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Ecstasy Overdoses at a New Year's Eve Rave — Los Angeles, California, 2010

Ecstasy (3,4-methylenedioxymethamphetamine [MDMA]) is an illegal synthetic amphetamine used as a stimulant and hallucinogen (*1*–*3*). On January 4, 2010, the Los Angeles County (LAC) Department of Public Health (DPH) learned of six MDMA-related emergency department (ED) visits and one death, all linked to a New Year's Eve event attended by approximately 45,000 persons. LAC DPH conducted an investigation to search for additional MDMA-related ED visits, characterize the cases, and determine whether drug contamination was involved. This report summarizes the results of the investigation, which determined that 18 patients visited EDs in LAC for MDMA-related illness within 12 hours of the rave. All were aged 16–34 years, and nine were female. In addition to using MDMA, 10 of the 18 had used alcohol, and five had used other drugs. Three patients were admitted to the hospital, including one to intensive care. A tablet obtained from one of the patients contained MDMA and caffeine, without known toxic contaminants. The cluster of apparent ecstasy overdoses occurred in the context of likely increasing MDMA use in the county during 2005–2009, as indicated by increased identification of MDMA-containing forensic specimens and a large increase in LAC residents entering drug treatment programs for MDMA. Collaboration between public health, police, fire, and emergency medical service (EMS) officials on a comprehensive prevention strategy might reduce the number of overdoses at similar events.

A rave is an all-night dance party with electronic music. When raves first emerged in the late 1980s, they were underground parties usually held at abandoned warehouses and outdoor sites. Since then, raves have become organized commercial events staged by promoters at established venues, often with high ticket prices and elaborate laser light effects. The rave in LAC, which has been staged annually since 1998, was held on New Year's Eve, December 31, 2009–January 1, 2010, at a rented public facility jointly owned by the city of Los Angeles, LAC, and the state of California. Admission was restricted to persons with identification indicating they were aged ≥18 years. Approximately 45,000 persons attended the event, which featured music on three stages from 6 p.m. on December 31, 2009, until 4 a.m. on January 1, 2010. Alcohol was for sale to persons aged ≥21 years. Los Angeles Police Department (LAPD) police officers, undercover narcotics officers, roving EMS technicians, and 14 ambulances were stationed on-site. Local EDs had been notified in advance by LAC EMS to possibly expect patients from the rave.

A physician on staff at a hospital located near the event reported a cluster of six apparent ecstasy overdoses to an LAC DPH physician on January 4. That same day, LAC DPH investigators reviewed routine public health surveillance of unusual deaths and noted the death at home on January 1 of a previously healthy man aged 24 years who had attended the same rave. Investigators then conducted interviews with the event facility manager; fire, EMS, and police officials; the on-site incident commander; the coroner; the California Poison Control System medical director; and relatives and friends of the person who died at home after attending the rave. Investigators also reviewed ED records on the six patients initially reported at the ED and interviewed the one patient hospitalized in the intensive-care unit (ICU). They also requested a list of patients transported from the rave to surrounding hospitals and cross-checked this list with records from Los Angeles Fire Department ambulances and private ambulance companies. To identify additional patients who were not transported by ambulance, investigators queried the LAC DPH electronic ED syndromic surveillance system for patients on December 31 and January

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1 with a chief complaint that included the keywords "rave," "overdose," "OD," "XTC," or "ecstasy."

An MDMA-associated ED visit was defined as a visit by a person with documented attendance at the rave who was transported to an ED within 12 hours of the end of the event and who had used MDMA. MDMA use was defined as self-reported use, a urine toxicology test positive for amphetamine, or a serum toxicology test positive for MDMA.

The investigation identified ED medical records for 30 patients who had attended the rave. One patient was transported for trauma, and the other 29 for various drug and/or alcohol intoxications. Patients began to arrive at EDs shortly after the rave began (Figure). All but one patient arrived within 2 hours of the end of the rave; the one patient had taken additional ecstasy at home after the event. Eighteen patients had MDMA exposure and met the case definition, 16 by self-reported MDMA use (12 confirmed by toxicology testing) and two by toxicology testing alone. Cases were predominantly in young adults, ranging in age from 16 to 34 years (mean: 21.3 years); 10 cases were in persons aged <21 years, and one was in a person aged <18 years (Table). Thirteen also had used alcohol or other drugs, including marijuana and prescription medications. For the six patients (three of whom were aged <21 years) with available serum alcohol levels, the mean blood alcohol concentration was 0.31 g/dL (range: 0.19 g/dL–0.33 g/dL).

Clinical findings among the 18 patients with MDMA exposure were consistent with MDMA use (*1,4*), including agitation, hypertension, mydriasis, and tachycardia (Table). Fifteen of the patients were treated and released. Three were admitted. Two were treated for 2 and 4 days, respectively, and discharged in good condition. One patient was admitted to the ICU with seizure, rhabdomyolysis, renal failure requiring hemodialysis, and hepatic failure; he was discharged to home outpatient hemodialysis after a 28-day hospital stay.

The patient who died at home did not meet the case definition because he was medically unattended and his death occurred ≥12 hours after the rave. The coroner determined that the cause of death was multiple drug intoxication. Friends reported that the decedent had used ecstasy and cocaine at the rave and injected heroin at home afterward. Toxicology testing at autopsy revealed MDMA, cocaine, and heroin. Family members stated that the decedent was previously in good health, and no underlying chronic medical conditions were discovered at autopsy.

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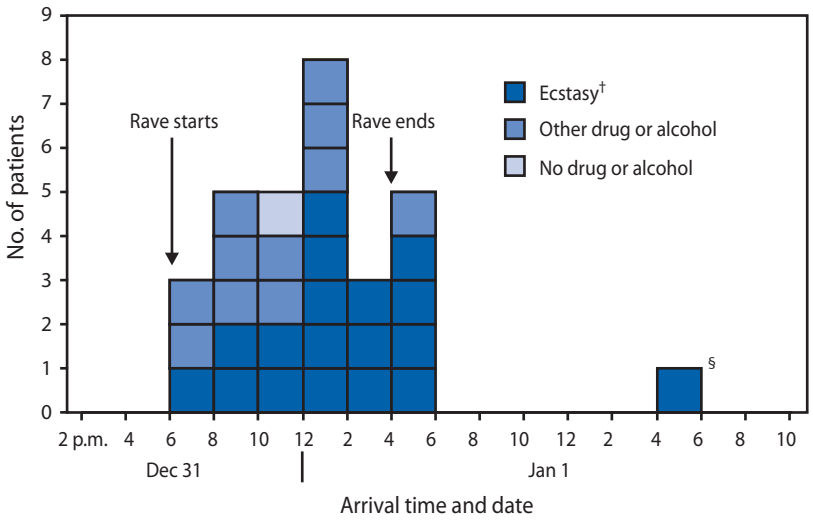
Of the eight patients who described the amount of ecstasy used, seven reported ingesting at least two tablets (range: 1–6 tablets). The ingested tablets had no common color or impressed design. The Drug Enforcement Administration's forensic laboratory identified two major components in an ecstasy tablet obtained from the ICU patient, including MDMA and caffeine in nearly equal proportions, and a minor amount of N-methylphthalimide (<5% of total tablet mass). Although no other ecstasy tablets linked to the patients were available for analysis, five ecstasy tablets seized by LAPD narcotics officers during separate arrests at the rave all were confirmed to contain MDMA.

To assess trends in LAC for MDMA use during 2005–2009, investigators reviewed data from the LAC laboratories in the National Forensic Laboratory Information System (NFLIS) and found that MDMA-containing specimens submitted increased annually from 5.2 to 13.4 per 100,000 LAC residents during this period. The Los Angeles County Participant Reporting System of drug abuse treatment statistics reported that the number of LAC residents citing MDMA as their primary drug of choice at the time of entry into drug treatment increased by 650%, from 0.22 to 1.65 per 100,000 LAC residents, during 2005–2009.

FIGURE. Number, drug use, and arrival times of rave attendees transported to emergency departments (N = 30)* — Los Angeles County, California, December 31, 2009–January 1, 2010



* Chief complaints for 29 patients were characterized as altered mental status, alcohol intoxication, or suspected drug overdose; one patient was transported for trauma.
† 3,4-methylenedioxymethamphetamine (MDMA).
§ Patient consumed additional ecstasy after the rave.

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Editorial Note

Although previous reports (*5–7*) have documented widespread use of MDMA and other "club drugs" at raves since the early 1990s, this is the first known public health investigation describing the epidemiology of a cluster of MDMA-related ED visits associated with a rave. Notably, according to LAC DPH records, no MDMA-related ED visits are known to have occurred after previous New Year's Eve raves in the county. However, MDMA-related ED visits are not routinely reportable to LAC DPH. This cluster occurred in the setting of a likely overall increase in ecstasy use in LAC during 2005–2009, indicating a possible ongoing and underreported public health problem.

MDMA overdose, rather than drug contamination, likely accounted for the symptoms requiring ED visits among rave attendees. This conclusion is supported, in part, by the lack of a common description of the ecstasy tablets ingested by patients and the finding of MDMA, but no known toxic contaminants, in the ecstasy tablet from one of the patients. In addition, these cases resembled other MDMA-related cases demographically and clinically (*1,4,8*). One of the patients described in this report was critically ill with multiorgan failure. Severe MDMA-related illness, including hyperthermia, seizure, metabolic disturbances, rhabdomyolysis, renal and hepatic failure, cardiac dysrhythmias, hemorrhagic stroke, and cerebral edema, is well described in the literature and can result in death (*1–3*).

Less than 6 months after the rave described in this report, news media reported ecstasy overdoses resulting in two deaths and at least five critical illnesses among attendees at a May 29, 2010 rave in the San Francisco Bay area. Nationally, MDMA-related ED visits increased 74.8% during 2004–2008 (*8*). A recent national survey of teenagers found an increase in use of MDMA in 2009 compared with 2008, and an accompanying decrease in perception of risk for the

TABLE. Demographics, medical condition, and disposition for 18 rave attendees with ecstasy* exposure evaluated in emergency departments — Los Angeles County, California, December 31, 2009–January 1, 2010

Characteristic/Condition	No.	(%)
Sex		
Female	9	(50)
Male	9	(50)
Race/Ethnicity		
Asian/Pacific Islander	5	(28)
Hispanic	5	(28)
Black	0	—
White, non-Hispanic	6	(33)
Other	2	(11)
California resident	17	(94)
Los Angeles County resident	9	(50)
Health insurance coverage		
None	9	(50)
Private	9	(50)
Public	0	—
Additional exposures		
Alcohol use	10	(56)
Other drug use	5	(28)
Vital signs		
Hypertension (SBP >140/90 mmHg)	10	(56)
Tachycardia (HR >100 beats/min)	10	(56)
Tachypnea (RR >20 breaths/min)	15	(83)
Signs and symptoms		
Agitation/Aggression	16	(89)
Mydriasis	8	(44)
Seizure	2	(11)
Rhabdomyolysis†	2	(11)
Hyponatremia§	2	(11)
Disposition		
Treated and released	14	(78)
Admitted¶	3	(17)
Other**	1	(6)

Abbreviations: SBP = systolic blood pressure; HR = heart rate; RR = respiratory rate.
* 3,4-methylenedioxymethamphetamine (MDMA).
† Creatine phosphokinase (CPK) >1,000 U/L.
§ Sodium serum level <135 mmol/L.
¶ Includes one patient admitted to the intensive-care unit.
** Patient left against medical advice.

drug (*9*). Decreased risk perception might contribute to the observed increases in ecstasy use. Targeting rave attendees with messages that increase risk perception might help to prevent ecstasy overdoses.

The findings in this report are subject to at least three limitations. First, histories of ecstasy use might be inaccurate; illicit drugs might not contain MDMA as purported, or might contain other compounds in addition to MDMA. Second, toxicology testing was not performed in four cases, and urine toxicology testing for amphetamines is not specific for MDMA. This could result in misclassification of the exposure. Finally, among the cases investigated, only one ecstasy tablet was available for analysis.

What is already known on this topic?

Ecstasy (3,4-methylenedioxymethamphetamine [MDMA]) is an illegal amphetamine derivative, often used at raves (all-night dance parties with electronic music) as a stimulant and hallucinogen.

What is added by this report?

This report is the first public health investigation of a cluster of MDMA overdoses at a rave. A total of 18 cases of MDMA overdose were identified within 12 hours of the rave. Overall use of the drug in Los Angeles County increased during 2005–2009.

What are the implications for public health practice?

Injury prevention, substance abuse prevention, and emergency preparedness personnel can be involved in advance to develop overdose prevention and response strategies for mass gatherings such as raves, and attendees should be warned about the risks of MDMA and other drugs used at similar events.

Drug overdose is a preventable injury that has become an increasing public health concern (*10*). Effective, culturally appropriate overdose prevention strategies that can be used at raves and other large public gatherings are needed. ED and EMS records might be useful tools for identifying clusters of drug-related emergencies. Health-care professionals should be encouraged to report clusters of suspected drug overdose or contamination. Cooperative efforts among public health, EMS, law enforcement, and substance-abuse treatment services providers are useful in determining current patterns of drug use in a community. Similar collaborations could be used to develop multiagency overdose prevention plans for raves and other mass gatherings. Finally, city and county managers and elected officials should be aware of the potential health risks and costs associated with making publicly owned facilities available for large commercial events such as raves.

Acknowledgments

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J Peaco, Federal Bur of Investigation; D Bensyl, PhD, Scientific Education and Professional Development Program Office (proposed), and S Vagi, PhD, National Center for Environmental Health, CDC.

References

1. Henry JA, Jeffreys KJ, Dawling S. Toxicity and deaths from 3,4 methylenedioxymethamphetamine ("ecstasy"). Lancet 1992;340:384–7.
2. Rogers G. The harmful health effects of recreational ecstasy: a systematic review of observational evidence. Health Technol Assess 2009;13:iii–iv, ix–xii, 1–315.
3. Gross SR, Barrett SP, Shestowsky JS, Pihl RO. Ecstasy and drug consumption patterns: a Canadian rave population study. Can J Psychiatry 2002;47:546–51.
4. Kalant H. The pharmacology and toxicology of "ecstasy" (MDMA) and related drugs. CMAJ. 2001;165:917–28.
5. Bahora M, Sterk CE, Elifson KW. Understanding recreational ecstasy use in the United States: a qualitative inquiry. Int J Drug Policy 2009;20:62–9.
6. Degenhardt L, Copeland J, Dillon P. Recent trends in the use of "club drugs": an Australian review. Subst Use Misuse 2005;40:1241–56.
7. National Drug Intelligence Center. Raves. Johnstown, PA: US Department of Justice, National Drug Intelligence Center; 2001. Available at http://www.justice.gov/ndic/pubs/656/656p.pdf. Accessed April 15, 2010.
8. Drug Abuse Warning Network. Detailed tables: national estimates, drug-related emergency department visits for 2004–2008. Rockville, MD: US Department of Health and Human Services, Office of Applied Studies, Substance Abuse and Mental Health Services Administration; 2009. Available at http://dawninfo.samhsa.gov/data. Accessed June 3, 2010.
9. Partnership for a Drug-Free America, Metlife Foundation. 2009 parents and teens attitude tracking study report. New York, NY: Partnership for a Drug-Free America and Metlife Foundation; 2010. Available at http://www.drugfree.org/files/pats_full_report_2009_pdf. Accessed April 15, 2010.
10. CDC. CDC's issue brief: unintentional drug poisoning in the United States. Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at http://www.cdc.gov/homeandrecreationalsafety/poisoning/brief.htm. Accessed April 14, 2010.

Deaths and Hospitalizations Related to 2009 Pandemic Influenza A (H1N1) — Greece, May 2009–February 2010

The first laboratory-confirmed case of 2009 pandemic influenza A (H1N1) in Greece was reported on May 18, 2009. During July–August, Greece experienced a moderate wave of transmission of 2009 H1N1; a stronger wave began in October, and a peak in incidence occurred during November 23–29. To conduct surveillance in Greece for 2009 H1N1, the Hellenic Centre for Diseases Control and Prevention (HCDCP), in collaboration with the National Health Operations Centre (NaHOC) of the Ministry of Health and Social Solidarity, collected and analyzed data regarding 1) laboratory-confirmed 2009 H1N1 cases, 2) influenza-like illness (ILI) visits to hospital emergency departments (EDs), 3) ILI hospitalizations, 4) confirmed 2009 H1N1 admissions to intensive-care units (ICUs), and 5) confirmed 2009 H1N1 deaths in hospitals. This report summarizes the findings in Greece during May 18, 2009–February 28, 2010, when 18,075 laboratory-confirmed 2009 H1N1 cases, 294 ICU admissions, and 140 deaths were reported. The majority of severe 2009 H1N1 cases were associated with underlying medical conditions (68.4% of ICU admissions and 82.1% of deaths), including pregnancy. In Greece, where 2009 H1N1 vaccination coverage was limited and a large proportion of the population likely remains susceptible (*1*), continued surveillance and effective vaccination programs will be needed this winter to combat 2009 H1N1 and any other circulating influenza virus.

The first case of 2009 H1N1 in Greece was reported on May 18, 2009, approximately 4 weeks after the first reports of novel influenza A cases in Mexico and the United States (*2,3*). An enhanced surveillance system for 2009 H1N1 was implemented in Greece during April 30–July 14, 2009. During this period, clinicians collected respiratory specimens for laboratory testing by real-time reverse transcription–polymerase chain reaction (rRT-PCR) from persons who met the European Union definition for a 2009 H1N1 case under investigation: temperature >100.4ºF (>38ºC) plus symptoms of acute respiratory infection and, in the week preceding onset of symptoms, history of travel to an affected area or history of close contact with a patient with confirmed 2009 H1N1 illness during that patient's illness (*4*). Most laboratory-confirmed cases identified during this period were travel associated. On July 15, 2009, contact tracing was discontinued, and criteria for laboratory testing were tightened to severe cases requiring hospitalization, selected cases from clusters of ILI, and special situations according to clinical judgment.

For this analysis, a confirmed case was defined as a positive test result for the 2009 H1N1 virus by rRT-PCR during May 18, 2009–February 28, 2010. Nasopharyngeal swabs were collected by hospitals and general practitioners participating in a sentinel surveillance network and were sent for testing to designated reference laboratories. ILI was defined in accordance with European Union directive 2008/426/EC as a sudden onset of illness with 1) at least one of the following: fever or feverishness, malaise, headache, or myalgia, plus 2) at least one of the following: cough, sore throat, or shortness of breath. Surveillance data on laboratory-confirmed 2009 H1N1 cases, ILI visits to hospital emergency departments, ILI hospitalizations, and laboratory-confirmed cases in persons admitted to ICUs, were collected by HCDCP and NaHOC. Surveillance for deaths among persons with laboratory-confirmed 2009 H1N1 in hospital settings was performed by HCDCP in collaboration with NaHOC.

All hospital administrators in Greece were asked to report daily to NaHOC, via standardized forms, the number of patients who visited their ED with ILI symptoms and the number of new admissions for ILI. In addition, hospitals were asked to report, three times weekly, all patients admitted with laboratory-confirmed 2009 H1N1, along with the admission diagnosis and current patient status. On a daily basis, investigators made follow-up telephone calls to the physicians of all patients with confirmed cases of 2009 H1N1 who were admitted to an ICU. Data on hospital morbidity were collected by NaHOC from a network that included all state and private hospitals in the seven semiautonomous regional health authorities of Greece.

A total of 114 public general hospitals, 172 private hospitals, and 12 military hospitals in Greece were eligible for participation. Of the eligible hospitals,

What is already known on this topic?

The incidence of 2009 pandemic Influenza A (H1N1) peaked in November 2009 in Europe.

What is added by this report?

Greece experienced two waves of 2009 H1N1 transmission, a moderate one during the summer and a stronger one that peaked at the end of November 2009; the intensive-care unit admission rate and death rate among hospitalized patients from May 2009 to February 2010 were 2.6 cases and 1.2 deaths per 100,000 population, respectively.

What are the implications for public health practice?

Continued surveillance and effective vaccination programs will be needed to combat 2009 H1N1 and any other circulating influenza viruses in the coming winter months.

70.2% participated in data collection for both ILI visits to EDs and ILI hospitalizations, accounting for 79.4% of the total patient capacity of Greek public hospitals. Hospitals that did not participate in data collection had lower bed capacity (182 mean bed capacity versus 299) and were more likely to be located on Greek islands (41.1%) than the participating hospitals (11.3%). Age-specific 2009 H1N1 admission to ICUs and mortality rates were calculated using the estimated age-specific population of Greece for 2009 (as provided by the General Secretariat of the National Statistical Service of Greece). The rates were calculated for May 18, 2009–February 28, 2010.

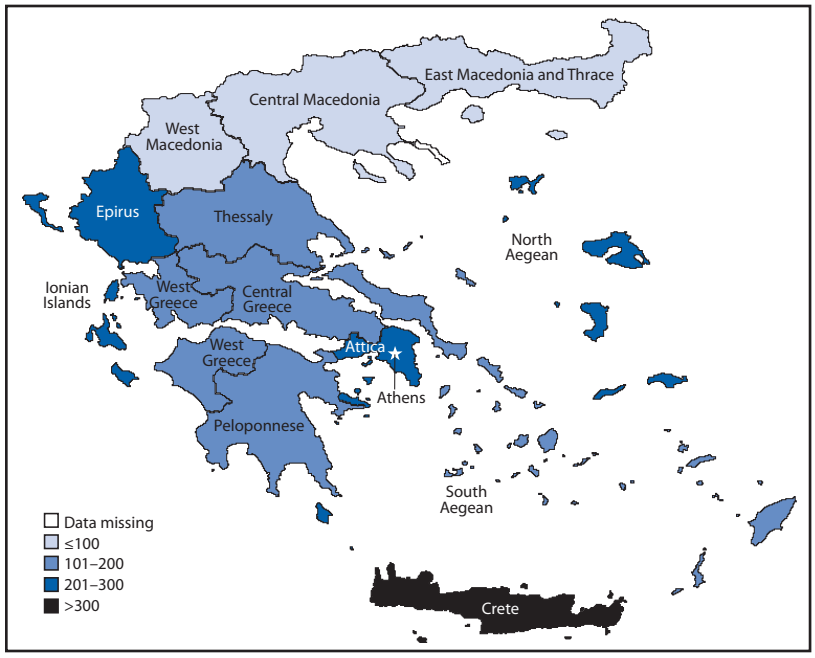
During May 18, 2009–February 28, 2010, a total of 18,075 laboratory-confirmed 2009 H1N1 cases were reported. Laboratory-confirmed illness rates per 100,000 population varied among the 13 administrative peripheries of Greece (Figure 1). Two waves of 2009 H1N1 transmission were observed. A moderate wave occurred during July–August and was followed by a decrease in cases through mid-October, when incidence accelerated rapidly, peaked during November 23–29, and then declined steadily (Figure 2). During May 18, 2009–February 28, 2010, a total of 88,244 ILI visits to EDs and 10,040 ILI hospitalizations also were reported (Figure 2).

A total of 294 ICU admissions and 140 deaths related to 2009 H1N1 were reported during May 18, 2009–February 28, 2010 (Figure 3). Of the 294 ICU admissions, 241 patients (82.0%) required mechanical ventilation, and 201 (68.4%) had an underlying medical condition (e.g., chronic respiratory, cardiovascular, renal, or hepatic disease; chronic metabolic disorder; or immunosuppression); 13 patients were pregnant. The most commonly reported underlying medical conditions among those admitted to an ICU were obesity (26.2%) and cardiovascular disease (16.3%). The most commonly reported underlying conditions among persons aged ≤19 years were neurologic disorders (31.3%), whereas obesity was the most commonly reported condition among persons aged 20–60 years (31.5%). Among persons aged >60 years, the most commonly reported condition was cardiovascular disease (37.3%).

Of the 140 patients whose deaths were related to 2009 H1N1, 115 (82.1%) had at least one underlying medical condition. The most commonly reported underlying medical conditions among those who died were obesity (25.5%), diabetes (24.8%), and cardiovascular disease (22.7%). One of the deceased was pregnant and had underlying cardiovascular disease. Of the 140 patients who died, 89 (63.5%) were aged <60 years, including eight (5.7%) who were aged <19 years.

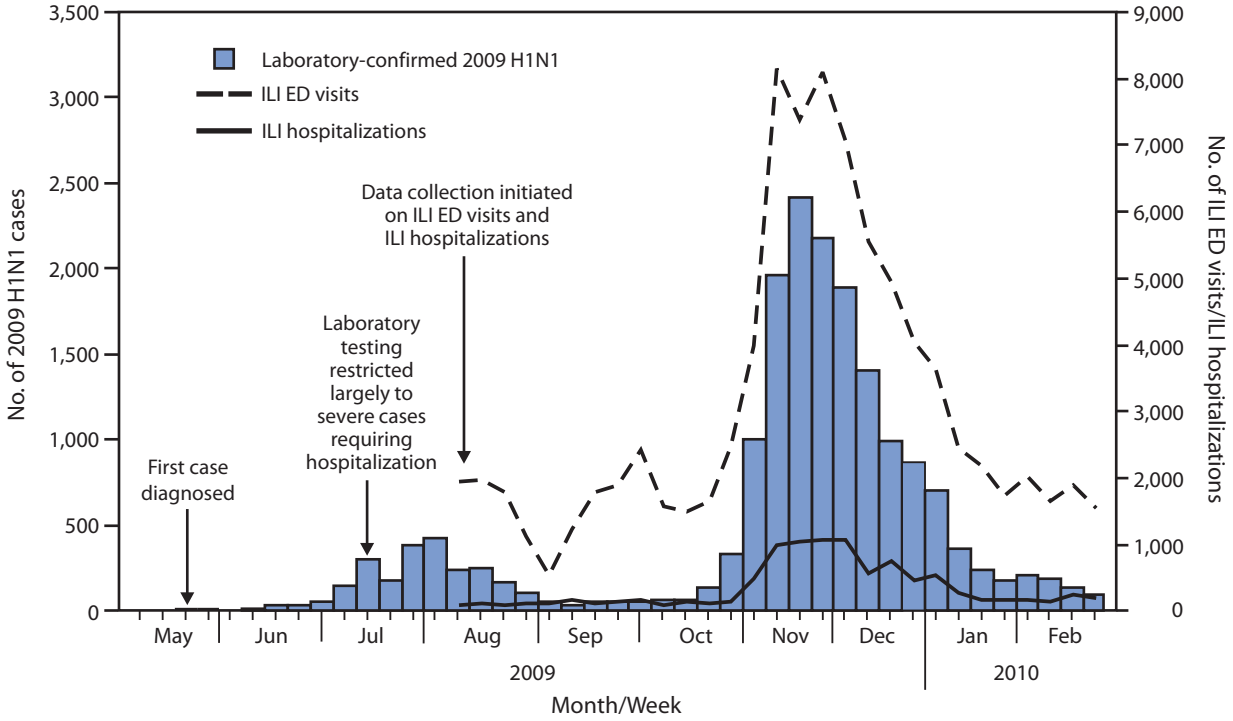
During May 18, 2009–February 28, 2010, the rate for ICU admission with 2009 H1N1 was estimated at 2.6 cases per 100,000 population (95% confidence interval [CI] = 2.3–2.9), and the death rate related to 2009 H1N1 was estimated at 1.2 deaths per 100,000

FIGURE 1. Number of laboratory-confirmed cases of 2009 pandemic influenza A (H1N1)* per 100,000 population, by administrative periphery — Greece, May 18, 2009–February 28, 2010



* N = 18,075.

FIGURE 2. Number of laboratory-confirmed 2009 pandemic influenza A (H1N1) cases,* influenza-like illness (ILI) visits to emergency departments (ED),† and ILI hospitalizations§ — Greece, May 18, 2009–February 28, 2010



* By week of diagnosis (N = 18,075).
† By week of visit (N = 88,244).
§ By week of admission (N = 10,040).

population (CI = 1.1–1.5). The rate for ICU admission was highest among persons aged 40–59 years (3.9 per 100,000 population). Death rates ranged from 0.4 to 0.7 per 100,000 population among groups aged ≤39 years, and the rate was higher (1.8 per 100,000 population) among persons aged ≥40 years.

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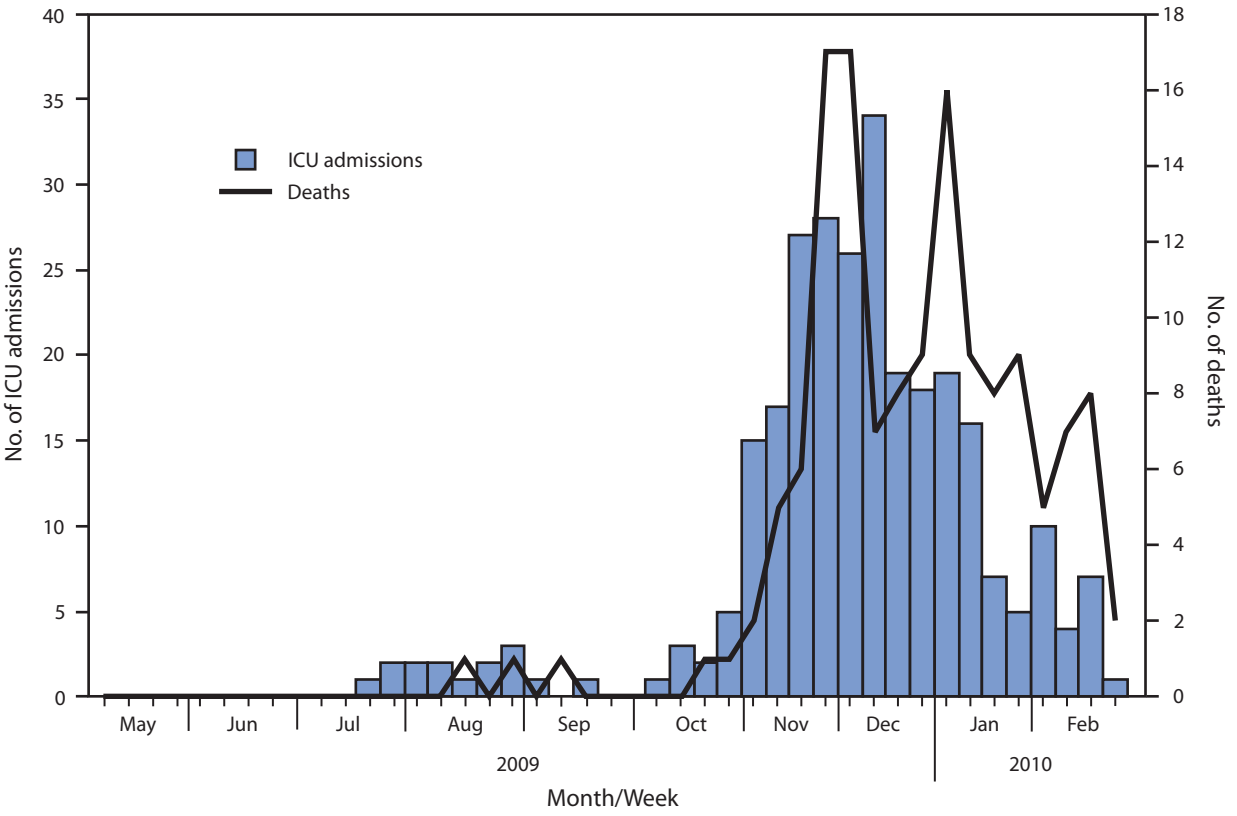
Editorial Note

This is the first report to summarize the epidemiology of 2009 H1N1 in Greece. During July–August 2009, Greece experienced a moderate wave of transmission, followed by a stronger wave beginning in October and peaking during November 23–29. In Greece, the first 2009 H1N1 cases were associated with imported transmission (e.g., students returning to Greece from abroad and foreign tourists) (*5*). On July 15, 2009, contact tracing was discontinued, and criteria for laboratory testing were tightened sharply. Because of these restrictions on testing and because many persons with influenza might not have sought medical care, the number of laboratory-confirmed 2009 H1N1 cases noted in this report likely is a substantial underestimate of the actual number that occurred during May 18, 2009–February 28, 2010.

The estimated 2009 H1N1-related ICU admission and death rates in Greece (2.6 and 1.2 per 100,000 population, respectively) were within the range of estimates reported by countries in the southern hemisphere for their winter months (June–August 2009) (*6,7*). Despite a sharp decrease in the number of ILI visits to EDs and laboratory-confirmed 2009 H1N1 cases after transmission peaked during November 23–29, the weekly numbers of 2009 H1N1 admissions to an ICU, and particularly deaths, declined more gradually. Corresponding data from the United States were similar; U.S. laboratory confirmations of influenza peaked during the week of October 24, 2009, but reports of deaths declined more slowly (*8*). Consistent with findings in other countries, obesity appeared to be a risk factor in Greece for

FIGURE 3. Number of admissions to an intensive-care unit (ICU)* for laboratory-confirmed 2009 pandemic influenza A (H1N1) and number of deaths — Greece, May 18, 2009–February 28, 2010



* By week of admission (N = 294).
† By week of death (N = 140).

2009 H1N1–related admission to an ICU or death; however, additional analysis is needed.

The findings in this report are subject to at least three limitations. First, although participation in the surveillance network was high, because participating hospitals accounted for 79.4% of the total patient capacity of Greek public hospitals, data on ILI visits to EDs and hospitalizations are not complete. In contrast, because of daily communication between HCDCP and NaHOC and participating hospitals, data on 2009 H1N1 ICU admissions and deaths within the hospital setting are thought to be nearly complete. Second, substantial underestimation of 2009 H1N1 cases likely occurred, largely because of restrictions on confirmatory laboratory testing. Finally, the number of deaths related to 2009 H1N1 might have been underestimated because deaths that occurred outside the hospital setting might not have been identified and testing that was performed on hospital patients might not have been sensitive to influenza or might have been performed later in the course of illness, when influenza shedding had declined substantially or ceased.

Vaccination against 2009 H1N1 in Greece was initiated at the end of November 2009, with the intent ultimately to administer the vaccine, at no charge, to anyone who wished to receive it. Vaccination initially was offered to health-care workers, then to persons aged ≥6 months at high risk for complications from influenza, then to healthy persons aged 6 months–49 years, and finally to healthy adults aged >49 years. Although the goal was widespread coverage, as of February 28, 2010, only 3.2% of the Greek population had been vaccinated for 2009 H1N1 (*1*). In contrast, among U.S. states and territories, an estimated 23.9% of persons aged ≥6 months had been vaccinated through January 2010 (*9*). According to the results of one survey, the main reason that residents of Greece chose not to receive the 2009 H1N1 vaccine was a belief that the vaccine might not be safe (*10*).

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References

1. Tsiodras S, Sypsa V, Hatzakis A. The vaccination campaign against 2009 pandemic influenza A (H1N1) and its continued importance in view of the uncertainty surrounding the risk associated with the pandemic [Letter]. Euro Surveill 2010;15:pii = 19468.
2. CDC. Swine influenza A (H1N1) infection in two children—southern California, March–April 2009. MMWR 2009;58:400–2.
3. CDC. Outbreak of swine-origin influenza A (H1N1) virus infection—Mexico, March–April 2009. MMWR 2009;58:467–70.
4. Official Journal of the European Union. Commission decision of 30 April 2009. Available at http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:110:0058:0059:EN:PDF. Accessed June 4, 2010.
5. Lytras T, Theocharopoulos G, Tsiodras S, Mentis A, Panagiotopoulos T, Bonovas S; influenza surveillance report group. Enhanced surveillance of influenza A (H1N1)v in Greece during the containment phase. Euro Surveill 2009;14:pii = 19275.
6. ANZIC Influenza Investigators. Critical care services and 2009 H1N1 influenza in Australia and New Zealand. N Engl J Med 2009;361:1925–34.
7. Baker MG, Kelly H, Wilson N. Pandemic H1N1 influenza lessons from the southern hemisphere. Euro Surveill 2009;14:pii = 19370.
8. CDC. FluView. 2009–2010 influenza season week 14 ending April 10, 2010. Available at http://www.cdc.gov/flu/weekly/weeklyarchives2009-2010/weekly14.htm. Accessed June 4, 2010.
9. CDC. Interim results: state-specific influenza A (H1N1) 2009 monovalent vaccination coverage—United States, October 2009–January 2010. MMWR 2010;59:363–8.
10. Sypsa V, Livanios T, Psichogiou M, et al. Public perceptions in relation to intention to receive pandemic influenza vaccination in a random population sample: evidence from a cross-sectional telephone survey. Euro Surveill 2009;14:pii = 19437.

Addition of Severe Combined Immunodeficiency as a Contraindication for Administration of Rotavirus Vaccine

In response to reported cases of vaccine-acquired rotavirus infection in infants with severe combined immunodeficiency (SCID) following rotavirus vaccine administration, both Merck & Co. and GlaxoSmithKline Biologicals have revised the prescribing information and patient labeling for their respective rotavirus vaccine products, pentavalent rotavirus vaccine (RV5) and monovalent rotavirus vaccine (RV1), with approval from the Food and Drug Administration (*1,2*). Merck revised the prescribing information and patient labeling for RV5 in December 2009, and GlaxoSmithKline Biologicals did so for RV1 in February 2010. After the revision to the RV5 prescribing information, CDC sought consultation from members of the former Rotavirus Vaccine Work Group of the Advisory Committee on Immunization Practices (ACIP). On the basis of that consultation and available data, CDC is updating the list of contraindications for rotavirus vaccine. Rotavirus vaccine (both RV5 and RV1) is contraindicated in infants diagnosed with SCID.

SCID includes a group of rare, life-threatening disorders caused by at least 15 different single gene defects that result in profound deficiencies in T- and B- lymphocyte function (*3*). The estimated annual incidence of SCID is one case per 40,000–100,000 live births, or a total of approximately 40–100 new cases among infants in the United States each year (*3*). SCID usually is diagnosed after an infant has acquired a severe, potentially life-threatening infection caused by one or more pathogens. Infants with SCID commonly experience chronic diarrhea, failure to thrive, and early onset of infections. Chronic, wild-type rotavirus infection has been reported in infants with SCID, with resulting prolonged diarrhea or shedding of rotavirus (*4*). Diagnosis and hematopoietic stem cell transplantation before onset of severe infections offer the best chance for long-term survival of SCID patients (*3,5*).

The median age at diagnosis of SCID is 4–7 months, which overlaps with the ages for rotavirus vaccination recommended by ACIP (ages 2, 4, and 6 months for RV5; ages 2 and 4 months for RV1). Prenatal diagnosis is possible for the minority of infants with a known family history of SCID. Newborn screening for SCID through evaluation of dried blood spots is available in two states, Massachusetts and Wisconsin. On January 21, 2010, the Federal Advisory Committee on Heritable Disorders in Newborns and Children recommended that a screening test for SCID be included in the core panel of the recommended uniform screening panel for all newborn infants. On May 21, the U.S. Department of Health and Human Services approved the addition of SCID to the uniform screening panel.

Since introduction of rotavirus vaccine in the United States in 2006, five cases (four in the United States and one in Australia) of vaccine-acquired rotavirus infection in RV5-vaccinated infants with SCID have been reported in the literature (*6–8*). Two additional U.S. cases of vaccine-acquired infection in RV5-vaccinated infants with SCID and one case of vaccine-acquired infection in an RV1-vaccinated infant with SCID from outside the United States have been reported to the Vaccine Adverse Event Reporting System (VAERS). The eight infants (four males and four females) were diagnosed with SCID between ages 3 months and 9 months and had received 1–3 doses of rotavirus vaccine before the diagnosis. All the infants had diarrhea, and most had additional infections (e.g., *Pneumocystis jirovecii,* rhinovirus, adenovirus, *Salmonella, Escherichia coli*, and *Giardia*) at the time of SCID diagnosis. Rotavirus infection was diagnosed by enzyme immunoassay in seven of the eight patients for whom this information was available. In all eight cases, vaccine-acquired rotavirus infection was confirmed by reverse transcription–polymerase chain reaction (RT-PCR) and nucleotide sequencing. Prolonged shedding of vaccine virus was documented in at least six of these cases, with duration of up to 11 months.

Rotavirus vaccine (both RV5 and RV1) is contraindicated in infants diagnosed with SCID. Consultation with an immunologist or infectious disease specialist is advised for infants with known or suspected altered immunocompetence before rotavirus vaccine is administered (*9*). General guidelines on immunodeficiency and use of live virus vaccines are available in the *2009 Red Book*, Table 1.14 (*10*).

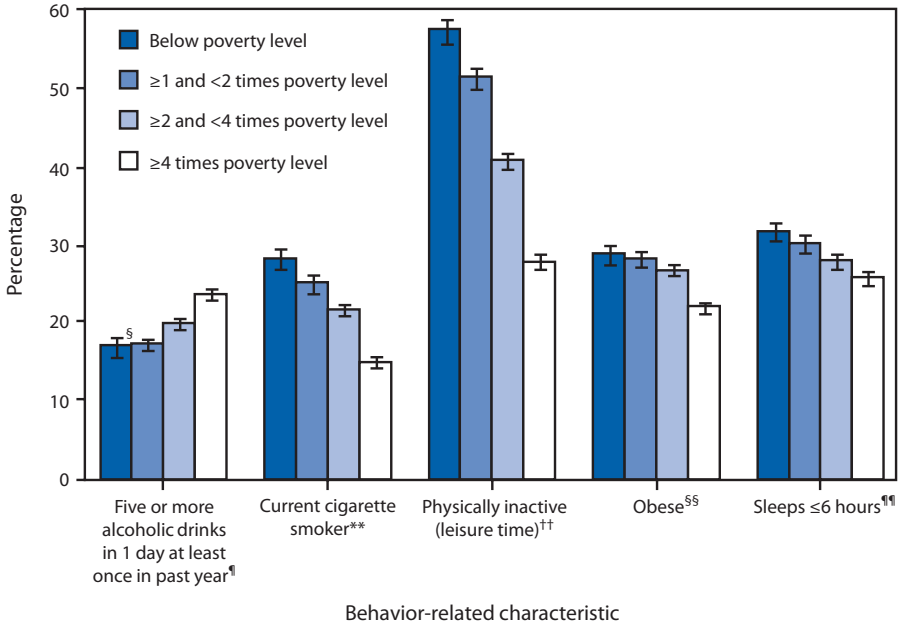
References

1. Food and Drug Administration. Product approval-prescribing information [package insert]. RotaTeq [rotavirus vaccine, live, oral pentavalent], Merck & Co, Inc: Food and Drug Administration; 2009. Available at http://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm094063.htm. Accessed June 4, 2010.
2. Food and Drug Administration. Product approval-prescribing information [package insert]. Rotarix [rotavirus vaccine, live, oral], GlaxoSmithKline Biologicals: Food and Drug Administration; 2010. Available at http://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm133920.htm. Accessed June 4, 2010.
3. Puck JM. Population-based newborn screening for severe combined immunodeficiency: steps toward implementation. J Allergy Clin Immunol 2007;120:760–8.
4. Saulsbury FT, Winkelstein JA, Yolken RH. Chronic rotavirus infection in immunodeficiency. J Pediatr 1980;97:61–5.
5. Buckley RH, Schiff SE, Schiff RI, et al. Hematopoietic stem-cell transplantation for the treatment of severe combined immunodeficiency. N Engl J Med 1999;340:508–16.
6. Patel NC, Hertel PM, Estes MK, et al. Vaccine-acquired rotavirus in infants with severe combined immunodeficiency. N Engl J Med 2010;362:314–9.
7. Uygungil B, Bleesing JJ, Risma KA, McNeal MM, Rothenberg ME. Persistent rotavirus vaccine shedding in a new case of severe combined immunodeficiency: a reason to screen. J Allergy Clin Immunol 2010;125:270–1.
8. Werther RL, Crawford NW, Boniface K, Kirkwood CD, Smart JM. Rotavirus vaccine induced diarrhea in a child with severe combined immune deficiency. J Allergy Clin Immunol 2009;124:600.
9. CDC. Cortese MM, Parashar UD. Prevention of rotavirus gastroenteritis among infants and children: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2009;58(No. RR-2).
10. American Academy of Pediatrics. Immunocompromised children. Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. Red book: 2009 report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:24–5.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Prevalence of Selected Unhealthy Behavior-Related Characteristics Among Adults Aged ≥18 Years, by Poverty Status* — National Health Interview Survey, United States, 2005–2007†



* Poverty status is based on family income and family size using the U.S. Census Bureau poverty thresholds for 2004, 2005, and 2006. Family income was imputed when information was missing, using multiple imputation methodology.
† Estimates are age adjusted using the projected 2000 U.S. population as the standard population and three age groups: 18–44 years, 45–64 years, and ≥65 years. Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. adult population. Denominators for each percentage exclude persons with unknown behavior-related characteristics.
§ 95% confidence interval.
¶ The question regarding consumption of five or more drinks in 1 day at least once in the past year was asked only of current drinkers (one or more drinks in preceding year); however, prevalence estimates reflect percentage of all adults who engaged in this behavior.
** Smoked at least 100 cigarettes in lifetime and currently smoked.
†† Never engages in any light, moderate, or vigorous leisure-time physical activity.
§§ Defined as a body mass index (weight [kg] / height [m^2]) of ≥30.
¶¶ Usual number of hours of sleep in a 24-hour period.

U.S. adults with the lowest family incomes were more likely than adults with the highest family incomes to be current cigarette smokers (28.3% versus 15.1%), to be physically inactive (57.5% versus 27.8%), to be obese (28.8% versus 22.1%), and to sleep ≤6 hours in a 24-hour period (31.7% versus 25.9%). Smoking and physical inactivity showed the steepest declines with increasing income. In contrast, the percentage of adults who had five or more alcoholic drinks in 1 day in the past year was lowest among adults with family incomes below (17.2%) or near the poverty level (17.3%) and highest among adults in the highest family income group (23.6%).

Source: Schoenborn CA, Adams PF. Health behaviors of adults: United States 2005–2007. Vital Health Stat 2010;10(245).

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 5, 2010 (22nd week)*

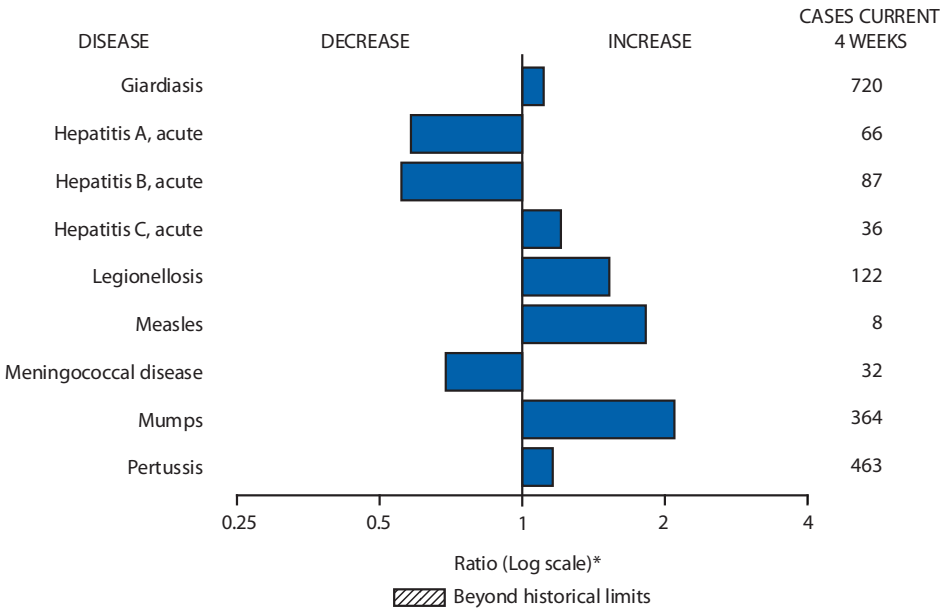
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	29	3	117	145	144	165	135	
foodborne	—	4	0	11	17	32	20	19	
infant	—	19	2	81	109	85	97	85	
other (wound and unspecified)	—	6	1	25	19	27	48	31	
Brucellosis	1	38	2	115	80	131	121	120	AZ (1)
Chancroid	1	26	0	30	25	23	33	17	CA (1)
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis§	2	30	13	141	139	93	137	543	NYC (1), FL (1)
Diphtheria	—	1	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	0	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	8	0	35	30	22	29	9	
nonserotype b	—	73	4	236	244	199	175	135	
unknown serotype	—	94	4	178	163	180	179	217	
Hansen disease§	—	16	3	103	80	101	66	87	
Hantavirus pulmonary syndrome§	—	2	1	14	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	—	46	5	242	330	292	288	221	
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	1	53	2	359	90	77	43	45	NYC (1)
Listeriosis	6	216	11	852	759	808	884	896	NY (1), PA (1), MI (1), TX (3)
Measles¶¶	1	26	3	67	140	43	55	66	FL (1)
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	111	6	301	330	325	318	297	SC (1), CO (1)
serogroup B	—	47	4	174	188	167	193	156	
other serogroup	—	5	1	23	38	35	32	27	
unknown serogroup	3	170	13	482	616	550	651	765	MO (1), FL (1), OR (1)
Mumps	118	1,684	45	2,069	454	800	6,584	314	NY (1), NYC (113), TX (2), WA (2)
Novel influenza A virus infections†††	—	—	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§,§§§	—	31	4	112	120	171	169	136	
acute	—	24	2	92	106	—	—	—	
chronic	—	7	0	20	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	2	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	75	3	162	157	132	125	129	PA (1)
Syphilis, congenital (age <1 yr)††††	—	68	7	424	431	430	349	329	
Tetanus	—	—	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	—	36	2	74	71	92	101	90	
Trichinellosis	—	1	0	13	39	5	15	16	
Tularemia	1	10	4	93	123	137	95	154	NE (1)
Typhoid fever	2	137	7	400	449	434	353	324	VA (1), TN (1)
Vancomycin-intermediate *Staphylococcus aureus*§	3	33	1	77	63	37	6	2	MO (2), NV (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	8	107	5	790	588	549	NN	NN	OH (1), VA (1), SC (2), FL (1), TX (1), AZ (1), WA (1)
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 5, 2010 (22nd week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/ncphi/disss/nndss/phs/files/5yearweeklyaverage.pdf.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.
¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 278 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 indigenous.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† 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 5, 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.

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	8,828	22,948	27,358	417,256	529,973	57	121	284	2,004	2,136
New England	623	743	1,396	15,684	16,850	2	6	33	107	150
Connecticut	138	215	736	3,676	4,912	—	0	29	29	38
Maine†	35	49	75	1,043	1,082	—	1	4	25	17
Massachusetts	319	393	767	8,359	7,935	—	1	15	—	42
New Hampshire	47	35	108	614	888	—	2	6	23	23
Rhode Island†	57	70	130	1,490	1,518	—	0	8	7	2
Vermont†	27	23	63	502	515	2	1	9	23	28
Mid. Atlantic	2,319	3,144	4,619	69,734	66,455	6	14	38	230	247
New Jersey	317	442	624	9,112	10,737	—	0	5	—	15
New York (Upstate)	485	634	2,530	13,816	12,291	3	3	16	56	53
New York City	1,118	1,188	2,207	27,539	25,002	—	1	5	21	36
Pennsylvania	399	865	1,056	19,267	18,425	3	9	19	153	143
E.N. Central	529	3,409	4,413	46,206	87,369	11	28	73	422	523
Illinois	—	1,048	1,322	146	26,647	—	3	8	65	53
Indiana	—	309	602	5,078	10,014	—	4	11	60	116
Michigan	458	887	1,412	20,894	20,510	1	6	11	111	94
Ohio	71	943	1,073	17,294	20,897	10	7	16	144	137
Wisconsin	—	365	466	2,794	9,301	—	8	39	42	123
W.N. Central	222	1,311	1,711	26,474	30,305	7	20	59	322	291
Iowa	2	177	252	4,172	4,256	—	4	13	69	71
Kansas	44	187	571	3,906	4,345	2	2	6	38	31
Minnesota	2	266	337	5,178	6,323	—	5	31	94	64
Missouri	103	498	638	10,464	11,188	1	3	12	50	54
Nebraska†	39	94	237	2,054	2,195	1	2	9	38	28
North Dakota	32	32	93	700	709	3	0	18	6	1
South Dakota	—	49	82	—	1,289	—	2	10	27	42
S. Atlantic	2,176	4,263	6,098	71,667	109,441	11	20	50	368	360
Delaware	94	87	145	1,826	2,065	—	0	2	2	1
District of Columbia	56	114	178	2,167	3,009	—	0	1	2	3
Florida	453	1,402	1,669	29,920	31,964	6	8	24	148	114
Georgia	16	455	1,323	3,098	18,205	3	6	31	140	147
Maryland†	376	448	1,031	8,990	9,522	—	0	3	11	19
North Carolina	—	651	1,291	—	18,269	—	1	11	11	30
South Carolina†	538	521	1,331	11,458	11,878	—	1	7	18	18
Virginia†	575	598	924	12,649	12,851	2	1	7	30	23
West Virginia	68	67	137	1,559	1,678	—	0	2	6	5
E.S. Central	583	1,761	2,268	33,707	39,213	—	4	10	72	64
Alabama†	—	479	629	9,825	11,567	—	1	5	25	22
Kentucky	196	313	642	6,458	4,384	—	2	4	24	16
Mississippi	—	429	640	6,559	10,499	—	0	3	4	5
Tennessee†	387	565	734	10,865	12,763	—	1	5	19	21
W.S. Central	453	2,912	5,784	55,395	68,026	3	8	40	110	106
Arkansas†	254	228	402	2,320	6,306	—	1	5	13	12
Louisiana	—	381	1,055	2,922	13,110	—	1	6	16	12
Oklahoma	199	252	2,727	6,386	3,099	3	2	9	22	31
Texas†	—	2,041	3,232	43,767	45,511	—	5	30	59	51
Mountain	545	1,556	2,118	29,113	30,098	4	9	25	171	164
Arizona	53	484	713	9,343	10,827	—	0	3	12	13
Colorado	288	430	709	7,775	4,986	2	2	10	50	40
Idaho†	—	61	185	1,046	1,581	1	1	7	29	19
Montana†	28	57	75	1,278	1,372	1	1	4	23	14
Nevada†	114	171	478	4,021	4,276	—	0	2	5	7
New Mexico†	—	166	453	2,213	3,517	—	2	8	26	50
Utah	40	116	175	2,620	2,705	—	1	4	19	8
Wyoming†	22	35	70	817	834	—	0	2	7	13
Pacific	1,378	3,481	5,350	69,276	82,216	13	13	27	202	231
Alaska	—	105	144	2,462	2,266	—	0	1	1	2
California	1,174	2,677	4,406	54,907	63,019	6	8	20	119	119
Hawaii	—	112	137	2,010	2,656	—	0	0	—	1
Oregon	—	173	468	1,367	4,623	5	2	10	54	80
Washington	204	395	638	8,530	9,652	2	1	8	28	29
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	1	27	78	—	—	0	0	—	—
Puerto Rico	92	113	329	2,229	3,138	N	0	0	N	N
U.S. Virgin Islands	—	9	16	132	229	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd 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	37	NN	—	0	0	—	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island¶	—	0	0	—	NN	—	0	0	—	NN
Vermont¶	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	3	12	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	2	8	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	2	5	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	2	5	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	1	1	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	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	2	13	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	2	12	NN	—	0	0	—	NN
Georgia	—	0	1	1	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina¶	—	0	0	—	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama¶	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee¶	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas¶	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	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	3	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	1	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	2	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	82	880	NN	—	0	3	21	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 5, 2010, and June 6, 2009 (22nd 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	3	10	176	78	152	11	12	308	39	139	1	1	34	7	51
New England	—	0	4	3	5	—	2	21	11	25	—	0	1	—	2
Connecticut	—	0	0	—	—	—	0	13	—	—	—	0	0	—	—
Maine§	—	0	1	2	—	—	0	3	4	4	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	1	1	—	0	3	5	6	—	0	1	—	1
Rhode Island§	—	0	4	—	4	—	0	20	2	15	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	3	15	9	29	10	3	27	20	47	—	0	4	1	12
New Jersey	—	0	8	—	17	—	0	7	1	16	—	0	0	—	—
New York (Upstate)	—	1	15	5	7	10	2	20	19	30	—	0	2	1	1
New York City	—	0	2	3	1	—	0	1	—	1	—	0	0	—	1
Pennsylvania	—	0	5	1	4	—	0	1	—	—	—	0	3	—	10
E.N. Central	—	0	8	—	32	—	2	23	1	63	—	0	7	1	23
Illinois	—	0	4	—	13	—	0	1	—	1	—	0	1	—	2
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	1	13
Michigan	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	3	—	0	0	—	1	—	0	1	—	—
Wisconsin	—	0	3	—	15	—	2	22	1	61	—	0	4	—	8
W.N. Central	2	2	23	18	28	—	0	261	—	—	—	0	30	2	4
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	—	3	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	1	1	22	17	25	—	0	2	—	—	—	0	4	2	2
Nebraska§	1	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	—	3	14	31	34	1	0	2	7	3	—	0	2	—	—
Delaware	—	0	3	7	4	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	2	4	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	8	—	0	1	1	1	—	0	0	—	—
Maryland§	—	0	4	4	12	1	0	1	3	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	8	4	—	0	1	1	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	11	10	21	—	0	1	—	1	1	0	5	3	10
Alabama§	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	1	2	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	10	8	19	—	0	1	—	1	1	0	5	3	10
W.S. Central	1	0	141	7	1	—	0	23	—	—	—	0	0	—	—
Arkansas§	—	0	34	—	—	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	1	0	105	6	1	—	0	16	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ 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 5, 2010, and June 6, 2009 (22nd 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	138	345	663	6,263	6,662	2,052	5,499	6,935	93,297	127,112	22	56	171	1,179	1,358
New England	3	26	65	305	537	126	92	197	2,130	2,024	2	3	21	35	84
Connecticut	—	6	15	94	106	58	45	170	975	923	2	0	15	17	23
Maine§	3	4	13	75	75	2	3	11	88	58	—	0	2	4	12
Massachusetts	—	9	36	—	232	53	39	81	855	836	—	0	8	—	40
New Hampshire	—	3	11	51	49	—	2	7	65	45	—	0	2	7	5
Rhode Island§	—	1	7	19	23	13	6	19	120	139	—	0	2	4	1
Vermont§	—	4	14	66	52	—	1	17	27	23	—	0	1	3	3
Mid. Atlantic	25	61	112	1,030	1,251	495	635	941	13,643	12,741	4	12	34	267	238
New Jersey	—	6	15	2	177	96	92	132	1,913	1,990	—	2	7	38	41
New York (Upstate)	15	24	84	424	439	90	101	422	2,162	2,190	2	4	20	73	56
New York City	3	16	25	328	348	200	215	396	4,987	4,534	—	2	6	58	30
Pennsylvania	7	15	37	276	287	109	208	277	4,581	4,027	2	4	9	98	111
E.N. Central	9	49	92	935	1,041	178	1,070	1,536	13,219	27,482	1	8	18	153	223
Illinois	—	12	22	193	221	—	349	441	48	8,786	—	2	9	45	82
Indiana	—	6	14	99	92	—	87	183	1,401	3,285	—	1	5	28	43
Michigan	2	13	25	247	257	150	249	502	5,838	6,554	—	0	4	15	12
Ohio	7	16	28	347	320	28	316	363	5,359	6,550	1	2	6	52	48
Wisconsin	—	7	23	49	151	—	89	115	573	2,307	—	1	5	13	38
W.N. Central	16	27	165	594	569	48	272	367	5,248	6,344	4	3	24	78	71
Iowa	3	6	15	107	103	—	31	46	658	721	—	0	1	1	—
Kansas	1	4	14	87	54	6	40	83	722	1,080	—	0	2	8	10
Minnesota	—	0	135	136	137	—	41	64	762	1,003	1	0	17	23	15
Missouri	9	9	27	149	179	32	124	172	2,606	2,763	3	1	6	34	31
Nebraska§	3	3	9	77	61	7	22	55	448	565	—	0	3	7	12
North Dakota	—	0	8	9	4	3	2	11	52	49	—	0	4	5	3
South Dakota	—	1	10	29	31	—	4	16	—	163	—	0	0	—	—
S. Atlantic	46	74	144	1,550	1,448	582	1,290	1,774	19,872	31,907	6	14	27	303	384
Delaware	1	0	3	12	13	15	19	37	418	358	—	0	1	4	3
District of Columbia	—	1	4	10	29	23	43	86	797	1,186	—	0	1	—	1
Florida	29	38	87	769	757	143	381	482	7,934	9,120	1	3	10	86	129
Georgia	9	14	52	382	305	8	146	494	1,108	6,072	1	3	9	79	71
Maryland§	2	6	12	128	108	130	127	237	2,552	2,508	4	1	6	23	45
North Carolina	N	0	0	N	N	—	226	386	—	6,099	—	1	6	20	50
South Carolina§	2	2	7	46	40	154	159	394	3,376	3,530	—	2	7	46	32
Virginia§	3	8	37	189	178	105	164	271	3,490	2,789	—	2	5	37	37
West Virginia	—	1	5	14	18	4	8	19	197	245	—	0	5	8	16
E.S. Central	—	7	22	99	147	134	485	655	9,196	11,171	1	3	12	79	90
Alabama§	—	4	13	55	69	—	138	187	3,000	3,250	—	0	2	7	25
Kentucky	N	0	0	N	N	58	88	156	1,640	1,296	—	0	5	14	9
Mississippi	N	0	0	N	N	—	127	198	1,786	3,186	1	0	2	7	6
Tennessee§	—	3	18	44	78	76	146	206	2,770	3,439	—	2	10	51	50
W.S. Central	2	9	18	130	154	115	861	1,554	14,523	19,593	1	2	20	60	61
Arkansas§	1	2	9	41	45	68	74	139	662	1,893	—	0	3	10	11
Louisiana	—	3	10	47	74	—	113	343	910	4,262	—	0	2	12	10
Oklahoma	1	3	10	42	35	47	79	616	1,671	1,079	1	1	15	33	37
Texas§	N	0	0	N	N	—	565	965	11,280	12,359	—	0	2	5	3
Mountain	22	32	64	597	536	67	172	266	3,326	3,726	3	5	14	153	128
Arizona	3	3	7	58	83	12	63	109	1,091	1,182	1	2	10	60	42
Colorado	15	12	26	282	154	28	50	127	1,046	1,132	1	1	6	39	37
Idaho§	—	4	10	80	51	—	1	8	28	42	1	0	2	7	2
Montana§	3	3	11	54	41	—	2	6	49	38	—	0	1	1	1
Nevada§	—	2	11	25	34	24	27	94	731	766	—	0	2	5	11
New Mexico§	1	1	8	27	50	—	19	41	238	412	—	1	5	23	18
Utah	—	5	13	56	99	3	6	14	131	127	—	0	4	13	16
Wyoming§	—	1	5	15	24	—	1	7	12	27	—	0	2	5	1
Pacific	15	54	133	1,023	979	307	548	663	12,140	12,124	—	2	9	51	79
Alaska	—	2	7	35	30	—	23	36	579	356	—	0	2	11	7
California	11	34	61	652	692	270	456	556	10,183	9,974	—	0	3	6	28
Hawaii	—	0	2	—	7	—	10	24	230	280	—	0	2	—	17
Oregon	—	9	17	196	136	—	14	43	106	486	—	1	5	31	24
Washington	4	9	75	140	114	37	43	84	1,042	1,028	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	3	5	—	—	0	0	—	—
Puerto Rico	—	1	10	10	61	3	4	24	101	90	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	6	25	74	—	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 5, 2010, and June 6, 2009 (22nd 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	12	33	68	551	817	13	57	203	1,076	1,449	6	15	43	304	321
New England	—	1	5	19	43	—	1	3	18	26	—	1	5	10	23
Connecticut	—	0	2	12	9	—	0	3	4	5	—	1	4	10	18
Maine†	—	0	1	3	1	—	0	2	8	6	—	0	1	—	—
Massachusetts	—	1	4	—	23	—	0	2	—	12	—	0	1	—	4
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	0	—	2	—	0	1	1	—	—	0	0	—	1
Mid. Atlantic	1	4	10	79	111	2	5	10	119	170	1	2	4	38	41
New Jersey	—	0	4	8	34	—	1	4	25	57	—	0	2	4	6
New York (Upstate)	—	1	3	25	19	1	1	6	23	30	1	1	3	23	18
New York City	—	1	5	24	29	—	1	4	36	31	—	0	1	—	1
Pennsylvania	1	1	6	22	29	1	1	5	35	52	—	0	3	11	16
E.N. Central	—	4	19	66	125	2	7	14	142	210	1	2	6	56	38
Illinois	—	1	13	14	46	—	2	6	27	47	—	0	1	—	3
Indiana	—	0	4	8	9	—	1	5	19	38	—	0	3	10	5
Michigan	—	1	4	25	32	—	2	6	47	59	1	1	6	43	12
Ohio	—	0	4	14	23	2	2	4	49	54	—	0	3	3	16
Wisconsin	—	0	2	5	15	—	0	3	—	12	—	0	1	—	2
W.N. Central	—	1	10	23	52	—	3	15	56	52	—	0	11	12	5
Iowa	—	0	3	4	15	—	1	3	9	11	—	0	4	1	2
Kansas	—	0	2	7	5	—	0	2	3	4	—	0	0	—	1
Minnesota	—	0	8	1	12	—	0	13	2	10	—	0	9	3	—
Missouri	—	0	3	10	9	—	1	5	34	17	—	0	1	7	—
Nebraska†	—	0	3	1	9	—	0	2	8	9	—	0	1	1	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	1	—	0	1	—	—
S. Atlantic	1	7	14	123	181	5	16	39	325	390	1	3	8	63	92
Delaware	—	0	1	5	2	—	1	2	13	15	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	4	—	0	1	2	—
Florida	1	3	8	47	84	3	5	11	131	136	1	1	4	23	16
Georgia	—	1	3	16	16	—	3	7	62	60	—	0	2	5	20
Maryland†	—	0	4	10	18	—	1	6	24	42	—	1	3	12	17
North Carolina	—	0	3	11	31	—	1	4	4	56	—	0	4	9	17
South Carolina†	—	1	4	19	16	1	1	4	23	19	—	0	0	—	1
Virginia†	—	1	3	13	13	1	2	14	41	35	—	0	2	6	6
West Virginia	—	0	2	1	—	—	0	19	25	23	—	0	3	6	15
E.S. Central	—	1	3	17	18	1	6	13	113	155	1	2	7	53	45
Alabama†	—	0	2	4	5	—	1	5	24	46	—	0	2	2	5
Kentucky	—	0	2	9	3	—	2	6	36	38	—	1	5	37	25
Mississippi	—	0	1	—	5	—	0	3	10	11	—	0	0	—	—
Tennessee†	—	0	2	4	5	1	2	6	43	60	1	0	4	14	15
W.S. Central	5	3	19	63	74	1	9	109	156	240	1	1	14	23	20
Arkansas†	—	0	3	—	5	—	1	4	17	29	—	0	1	—	1
Louisiana	—	0	1	4	2	—	1	5	16	24	—	0	1	2	4
Oklahoma	—	0	3	—	1	—	1	19	29	48	1	0	12	12	3
Texas†	5	3	18	59	66	1	5	87	94	139	—	0	4	9	12
Mountain	3	3	8	61	58	—	2	6	38	59	—	1	4	17	24
Arizona	2	1	5	32	22	—	0	3	13	25	—	0	0	—	—
Colorado	1	1	4	11	17	—	0	2	1	11	—	0	3	2	13
Idaho†	—	0	1	3	—	—	0	2	4	2	—	0	2	6	1
Montana†	—	0	1	4	3	—	0	1	—	—	—	0	0	—	1
Nevada†	—	0	2	6	7	—	1	3	16	11	—	0	1	1	2
New Mexico†	—	0	1	3	6	—	0	1	2	4	—	0	2	5	5
Utah	—	0	2	2	3	—	0	1	2	4	—	0	1	3	2
Wyoming†	—	0	1	—	—	—	0	1	—	2	—	0	0	—	—
Pacific	2	5	16	100	155	2	6	20	109	147	1	1	6	32	33
Alaska	—	0	0	—	2	—	0	1	1	2	—	0	2	—	—
California	2	4	15	81	116	1	4	16	76	105	—	1	4	13	16
Hawaii	—	0	2	—	6	—	0	1	—	3	—	0	0	—	—
Oregon	—	0	2	10	8	—	1	4	16	19	—	0	3	10	8
Washington	—	0	2	9	23	1	0	4	16	18	1	0	6	9	9
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	10	—	—	1	6	22	—	—	1	5	19	—
Puerto Rico	—	0	2	2	15	—	0	5	7	14	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† 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 5, 2010, and June 6, 2009 (22nd 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	30	57	174	725	748	110	420	2,345	4,125	7,041	7	26	87	400	469
New England	—	3	18	22	30	26	115	857	737	2,617	—	1	4	5	22
Connecticut	—	1	5	11	7	—	30	295	232	1,038	—	0	3	1	1
Maine†	—	0	3	3	—	14	14	76	159	75	—	0	1	1	1
Massachusetts	—	0	9	—	21	—	39	401	—	1,048	—	0	3	—	15
New Hampshire	—	0	3	2	—	5	19	95	293	387	—	0	1	1	1
Rhode Island†	—	0	4	5	1	1	1	29	10	17	—	0	1	1	2
Vermont†	—	0	1	1	1	6	4	45	43	52	—	0	1	1	2
Mid. Atlantic	6	18	73	172	196	50	169	999	2,312	2,657	1	7	17	118	128
New Jersey	—	3	14	3	38	—	38	430	520	1,169	—	1	5	1	35
New York (Upstate)	4	5	29	57	60	24	56	577	547	604	1	1	4	27	17
New York City	—	3	19	34	26	1	12	58	3	205	—	4	12	66	59
Pennsylvania	2	6	25	78	72	25	68	475	1,242	679	—	1	4	24	17
E.N. Central	9	10	41	123	154	—	17	258	67	484	—	2	12	38	59
Illinois	—	1	11	7	21	—	1	12	6	25	—	1	7	18	26
Indiana	—	1	5	10	18	—	1	6	10	17	—	0	4	2	9
Michigan	—	3	13	29	24	—	1	9	5	7	—	0	3	5	7
Ohio	9	5	17	75	68	—	1	5	5	6	—	0	6	13	14
Wisconsin	—	0	6	2	23	—	15	239	41	429	—	0	2	—	3
W.N. Central	3	2	19	31	25	—	3	1,395	13	74	—	1	11	21	23
Iowa	—	0	3	2	8	—	0	15	6	34	—	0	1	6	5
Kansas	—	0	1	2	3	—	0	2	3	9	—	0	1	3	2
Minnesota	1	0	16	10	—	—	0	1,380	—	26	—	0	11	3	10
Missouri	2	1	5	11	8	—	0	1	1	1	—	0	1	3	4
Nebraska†	—	0	2	2	5	—	0	3	3	3	—	0	2	6	1
North Dakota	—	0	1	2	1	—	0	15	—	—	—	0	1	—	—
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	8	11	24	156	156	25	62	258	858	1,103	2	6	15	106	145
Delaware	—	0	5	5	1	—	12	65	209	254	—	0	1	2	1
District of Columbia	—	0	5	2	5	—	0	7	3	13	—	0	3	5	5
Florida	2	4	10	65	61	—	2	11	27	11	1	2	7	47	36
Georgia	—	1	4	21	22	—	0	6	3	16	—	0	6	2	31
Maryland†	5	3	12	36	29	17	29	134	398	560	—	1	13	22	38
North Carolina	—	0	5	2	22	—	1	7	12	40	—	0	3	5	15
South Carolina†	1	0	2	3	3	—	1	3	12	15	—	0	1	2	1
Virginia†	—	1	6	20	13	8	14	79	179	161	1	1	5	21	17
West Virginia	—	0	2	2	—	—	0	33	15	33	—	0	2	—	1
E.S. Central	2	2	12	38	41	1	1	4	15	8	1	0	4	9	15
Alabama†	—	0	2	3	8	—	0	1	—	1	—	0	3	1	3
Kentucky	—	0	3	8	17	—	0	1	1	1	—	0	3	3	5
Mississippi	—	0	2	2	2	—	0	0	—	—	—	0	1	—	—
Tennessee†	2	1	9	25	14	1	1	4	14	6	1	0	1	5	7
W.S. Central	1	2	14	33	42	2	3	44	26	33	1	2	31	47	12
Arkansas†	—	0	1	4	3	—	0	0	—	—	—	0	1	1	—
Louisiana	—	0	3	1	5	—	0	0	—	—	—	0	1	—	3
Oklahoma	1	0	4	5	2	—	0	2	—	—	—	0	1	3	—
Texas†	—	1	10	23	32	2	3	42	26	33	1	1	30	43	9
Mountain	1	3	8	42	43	—	0	4	5	16	—	1	6	14	13
Arizona	—	1	4	16	19	—	0	1	—	1	—	0	2	6	1
Colorado	—	0	4	2	4	—	0	1	1	—	—	0	3	2	9
Idaho†	—	0	2	—	1	—	0	3	2	5	—	0	1	—	1
Montana†	—	0	1	2	4	—	0	1	—	1	—	0	3	1	—
Nevada†	1	0	2	12	6	—	0	2	—	5	—	0	1	2	—
New Mexico†	—	0	2	2	1	—	0	1	1	—	—	0	0	—	—
Utah	—	0	4	7	7	—	0	1	1	4	—	0	1	3	2
Wyoming†	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
Pacific	—	4	19	108	61	6	4	10	92	49	2	3	19	42	52
Alaska	—	0	0	—	1	—	0	1	1	3	—	0	1	2	1
California	—	3	19	99	50	6	3	9	64	27	1	2	13	29	39
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	2	5	—	1	4	26	17	—	0	1	3	6
Washington	—	0	4	7	4	—	0	3	1	2	1	0	5	8	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	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	5	16	43	333	493	97	268	1,751	4,198	5,667	43	68	147	1,052	2,194
New England	—	0	2	4	16	—	7	23	33	284	2	5	24	102	138
Connecticut	—	0	2	—	2	—	1	4	14	14	2	1	22	52	59
Maine§	—	0	1	1	2	—	0	10	7	47	—	1	4	25	21
Massachusetts	—	0	1	—	9	—	4	12	—	174	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	6	4	35	—	0	3	3	14
Rhode Island§	—	0	1	—	1	—	0	8	5	8	—	0	5	3	17
Vermont§	—	0	1	3	1	—	0	1	3	6	—	1	5	19	27
Mid. Atlantic	—	1	4	32	56	16	20	42	282	489	14	10	25	263	252
New Jersey	—	0	2	8	7	—	3	10	34	109	—	0	0	—	—
New York (Upstate)	—	0	3	7	11	7	6	27	109	72	14	9	22	199	150
New York City	—	0	2	7	12	5	0	11	13	42	—	0	11	64	2
Pennsylvania	—	0	2	10	26	4	8	22	126	266	—	0	0	—	100
E.N. Central	—	2	7	46	90	18	57	105	1,043	1,132	2	2	19	39	58
Illinois	—	0	4	7	21	—	10	29	164	282	—	1	9	16	18
Indiana	—	0	2	11	23	—	6	16	79	135	—	0	5	—	13
Michigan	—	0	5	8	12	1	18	41	323	235	—	1	6	15	18
Ohio	—	1	2	17	21	17	20	49	472	412	2	0	5	8	9
Wisconsin	—	0	2	3	13	—	1	12	5	68	—	0	0	—	—
W.N. Central	1	1	6	25	37	—	26	627	340	948	6	6	18	87	162
Iowa	—	0	3	5	5	—	5	17	112	96	—	0	4	—	13
Kansas	—	0	2	2	6	—	3	12	50	100	—	1	4	22	44
Minnesota	—	0	2	2	8	—	0	601	6	174	1	0	9	14	20
Missouri	1	0	3	12	13	—	12	35	120	482	4	1	5	24	16
Nebraska§	—	0	2	4	3	—	2	6	38	85	1	1	6	24	45
North Dakota	—	0	1	—	—	—	0	12	—	2	—	0	7	3	4
South Dakota	—	0	2	—	2	—	1	6	14	9	—	0	4	—	20
S. Atlantic	2	2	7	69	99	20	22	63	411	604	16	30	58	425	988
Delaware	—	0	1	1	2	—	0	2	—	6	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	2	3	—	0	0	—	—
Florida	1	1	5	36	30	10	6	29	122	201	—	0	21	45	161
Georgia	—	0	1	6	18	1	3	8	78	116	—	5	14	—	191
Maryland§	—	0	1	3	5	—	3	8	43	54	—	7	15	137	153
North Carolina	—	0	2	5	24	—	1	9	—	91	—	4	17	—	207
South Carolina§	1	0	1	6	6	6	4	18	105	62	—	0	0	—	—
Virginia§	—	0	2	11	10	3	4	15	54	66	16	10	26	210	229
West Virginia	—	0	2	1	4	—	0	6	7	5	—	2	6	33	47
E.S. Central	—	1	4	19	18	1	15	31	292	328	—	2	7	48	74
Alabama§	—	0	2	4	5	—	4	17	66	124	—	0	4	16	—
Kentucky	—	0	2	8	3	1	4	15	115	97	—	0	2	3	25
Mississippi	—	0	1	2	2	—	1	6	21	34	—	0	1	—	1
Tennessee§	—	0	2	5	8	—	4	10	90	73	—	1	6	29	48
W.S. Central	—	1	9	39	40	24	69	753	1,107	1,027	1	8	40	17	380
Arkansas§	—	0	2	5	5	—	5	29	43	117	—	0	10	11	22
Louisiana	—	0	3	8	10	—	1	7	12	77	—	0	0	—	—
Oklahoma	—	0	7	12	2	6	0	41	11	12	1	0	15	6	4
Texas§	—	1	7	14	23	18	61	681	1,041	821	—	7	30	—	354
Mountain	1	1	4	27	39	10	17	41	338	442	—	1	8	15	46
Arizona	—	0	2	7	7	—	6	12	114	88	—	0	5	—	—
Colorado	1	0	3	8	11	4	3	13	48	116	—	0	0	—	—
Idaho§	—	0	1	4	5	3	1	19	69	41	—	0	2	1	—
Montana§	—	0	1	1	5	—	1	6	8	10	—	0	4	—	13
Nevada§	—	0	1	4	3	3	0	6	6	6	—	0	1	—	—
New Mexico§	—	0	1	2	3	—	1	6	29	30	—	0	3	4	15
Utah	—	0	1	1	1	—	3	7	62	134	—	0	2	—	2
Wyoming§	—	0	1	—	4	—	0	2	2	17	—	0	3	10	16
Pacific	1	3	16	72	98	8	27	186	352	413	2	3	12	56	96
Alaska	—	0	2	1	3	—	0	6	12	27	—	0	2	11	9
California	—	2	13	48	63	1	15	162	172	160	2	3	11	41	87
Hawaii	—	0	2	—	3	—	0	4	—	16	—	0	0	—	—
Oregon	1	0	5	14	20	5	4	12	110	90	—	0	2	4	—
Washington	—	0	7	9	9	2	5	24	58	120	—	0	0	—	—
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	1	—	—	—	0	0	—	1	1	1	3	21	20
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† 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 5, 2010, and June 6, 2009 (22nd week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	419	959	1,521	11,017	14,863	29	70	195	956	1,411	180	268	523	4,881	6,737
New England	2	21	155	287	1,153	—	2	30	32	129	—	3	28	32	115
Connecticut	—	0	150	150	430	—	0	18	18	67	—	0	21	21	43
Maine§	2	2	7	33	45	—	0	2	3	9	—	0	2	3	2
Massachusetts	—	15	47	—	438	—	0	6	—	31	—	1	27	—	58
New Hampshire	—	3	9	53	160	—	0	3	9	16	—	0	5	3	2
Rhode Island§	—	2	11	33	54	—	0	26	—	—	—	0	7	4	7
Vermont§	—	1	5	18	26	—	0	3	2	6	—	0	1	1	3
Mid. Atlantic	55	84	208	1,481	1,749	3	7	24	118	142	10	39	90	649	1,309
New Jersey	—	16	47	189	360	—	1	5	8	42	—	6	23	98	311
New York (Upstate)	28	24	78	391	384	3	3	15	53	33	1	4	19	69	76
New York City	3	22	46	381	405	—	1	4	13	31	1	7	15	120	199
Pennsylvania	24	29	67	520	600	—	2	8	44	36	8	21	63	362	723
E.N. Central	33	73	168	1,139	1,918	—	9	29	107	258	8	28	233	749	1,319
Illinois	—	24	52	338	548	—	1	6	10	80	—	9	227	516	318
Indiana	1	9	31	37	200	—	1	9	13	27	—	1	5	14	35
Michigan	2	15	34	255	398	—	2	7	39	46	1	4	10	74	117
Ohio	30	25	52	475	523	—	2	11	39	42	7	9	46	133	629
Wisconsin	—	9	30	34	249	—	1	11	6	63	—	4	23	12	220
W.N. Central	21	47	94	747	1,005	5	10	41	177	170	50	44	88	1,177	334
Iowa	2	7	16	116	164	—	2	14	25	40	—	0	5	19	40
Kansas	4	6	20	112	124	—	1	5	17	20	5	4	14	103	104
Minnesota	1	10	32	179	228	—	2	17	31	40	—	1	6	14	28
Missouri	13	13	29	232	189	5	2	29	82	40	44	38	75	1,026	149
Nebraska§	1	4	12	62	182	—	1	6	16	25	1	0	3	12	10
North Dakota	—	0	39	8	12	—	0	7	—	1	—	0	5	—	1
South Dakota	—	2	9	38	106	—	0	12	6	4	—	0	2	3	2
S. Atlantic	165	286	503	3,075	3,452	9	12	23	181	250	41	39	73	711	989
Delaware	2	2	9	35	26	—	0	2	1	5	—	3	10	31	31
District of Columbia	—	2	6	23	39	—	0	1	2	1	—	0	3	11	13
Florida	95	132	277	1,484	1,478	6	3	7	70	74	22	11	19	276	182
Georgia	21	42	105	489	593	—	1	4	21	27	17	12	23	260	264
Maryland§	14	15	32	268	266	1	1	6	26	29	1	4	17	38	161
North Carolina	—	34	90	230	452	—	1	5	4	52	—	2	26	15	195
South Carolina§	22	17	66	225	235	—	0	3	6	11	1	1	6	30	62
Virginia§	11	18	68	257	301	2	3	15	48	43	—	3	15	49	76
West Virginia	—	4	23	64	62	—	0	5	3	8	—	0	2	1	5
E.S. Central	15	49	111	612	856	3	4	10	58	83	9	11	33	245	424
Alabama§	—	14	40	166	266	1	1	4	15	19	—	2	10	31	81
Kentucky	5	8	18	131	165	—	1	4	6	26	8	3	26	120	112
Mississippi	3	12	42	126	201	—	0	2	8	6	—	1	4	12	14
Tennessee§	7	13	33	189	224	2	1	8	29	32	1	5	14	82	217
W.S. Central	42	110	547	1,096	1,482	2	5	68	52	97	42	47	251	782	1,300
Arkansas§	14	10	25	114	166	—	1	4	12	10	2	3	15	20	142
Louisiana	—	21	46	242	309	—	0	3	4	13	—	3	8	66	96
Oklahoma	14	10	46	146	183	—	0	27	3	6	7	6	96	133	85
Texas§	14	58	477	594	824	2	3	41	33	68	33	34	144	563	977
Mountain	19	49	133	825	1,079	1	7	26	100	157	12	14	48	209	479
Arizona	3	18	50	269	372	—	1	4	23	19	3	10	42	106	340
Colorado	11	11	33	213	214	1	2	11	17	68	6	2	6	40	36
Idaho§	1	3	10	50	66	—	1	7	15	14	—	0	1	5	2
Montana§	—	2	7	38	54	—	0	7	16	8	—	0	1	4	11
Nevada§	4	4	13	73	107	—	0	4	9	8	3	1	7	14	29
New Mexico§	—	5	40	80	114	—	1	3	10	15	—	1	8	36	50
Utah	—	6	14	87	122	—	1	11	9	23	—	0	4	4	11
Wyoming§	—	1	9	15	30	—	0	2	1	2	—	0	2	—	—
Pacific	67	119	299	1,755	2,169	6	9	46	131	125	8	21	64	327	468
Alaska	—	1	6	31	27	—	0	1	—	—	—	0	2	—	1
California	35	88	227	1,263	1,657	2	5	35	67	79	8	16	51	279	363
Hawaii	—	4	62	—	101	—	0	2	—	3	—	0	4	—	11
Oregon	1	8	49	239	162	—	1	11	14	11	—	1	4	23	23
Washington	31	14	61	222	222	4	4	18	50	32	—	2	9	25	70
American Samoa	—	1	1	1	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	39	69	212	—	0	0	—	—	—	0	1	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd 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	22	39	11	11	416	168	384
New England	—	0	1	—	1	—	0	2	1	5
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	1	—	1	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	1	0	2	5	—	1	1	7	14	30
New Jersey	—	0	1	—	—	—	0	3	—	23
New York (Upstate)	1	0	1	1	—	1	0	3	3	1
New York City	—	0	1	—	—	—	0	2	7	2
Pennsylvania	—	0	2	4	—	—	0	2	4	4
E.N. Central	—	0	1	—	4	—	0	7	—	29
Illinois	—	0	1	—	—	—	0	6	—	17
Indiana	—	0	1	—	3	—	0	2	—	2
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	9
Wisconsin	—	0	1	—	—	—	0	1	—	1
W.N. Central	—	0	3	3	4	2	2	23	45	59
Iowa	—	0	1	—	—	—	0	1	—	2
Kansas	—	0	1	1	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	2	2	2	2	22	45	56
Nebraska§	—	0	2	—	2	—	0	1	—	1
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	7	9	24	6	3	31	60	148
Delaware	—	0	1	1	—	—	0	3	5	3
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	3	0	2	8	2
Georgia	—	0	6	5	22	—	0	0	—	—
Maryland§	—	0	1	1	—	—	0	3	3	23
North Carolina	—	0	2	1	1	—	1	23	27	86
South Carolina§	—	0	1	—	1	—	0	1	2	13
Virginia§	—	0	1	—	—	3	0	5	15	21
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	3	—	2	3	16	35	77
Alabama§	—	0	1	—	—	—	1	7	7	14
Kentucky	—	0	1	2	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	3	—	7
Tennessee§	—	0	2	1	—	2	2	13	28	56
W.S. Central	—	0	3	1	1	—	1	408	12	27
Arkansas§	—	0	1	—	—	—	0	110	—	9
Louisiana	—	0	0	—	—	—	0	1	—	2
Oklahoma	—	0	3	—	—	—	0	287	8	5
Texas§	—	0	1	1	1	—	0	11	4	11
Mountain	—	0	2	—	4	—	0	3	1	9
Arizona	—	0	2	—	1	—	0	2	—	4
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	1	—
Montana§	—	0	1	—	3	—	0	1	—	3
Nevada§	—	0	0	—	—	—	0	1	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	1	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	1	1	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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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	138	65	436	7,107	1,726	24	48	160	1,145	1,251	69	234	413	4,180	5,830
New England	6	2	98	423	29	—	1	24	34	42	5	7	22	183	138
Connecticut	2	0	93	219	—	—	0	22	22	—	1	1	10	36	29
Maine§	1	1	6	62	7	—	0	2	6	1	—	0	3	14	1
Massachusetts	—	0	1	—	2	—	0	3	—	32	3	5	12	111	94
New Hampshire	1	0	7	59	—	—	0	2	3	6	—	0	1	6	10
Rhode Island§	—	0	7	40	11	—	0	1	2	1	1	0	5	14	4
Vermont§	2	0	6	43	9	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	20	6	44	602	100	12	7	52	170	149	22	32	47	696	773
New Jersey	—	0	6	54	—	—	1	4	29	25	4	4	12	97	105
New York (Upstate)	6	2	12	98	39	5	3	19	72	72	—	2	11	40	49
New York City	8	1	22	200	3	4	1	28	38	41	14	18	39	405	470
Pennsylvania	6	2	21	250	58	3	0	5	31	11	4	7	14	154	149
E.N. Central	7	14	75	959	398	—	7	18	166	209	—	25	44	276	616
Illinois	—	0	7	43	—	—	1	5	37	34	—	13	21	7	285
Indiana	—	5	20	241	160	—	1	6	27	41	—	3	9	49	69
Michigan	2	1	26	352	18	—	1	6	42	43	—	4	13	91	103
Ohio	5	8	19	232	220	—	2	6	51	70	—	7	13	129	135
Wisconsin	—	0	20	91	—	—	0	2	9	21	—	0	2	—	24
W.N. Central	18	5	182	502	103	1	3	12	93	90	—	5	12	94	132
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	3	11
Kansas	—	1	7	56	41	—	0	2	11	13	—	0	3	6	9
Minnesota	13	0	179	282	18	1	1	10	42	29	—	1	5	24	33
Missouri	1	1	8	66	36	—	1	3	26	32	—	3	8	57	72
Nebraska§	4	0	7	71	—	—	0	2	9	5	—	0	1	4	4
North Dakota	—	0	10	16	6	—	0	1	—	4	—	0	1	—	3
South Dakota	—	0	3	11	2	—	0	2	5	7	—	0	0	—	—
S. Atlantic	54	30	143	1,871	783	5	12	28	305	312	29	60	218	1,083	1,337
Delaware	—	0	3	19	11	—	0	2	—	—	—	0	3	3	14
District of Columbia	—	0	4	17	13	—	0	1	6	3	5	2	8	56	77
Florida	38	16	89	900	469	2	3	18	114	117	1	19	32	370	473
Georgia	5	10	28	299	217	2	4	12	84	71	2	13	167	180	257
Maryland§	6	0	25	257	4	1	1	6	31	49	3	6	12	110	113
North Carolina	—	0	0	—	—	—	0	0	—	—	17	9	31	188	222
South Carolina§	5	0	25	296	—	—	1	4	33	28	1	2	6	57	49
Virginia§	—	0	4	29	—	—	1	4	27	29	—	4	22	116	128
West Virginia	—	1	21	54	69	—	0	4	10	15	—	0	2	3	4
E.S. Central	9	6	50	672	175	—	2	8	62	73	7	20	39	349	488
Alabama§	—	0	0	—	—	—	0	0	—	—	—	6	17	103	193
Kentucky	3	2	16	99	48	—	0	2	8	7	3	1	13	49	24
Mississippi	—	1	6	32	28	—	0	2	6	8	—	4	17	72	83
Tennessee§	6	3	44	541	99	—	2	7	48	58	4	7	15	125	188
W.S. Central	1	5	88	908	66	—	6	41	145	181	3	44	72	576	1,190
Arkansas§	1	2	8	90	33	—	0	3	10	25	3	5	14	44	81
Louisiana	—	1	8	45	33	—	0	3	16	16	—	7	27	64	359
Oklahoma	—	0	5	31	—	—	1	5	31	28	—	1	6	27	43
Texas§	—	0	81	742	—	—	3	34	88	112	—	27	46	441	707
Mountain	23	3	82	1,020	70	6	5	12	148	178	—	9	18	146	222
Arizona	9	0	51	497	—	4	2	7	68	80	—	3	10	54	106
Colorado	12	0	20	294	—	2	1	4	40	27	—	2	5	45	38
Idaho§	—	0	1	8	—	—	0	1	4	5	—	0	1	2	3
Montana§	—	0	1	9	—	—	0	0	—	—	—	0	1	—	—
Nevada§	2	1	4	41	27	—	0	1	4	6	—	1	10	34	41
New Mexico§	—	0	8	83	—	—	0	4	13	21	—	1	4	7	20
Utah	—	1	9	80	36	—	1	4	17	38	—	0	2	4	13
Wyoming§	—	0	2	8	7	—	0	1	2	1	—	0	1	—	1
Pacific	—	0	14	150	2	—	0	7	22	17	3	39	61	777	934
Alaska	—	0	9	65	—	—	0	5	16	10	—	0	0	—	—
California	—	0	12	85	—	—	0	2	6	—	3	35	56	687	831
Hawaii	—	0	1	—	2	—	0	1	—	7	—	0	3	14	17
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	22
Washington	—	0	0	—	—	—	0	0	—	—	—	3	7	70	64
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	—	—	4	3	17	78	89
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 5, 2010, and June 6, 2009 (22nd week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease†									
						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	230	329	442	7,302	12,608	—	0	46	1	8	—	0	49	—	7
New England	6	17	36	299	519	—	0	0	—	—	—	0	0	—	—
Connecticut	—	6	20	119	258	—	0	0	—	—	—	0	0	—	—
Maine§	—	4	15	96	85	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	6	3	10	62	106	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	1	12	10	19	—	0	0	—	—	—	0	0	—	—
Vermont§	—	1	10	12	48	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	27	32	69	768	1,192	—	0	2	—	—	—	0	1	—	—
New Jersey	—	8	28	261	248	—	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	27	22	53	507	944	—	0	0	—	—	—	0	0	—	—
E.N. Central	58	106	169	2,558	4,015	—	0	4	—	—	—	0	3	—	—
Illinois	—	26	49	646	975	—	0	3	—	—	—	0	0	—	—
Indiana§	—	5	35	237	298	—	0	1	—	—	—	0	1	—	—
Michigan	13	35	62	840	1,165	—	0	1	—	—	—	0	0	—	—
Ohio	45	28	58	766	1,289	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	6	57	69	288	—	0	1	—	—	—	0	0	—	—
W.N. Central	12	13	40	280	833	—	0	5	—	—	—	0	11	—	2
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	2	4	18	93	367	—	0	1	—	—	—	0	2	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	4	6	16	149	395	—	0	2	—	—	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	6	0	26	29	38	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	7	9	33	—	0	3	—	—	—	0	2	—	1
S. Atlantic	43	36	94	1,134	1,561	—	0	4	—	—	—	0	2	—	—
Delaware§	—	0	3	11	5	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	7	21	—	0	1	—	—	—	0	0	—	—
Florida§	30	15	57	611	805	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	34	69	88	—	0	2	—	—	—	0	0	—	—
Virginia§	2	10	34	199	412	—	0	2	—	—	—	0	0	—	—
West Virginia	11	8	26	237	230	—	0	0	—	—	—	0	0	—	—
E.S. Central	1	6	28	148	336	—	0	6	1	2	—	0	4	—	—
Alabama§	1	6	27	147	333	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	1	1	3	—	0	5	1	—	—	0	4	—	—
Tennessee§	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
W.S. Central	72	71	285	1,523	2,895	—	0	19	—	4	—	0	6	—	1
Arkansas§	—	5	32	97	298	—	0	1	—	2	—	0	0	—	—
Louisiana	—	2	8	25	65	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	72	61	272	1,401	2,532	—	0	16	—	2	—	0	4	—	1
Mountain	11	25	48	575	1,188	—	0	12	—	—	—	0	17	—	4
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado§	7	10	41	227	639	—	0	7	—	—	—	0	14	—	1
Idaho§	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana§	2	3	17	108	104	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	1
New Mexico§	—	1	7	49	82	—	0	2	—	—	—	0	1	—	—
Utah	2	6	22	179	363	—	0	1	—	—	—	0	0	—	1
Wyoming§	—	0	3	12	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	17	69	—	0	12	—	2	—	0	12	—	—
Alaska	—	0	4	17	40	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	2	—	0	6	—	—
Hawaii	—	0	2	—	29	—	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	2	8	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	6	30	103	280	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).
¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending June 5, 2010 (22nd week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	473	320	100	32	14	7	50
Boston, MA	130	77	33	10	6	4	18
Bridgeport, CT	28	19	4	4	1	—	3
Cambridge, MA	8	7	1	—	—	—	1
Fall River, MA	14	13	—	1	—	—	—
Hartford, CT	50	33	10	6	1	—	3
Lowell, MA	22	19	2	1	—	—	3
Lynn, MA	9	5	2	1	1	—	—
New Bedford, MA	21	16	5	—	—	—	1
New Haven, CT	27	16	7	3	—	1	1
Providence, RI	58	41	12	2	2	1	6
Somerville, MA	6	4	—	1	1	—	—
Springfield, MA	32	18	10	1	2	1	5
Waterbury, CT	17	14	2	1	—	—	1
Worcester, MA	51	38	12	1	—	—	8
Mid. Atlantic	2,056	1,407	448	119	56	26	104
Albany, NY	48	31	11	2	1	3	1
Allentown, PA	16	14	1	1	—	—	2
Buffalo, NY	78	45	20	6	4	3	5
Camden, NJ	19	10	7	2	—	—	—
Elizabeth, NJ	15	9	4	2	—	—	1
Erie, PA	47	33	7	1	2	4	2
Jersey City, NJ	27	13	11	3	—	—	1
New York City, NY	863	608	190	42	14	9	39
Newark, NJ	41	23	5	11	2	—	3
Paterson, NJ	17	11	5	1	—	—	1
Philadelphia, PA	522	310	144	37	25	6	21
Pittsburgh, PA§	22	17	5	—	—	—	3
Reading, PA	28	19	5	—	4	—	2
Rochester, NY	132	112	14	4	2	—	10
Schenectady, NY	17	15	1	—	1	—	1
Scranton, PA	27	22	3	1	—	1	1
Syracuse, NY	85	73	8	3	1	—	9
Trenton, NJ	18	13	3	2	—	—	—
Utica, NY	17	15	2	—	—	—	1
Yonkers, NY	17	14	2	1	—	—	1
E.N. Central	1,633	1,092	385	89	38	29	95
Akron, OH	57	30	16	3	3	5	3
Canton, OH	33	19	12	1	1	—	1
Chicago, IL	276	174	68	22	10	2	11
Cincinnati, OH	54	36	10	3	2	3	7
Cleveland, OH	195	148	42	4	—	1	8
Columbus, OH	175	118	35	11	6	5	18
Dayton, OH	107	71	25	7	3	1	6
Detroit, MI	57	31	20	6	—	—	1
Evansville, IN	29	22	5	—	—	2	1
Fort Wayne, IN	54	45	7	1	—	1	3
Gary, IN	10	5	4	1	—	—	—
Grand Rapids, MI	42	29	10	2	—	1	3
Indianapolis, IN	180	105	49	14	7	5	8
Lansing, MI	33	27	5	1	—	—	2
Milwaukee, WI	76	42	28	3	3	—	6
Peoria, IL	39	31	4	3	—	1	3
Rockford, IL	41	29	9	1	2	—	1
South Bend, IN	35	23	10	2	—	—	4
Toledo, OH	72	53	13	4	1	1	1
Youngstown, OH	68	54	13	—	—	1	8
W.N. Central	664	435	154	40	15	20	43
Des Moines, IA	89	71	15	3	—	—	1
Duluth, MN	32	23	7	1	1	—	2
Kansas City, KS	24	13	5	3	2	1	1
Kansas City, MO	62	41	10	6	2	3	6
Lincoln, NE	29	24	2	1	—	2	1
Minneapolis, MN	43	28	13	1	—	1	2
Omaha, NE	69	54	14	—	1	—	8
St. Louis, MO	214	112	63	21	8	10	17
St. Paul, MN	51	34	12	4	—	1	4
Wichita, KS	51	35	13	—	1	2	1
S. Atlantic	1,058	662	261	74	32	28	79
Atlanta, GA	85	52	23	7	3	—	10
Baltimore, MD	112	67	30	9	2	4	13
Charlotte, NC	81	53	19	5	1	3	2
Jacksonville, FL	141	98	23	9	6	5	16
Miami, FL	132	79	38	10	4	—	—
Norfolk, VA	51	33	7	5	2	4	4
Richmond, VA	51	26	21	3	—	1	1
Savannah, GA	52	35	13	3	1	—	2
St. Petersburg, FL	44	31	8	1	3	1	4
Tampa, FL	111	82	18	7	2	2	7
Washington, D.C.	181	94	57	14	8	8	15
Wilmington, DE	17	12	4	1	—	—	5
E.S. Central	653	413	166	47	20	7	64
Birmingham, AL	145	93	31	17	3	1	12
Chattanooga, TN	72	58	8	4	2	—	4
Knoxville, TN	105	62	31	6	4	2	13
Lexington, KY	31	15	11	2	3	—	2
Memphis, TN	127	70	46	8	2	1	19
Mobile, AL	29	17	9	2	1	—	—
Montgomery, AL	21	12	6	3	—	—	2
Nashville, TN	123	86	24	5	5	3	12
W.S. Central	1,094	723	251	76	14	30	54
Austin, TX	68	51	9	3	1	4	3
Baton Rouge, LA	75	49	13	10	3	—	2
Corpus Christi, TX	69	49	16	1	—	3	7
Dallas, TX	189	123	52	9	—	5	9
El Paso, TX	68	46	14	5	1	2	2
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	135	88	34	7	—	6	7
Little Rock, AR	60	43	11	5	1	—	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	259	162	63	24	5	5	15
Shreveport, LA	61	45	11	2	—	3	4
Tulsa, OK	110	67	28	10	3	2	5
Mountain	982	681	207	54	22	18	66
Albuquerque, NM	101	63	30	5	3	—	9
Boise, ID	62	51	8	1	—	2	7
Colorado Springs, CO	75	46	19	4	3	3	1
Denver, CO	75	54	16	3	—	2	2
Las Vegas, NV	225	167	44	7	6	1	17
Ogden, UT	32	24	3	4	1	—	1
Phoenix, AZ	152	91	36	13	3	9	7
Pueblo, CO	23	18	5	—	—	—	2
Salt Lake City, UT	115	79	19	11	5	1	11
Tucson, AZ	122	88	27	6	1	—	9
Pacific	1,433	989	294	91	42	17	117
Berkeley, CA	9	7	2	—	—	—	—
Fresno, CA	115	77	24	8	5	1	15
Glendale, CA	32	22	7	3	—	—	4
Honolulu, HI	47	35	7	2	1	2	4
Long Beach, CA	51	31	12	4	3	1	7
Los Angeles, CA	205	134	38	20	9	4	26
Pasadena, CA	18	16	2	—	—	—	2
Portland, OR	81	63	14	1	2	1	7
Sacramento, CA	179	130	34	10	4	1	13
San Diego, CA	127	79	35	6	6	1	8
San Francisco, CA	102	65	25	9	1	2	8
San Jose, CA	170	122	32	11	5	—	11
Santa Cruz, CA	23	18	3	1	1	—	2
Seattle, WA	108	70	24	8	3	3	4
Spokane, WA	63	49	10	2	1	1	3
Tacoma, WA	103	71	25	6	1	—	3
Total¶	**10,046**	**6,722**	**2,266**	**622**	**253**	**182**	**672**

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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