25	402	797
Indiana	—	6	50	246	479	—	1	6	39	75	—	1	21	38	526
Michigan	6	18	33	743	758	3	3	8	123	183	—	5	24	178	106
Ohio	28	28	52	1,184	1,022	2	3	11	112	156	12	31	80	969	1,203
Wisconsin	—	11	29	478	619	—	3	10	136	190	—	10	38	377	396
W.N. Central	34	50	109	2,104	2,271	18	12	38	595	660	10	17	48	739	708
Iowa	5	7	15	328	343	1	2	14	139	176	1	1	12	48	125
Kansas	—	6	18	269	385	—	1	7	33	37	—	3	11	159	42
Minnesota	8	12	51	485	566	14	2	19	178	144	—	2	14	68	243
Missouri	16	12	34	536	615	2	2	10	108	133	8	5	40	434	181
Nebraska [§]	3	5	41	286	198	1	2	6	75	129	—	0	3	22	8
North Dakota	2	0	30	44	38	—	0	28	3	1	1	0	9	4	33
South Dakota	—	2	22	156	126	—	0	12	59	40	—	0	1	4	76
S. Atlantic	314	262	440	9,452	9,114	8	13	30	504	653	18	45	85	1,757	2,449
Delaware	1	2	7	96	129	—	0	2	11	11	2	1	8	98	7
District of Columbia	—	0	5	21	50	—	0	1	1	6	—	0	2	6	17
Florida	213	115	280	4,620	3,730	5	3	7	134	112	7	9	24	364	658
Georgia	49	39	96	1,800	1,790	1	1	4	58	73	8	13	30	505	898
Maryland [§]	—	15	26	562	667	—	2	6	72	113	—	6	14	270	81
North Carolina	6	20	104	848	931	—	2	21	78	72	1	6	27	267	149
South Carolina [§]	31	15	54	621	859	1	0	3	24	38	—	3	12	91	460
Virginia [§]	14	19	88	723	795	1	3	16	102	196	—	5	59	150	151
West Virginia	—	4	23	161	163	—	0	5	24	32	—	0	3	6	28
E.S. Central	16	54	121	2,132	2,729	1	4	12	166	220	9	16	58	628	1,496
Alabama [§]	3	15	38	527	760	—	1	4	36	55	1	3	11	103	345
Kentucky	3	9	18	372	359	1	1	7	58	73	8	2	25	164	229
Mississippi	—	13	45	643	932	—	0	1	6	4	—	1	4	37	288
Tennessee [§]	10	14	62	590	678	—	2	8	66	88	—	10	48	324	634
W.S. Central	79	111	1,333	3,637	5,291	1	5	139	183	286	23	53	967	2,037	3,364
Arkansas [§]	11	12	25	492	621	1	0	4	32	48	4	7	16	252	449
Louisiana	—	12	43	599	902	—	0	1	—	7	—	4	13	108	543
Oklahoma	16	14	102	507	629	—	0	82	21	24	3	5	61	230	124
Texas [§]	52	56	1,204	2,039	3,139	—	4	55	130	207	16	39	889	1,447	2,248
Mountain	13	57	130	2,297	2,654	7	11	40	441	470	14	24	49	936	831
Arizona	5	20	49	807	864	1	1	4	60	54	7	17	42	682	405
Colorado	—	12	33	490	568	—	3	18	135	151	—	2	11	78	92
Idaho [§]	2	3	10	143	142	4	2	15	77	96	—	0	2	8	11
Montana [§]	2	2	7	90	98	2	0	7	30	31	—	0	5	13	6
Nevada [§]	4	4	13	202	184	—	0	3	27	15	7	1	7	64	192
New Mexico [§]	—	5	28	264	458	—	1	2	28	45	—	2	12	74	94
Utah	—	6	15	237	275	—	2	8	73	68	—	0	3	15	28
Wyoming [§]	—	1	8	64	65	—	0	2	11	10	—	0	1	2	3
Pacific	87	130	537	4,881	4,134	26	10	31	415	347	26	26	70	959	1,296
Alaska	—	1	6	59	43	—	0	1	—	5	—	0	1	2	1
California	58	97	516	3,701	3,021	8	5	15	198	162	21	20	65	777	1,110
Hawaii	1	5	13	194	208	—	0	1	3	12	1	0	4	30	37
Oregon [§]	1	8	17	320	346	—	1	8	61	57	—	1	7	30	71
Washington	27	12	85	607	516	18	3	17	153	111	4	2	11	120	77
American Samoa	—	0	1	—	2	—	0	0	—	—	—	1	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	11	—	0	0	—	—	—	0	1	—	14
Puerto Rico	3	8	40	285	570	—	0	1	1	—	—	0	2	7	26
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2009 is provisional.

† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	Streptococcal diseases, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max		
United States	24	102	239	4,114	4,400	14	35	122	1,289	1,369
New England	1	5	28	242	314	1	1	12	48	65
Connecticut	—	0	21	63	90	—	0	11	—	—
Maine§	—	0	2	14	23	—	0	1	4	1
Massachusetts	—	3	10	103	144	—	1	4	30	47
New Hampshire	—	1	4	34	21	—	0	2	9	9
Rhode Island§	—	0	2	11	23	—	0	2	1	8
Vermont§	1	0	3	17	13	1	0	1	4	—
Mid. Atlantic	4	20	43	840	884	3	4	33	192	169
New Jersey	—	3	7	117	158	—	1	4	36	49
New York (Upstate)	3	7	25	275	277	3	2	17	90	77
New York City	—	4	12	161	163	—	0	31	66	43
Pennsylvania	1	6	18	287	286	N	0	2	N	N
E.N. Central	—	17	42	760	828	—	6	18	201	255
Illinois	—	5	12	211	219	—	1	5	23	74
Indiana	—	2	23	122	111	—	0	13	31	27
Michigan	—	3	11	121	148	—	1	5	49	61
Ohio	—	4	13	189	226	—	1	6	59	48
Wisconsin	—	2	11	117	124	—	1	3	39	45
W.N. Central	6	6	37	331	324	3	2	11	117	75
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	5	37	35	N	0	1	N	N
Minnesota	6	0	34	152	154	3	0	10	69	23
Missouri	—	2	8	73	75	—	0	4	30	32
Nebraska§	—	1	3	37	32	—	0	1	8	7
North Dakota	—	0	4	11	8	—	0	3	4	6
South Dakota	—	0	3	21	20	—	0	2	6	7
S. Atlantic	4	22	49	932	905	1	6	16	238	268
Delaware	—	0	1	10	6	—	0	0	—	—
District of Columbia	—	0	3	11	12	N	0	0	N	N
Florida	1	6	12	231	207	1	1	6	55	51
Georgia	2	5	13	225	205	—	2	6	62	73
Maryland§	—	3	12	147	151	—	1	4	56	47
North Carolina	—	2	12	84	118	N	0	0	N	N
South Carolina§	—	1	5	57	58	—	1	6	35	51
Virginia§	1	3	9	133	114	—	0	4	18	38
West Virginia	—	1	4	34	34	—	0	3	12	8
E.S. Central	2	3	10	158	158	—	2	7	70	67
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	2	1	5	32	33	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	14	8
Tennessee§	—	3	9	126	125	—	1	6	56	59
W.S. Central	5	9	79	361	397	5	5	46	221	219
Arkansas§	1	0	2	15	9	—	0	4	22	11
Louisiana	—	0	3	11	15	—	0	3	13	11
Oklahoma	1	3	20	117	90	2	1	7	50	56
Texas§	3	5	59	218	283	3	3	34	136	141
Mountain	2	10	22	356	465	1	4	16	175	210
Arizona	2	3	7	124	163	1	2	10	94	93
Colorado	—	3	7	108	117	—	0	4	31	49
Idaho§	—	0	2	8	14	—	0	2	7	4
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	5	10	—	0	1	—	3
New Mexico§	—	2	7	63	110	—	0	4	15	30
Utah	—	1	6	47	45	—	0	5	28	29
Wyoming§	—	0	1	1	6	—	0	0	—	2
Pacific	—	4	9	134	125	—	0	4	27	41
Alaska	—	1	4	27	30	—	0	3	20	25
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	3	8	107	95	—	0	2	7	16
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	30	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

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

* Incidence data for reporting year 2009 is provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages				Aged <5 years										
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	28	60	276	2,153	2,383	5	9	21	334	375	108	263	452	10,001	9,864
New England	—	1	48	43	55	—	0	5	3	8	3	5	15	245	246
Connecticut	—	0	48	—	7	—	0	5	—	—	1	1	5	44	24
Maine§	—	0	2	11	15	—	0	1	1	1	—	0	1	2	10
Massachusetts	—	0	1	3	—	—	0	1	2	—	2	4	10	174	173
New Hampshire	—	0	3	5	—	—	0	0	—	—	—	0	2	13	16
Rhode Island§	—	0	6	13	19	—	0	1	—	5	—	0	5	12	15
Vermont§	—	0	2	11	14	—	0	0	—	2	—	0	2	—	8
Mid. Atlantic	1	3	14	136	243	—	0	3	21	21	30	35	51	1,417	1,295
New Jersey	—	0	0	—	—	—	0	0	—	—	3	3	13	169	173
New York (Upstate)	1	1	10	62	52	—	0	2	11	6	1	2	8	93	105
New York City	—	0	4	3	99	—	0	2	—	1	17	22	40	881	815
Pennsylvania	—	1	8	71	92	—	0	2	10	14	9	7	12	274	202
E.N. Central	5	11	41	484	494	—	1	7	67	68	14	23	43	809	952
Illinois	N	0	0	N	N	N	0	0	N	N	—	7	19	235	388
Indiana	—	3	32	172	168	—	0	6	24	22	2	2	10	126	109
Michigan	—	0	2	20	18	—	0	1	2	2	12	3	18	193	149
Ohio	5	7	18	292	308	—	1	4	41	44	—	6	18	226	263
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	29	43
W.N. Central	—	2	161	98	167	—	0	3	20	34	—	6	11	234	326
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	17	15
Kansas	—	1	5	38	62	—	0	2	13	4	—	0	3	26	24
Minnesota	—	0	156	—	25	—	0	3	—	25	—	1	6	40	84
Missouri	—	1	5	46	72	—	0	1	5	2	—	3	7	131	191
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	3	16	12
North Dakota	—	0	3	10	2	—	0	0	—	—	—	0	1	3	—
South Dakota	—	0	2	2	6	—	0	2	2	3	—	0	1	1	—
S. Atlantic	21	26	53	1,025	981	5	4	14	160	170	34	64	262	2,505	2,142
Delaware	—	0	2	18	3	—	0	2	3	—	—	0	3	24	10
District of Columbia	N	0	0	N	N	N	0	0	N	N	7	3	9	136	101
Florida	17	15	36	603	556	5	2	13	98	108	—	19	32	751	804
Georgia	4	8	25	312	334	—	1	5	52	53	—	14	227	604	501
Maryland§	—	0	1	4	4	—	0	0	—	1	1	6	16	233	260
North Carolina	N	0	0	N	N	N	0	0	N	N	12	9	21	418	201
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	2	6	92	66
Virginia§	N	0	0	N	N	N	0	0	N	N	14	7	15	243	190
West Virginia	—	2	13	88	84	—	0	3	7	8	—	0	2	4	9
E.S. Central	1	4	25	203	260	—	0	3	29	48	14	22	36	877	845
Alabama§	N	0	0	N	N	N	0	0	N	N	—	8	17	325	344
Kentucky	1	1	5	58	63	—	0	2	7	10	—	1	10	49	65
Mississippi	—	0	3	3	31	—	0	1	2	9	6	4	18	173	120
Tennessee§	—	2	23	142	166	—	0	3	20	29	8	8	15	330	316
W.S. Central	—	1	6	75	79	—	0	3	15	12	6	48	80	1,849	1,699
Arkansas§	—	1	5	43	13	—	0	3	10	3	3	4	35	192	121
Louisiana	—	1	5	32	66	—	0	1	5	9	—	10	40	303	503
Oklahoma	N	0	0	N	N	N	0	0	N	N	3	1	7	52	57
Texas§	—	0	0	—	—	—	0	0	—	—	—	33	50	1,302	1,018
Mountain	—	2	7	86	102	—	0	3	17	12	2	9	18	334	488
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	9	144	253
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	4	64	115
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	3	4
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	—	1	4	34	49	—	0	2	7	5	1	1	10	83	65
New Mexico§	—	0	0	—	—	—	0	0	—	—	1	1	5	38	32
Utah	—	1	6	43	52	—	0	3	9	7	—	0	2	—	16
Wyoming§	—	0	2	9	1	—	0	1	1	—	—	0	1	2	3
Pacific	—	0	1	3	2	—	0	1	2	2	5	44	67	1,731	1,871
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
California	N	0	0	N	N	N	0	0	N	N	2	40	60	1,564	1,693
Hawaii	—	0	1	3	2	—	0	1	2	2	—	1	3	23	16
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	4	32	16
Washington	N	0	0	N	N	N	0	0	N	N	3	2	7	112	145
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	171	120
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

* Incidence data for reporting year 2009 is provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 10, 2009, and October 4, 2008 (40th week)*

Reporting area	West Nile virus disease†														
	Varicella (chickenpox)					Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	118	444	1,035	13,814	22,874	—	1	36	264	642	—	0	34	209	647
New England	2	8	46	250	1,305	—	0	0	—	7	—	0	0	—	3
Connecticut	—	0	21	—	671	—	0	0	—	5	—	0	0	—	3
Maine¶	—	0	12	42	197	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	2	—	—	0	0	—	1	—	0	0	—	—
New Hampshire	2	4	11	159	209	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	4	—	—	0	0	—	1	—	0	0	—	—
Vermont¶	—	1	17	43	228	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	28	37	58	1,200	1,830	—	0	3	5	45	—	0	1	1	20
New Jersey	N	0	0	N	N	—	0	1	2	4	—	0	0	—	4
New York (Upstate)	N	0	0	N	N	—	0	3	1	21	—	0	0	—	7
New York City	—	0	0	—	—	—	0	1	1	8	—	0	0	—	7
Pennsylvania	28	37	58	1,200	1,830	—	0	1	1	12	—	0	1	1	2
E.N. Central	55	155	254	4,922	5,662	—	0	3	6	42	—	0	3	3	20
Illinois	—	34	73	1,193	949	—	0	2	4	12	—	0	0	—	8
Indiana	—	4	29	317	—	—	0	1	2	2	—	0	1	1	1
Michigan	18	46	90	1,426	2,303	—	0	1	—	10	—	0	0	—	6
Ohio	33	40	91	1,569	1,763	—	0	0	—	14	—	0	2	2	1
Wisconsin	4	11	55	417	647	—	0	0	—	4	—	0	0	—	4
W.N. Central	4	16	114	732	983	—	0	4	22	49	—	0	7	48	129
Iowa	N	0	0	N	N	—	0	0	—	3	—	0	1	5	2
Kansas	—	4	22	183	361	—	0	1	3	13	—	0	2	6	15
Minnesota	—	0	0	—	—	—	0	1	1	2	—	0	1	2	8
Missouri	4	10	51	492	583	—	0	1	2	11	—	0	0	—	3
Nebraska¶	N	0	0	N	N	—	0	2	10	7	—	0	5	23	38
North Dakota	—	0	108	57	—	—	0	0	—	2	—	0	1	1	35
South Dakota	—	0	4	—	39	—	0	3	6	11	—	0	2	11	28
S. Atlantic	29	51	146	1,583	3,794	—	0	3	8	20	—	0	1	2	20
Delaware	—	0	4	8	38	—	0	0	—	—	—	0	0	—	1
District of Columbia	—	0	3	8	21	—	0	0	—	4	—	0	0	—	4
Florida	21	27	67	1,002	1,287	—	0	1	1	3	—	0	1	1	—
Georgia	N	0	0	N	N	—	0	1	4	4	—	0	0	—	4
Maryland¶	N	0	0	N	N	—	0	0	—	6	—	0	1	1	8
North Carolina	N	0	0	N	N	—	0	0	—	2	—	0	0	—	1
South Carolina¶	—	0	54	154	718	—	0	2	3	—	—	0	0	—	1
Virginia¶	—	0	119	28	1,170	—	0	0	—	—	—	0	0	—	1
West Virginia	8	9	32	383	560	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	10	28	358	954	—	0	5	34	47	—	0	4	20	56
Alabama¶	—	10	28	356	942	—	0	0	—	11	—	0	0	—	7
Kentucky	N	0	0	N	N	—	0	1	3	2	—	0	0	—	—
Mississippi	—	0	1	2	12	—	0	5	28	22	—	0	4	17	42
Tennessee¶	N	0	0	N	N	—	0	1	3	12	—	0	1	3	7
W.S. Central	—	94	747	3,632	6,605	—	0	14	83	63	—	0	5	21	58
Arkansas¶	—	2	30	96	611	—	0	1	3	6	—	0	0	—	2
Louisiana	—	1	7	76	61	—	0	2	7	16	—	0	4	6	29
Oklahoma	N	0	0	N	N	—	0	2	6	2	—	0	0	—	5
Texas¶	—	88	721	3,460	5,933	—	0	11	67	39	—	0	3	15	22
Mountain	—	32	83	1,056	1,637	—	0	6	44	91	—	0	12	64	181
Arizona	—	0	0	—	—	—	0	5	12	52	—	0	2	4	49
Colorado	—	13	44	420	673	—	0	4	13	16	—	0	11	38	54
Idaho¶	N	0	0	N	N	—	0	1	2	4	—	0	2	6	35
Montana¶	—	2	20	105	235	—	0	1	2	—	—	0	1	2	5
Nevada¶	N	0	0	N	N	—	0	2	7	8	—	0	1	5	7
New Mexico¶	—	2	20	134	178	—	0	2	5	5	—	0	1	2	3
Utah	—	12	32	397	541	—	0	0	—	6	—	0	0	—	20
Wyoming¶	—	0	1	—	10	—	0	1	3	—	—	0	2	7	8
Pacific	—	2	7	81	104	—	0	10	62	278	—	0	10	50	160
Alaska	—	1	6	50	52	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	7	41	273	—	0	6	36	146
Hawaii	—	1	4	31	52	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	1	1	3	—	0	3	6	13
Washington	N	0	0	N	N	—	0	4	20	2	—	0	3	8	1
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	3	—	57	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	8	26	347	467	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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

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

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

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

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

TABLE III. Deaths in 122 U.S. cities,* week ending October 10, 2009 (40th week)

Reporting area	All causes, by age (years)							Reporting area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	430	311	84	22	5	8	32	S. Atlantic	1,089	669	290	75	35	20	51
Boston, MA	104	72	23	5	2	2	5	Atlanta, GA	103	57	35	6	3	2	2
Bridgeport, CT	21	17	4	—	—	—	2	Baltimore, MD	138	72	44	14	6	2	14
Cambridge, MA	18	14	1	2	1	—	3	Charlotte, NC	103	72	16	9	2	4	8
Fall River, MA	22	18	4	—	—	—	3	Jacksonville, FL	174	111	47	9	4	3	1
Hartford, CT	53	35	15	2	—	1	1	Miami, FL	100	77	14	7	1	1	5
Lowell, MA	26	18	6	1	—	1	3	Norfolk, VA	34	21	9	3	—	1	2
Lynn, MA	3	2	—	1	—	—	—	Knoxville, VA	43	15	23	4	—	1	2
New Bedford, MA	25	22	2	1	—	—	—	Savannah, GA	46	29	11	3	1	2	7
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	39	25	8	2	4	—	4
Providence, RI	35	29	3	2	1	—	5	Tampa, FL	198	125	52	13	7	1	5
Somerville, MA	—	—	—	—	—	—	—	Washington, D.C.	100	60	25	5	7	3	1
Springfield, MA	40	27	9	2	1	1	1	Wilmington, DE	11	5	6	—	—	—	—
Waterbury, CT	27	18	6	2	—	1	—	E.S. Central	913	559	262	60	18	14	99
Worcester, MA	56	39	11	4	—	2	9	Birmingham, AL	174	101	50	12	4	7	16
Mid. Atlantic	2,036	1,406	466	106	25	33	98	Chattanooga, TN	74	51	13	8	2	—	6
Albany, NY	41	26	12	2	—	1	4	Knoxville, TN	91	55	27	8	—	1	18
Allentown, PA	22	19	3	—	—	—	1	Lexington, KY	69	41	20	5	2	1	6
Buffalo, NY	76	49	21	5	—	1	3	Memphis, TN	170	104	51	10	3	2	23
Camden, NJ	42	26	10	3	1	2	—	Mobile, AL	132	90	34	3	4	1	11
Elizabeth, NJ	19	14	4	1	—	—	1	Montgomery, AL	38	24	11	3	—	—	4
Erie, PA	58	43	13	1	1	—	6	Nashville, TN	165	93	56	11	3	2	15
Jersey City, NJ	14	11	2	1	—	—	2	W.S. Central	1,297	786	327	107	45	32	80
New York City, NY	981	683	209	59	13	17	26	Austin, TX	92	57	22	5	4	4	13
Newark, NJ	35	17	11	4	1	2	4	Baton Rouge, LA	84	52	13	9	10	—	—
Paterson, NJ	7	2	4	1	—	—	1	Corpus Christi, TX	50	31	15	4	—	—	8
Philadelphia, PA	271	165	77	18	4	7	12	Dallas, TX	219	120	60	19	9	11	11
Pittsburgh, PA§	38	24	14	—	—	—	5	El Paso, TX	81	59	16	4	1	1	1
Reading, PA	30	24	6	—	—	—	3	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	137	105	27	4	1	—	8	Houston, TX	279	152	83	29	8	7	13
Schenectady, NY	23	14	8	1	—	—	3	Little Rock, AR	68	39	16	7	4	2	4
Scranton, PA	21	19	2	—	—	—	2	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	158	121	32	3	1	1	16	San Antonio, TX	226	146	56	18	4	2	18
Trenton, NJ	23	14	5	1	1	2	—	Shreveport, LA	58	42	11	2	1	2	6
Utica, NY	21	19	1	1	—	—	1	Tulsa, OK	140	88	35	10	4	3	6
Yonkers, NY	19	11	5	1	2	—	—	Mountain	878	556	209	68	24	21	59
E.N. Central	1,637	1,066	406	94	43	28	114	Albuquerque, NM	U	U	U	U	U	U	U
Akron, OH	56	37	14	2	1	2	8	Boise, ID	44	31	7	3	1	2	4
Canton, OH	27	18	8	1	—	—	1	Colorado Springs, CO	43	29	11	3	—	—	1
Chicago, IL	U	U	U	U	U	U	U	Denver, CO	77	49	21	3	1	3	4
Cincinnati, OH	103	55	35	5	6	2	11	Las Vegas, NV	246	151	71	17	2	5	20
Cleveland, OH	220	151	62	6	1	—	10	Ogden, UT	32	23	3	3	3	—	3
Columbus, OH	140	90	26	13	4	7	10	Phoenix, AZ	163	94	41	14	8	6	14
Dayton, OH	131	91	30	8	1	1	10	Pueblo, CO	42	29	9	2	2	—	3
Detroit, MI	144	66	44	23	9	2	8	Salt Lake City, UT	97	50	28	8	6	5	6
Evansville, IN	41	28	10	2	—	1	4	Tucson, AZ	134	100	18	15	1	—	4
Fort Wayne, IN	83	60	18	4	—	1	1	Pacific	1,634	1,087	375	91	40	41	131
Gary, IN	7	5	1	—	—	1	—	Berkeley, CA	19	12	4	—	—	3	3
Grand Rapids, MI	62	44	11	1	3	3	3	Fresno, CA	134	88	26	10	6	4	8
Indianapolis, IN	194	112	56	12	10	4	16	Glendale, CA	30	24	5	—	1	—	3
Lansing, MI	37	30	5	2	—	—	1	Honolulu, HI	58	44	8	4	2	—	7
Milwaukee, WI	94	61	27	3	2	1	8	Long Beach, CA	69	47	8	7	3	4	9
Peoria, IL	57	40	13	—	3	1	4	Los Angeles, CA	227	143	55	14	5	10	19
Rockford, IL	48	40	4	3	1	—	3	Pasadena, CA	26	22	1	1	—	2	6
South Bend, IN	43	24	13	3	2	1	2	Portland, OR	143	94	36	9	2	2	8
Toledo, OH	84	56	21	6	—	1	6	Sacramento, CA	211	136	62	9	2	2	15
Youngstown, OH	66	58	8	—	—	—	8	San Diego, CA	137	87	35	9	3	3	22
W.N. Central	698	450	166	49	23	10	51	San Francisco, CA	119	83	25	5	2	4	8
Des Moines, IA	95	65	18	8	3	1	6	San Jose, CA	179	128	34	11	5	1	13
Duluth, MN	36	26	8	1	1	—	5	Santa Cruz, CA	23	18	2	2	1	—	—
Kansas City, KS	26	18	7	1	—	—	2	Seattle, WA	99	60	32	4	2	1	3
Kansas City, MO	112	69	30	5	7	1	5	Spokane, WA	66	36	19	3	4	4	5
Lincoln, NE	43	32	8	2	—	1	3	Tacoma, WA	94	65	23	3	2	1	2
Minneapolis, MN	52	29	15	5	1	2	2	Total¶	10,612	6,890	2,585	672	258	207	715
Omaha, NE	104	83	15	5	—	1	8								
St. Louis, MO	105	52	29	12	10	2	10								
St. Paul, MN	38	21	14	1	—	2	2								
Wichita, KS	87	55	22	9	1	—	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.

TABLE IV. Provisional cases of selected notifiable disease,*† United States, quarter ending October 3, 2009 (39th week)

Reporting area	Tuberculosis				
	Current quarter	Previous 4 quarters		Cum 2009	Cum 2008
		Min	Max		
United States	866	866	3,683	4,495	8,341
New England	16	16	105	60	274
Connecticut	12	12	19	46	74
Maine	—	0	2	3	7
Massachusetts	—	0	72	—	151
New Hampshire	2	1	7	5	13
Rhode Island	—	0	6	3	25
Vermont	2	0	2	3	4
Mid. Atlantic	184	184	554	766	1,349
New Jersey	93	69	129	269	256
New York (Upstate)	38	38	96	134	195
New York City	49	49	205	338	644
Pennsylvania	4	4	124	25	254
E.N. Central	99	99	310	389	676
Illinois	65	65	193	209	261
Indiana	27	22	33	87	85
Michigan	—	0	39	39	133
Ohio	—	0	42	4	149
Wisconsin	7	7	22	50	48
W.N. Central	—	29	128	61	296
Iowa	—	0	14	—	33
Kansas	—	0	17	—	38
Minnesota	—	0	64	58	115
Missouri	—	0	19	—	82
Nebraska	—	0	9	3	19
North Dakota	—	0	1	—	1
South Dakota	—	0	4	—	8
S. Atlantic	276	276	704	1,216	1,763
Delaware	—	0	6	11	19
District of Columbia	6	6	13	30	38
Florida	47	47	237	376	662
Georgia	69	69	103	264	359
Maryland	59	31	74	146	190
North Carolina	9	9	102	111	219
South Carolina	26	26	66	105	106
Virginia	57	34	104	159	152
West Virginia	3	3	8	14	18
E.S. Central	141	77	195	371	397
Alabama	49	34	49	126	112
Kentucky	2	1	34	22	58
Mississippi	22	15	48	73	63
Tennessee	68	27	68	150	164
W.S. Central	8	8	521	430	1,253
Arkansas	8	8	25	41	54
Louisiana	—	0	83	2	114
Oklahoma	—	0	24	9	69
Texas	—	0	389	378	1,016
Mountain	59	49	157	187	339
Arizona	—	0	87	—	124
Colorado	15	13	22	50	69
Idaho	6	2	6	12	8
Montana	—	0	1	—	7
Nevada	21	11	41	73	69
New Mexico	11	4	21	26	39
Utah	6	6	9	24	18
Wyoming	—	0	2	2	5
Pacific	83	83	1,009	1,015	1,994
Alaska	—	0	15	—	34
California	80	80	877	962	1,672
Hawaii	3	3	31	52	81
Oregon	—	0	22	1	53
Washington	—	0	66	—	154
American Samoa	—	0	1	—	2
C.N.M.I.	—	0	10	—	11
Guam	—	0	16	—	45
Puerto Rico	—	0	23	5	72
U.S. Virgin Islands	—	0	0	—	3

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

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

* CDC is in the process of implementing Public Health Information Network tuberculosis (TB) case notification message standards, which will simplify reporting of TB cases. As a result, TB provisional incidence counts for 2009 are now reported from the National Electronic Disease Surveillance System (NEDSS) and the Tuberculosis Information Management System (TIMS) data sources. Previously, provisional TB incidence counts were reported through the National Electronic Telecommunications System for Surveillance (NETSS). The 2009 TB provisional incidence counts are low in some reporting jurisdictions as these areas continue to catch up with data entry and transmission to CDC during this transition.

† CDC is in the process of upgrading the national surveillance data management system for human immunodeficiency virus/acquired immunodeficiency syndrome. As a result, the quarterly data scheduled for this issue of MMWR is not being published in Table IV.

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