

Human Rabies — Michigan, 2009

On November 9, 2009, a Michigan hospital informed CDC of suspected rabies in a man aged 55 years. The patient reportedly had awakened with a bat on his arm 9 months earlier but had not sought medical evaluation. He went to a local emergency department (ED) on October 30 and soon after was hospitalized; he died 12 days later. On November 14, CDC confirmed infection with a rabies virus variant that commonly infects the silver-haired bat (*Lasiurus noctivagans*) (Figure). This report summarizes the patient's clinical course and the associated public health investigation. The report highlights the importance of public awareness of rabies, particularly among persons who might be at risk for wildlife exposures. Persons who experience contact with a bat and cannot confidently rule out a bite or scratch should seek prompt medical attention.

Case Report

On October 30, the man went to a local ED after 10 days of pain and progressive numbness in the left hand and arm and pain in his lower neck and upper back. The patient had sought treatment for these symptoms from a chiropractor several times during the preceding 6 days. Although the back pain had improved, the numbness and tingling had worsened, and he was experiencing weakness in his left hand and arm. A neurologic examination revealed normal strength and sensation of his lower extremities. His right arm showed normal strength, but the left hand showed no grip, and the patient could only lift his left arm a few inches. The patient was afebrile, and his blood pressure was normal when he arrived at the ED. A complete blood count and routine chemistries were normal except for an elevated white blood cell count of 15,300/ μ L (normal: 3,600–10,000/ μ L) and elevated glucose of 155 mg/dL (normal: 70–99 mg/dL). A computed tomography scan of the brain without contrast revealed a cavernous sinus larger on the left than on the right and an area of slightly decreased density in the right basal ganglion and paraventricular areas.

During the ED evaluation, the patient's breathing became labored, and he had difficulty with respiratory secretions. He

was placed on ventilation and transferred to a nearby tertiary-care facility. At the time of intubation, the anesthesiologist noted that the procedure was easy to perform because of lack of muscle tone in the patient's pharynx.

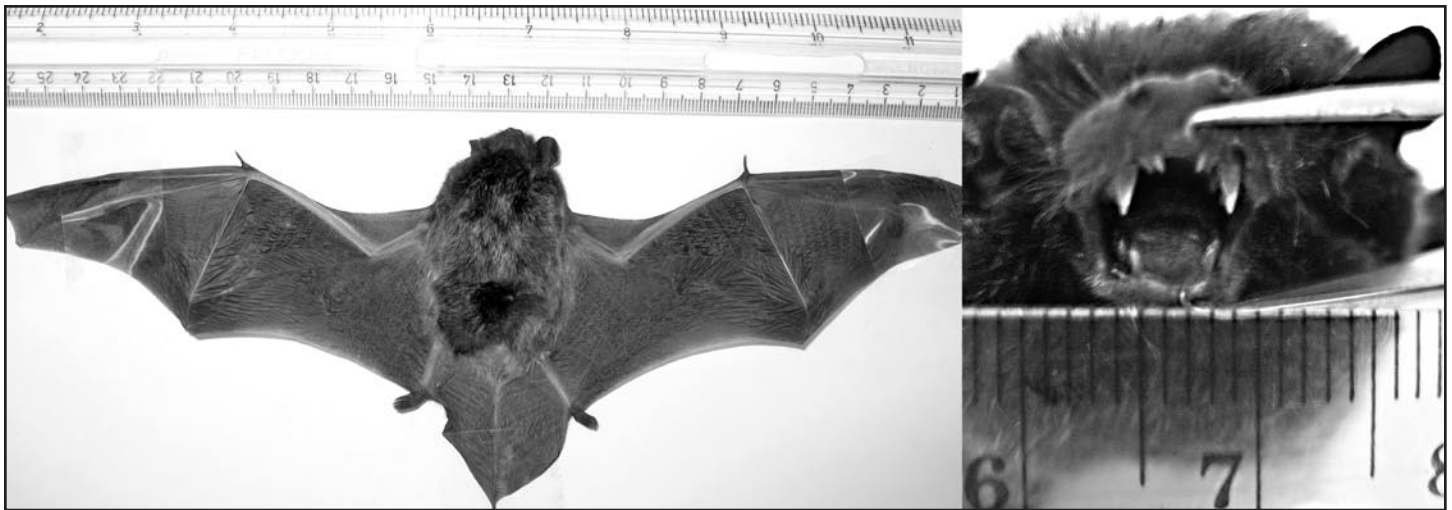
On admission to the tertiary-care facility, respiratory failure secondary to cerebral vascular accident or acute idiopathic demyelinating polyradiculoneuropathy (AIDP or Guillain-Barré syndrome) were the chief diagnoses considered. Findings from magnetic resonance imaging were unremarkable. Electromyography showed mild decreased conduction velocities and multiple absent F waves. Thereafter, AIDP was suspected, and intravenous immunoglobulin therapy was begun. The patient's sedation was lightened to conduct physical examinations.

During the first 2 days of hospitalization, the patient experienced progressive weakness, initially on the left side. He was able to respond to verbal commands and, according to the neurologist who evaluated him, his random eye movements were normal. On November 1, the patient's mental status appeared to improve, as sedation was lightened with the hope of removing him from the ventilator. However, over the next few days, his upper extremity weakness progressed to involve the right side, and lower extremity weakness was noted, demonstrating areflexia and a lack of response to plantar stimulation. Some nystagmus on far horizontal gaze to either side also was noted as a new development. On November 3, the patient became quadriplegic but could move his eyes to the right and left on request. Analysis of his cerebrospinal fluid (CSF) revealed several abnormal values: protein of 109 mg/dL (normal: 10–55 mg/dL); glucose of 92 mg/dL (normal: 45–75 mg/dL); and a white blood

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FIGURE. A silver-haired bat (*Lasionycteris noctivagans*)

Photos/J. Ellison, CDC

cell count of 243 cells/ μ L (normal: <5 cells/ μ L) with a differential of 80% lymphocytes, 18% monocytes, and 2% segmented neutrophils. A Gram stain and culture were negative.

On November 4, the patient had an acute change in his neurologic status, including twitching of the left foot, more marked nystagmus, and slightly asymmetric pupils. Based on the results of the CSF analysis, the working diagnosis was changed to meningoencephalitis, and an infectious disease consultation was sought. The CSF was further analyzed for *Borrelia burgdorferi* and the following viruses: West Nile,

St. Louis encephalitis, California Group, Eastern equine encephalitis, Western equine encephalitis, measles, mumps, herpes simplex virus 1 and 2, enteroviruses, varicella-zoster, cytomegalovirus, lymphocytic choriomeningitis virus, adenovirus, and influenza. All tests were negative. Antiviral treatment with acyclovir was begun. The patient's electroencephalogram showed marked deterioration from previous studies, indicating severe encephalopathy.

On November 4, the infectious disease physician asked the patient's wife about any animal exposure history. The couple

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lived in a rural area. In the past, the patient had trapped wildlife for pelts and raised orphaned animals, but he had not engaged in these activities in the past year. The wife had no knowledge of any recent animal bites the patient might have received.

On November 8, another relative recounted an incident that had occurred approximately 9 months before onset of illness. The patient had told the relative about waking one night to a bat crawling on his arm. The relative did not know whether the patient had been bitten by the bat. The bat had been killed and discarded, and the patient did not seek medical care for the incident.

The patient's condition, characterized as complete flaccid paralysis, coma, and flat electroencephalogram, remained unchanged. On November 11, the patient's family elected to withdraw life support, and the patient died shortly afterward.

Public Health Investigation

After obtaining the bat exposure history, the infectious disease physician contacted CDC on November 9 to discuss a diagnosis of rabies. The Michigan Department of Community Health Bureau of Laboratories also was contacted by the hospital regarding specimen collection. Serum, CSF, saliva, and nuchal skin biopsy specimens were collected and sent to CDC on November 10.

On November 12, CDC reported detecting no rabies virus antigens in the skin biopsy by direct fluorescent antibody test, nor amplicons in the saliva or skin biopsy specimens by reverse transcription–polymerase chain reaction. However, rabies virus antibodies were detected by indirect fluorescent antibody test and rapid fluorescent focus inhibition tests on serum and CSF. Both health-care facilities involved in the patient's care were informed of the results, as well as the local health departments covering those jurisdictions. The patient's family was informed and gave permission for a brain autopsy. On November 13, brain specimens were collected and shipped overnight to CDC. On November 14, CDC reported that rabies virus antigens were detected in the brain by direct fluorescent antibody test. Sequence analysis of the nucleoprotein gene was consistent with a rabies virus variant found in *L. noctivagans* in the United States.

A total of 14 family members and friends were interviewed by the local health department regarding exposure to the patient's saliva during the 2 weeks before his illness onset and during his hospitalization. Eleven family members received rabies postexposure prophylaxis (PEP) at the advice of the local health department because of possible exposure to saliva through shared glasses or cups; an additional person also received PEP, although it was not recommended. Of 180 health-care providers from the two health-care facilities who were assessed for potential exposure to rabies virus based on their likelihood of saliva contact, six received rabies PEP.

What is already known about this topic?

During 1980–2009, a total of 39 (91%) of the 43 reported cases of human rabies acquired in the United States via animals were associated with bat exposures.

What is added by this report?

In 2009, a Michigan resident died from rabies. The man had contact with a bat while sleeping but did not report a bite and did not seek medical care until 9 months later, after symptoms had developed.

What are the implications for public health practice?

The public should be aware of the risk for rabies associated with bats and should take appropriate actions after exposure, including contacting local authorities for guidance on how to safely capture and submit a bat for rabies diagnosis and consulting a physician or state or local health department for advice regarding rabies postexposure prophylaxis.

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Editorial Note

The case described in this report underscores the importance of prompt medical care after bat encounters during which undetected bites might have occurred. Such encounters include being in close proximity to a bat while asleep or being heavily intoxicated or otherwise impaired (1). Although the bat described in the elicited exposure history was not tested for rabies, sequence analysis of the virus associated with the patient's illness corroborates suspicion that a bat was the source of the patient's infection. Reports that medical care was not sought following the reported incident suggest that, regardless of the actual source of transmission, possible factors in the patient's illness were a lack of rabies awareness or a low perception of risk.

Rabies is a viral disease of the central nervous system that is transmitted when broken skin or a mucous membrane is contaminated with saliva from an infectious mammal. Typically, after a 1–3 month incubation period, an acute, rapidly progressive encephalomyelitis develops, and death of the patient occurs within 20 days (2). The disease is preventable if exposure to the virus is promptly followed by wound cleaning, administration of rabies immune globulin, and rabies vaccination (3). Clinical signs of rabies most often are associated with the encephalitic form of the disease and include hydrophobia, muscle spasms,

and altered mental status. The patient described in this report exhibited characteristic signs of paralytic rabies, a less common presentation that manifests as flaccid paralysis relatively early in the illness course.

During 1980–2009, a total of 39 (91%) of the 43 reported cases of human rabies acquired in the United States were associated with bat exposures* (2,4–7). Median age of these 39 patients was 32 years, with a range of 4 to 82 years; 28 (72%) were male. Wide differences in median age are evident when cases are compared by sex. The median age of the 11 female patients was 14 years (range: 4–42 years), and only two patients were aged ≥ 40 years. In contrast, the median age of the 28 male patients was 46 years (range: 10–82 years), with 16 patients aged ≥ 40 years (2,4–7). The difference in age distribution between male and female patients is statistically significant ($p = 0.001$, by the Wilcoxon rank sum test) and appears to derive from a preponderance of older male patients; the incidence in patients aged < 40 years does not appear to differ significantly by sex (11 males and 8 females, respectively[†]). Explanations for this disparity are unclear, but it might be attributable, in part, to adult males spending more time engaged in outdoor activities that increase their proximity to bats and other wildlife (8). Studies also have shown that health-related risk perception and awareness is lower in men than in women (9,10). In countries where dogs are most often implicated in cases of human rabies, patients are disproportionately aged < 15 years.

Education is an important prevention strategy against rabies and should be directed particularly toward groups most likely to have wildlife encounters. Messages should emphasize appropriate actions to take after possible animal bites, including contacting local authorities for guidance on how to safely capture and submit animals for rabies diagnosis (1). In the absence of a negative animal rabies diagnostic result, persons who come in contact with a bat and cannot confidently exclude a bite or scratch should be advised to seek medical attention. After the onset of symptoms, the clinical course of rabies is almost invariably fatal.

*Not including four cases that occurred in 2004 associated with transplanted tissue from an infected human donor (4).

[†]Age was not documented for one female and one male patient.

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Tracking Progress Toward Global Polio Eradication — Worldwide, 2009–2010

Since the Global Polio Eradication Initiative (GPEI) began in 1988 (1), progress has been tracked by 1) surveillance comprised of detection and investigation of cases of acute flaccid paralysis (AFP), coupled with environmental surveillance (sewage testing) in selected areas, and 2) timely testing of fecal specimens in accredited laboratories to identify polioviruses. The sensitivity of AFP case detection and the timeliness of AFP investigations are monitored with performance indicators. Polioviruses are isolated and characterized by the Global Polio Laboratory Network (GPLN) (2). This report assesses the quality of polio surveillance and the timeliness of poliovirus isolation reporting and characterization worldwide during 2009–2010. During that period, 77% of countries affected by wild poliovirus (WPV) met national performance standards for AFP surveillance; underperforming subnational areas were identified in two of four countries with reestablished WPV transmission and in 13 of 22 countries with WPV outbreaks. Targets for timely GPLN reporting of poliovirus isolation results were met in five World Health Organization (WHO) regions in 2009 and in four of six regions in 2010; targets for timely poliovirus characterization were met in four WHO regions in 2009 and in five regions in 2010. Monitoring of surveillance performance indicators at subnational levels continues to be critical to identifying surveillance gaps that might allow WPV circulation to be missed in certain areas or subpopulations. To achieve polio eradication, efforts are needed to further strengthen AFP surveillance, implement targeted environmental surveillance, and ensure that GPLN quality is maintained.

AFP Surveillance

AFP surveillance, which detects paralytic illness of many causes, 1) identifies areas in countries with WPV circulation where polio cases might go undetected and supplementary immunization activities (SIAs)* are needed, 2) detects WPV circulation in previously polio-free areas, and 3) helps confirm the absence of WPV circulation in countries with only valid nonpolio AFP (NPAFP) test results. The quality of AFP surveillance is monitored with performance indicators for detection sensitivity and investigation timeliness established by WHO. Sensitivity is measured by the annual rate of AFP cases with adequate stool specimens testing negative for WPV among children aged <15 years (the NPAFP rate); investigation

timeliness is measured by the proportion of AFP cases in which two adequate stool specimens were taken ≤ 14 days after onset and properly transported to an accredited GPLN laboratory (the specimen adequacy proportion).[†]

Among the six WHO regions, the Region of the Americas was certified polio-free in 1998, the Western Pacific Region in 2000, and the European Region in 2002. During 2009–2010, Afghanistan, India, Nigeria, and Pakistan remained endemic with indigenous WPV transmission. WPV transmission in Angola, Chad, Democratic Republic of Congo (DRC), and Sudan, once polio-free countries, was reestablished after importation before 2009.

During 2009–2010, the three WHO regions certified as polio-free maintained overall AFP surveillance sensitivity at ≥ 1 NPAFP case per 100,000 children, the WHO-specified national target, except for the European Region in 2009 (Table 1). In the three polio-endemic regions, an operational target of a national NPAFP rate of ≥ 2 cases per 100,000 children has been set for countries reporting WPV and for neighboring countries at risk for WPV transmission (3); this target was met in 27 (90%) of 30 polio-affected countries in both 2009 and 2010 (Table 1). Following WPV importation into the European Region in 2010, two outbreak-affected countries raised their NPAFP target rate to ≥ 2 from ≥ 1 in 2009. All WHO regions, except for the Americas in 2009, maintained an overall proportion of $\geq 80\%$ AFP cases with adequate stool specimens, the WHO-specified national target (Table 1). The proportion of AFP cases with adequate stool specimens met the national target of $\geq 80\%$ in 23 (77%) of the polio-affected countries in both 2009 and 2010 (Table 1).

Surveillance quality varied substantially at subnational levels; 22 (73%) polio-affected countries achieved an NPAFP rate of ≥ 2 in $\geq 80\%$ of subnational areas (states/provinces) in both years (Table 1, Figure). In only 18 (60%) countries was the standard of $\geq 80\%$ of AFP cases having adequate specimens achieved in $\geq 80\%$ of states/provinces in both years (Table 1, Figure). Analysis in relation to population distribution showed that only 15 (50%) of 30 polio-affected countries met both these standards in subnational areas: nine of 22 countries with outbreaks, all four countries with endemic WPV circulation, and two (Angola and Sudan) of the four countries with reestablished transmission. One concern is the clustering of states/provinces with suboptimal surveillance performance

* Mass campaigns conducted for a brief period (days to weeks), during which 1 dose of oral poliovirus vaccine is administered to all children aged <5 years, regardless of vaccination history.

[†] Additional information available at <http://www.who.int/vaccines-documents/docspdf06/843.pdf>.

TABLE 1. National and subnational (state/province) acute flaccid paralysis (AFP) surveillance indicators and number of confirmed wild poliovirus (WPV) cases in persons with AFP, by World Health Organization (WHO) region and polio-affected country, 2009 and 2010*

WHO region/ Country	2009							2010						
	No. AFP cases	National NPAFP rate†	% subnational areas with NPAFP rate ≥2	National % AFP cases with adequate specimens§	% subnational areas with ≥80% adequate specimens	% population in areas meeting both indicators	No. confirmed WPV cases	No. AFP cases	National NPAFP rate	% subnational areas with NPAFP rate ≥2	National % AFP cases with adequate specimens	% subnational areas with ≥80% adequate specimens	% population in areas meeting both indicators	No. confirmed WPV cases
Americas	1,873	1.1	—	79	—	—	0	1,919	1.1	—	80	—	—	0
African	15,127	3.9	—	89	—	—	691	16,436	4.9	—	87	—	—	283
Angola¶	333	3.0	100	92	100	100	29	390	3.3	94	87	89	79	33
Benin**	148	3.2	83	91	92	71	20	102	2.5	75	92	83	64	—
Burkina Faso**	257	3.2	92	83	69	59	15	287	3.9	92	87	77	72	—
Burundi¶	169	4.2	88	84	76	75	2	126	3.0	53	82	67	44	—
Cameroon**	198	2.0	40	87	90	34	3	231	2.4	60	80	50	21	—
Central African Republic**	163	7.8	100	90	86	80	14	136	7.3	100	91	86	87	—
Chad**	351	4.8	94	83	65	62	64	302	4.7	100	67	17	12	26
Republic of the Congo¶	72	3.7	100	85	64	59	—	584	5.9	100	23	18	4	67 ^{§§}
Côte d'Ivoire**	332	3.2	95	73	37	23	26	309	3.3	95	79	53	47	—
DRC¶	1,628	4.6	100	85	73	68	3	2,187	5.7	100	73	18	24	100
Guinea**	173	2.7	75	92	88	58	42	215	4.5	100	67	13	11	—
Kenya**	464	2.5	88	84	63	40	19	404	2.2	63	88	100	48	—
Liberia**	59	3.0	80	100	100	67	11	50	2.9	60	96	86	39	2
Mali**	154	2.4	75	94	100	76	2	171	2.6	63	93	100	70	4
Mauritania**	71	4.4	86	97	92	88	13	65	4.6	71	97	100	79	5
Niger**	348	4.1	63	79	50	70	15	360	4.6	100	72	25	32	2
Nigeria**	5,501	7.1	100	95	100	100	388	5,997	8.6	100	93	100	100	21
Senegal**	184	3.4	82	95	100	67	—	312	5.7	100	59	9	4	18
Sierra Leone**	187	6.8	100	91	75	79	11	168	6.5	100	86	75	77	1
Togo**	100	3.3	83	89	100	82	6	74	2.6	83	93	100	82	—
Uganda**	609	3.6	69	87	74	52	8	429	2.5	52	87	75	37	4
E. Mediterranean	10,611	4.4	—	91	—	—	172	11,327	5.0	—	91	—	—	169
Afghanistan††	1,477	8.4	100	93	94	89	38	1,572	9.0	100	93	97	95	25
Pakistan††	5,163	6.1	100	90	100	100	89	5,382	6.3	86	88	100	99	144
Sudan**	624	2.7	88	93	92	87	45	718	3.4	100	95	100	100	—
European	1,363	0.9	—	84	—	—	0	2,085	1.2	—	86	—	—	476
Kazakhstan¶	97	3.1	67	100	100	64	—	113	3.5	73	99	100	80	1
Russian Federation¶	353	1.6	29	94	89	23	—	400	1.8	28	95	93	26	14
Tajikistan¶	35	1.4	40	86	83	22	—	712	5.8	80	87	80	53	458
Turkmenistan¶	28	1.9	17	93	100	13	—	50	3.2	83	100	100	91	3
South-East Asia	54,962	8.8	—	84	—	—	741	60,491	10.2	—	83	—	—	48
India¶	50,404	11.2	91	83	79	81	741	55,835	12.7	94	83	76	69	42
Nepal¶	451	4.1	100	88	100	100	—	602	5.5	100	89	80	90	6
Western Pacific	6,291	1.8	—	87	—	—	0	6,403	1.7	—	89	—	—	0
Total	90,227	4.9	—	86	—	—	1,604	98,661	5.3	—	86	—	—	976

Abbreviations: NPAFP = nonpolio AFP; DRC = Democratic Republic of Congo.

* Data as of March 15, 2011.

† Per 100,000 persons aged <15 years.

§ Certification standard WHO target is adequate stool specimen collection from ≥80% of AFP cases, in which two specimens are collected ≥24 hours apart, both within 14 days of paralysis onset, shipped on ice or frozen ice packs, and arriving in good condition (without leakage or desiccation) at a WHO-accredited laboratory. For the Americas, adequate specimen is one specimen collected within 14 days of paralysis onset.

¶ Country with South Asia (SOAS) WPV1 or WPV3 genotype linked to viruses that originated in India.

** Country with West Africa-B (WEAF-B) WPV1 or WPV3 genotype linked to wild viruses that originated in Nigeria.

†† Country with SOAS WPV1 or WPV3 genotype linked to viruses that originated in Pakistan or Afghanistan.

§§ Republic of the Congo also provisionally reported 317 clinical polio cases in 2010. NPAFP rate might be provisionally falsely elevated in 2010, pending outstanding AFP classifications.

indicators within polio-affected countries or their neighbors and at country borders, such as Uganda/Kenya (Figure).

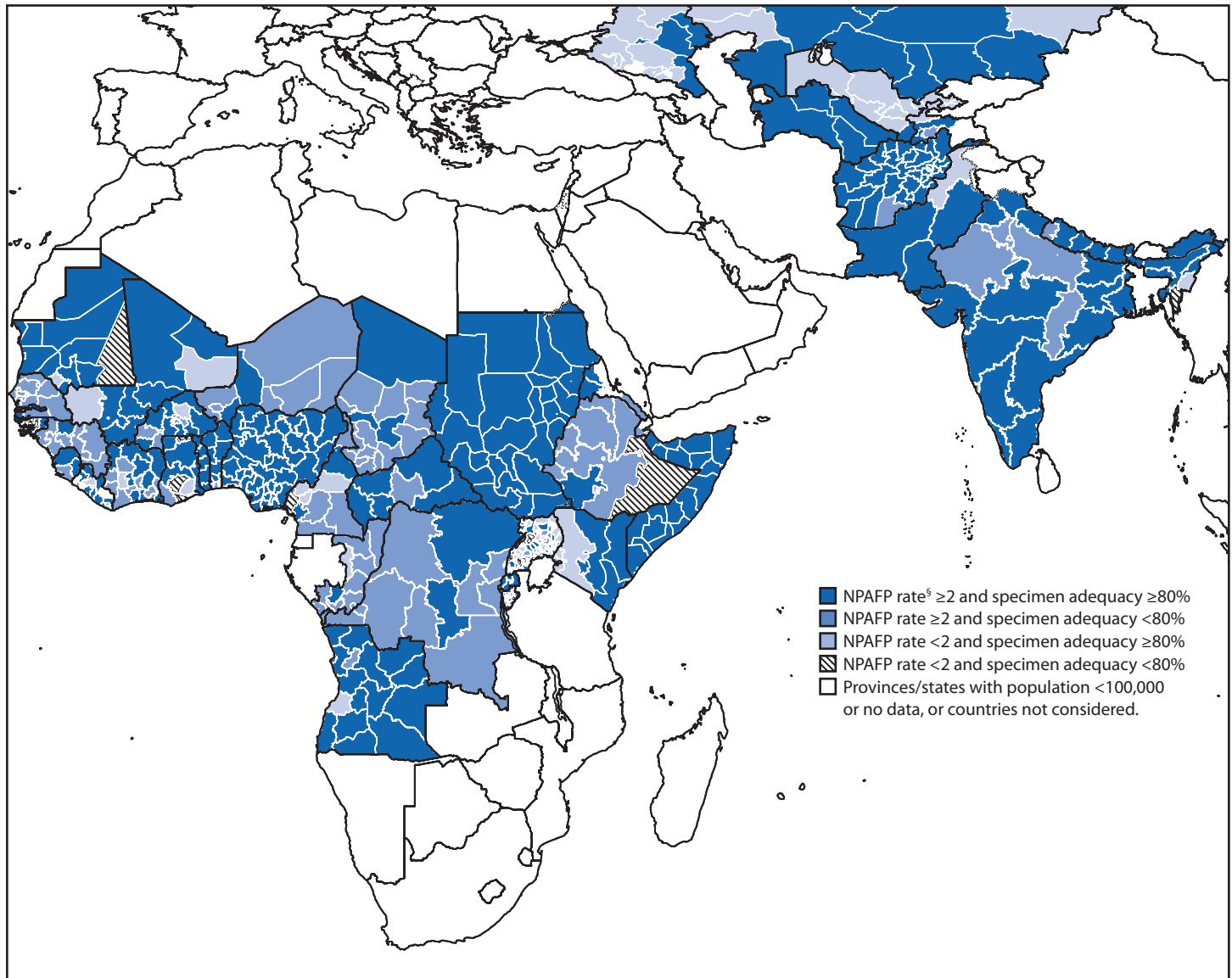
Global Polio Laboratory Network

The WHO-coordinated GPLN, which consists of 146 laboratories in 97 countries, guides program activities through timely isolation and characterization of polioviruses (PVs) as Sabin-like vaccine-related PV, vaccine-derived poliovirus

(VDPV) or WPV by intratypic differentiation (ITD), and characterization of VDPVs and WPVs through comprehensive genomic sequencing. A revised laboratory algorithm introduced in 2008 set a goal of PV detection in ≥80% of specimens within 14 days following specimen receipt.[§] The introduction of real-time polymerase chain reaction tools into

[§] Additional information available at <http://www.polioeradication.org/resource/library/gplnpublications.aspx>.

FIGURE. Combined performance indicators for the quality of acute flaccid paralysis (AFP) surveillance* in subnational areas (states/provinces) of 30 current or recently polio-affected countries and neighboring countries in Africa, 2010[†]



Abbreviation: NPAFP = nonpolio AFP.

*The Global Polio Eradication Initiative 2010–2012 strategic plan sets the following targets for countries with current or recent wild poliovirus (WPV) transmission and their states/provinces: 1) a NPAFP detection rate of ≥2 cases per 100,000 persons aged <15 years and 2) adequate stool specimen collection from ≥80% of AFP cases with adequate specimens, which is defined as two specimens collected ≥24 hours apart, both within 14 days of paralysis onset, shipped on ice or frozen ice packs, and arriving in good condition (without leakage or desiccation) at a World Health Organization–accredited laboratory.

[†] Data are for AFP cases with onset during 2010, reported as of March 15, 2011.

[§] Per 100,000 persons aged <15 years.

reference laboratories enables characterization of a virus by ITD within 7 days (4).

Targets for timely reporting of poliovirus isolation results were met in four of six WHO regions in 2010, compared with five in 2009 (Table 2). Delays in 2010 in the European Region in part resulted from a large number of specimens processed in batches during a WPV outbreak that involved four countries (5). Allowing for case detection, investigation, and transport

of specimens, the target is reporting of ITD results within 60 days of paralysis onset for ≥80% of specimens. Five WHO regions provided ≥80% of ITD results within the 60-day target in 2010, compared with four in 2009 (Table 2). Difficulties in international specimen transport contributed to failure to meet the ITD target in the African Region.

GPLN tested 194,374 stool specimens from investigations of AFP cases in 2010, a 9% increase in workload compared with

TABLE 2. Number of poliovirus (PV) and nonpolio enterovirus (NPEV) isolates from stool specimens with acute flaccid paralysis, and timing of results, by World Health Organization (WHO) region, 2009 and 2010*

WHO region	2009							2010						
	No. specimens	No. PV isolates			% specimens with NPEV isolated	% PV isolation results on time [¶]	% ITD results within 60 days ^{**}	No. specimens	No. PV isolates			% specimens with NPEV isolated	% PV isolation results on time	% ITD results within 60 days
		Wild	Sabin [†]	VDPV [§]					Wild	Sabin	VDPV			
African	32,208	1,944	2,640	50	14	96	71	34,689	798	2,535	166	12	95	72
Americas	1,464	0	25	1	6	79	97	1,459	0	30	0	5	79	100
E. Mediterranean	25,624	278	1,224	8	15	95	89	26,325	326	981	9	17	92	92
European	1,959	0	38	1	5	98	100	3,091	508	93	0	3	75	100
South-East Asia	105,586	741	2,515	46	22	95	97	116,041	47	3,329	12	21	94	99
Western Pacific	12,127	0	301	3	11	95	78	12,769	0	255	1	10	95	80
Total	178,968	2,963	6,743	109	19	95	93	194,374	1,679	7,223	188	17	94	93

Abbreviations: VDPV = vaccine-derived poliovirus; ITD = intratypic differentiation.

* Data as of March 15, 2011.

[†] Either concordant Sabin-like results in ITD tests or <1% sequence difference compared with Sabin vaccine virus.

[§] For PV types 1 and 3, 10 or more VP1 nucleotide differences from the respective Sabin PV; as of 2010, for PV type 2, six or more VP1 nucleotide differences from Sabin type 2 PV.

[¶] Results reported within 14 days for laboratories in the following WHO regions: African, Americas, Eastern Mediterranean, and South-East Asia. Reported within 28 days for the European Region. The Western Pacific Region is in transition toward implementing the new test algorithm; certain laboratories now report within 14 days, but the majority continue to report within 28 days.

^{**} Within 60 days of paralysis onset.

178,968 specimens in 2009. Additionally, testing of samples and specimens from non-AFP sources (e.g., sewage samples and specimens from healthy children) increased 14.6% to 17,438 in 2010 from 15,215 in 2009.

PV isolates are divided into three serotypes: type 1, type 2, and type 3. Isolates are divided further into three categories, based on the extent of VP1 nucleotide sequence divergence from the corresponding Sabin OPV strain^{¶**}: 1) Sabin vaccine-related PVs, 2) VDPVs, and 3) WPVs. A total of 8,902 PVs (including 1,679 WPV isolates) were detected in 2010 from AFP specimens, an 8% decrease from 9,706 (including 2,963 WPV isolates) detected in 2009. Additionally, non-AFP sources yielded 151 WPVs in 2010 and 160 WPVs in 2009. During 2009–2010, 14,263 vaccine-related viruses from AFP cases were screened for VDPVs; 297 (2.1%) were characterized as VDPVs (Table 2).

Analysis of the nucleotide sequence of the VP1 region of the viral genome is used to investigate genetic and transmission links among WPV isolates, track international spread (2,5), and estimate duration of circulation (6). Continued transmission during 2009–2010 of the four remaining WPV genotypes^{††} was confirmed. Sequence analysis provided virologic evidence that AFP surveillance generally meeting national and in some cases

subnational standards had missed some chains of WPV transmission in Angola, Chad, DRC, Nigeria, and Pakistan (6,7).

Environmental Surveillance

Community transmission of WPV has been monitored through testing of sewage samples from populated areas for 70 years in several developed countries (8) and also has been implemented in selected areas of developing countries. Weekly sampling in Mumbai, India, during 2009 detected multiple WPVs (where no specimens from AFP cases had been WPV positive) closely related to WPVs circulating in several other areas of India (9); testing in 2010 produced a single WPV-positive result in November. Sampling in Delhi was begun in May 2010, producing WPV positives through August, but none since. In Pakistan, monthly environmental sampling began in six cities in 2010; a total of 80 of 157 samples tested positive for WPV, including samples collected in Karachi and Lahore, where no specimens from AFP cases had been WPV positive. Genomic sequencing of isolates indicated that multiple chains of transmission were ongoing at these sites.

Reported by

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[§] For PV types 1 and 3, 10 or more VP1 nucleotide differences from the respective Sabin PV; as of 2010, for PV type 2, six or more VP1 nucleotide differences from Sabin type 2 PV.

^{**} Report of the 2010 Informal Consultation of The Global Polio Laboratory Network, available at <http://www.polioeradication.org/resource/library/gplpublications.aspx>.

^{††} Designated as West Africa-B (WEAF-B) WPV1, WEAF-B WPV3, South Asia (SOAS) WPV1, and SOAS WPV3, each containing virus isolates with >85% VP1 nucleotide similarity.

Editorial Note

AFP surveillance (supplemented by targeted environmental surveillance), virologic testing, and genomic sequencing analysis guide GPEI activities. Standardized case detection, field investigation, and laboratory methods provide the comparability across countries and WHO regions needed to monitor progress towards polio eradication. GPLN performance in 2009 and 2010 has continued to improve, even with increases in workload. Over 90% of isolation and ITD results have been reported within the target periods, each of which have been reduced by half since introduction of revised laboratory algorithms and methods (2,4). By providing results more promptly, the ability to implement well-timed response SIAs has been strengthened.

Supplementary environmental surveillance has been valuable in India, where low-level transmission has occurred, as well as in Pakistan, where subnational AFP surveillance indicators have met targets but virologic analysis indicated major gaps in detection. Currently, plans are being made to implement environmental sampling in Nigeria during 2011. As fewer circulating WPVs are detected, the role of environmental sampling will increase, in addition to its use for detection of potential VDPVs.

Continuing indigenous and reestablished transmission and recent outbreaks in previously polio-free countries highlight the necessity to continuously monitor AFP surveillance indicators everywhere. Timely investigation and specimen collection has declined for some key reservoir countries (Chad and DRC). NPAFP case detection and timely specimen collection have declined in some countries of polio-free WHO regions over the 10 or more years since certification (1). Large outbreaks can result when standard timeframes and procedures in investigation, transport, and testing are not followed, as illustrated by recent outbreaks in Tajikistan and the Republic of the Congo (5,10). In addition, substantial surveillance deficiencies exist at subnational levels in many countries, including some where national surveillance indicators have met operational targets.

Among countries currently affected by polio, surveillance gaps discovered by virologic evidence of missed chains of transmission might have resulted from lapses in 1) AFP detection in certain local areas or among certain subpopulations (e.g., migrants), 2) AFP case investigation, and 3) specimen collection or transport. To stay on target to meet WPV transmission interruption targets of the 2010–2012 GPEI strategic plan and minimize the extent of any additional outbreaks, efforts should be made to strengthen polio surveillance at each subnational level and maintain and monitor high polio vaccination coverage at all administrative levels.

What is already known on this topic?

To interrupt wild poliovirus (WPV) transmission, the Global Polio Eradication Initiative relies on surveillance for acute flaccid paralysis (AFP) and investigation, followed by virologic testing of specimens and genomic sequencing analysis of polioviruses. Laboratory testing of stool specimens from AFP cases enables them to be characterized as nonpolio AFP or WPV cases.

What is added by this report?

AFP surveillance activities are suboptimal in many areas. During 2009–2010, 77% of polio-affected countries met national performance standards for AFP surveillance. Surveillance quality varied substantially at subnational (state/province) levels; underperforming subnational areas were found in 15 of 30 polio-affected countries during 2009–2010.

What are the implications for public health practice?

National surveillance indicators can mask subnational AFP surveillance weaknesses; monitoring performance indicators at subnational levels is critical for identifying gaps that could allow WPV circulation to be missed in areas or subpopulations. Efforts should be made to strengthen subnational AFP surveillance to detect low-level WPV transmission and promptly identify importation into previously polio-free countries.

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Announcement

Call for Papers: Journal Issue on Integrating Primary Care and Public Health

The American Journal of Preventive Medicine (AJPM) and the American Journal of Public Health (AJPH) are planning a joint-themed issue to address the question “How do we improve population health and promote health equity through the effective integration of primary care and public health?” Guest editors include representatives from the Health Resources and Services Administration, National Institutes of Health, Agency for Healthcare Research and Quality, and CDC.

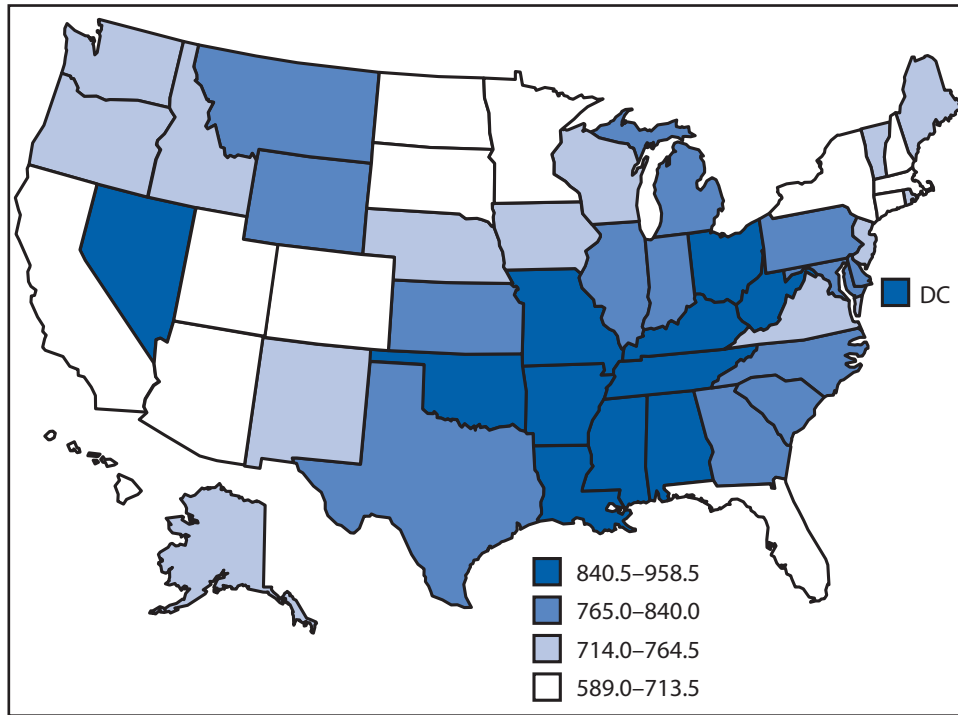
Papers are invited in the following areas: 1) science (How has integration measurably impacted population health and health equity?), 2) education (How can integration be promoted during professional training and practice?), 3) practice (What are promising practices for integration?), and 4) policy (What policies are effective in promoting integration?)

Submissions coauthored by primary-care and public health professionals are encouraged. All manuscripts will undergo the standard peer-review process by AJPH and AJPM editors and peer referees. Manuscripts should be submitted online at <http://ajph.edmgr.com>; deadline for submission is August 1, 2011. Additional information is available by contacting the guest editors at AJPH-AJPMpapers@hrsa.gov.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Death Rates* — United States, 2008†



* Per 100,000 U.S. standard population.

† Data for 2008 are preliminary.

In 2008, the overall age-adjusted death rate in the United States was 758.7 per 100,000 population. Among states, the rate ranged from 589.0 deaths per 100,000 population in Hawaii to 958.5 in West Virginia. In general, death rates were higher among states in the South and lower among states in the Northeast and West census regions.

Source: Miniño AM, Xu JQ, Kochanek KD. Deaths: preliminary data for 2008. Natl Vital Stat Rep 2010;59(2).

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 April 9, 2011 (14th week)*

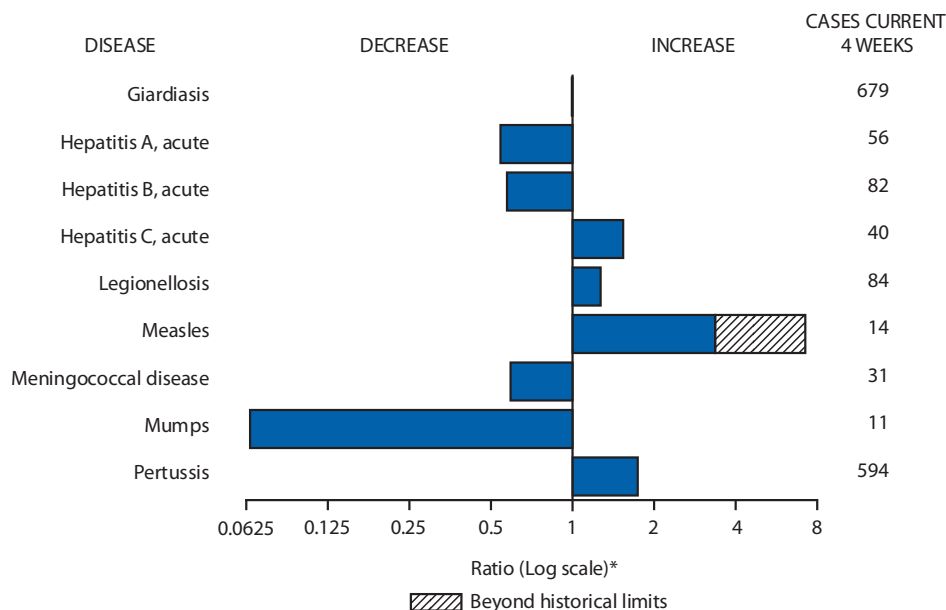
Disease	Current week	Cum 2011	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	—	—	—	1	—	1	1	
Arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	—	0	74	55	62	55	67	
Eastern equine encephalitis virus disease	—	—	—	10	4	4	4	8	
Powassan virus disease	—	—	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	—	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	2	9	1	NN	NN	NN	NN	NN	NY (2)
Botulism, total	—	18	3	113	118	145	144	165	
foodborne	—	2	0	7	10	17	32	20	
infant	—	13	2	81	83	109	85	97	
other (wound and unspecified)	—	3	0	25	25	19	27	48	
Brucellosis	1	10	2	117	115	80	131	121	GA (1)
Chancroid	—	5	1	30	28	25	23	33	
Cholera	—	11	0	12	10	5	7	9	
Cyclosporiasis [§]	—	26	1	173	141	139	93	137	
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> , ** invasive disease (age <5 yrs):									
serotype b	—	1	0	23	35	30	22	29	
nonsertotype b	1	27	5	187	236	244	199	175	MD (1)
unknown serotype	4	78	4	232	178	163	180	179	ND (1), GA (1), FL (1), NV (1)
Hansen disease [§]	2	15	2	69	103	80	101	66	FL (1), CA (1)
Hantavirus pulmonary syndrome [§]	—	4	0	18	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal [§]	—	15	3	247	242	330	292	288	
Influenza-associated pediatric mortality ^{§, ††}	1	87	3	61	358	90	77	43	MI (1)
Listeriosis	7	104	11	776	851	759	808	884	NY (1), PA (2), MD (1), TN (1), TX (1), AZ (1)
Measles ^{§§}	2	42	3	61	71	140	43	55	TX (1), CA (1)
Meningococcal disease, invasive ^{¶¶} :									
A, C, Y, and W-135	—	45	8	261	301	330	325	318	
serogroup B	3	33	4	122	174	188	167	193	ME (1), OH (1), AR (1)
other serogroup	1	3	1	10	23	38	35	32	OH (1)
unknown serogroup	6	140	14	406	482	616	550	651	MO (1), VA (1), FL (2), OR (1), CA (1)
Novel influenza A virus infections ^{***}	—	1	0	4	43,774	2	4	NN	
Plague	—	—	—	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	—	NN	
Psittacosis [§]	—	1	0	4	9	8	12	21	
Q fever, total [§]	—	13	2	119	113	120	171	169	
acute	—	6	1	96	93	106	—	—	
chronic	—	7	0	23	20	14	—	—	
Rabies, human	—	—	0	1	4	2	1	3	
Rubella ^{†††}	—	1	0	6	3	16	12	11	
Rubella, congenital syndrome	—	—	0	—	2	—	—	1	
SARS-CoV [§]	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	4	39	5	165	161	157	132	125	OH (1), NC (3)
Syphilis, congenital (age <1 yr) ^{§§§}	—	32	8	297	423	431	430	349	
Tetanus	—	—	0	11	18	19	28	41	
Toxic-shock syndrome (staphylococcal) [§]	1	21	2	77	74	71	92	101	IN (1)
Trichinellosis	—	4	0	6	13	39	5	15	
Tularemia	1	4	1	114	93	123	137	95	ID (1)
Typhoid fever	5	78	7	437	397	449	434	353	WA (2), CA (3)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	1	16	1	99	78	63	37	6	NY (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	—	0	2	1	—	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	3	48	4	802	789	588	549	NN	GA (1), FL (2)
Viral hemorrhagic fever ^{¶¶¶}	—	—	—	1	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 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 April 9, 2011 (14th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts.
 * Case counts for reporting years 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/osels/ph_surveillance/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 arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/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 weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, 91 influenza-associated pediatric deaths occurring during the 2010-11 influenza season have been reported.
 ‡‡ The two measles cases reported for the current week were imported.
 ¶¶ Data for meningococcal disease (all serogroups) are available in Table II.
 *** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the one case reported during 2011, were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).
 ††† No rubella cases were reported for the current week.
 §§§ 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 of 2010. 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 April 9, 2011, 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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Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
	Med	Max				Med	Max			
United States	—	6	51	8	77	—	0	2	—	1
New England	—	0	3	—	3	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine¶	—	0	2	—	3	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	—	—	0	0	—	—
Vermont¶	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	2	25	4	33	—	0	1	—	1
New Jersey	—	0	5	—	3	—	0	0	—	—
New York (Upstate)	—	0	5	—	4	—	0	1	—	—
New York City	—	1	17	—	20	—	0	1	—	1
Pennsylvania	—	0	3	4	6	—	0	0	—	—
E.N. Central	—	1	7	2	11	—	0	1	—	—
Illinois	—	0	3	—	3	—	0	0	—	—
Indiana	—	0	2	1	2	—	0	0	—	—
Michigan	—	0	2	—	1	—	0	0	—	—
Ohio	—	0	2	—	5	—	0	0	—	—
Wisconsin	—	0	2	1	—	—	0	1	—	—
W.N. Central	—	0	6	—	6	—	0	1	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	2	—	5	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska¶	—	0	6	—	—	—	0	0	—	—
North Dakota	—	0	0	—	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—
S. Atlantic	—	2	19	—	15	—	0	1	—	—
Delaware	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	2	14	—	12	—	0	1	—	—
Georgia	—	0	2	—	1	—	0	0	—	—
Maryland¶	—	0	0	—	—	—	0	0	—	—
North Carolina	—	0	2	—	—	—	0	0	—	—
South Carolina¶	—	0	3	—	—	—	0	0	—	—
Virginia¶	—	0	3	—	2	—	0	0	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	0	2	—	—	—	0	0	—	—
Alabama¶	—	0	2	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee¶	—	0	1	—	—	—	0	0	—	—
W.S. Central	—	0	1	—	—	—	0	1	—	—
Arkansas¶	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	1	—	—	—	0	0	—	—
Texas¶	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	2	—	2	—	0	0	—	—
Arizona	—	0	2	—	—	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho¶	—	0	1	—	—	—	0	0	—	—
Montana¶	—	0	1	—	—	—	0	0	—	—
Nevada¶	—	0	1	—	1	—	0	0	—	—
New Mexico¶	—	0	0	—	1	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—
Wyoming¶	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	6	2	7	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	5	—	3	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	2	2	3	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	107	550	175	1,468	—	2	20	1	43
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical and unknown case classifications.

§ 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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>				<i>Anaplasma phagocytophilum</i>				Undetermined						
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
	Med	Max				Med	Max				Med	Max			
United States	1	8	49	14	46	—	13	59	6	25	—	1	10	3	2
New England	—	0	2	—	1	—	1	7	1	7	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	6	—	—	—	0	0	—	—
Maine [§]	—	0	1	—	1	—	0	2	1	3	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	2	—	1	—	0	1	—	—
Rhode Island [§]	—	0	1	—	—	—	0	6	—	3	—	0	0	—	—
Vermont [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	10	—	7	—	4	15	2	2	—	0	1	1	1
New Jersey	—	0	0	—	—	—	0	1	—	1	—	0	0	—	—
New York (Upstate)	—	0	10	—	3	—	4	15	2	1	—	0	1	1	1
New York City	—	0	3	—	3	—	0	2	—	—	—	0	0	—	—
Pennsylvania	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	0	4	2	4	—	4	41	—	12	—	1	7	1	1
Illinois	—	0	2	1	—	—	0	2	—	—	—	0	2	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	1	1
Michigan	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Ohio	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	4	—	4	41	—	12	—	0	4	—	—
W.N. Central	—	1	13	2	1	—	0	3	—	—	—	0	3	—	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	13	2	1	—	0	3	—	—	—	0	3	—	—
Nebraska [§]	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	3	18	9	29	—	1	7	2	4	—	0	1	—	—
Delaware	—	0	3	1	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	3	1	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	4	1	2	—	0	1	—	—	—	0	1	—	—
Maryland [§]	—	0	3	2	4	—	0	2	—	2	—	0	1	—	—
North Carolina	—	1	13	2	21	—	0	4	2	2	—	0	0	—	—
South Carolina [§]	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Virginia [§]	—	1	8	—	—	—	0	2	—	—	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	1	1	11	1	1	—	0	2	1	—	—	0	1	—	—
Alabama [§]	—	0	3	—	—	—	0	2	1	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee [§]	1	0	7	1	1	—	0	2	—	—	—	0	1	—	—
W.S. Central	—	0	11	—	2	—	0	4	—	—	—	0	1	—	—
Arkansas [§]	—	0	5	—	—	—	0	2	—	—	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	6	—	—	—	0	2	—	—	—	0	0	—	—
Texas [§]	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	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	—	1	—	0	0	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
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.

 * Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

 † Cumulative total *E. ewingii* cases reported for year 2010 = 11, and 1 case report for 2011.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A				B				C						
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
	Med	Max				Med	Max				Med	Max			
United States	19	28	44	294	412	25	61	142	551	792	13	14	27	199	211
New England	—	1	6	12	29	—	1	4	9	20	—	0	4	7	20
Connecticut	—	0	4	5	—	—	0	2	2	5	—	0	4	3	10
Maine†	—	0	1	1	2	—	0	1	2	6	—	0	2	2	—
Massachusetts	—	0	5	3	23	—	0	2	4	5	—	0	1	1	10
New Hampshire	—	0	1	—	—	—	0	2	1	3	N	0	0	N	N
Rhode Island†	—	0	1	1	4	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	1	2	—	—	0	1	—	1	—	0	1	1	—
Mid. Atlantic	2	4	10	43	58	—	5	10	61	76	2	1	5	16	20
New Jersey	—	0	1	1	8	—	1	5	7	20	—	0	2	—	4
New York (Upstate)	2	1	4	11	14	—	1	8	12	11	2	1	4	11	8
New York City	—	1	7	17	23	—	1	4	20	27	—	0	1	—	—
Pennsylvania	—	1	3	14	13	—	2	5	22	18	—	0	3	5	8
E.N. Central	2	4	9	47	68	2	9	22	79	150	1	2	6	40	21
Illinois	—	1	3	6	16	—	2	7	17	29	—	0	1	1	—
Indiana	—	0	3	7	7	—	1	6	7	22	—	0	4	15	7
Michigan	—	1	5	16	16	—	2	5	24	35	1	1	4	23	10
Ohio	2	1	5	17	10	1	1	16	24	31	—	0	1	1	3
Wisconsin	—	0	1	1	19	1	1	5	7	33	—	0	2	—	1
W.N. Central	2	1	13	12	17	1	2	8	30	41	—	0	8	2	4
Iowa	—	0	3	1	4	—	0	1	2	7	—	0	0	—	—
Kansas	—	0	2	2	6	—	0	1	3	2	—	0	1	—	—
Minnesota	2	0	12	2	1	1	0	7	1	2	—	0	6	—	3
Missouri	—	0	2	3	4	—	1	3	19	22	—	0	2	—	1
Nebraska†	—	0	4	2	2	—	0	3	4	8	—	0	1	2	—
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	—	—	0	1	1	—	—	0	0	—	—
S. Atlantic	4	6	14	60	85	9	17	33	160	205	5	4	7	45	50
Delaware	—	0	1	1	3	—	0	2	—	9	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	1	—	2	—	0	1	—	2
Florida	1	2	7	22	29	5	5	11	56	73	1	1	5	13	13
Georgia	1	1	4	17	7	—	2	8	29	50	—	0	2	6	4
Maryland†	2	0	3	8	6	1	1	5	14	22	—	1	3	7	7
North Carolina	—	0	5	3	15	2	2	16	30	16	4	1	3	15	16
South Carolina†	—	0	1	2	15	1	1	4	9	11	—	0	1	—	—
Virginia†	—	1	6	7	8	—	2	7	22	15	—	0	2	4	4
West Virginia	—	0	5	—	1	—	0	18	—	7	—	0	5	—	4
E.S. Central	—	0	6	7	12	5	8	14	106	83	—	3	8	37	34
Alabama†	—	0	2	—	3	1	1	4	21	19	—	0	1	2	1
Kentucky	—	0	6	2	6	1	3	8	35	27	—	2	6	16	27
Mississippi	—	0	1	2	—	—	0	3	5	7	U	0	0	U	U
Tennessee†	—	0	2	3	3	3	3	8	45	30	—	1	5	19	6
W.S. Central	2	2	13	20	32	4	9	55	55	86	2	2	7	23	18
Arkansas†	—	0	1	—	—	—	1	4	6	10	—	0	0	—	—
Louisiana	—	0	2	1	3	—	1	4	12	17	—	0	2	4	1
Oklahoma	1	0	4	1	—	—	2	8	12	12	2	1	6	12	7
Texas†	1	2	9	18	29	4	5	43	25	47	—	0	3	7	10
Mountain	1	2	8	20	44	—	2	7	20	43	—	1	4	12	21
Arizona	—	1	4	7	21	—	0	2	4	12	U	0	0	U	U
Colorado	—	1	2	6	9	—	0	5	1	10	—	0	3	1	5
Idaho†	1	0	2	2	2	—	0	1	2	2	—	0	2	5	5
Montana†	—	0	1	2	3	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	1	4	—	1	3	11	11	—	0	1	3	1
New Mexico†	—	0	1	1	2	—	0	1	1	2	—	0	1	2	7
Utah	—	0	2	—	3	—	0	1	1	6	—	0	2	—	3
Wyoming†	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Pacific	6	5	16	73	67	4	5	23	31	88	3	1	8	17	23
Alaska	—	0	1	1	—	—	0	1	1	1	U	0	0	U	U
California	5	4	16	62	51	3	3	18	13	64	3	0	4	10	9
Hawaii	—	0	1	2	4	—	0	1	2	2	U	0	0	U	U
Oregon	—	0	1	2	8	—	1	3	9	13	—	0	3	4	8
Washington	1	0	2	6	4	1	1	5	6	8	—	0	5	3	6
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	6	7	—	1	8	22	16	—	0	7	9	12
Puerto Rico	—	0	2	2	4	—	0	2	1	8	—	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.

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Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	21	57	122	431	558	49	411	1,676	1,528	3,608	7	27	81	227	294
New England	—	4	16	22	25	2	128	504	158	1,143	1	1	11	9	16
Connecticut	—	0	6	—	—	—	46	213	—	469	—	0	11	—	—
Maine†	—	0	3	3	—	2	11	62	41	53	1	0	1	1	—
Massachusetts	—	2	10	14	18	—	40	223	53	381	—	1	4	6	15
New Hampshire	—	0	5	2	1	—	22	69	46	207	—	0	2	—	1
Rhode Island†	—	0	4	1	5	—	1	40	4	14	—	0	4	—	—
Vermont†	—	0	2	2	1	—	4	28	14	19	—	0	1	2	—
Mid. Atlantic	6	13	48	101	122	27	180	737	927	1,678	3	7	18	60	74
New Jersey	—	0	11	1	18	—	44	220	188	515	—	0	1	—	—
New York (Upstate)	3	5	19	45	33	15	36	159	146	212	1	1	6	10	17
New York City	—	2	17	22	30	—	2	10	2	43	2	4	14	40	41
Pennsylvania	3	6	19	33	41	12	92	386	591	908	—	1	3	10	16
E.N. Central	2	12	44	83	134	1	26	330	25	159	1	3	9	19	25
Illinois	—	2	15	9	17	—	1	18	3	7	—	1	7	3	10
Indiana	1	1	6	9	26	—	0	7	1	12	—	0	2	2	2
Michigan	—	3	20	18	17	—	1	14	2	1	—	0	4	4	3
Ohio	1	4	15	47	46	1	0	9	4	5	1	1	5	9	9
Wisconsin	—	0	5	—	28	—	23	302	15	134	—	0	2	1	1
W.N. Central	—	2	9	8	19	—	1	11	1	4	—	1	4	2	17
Iowa	—	0	2	1	2	—	0	10	1	2	—	0	2	—	4
Kansas	—	0	2	1	2	—	0	1	—	1	—	0	2	1	3
Minnesota	—	0	8	—	4	—	0	0	—	—	—	0	0	—	3
Missouri	—	1	4	5	6	—	0	1	—	—	—	0	3	—	3
Nebraska†	—	0	2	—	2	—	0	2	—	1	—	0	1	1	4
North Dakota	—	0	1	—	1	—	0	5	—	—	—	0	1	—	—
South Dakota	—	0	2	1	2	—	0	1	—	—	—	0	2	—	—
S. Atlantic	3	10	27	72	95	16	57	178	366	555	1	7	44	74	98
Delaware	—	0	3	—	3	—	10	33	97	146	—	0	1	—	1
District of Columbia	—	0	4	—	1	—	0	4	3	3	—	0	2	1	3
Florida	1	3	9	39	40	3	1	8	14	16	1	2	7	23	35
Georgia	—	1	4	1	14	—	0	2	1	2	—	1	7	12	14
Maryland†	2	2	6	12	22	3	22	106	141	248	—	1	24	14	13
North Carolina	—	1	7	9	4	—	0	9	9	37	—	0	13	8	19
South Carolina†	—	0	2	3	1	—	0	3	1	10	—	0	1	—	1
Virginia†	—	1	9	8	9	7	18	82	100	82	—	1	5	16	12
West Virginia	—	0	3	—	1	—	0	29	—	11	—	0	1	—	—
E.S. Central	1	2	10	16	22	—	0	4	6	10	—	0	3	5	4
Alabama†	—	0	2	3	3	—	0	2	3	—	—	0	1	1	1
Kentucky	—	0	4	4	6	—	0	1	—	1	—	0	1	2	2
Mississippi	—	0	3	1	2	—	0	0	—	—	—	0	2	1	—
Tennessee†	1	1	6	8	11	—	0	4	3	9	—	0	2	1	1
W.S. Central	—	3	8	17	18	1	2	22	5	14	1	1	17	11	19
Arkansas†	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Louisiana	—	0	3	6	1	—	0	1	—	—	—	0	1	—	1
Oklahoma	—	0	3	1	—	—	0	0	—	—	—	0	1	1	2
Texas†	—	2	7	10	16	1	2	22	5	14	1	1	16	10	15
Mountain	1	3	10	17	41	—	0	3	2	2	—	1	4	11	14
Arizona	—	1	7	6	10	—	0	1	1	—	—	0	3	3	5
Colorado	—	0	2	1	11	—	0	1	—	—	—	0	3	3	4
Idaho†	—	0	1	1	—	—	0	2	—	1	—	0	1	—	—
Montana†	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Nevada†	1	0	2	3	8	—	0	1	—	—	—	0	2	3	2
New Mexico†	—	0	2	1	2	—	0	2	1	—	—	0	1	2	—
Utah	—	0	2	4	9	—	0	1	—	1	—	0	0	—	3
Wyoming†	—	0	2	1	—	—	0	0	—	—	—	0	0	—	—
Pacific	8	5	15	95	82	2	3	11	38	43	—	4	10	36	27
Alaska	—	0	2	—	—	—	0	1	—	1	—	0	2	2	1
California	6	4	14	84	74	1	2	8	26	24	—	2	9	27	19
Hawaii	—	0	1	1	—	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	2	1	1	0	3	12	18	—	0	3	3	2
Washington	2	0	5	8	7	—	0	3	—	—	—	0	5	4	5
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	N	0	0	N	N	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	10	14	37	221	264	1	13	220	89	1,027	90	544	2,149	3,451	3,115
New England	1	0	3	11	4	—	0	2	1	15	2	10	24	93	69
Connecticut	—	0	1	1	—	—	0	1	—	10	—	1	8	—	9
Maine [§]	1	0	1	3	—	—	0	1	—	1	1	1	8	33	5
Massachusetts	—	0	2	7	2	—	0	2	1	4	—	5	13	45	47
New Hampshire	—	0	0	—	—	—	0	1	—	—	1	0	3	11	3
Rhode Island [§]	—	0	1	—	—	—	0	0	—	—	—	0	7	3	3
Vermont [§]	—	0	1	—	2	—	0	0	—	—	—	0	4	1	2
Mid. Atlantic	—	1	5	25	27	—	4	209	10	918	10	38	122	358	168
New Jersey	—	0	1	—	9	—	1	14	5	220	—	2	9	11	33
New York (Upstate)	—	0	4	7	3	—	0	18	1	572	2	12	85	116	59
New York City	—	0	3	11	7	—	0	201	4	115	—	0	12	7	—
Pennsylvania	—	0	2	7	8	—	0	16	—	11	8	20	70	224	76
E.N. Central	2	2	9	31	43	—	1	7	17	32	18	114	194	889	767
Illinois	—	0	3	10	7	—	1	2	8	6	—	22	52	142	111
Indiana	—	0	2	4	11	—	0	1	—	2	—	12	26	63	85
Michigan	—	0	4	3	4	—	0	1	2	11	5	31	57	293	205
Ohio	2	1	2	11	10	—	0	5	7	5	13	34	80	300	282
Wisconsin	—	0	3	3	11	—	0	2	—	8	—	12	24	91	84
W.N. Central	1	1	5	14	17	—	1	14	12	15	3	36	416	198	231
Iowa	—	0	1	3	4	—	0	7	1	4	—	12	34	42	53
Kansas	—	0	2	1	1	—	0	1	3	1	—	2	9	21	37
Minnesota	—	0	0	—	2	—	0	4	—	3	—	0	408	—	—
Missouri	1	0	4	6	8	—	0	3	6	5	1	8	44	91	109
Nebraska [§]	—	0	2	3	2	—	0	10	1	2	2	4	13	29	17
North Dakota	—	0	1	—	—	—	0	1	1	—	—	0	30	13	—
South Dakota	—	0	1	1	—	—	0	1	—	—	—	0	2	2	15
S. Atlantic	3	2	6	36	57	—	0	4	3	24	10	40	106	386	351
Delaware	—	0	1	—	1	—	0	0	—	—	—	0	4	6	—
District of Columbia	—	0	0	—	—	—	0	0	—	2	—	0	2	1	1
Florida	2	1	3	13	27	—	0	3	1	5	5	6	28	87	50
Georgia	—	0	2	1	4	—	0	2	1	—	—	5	13	60	50
Maryland [§]	—	0	1	3	2	—	0	1	—	5	3	2	6	29	40
North Carolina	—	0	3	8	8	—	0	2	—	2	1	3	35	77	125
South Carolina [§]	—	0	1	4	4	—	0	1	—	3	—	6	25	42	51
Virginia [§]	1	0	2	7	10	—	0	2	1	5	1	7	39	84	28
West Virginia	—	0	1	—	1	—	0	0	—	2	—	0	43	—	6
E.S. Central	—	1	3	10	12	—	0	2	3	3	1	14	35	104	223
Alabama [§]	—	0	1	6	2	—	0	2	1	1	—	4	8	29	58
Kentucky	—	0	2	—	5	—	0	1	—	—	—	4	16	38	84
Mississippi	—	0	1	1	2	—	0	1	2	—	—	1	8	3	17
Tennessee [§]	—	0	2	3	3	—	0	1	—	2	1	3	11	34	64
W.S. Central	1	1	10	22	33	1	2	16	36	12	22	54	234	230	728
Arkansas [§]	1	0	1	6	3	—	0	1	—	1	2	3	17	14	42
Louisiana	—	0	2	5	8	—	0	2	—	1	—	1	3	3	10
Oklahoma	—	0	1	3	12	1	0	1	1	—	3	0	63	11	3
Texas [§]	—	1	9	8	10	—	2	15	35	10	17	44	157	202	673
Mountain	—	1	6	15	17	—	0	4	1	4	1	41	99	577	283
Arizona	—	0	2	6	5	—	0	1	—	1	—	12	29	193	104
Colorado	—	0	4	1	4	—	0	1	—	3	—	12	63	226	32
Idaho [§]	—	0	1	3	1	—	0	1	—	—	1	2	15	27	41
Montana [§]	—	0	1	—	1	—	0	0	—	—	—	2	16	44	5
Nevada [§]	—	0	1	2	3	—	0	1	—	—	—	0	7	8	1
New Mexico [§]	—	0	1	—	2	—	0	2	1	—	—	2	11	29	28
Utah	—	0	1	3	1	—	0	1	—	—	—	6	16	48	71
Wyoming [§]	—	0	1	—	—	—	0	1	—	—	—	0	2	2	1
Pacific	2	3	15	57	54	—	0	18	6	4	23	150	1,101	616	295
Alaska	—	0	1	—	—	—	0	1	1	1	—	0	6	13	4
California	1	2	10	38	40	—	0	18	—	—	7	130	959	461	180
Hawaii	—	0	1	2	1	—	0	1	2	1	1	1	6	8	17
Oregon	1	1	3	14	9	—	0	1	3	1	1	5	12	47	64
Washington	—	0	4	3	4	—	0	2	—	1	14	9	132	87	30
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	12	7	—	0	14	28	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
 U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
 * Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
 † 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).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Shigellosis						Spotted Fever Rickettsiosis (including RMSF) [†]								
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Confirmed				Probable					
		Med	Max			Current week	Previous 52 weeks	Cum 2011	Cum 2010	Current week	Previous 52 weeks	Cum 2011	Cum 2010		
United States	105	274	500	2,002	3,464	1	2	10	15	12	1	28	99	65	98
New England	—	4	17	50	131	—	0	0	—	—	—	0	1	1	1
Connecticut	—	0	8	8	69	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	3	5	3	—	0	0	—	—	—	0	1	—	1
Massachusetts	—	3	16	36	51	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	2	—	3	—	0	0	—	—	—	0	1	—	—
Rhode Island [§]	—	0	4	—	4	—	0	0	—	—	—	0	1	1	—
Vermont [§]	—	0	1	1	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	23	70	124	494	—	0	1	1	—	—	1	4	3	7
New Jersey	—	4	16	17	84	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	2	3	15	27	44	—	0	1	—	—	—	0	3	—	1
New York City	—	5	14	56	82	—	0	1	—	—	—	0	4	2	6
Pennsylvania	—	9	55	24	284	—	0	1	1	—	—	0	3	1	—
E.N. Central	—	22	45	128	709	—	0	1	—	—	1	1	10	3	1
Illinois	—	8	20	38	496	—	0	1	—	—	—	0	5	—	—
Indiana [§]	—	1	4	12	11	—	0	1	—	—	—	0	5	—	1
Michigan	—	5	10	29	51	—	0	0	—	—	—	0	1	1	—
Ohio	—	5	18	49	67	—	0	0	—	—	1	0	2	2	—
Wisconsin	—	1	21	—	84	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	20	81	94	723	—	0	4	2	—	—	4	21	11	7
Iowa	—	1	4	4	14	—	0	0	—	—	—	0	1	1	—
Kansas [§]	—	4	13	20	53	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	0	—	14	—	0	0	—	—	—	0	0	—	—
Missouri	—	12	66	66	634	—	0	4	2	—	—	4	20	10	7
Nebraska [§]	—	1	10	3	5	—	0	1	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	1	3	—	0	0	—	—	—	0	0	—	—
S. Atlantic	57	59	123	712	437	1	1	7	6	9	—	7	60	22	63
Delaware [§]	—	0	2	—	27	—	0	0	—	1	—	0	3	2	5
District of Columbia	—	0	3	5	8	—	0	1	—	—	—	0	0	—	—
Florida [§]	45	28	55	480	153	—	0	1	1	—	—	0	2	1	1
Georgia	8	15	26	112	149	—	0	6	2	4	—	0	0	—	—
Maryland [§]	3	2	8	21	24	—	0	1	1	1	—	0	5	1	6
North Carolina	—	3	36	61	34	—	0	3	1	3	—	2	48	12	47
South Carolina [§]	—	1	5	11	24	1	0	1	1	—	—	0	2	1	2
Virginia [§]	1	2	8	22	18	—	0	2	—	—	—	2	12	5	2
West Virginia	—	0	66	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	4	14	40	108	128	—	0	3	—	1	—	5	29	6	11
Alabama [§]	3	5	14	46	19	—	0	1	—	—	—	1	8	4	2
Kentucky	—	2	28	10	42	—	0	2	—	—	—	0	0	—	—
Mississippi	1	1	6	23	10	—	0	0	—	—	—	0	3	—	—
Tennessee [§]	—	4	14	29	57	—	0	2	—	1	—	4	20	2	9
W.S. Central	24	54	257	351	463	—	0	4	—	1	—	2	43	3	7
Arkansas [§]	2	1	6	9	11	—	0	2	—	—	—	1	29	1	2
Louisiana	—	5	13	30	45	—	0	0	—	—	—	0	1	—	—
Oklahoma	1	3	13	26	73	—	0	3	—	—	—	0	11	1	1
Texas [§]	21	44	240	286	334	—	0	1	—	1	—	0	3	1	4
Mountain	8	16	32	187	152	—	0	5	6	—	—	0	7	16	1
Arizona	1	8	19	42	85	—	0	4	6	—	—	0	7	16	—
Colorado [§]	—	2	8	24	19	—	0	1	—	—	—	0	1	—	—
Idaho [§]	—	0	3	6	4	—	0	0	—	—	—	0	1	—	—
Montana [§]	7	0	15	71	3	—	0	1	—	—	—	0	1	—	—
Nevada [§]	—	0	6	6	5	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	3	10	32	27	—	0	0	—	—	—	0	0	—	1
Utah	—	1	4	6	9	—	0	0	—	—	—	0	1	—	—
Wyoming [§]	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	10	22	73	248	227	—	0	2	—	1	—	0	1	—	—
Alaska	—	0	1	1	—	N	0	0	N	N	N	0	0	N	N
California	9	19	58	201	188	—	0	2	—	1	—	0	0	—	—
Hawaii	—	1	4	18	10	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	15	18	—	0	0	—	—	—	0	1	—	—
Washington	1	1	17	13	11	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	1	1	1	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	—	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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[†] Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by Rickettsia rickettsii, is the most common and well-known spotted fever.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] invasive disease										Syphilis, primary and secondary				
	All ages					Age <5					Current week	Previous 52 weeks		Cum 2011	Cum 2010
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010		Med	Max		
United States	183	275	825	4,667	5,443	23	32	92	396	867	44	254	354	2,659	3,379
New England	4	8	68	76	157	—	1	4	8	30	3	9	20	100	107
Connecticut	—	0	46	—	—	—	0	3	—	—	—	1	8	13	17
Maine [§]	2	2	13	39	45	—	0	1	1	4	—	0	3	5	10
Massachusetts	—	1	5	11	35	—	0	3	5	22	1	5	15	62	67
New Hampshire	—	0	7	—	45	—	0	0	—	3	2	0	2	9	5
Rhode Island [§]	—	1	36	7	—	—	0	3	—	—	—	0	4	9	6
Vermont [§]	2	1	5	19	32	—	0	1	2	1	—	0	1	2	2
Mid. Atlantic	27	31	60	510	392	4	6	19	58	111	6	30	45	285	473
New Jersey	—	1	8	18	37	—	1	5	11	21	—	4	10	44	67
New York (Upstate)	4	2	11	30	56	2	1	9	18	44	6	2	18	44	22
New York City	3	14	33	241	134	—	1	14	9	26	—	14	29	108	281
Pennsylvania	20	12	22	221	165	2	1	5	20	20	—	7	16	89	103
E.N. Central	41	62	105	959	1,147	4	5	13	60	152	—	30	53	219	519
Illinois	—	1	6	13	45	—	1	4	13	39	—	12	25	46	274
Indiana	—	8	27	120	260	—	0	6	3	25	—	4	14	36	40
Michigan	8	13	29	210	256	—	1	4	11	37	—	4	9	40	76
Ohio	32	25	45	479	454	3	2	5	26	33	—	10	21	87	113
Wisconsin	1	7	19	137	132	1	0	4	7	18	—	1	3	10	16
W.N. Central	9	9	59	143	317	1	1	9	24	67	—	7	18	74	76
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	3	4
Kansas	4	2	6	31	43	—	0	2	2	7	—	0	3	4	5
Minnesota	—	0	46	—	163	—	0	6	—	30	—	3	10	32	16
Missouri	3	2	10	66	46	1	0	4	19	18	—	2	9	33	49
Nebraska [§]	2	2	9	46	51	—	0	2	3	8	—	0	2	2	2
North Dakota	—	0	11	—	4	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	10	—	0	2	—	4	—	0	1	—	—
S. Atlantic	58	62	133	1,206	1,396	8	8	23	102	228	7	61	153	705	749
Delaware	—	1	4	25	10	—	0	1	—	—	—	0	4	4	2
District of Columbia	—	0	2	4	13	—	0	2	1	3	3	3	15	46	38
Florida	34	26	68	600	652	3	3	13	50	91	1	23	44	262	261
Georgia	5	10	22	141	245	—	2	6	13	67	—	13	108	89	117
Maryland [§]	11	9	32	222	189	1	1	4	11	23	—	7	16	96	60
North Carolina	—	0	0	—	—	—	0	0	—	—	—	6	19	95	143
South Carolina [§]	7	8	25	198	226	3	1	4	11	21	3	3	10	55	40
Virginia [§]	1	1	4	16	22	1	1	4	16	20	—	4	16	58	85
West Virginia	—	1	11	—	39	—	0	4	—	3	—	0	2	—	3
E.S. Central	10	25	45	434	511	1	2	7	26	47	4	16	39	137	212
Alabama [§]	—	0	0	—	—	—	0	0	—	—	—	4	11	29	71
Kentucky	—	4	11	59	57	—	0	3	7	4	—	2	12	24	24
Mississippi	—	1	8	4	26	—	0	2	—	5	2	4	16	30	45
Tennessee [§]	10	21	36	371	428	1	1	6	19	38	2	5	17	54	72
W.S. Central	5	33	339	519	618	2	5	26	57	99	4	38	71	398	509
Arkansas [§]	1	3	23	88	61	—	0	3	10	9	4	3	10	43	74
Louisiana	—	2	10	74	45	—	0	2	6	13	—	8	36	59	92
Oklahoma	1	1	4	13	22	1	1	4	13	22	—	2	6	15	21
Texas [§]	3	26	310	344	490	1	3	19	28	55	—	23	33	281	322
Mountain	18	34	75	712	797	—	3	8	54	116	9	11	24	90	135
Arizona	15	12	39	344	399	—	1	5	24	53	—	4	9	7	55
Colorado	—	10	23	155	192	—	1	3	8	28	—	2	8	23	35
Idaho [§]	—	0	2	3	6	—	0	2	2	2	—	0	2	3	1
Montana [§]	—	0	2	3	5	—	0	1	—	—	—	0	2	1	—
Nevada [§]	2	2	8	43	31	—	0	1	3	3	9	2	9	38	22
New Mexico [§]	1	3	13	101	69	—	0	2	7	12	—	1	4	13	8
Utah	—	4	8	53	88	—	0	3	10	16	—	1	5	5	14
Wyoming [§]	—	0	15	10	7	—	0	1	—	2	—	0	0	—	—
Pacific	11	6	24	108	108	3	0	5	7	17	11	49	66	651	599
Alaska	—	2	11	38	50	—	0	2	3	13	—	0	1	—	2
California	11	3	23	69	58	3	0	5	4	4	7	41	57	505	506
Hawaii	—	0	3	1	—	—	0	0	—	—	—	0	5	1	11
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	7	28	18
Washington	—	0	0	—	—	—	0	0	—	—	4	6	14	117	62
Territories															
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	—	—	1	4	15	62	53
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 9, 2011, and April 10, 2010 (14th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Neuroinvasive				Nonneuroinvasive [§]					
		Med	Max			Current week	Previous 52 weeks	Cum 2011	Cum 2010	Current week	Previous 52 weeks	Cum 2011	Cum 2010		
United States	127	245	574	2,965	4,735	—	1	71	—	1	—	1	53	—	2
New England	7	20	46	198	307	—	0	3	—	—	—	0	2	—	—
Connecticut	—	4	20	—	73	—	0	2	—	—	—	0	2	—	—
Maine [¶]	7	4	16	67	79	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	5	17	84	77	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	9	9	47	—	0	1	—	—	—	0	0	—	—
Rhode Island [¶]	—	0	4	6	5	—	0	0	—	—	—	0	0	—	—
Vermont [¶]	—	2	13	32	26	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	22	26	62	309	494	—	0	19	—	—	—	0	13	—	—
New Jersey	—	6	30	73	173	—	0	3	—	—	—	0	6	—	—
New York (Upstate)	N	0	0	N	N	—	0	9	—	—	—	0	7	—	—
New York City	—	0	0	—	1	—	0	7	—	—	—	0	4	—	—
Pennsylvania	22	19	41	236	320	—	0	3	—	—	—	0	3	—	—
E.N. Central	31	73	154	952	1,750	—	0	15	—	—	—	0	7	—	—
Illinois	4	18	43	205	455	—	0	10	—	—	—	0	4	—	—
Indiana [¶]	6	5	24	67	174	—	0	2	—	—	—	0	2	—	—
Michigan	3	26	53	315	570	—	0	6	—	—	—	0	1	—	—
Ohio	18	21	58	364	449	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	5	22	1	102	—	0	0	—	—	—	0	1	—	—
W.N. Central	2	11	32	69	260	—	0	7	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
Kansas [¶]	2	2	19	45	114	—	0	1	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	3	—	—
Missouri	—	7	23	10	121	—	0	1	—	—	—	0	0	—	—
Nebraska [¶]	N	0	0	N	N	—	0	3	—	—	—	0	7	—	—
North Dakota	—	0	10	11	18	—	0	2	—	—	—	0	2	—	—
South Dakota	—	1	7	3	7	—	0	2	—	—	—	0	3	—	—
S. Atlantic	35	32	100	398	584	—	0	6	—	—	—	0	4	—	2
Delaware [¶]	—	0	4	3	3	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	5	5	—	0	1	—	—	—	0	1	—	—
Florida [¶]	32	15	57	287	294	—	0	3	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	3	—	2
Maryland [¶]	N	0	0	N	N	—	0	3	—	—	—	0	2	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina [¶]	—	0	13	—	45	—	0	1	—	—	—	0	0	—	—
Virginia [¶]	3	10	29	103	123	—	0	1	—	—	—	0	1	—	—
West Virginia	—	5	26	—	114	—	0	0	—	—	—	0	0	—	—
E.S. Central	5	5	22	92	70	—	0	1	—	1	—	0	3	—	—
Alabama [¶]	5	5	22	88	70	—	0	1	—	—	—	0	1	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Mississippi	—	0	2	4	—	—	0	1	—	1	—	0	2	—	—
Tennessee [¶]	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
W.S. Central	25	42	202	606	843	—	0	16	—	—	—	0	3	—	—
Arkansas [¶]	—	3	32	58	70	—	0	3	—	—	—	0	1	—	—
Louisiana	—	2	4	13	22	—	0	3	—	—	—	0	1	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas [¶]	25	38	191	535	751	—	0	15	—	—	—	0	2	—	—
Mountain	—	17	50	285	402	—	0	18	—	—	—	0	15	—	—
Arizona	—	0	0	—	—	—	0	13	—	—	—	0	9	—	—
Colorado [¶]	—	7	31	107	136	—	0	5	—	—	—	0	11	—	—
Idaho [¶]	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Montana [¶]	—	3	28	75	72	—	0	0	—	—	—	0	0	—	—
Nevada [¶]	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
New Mexico [¶]	—	1	8	11	27	—	0	6	—	—	—	0	2	—	—
Utah	—	5	26	92	162	—	0	1	—	—	—	0	1	—	—
Wyoming [¶]	—	0	3	—	5	—	0	1	—	—	—	0	1	—	—
Pacific	—	2	16	56	25	—	0	8	—	—	—	0	6	—	—
Alaska	—	1	5	22	12	—	0	0	—	—	—	0	0	—	—
California	—	0	13	24	2	—	0	8	—	—	—	0	6	—	—
Hawaii	—	1	4	10	11	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	8	4	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	30	49	125	—	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.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/ndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

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

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

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TABLE IV. Provisional cases of selected notifiable disease,* United States, fourth quarter ending April 2, 2011 (13th week)

Reporting area	Tuberculosis†				
	Current quarter	Previous 4 quarters		Cum 2010	Cum 2009
		Min	Max		
United States	905	905	3,238	905	1,428
New England	28	28	98	28	61
Connecticut	12	12	22	12	15
Maine	2	0	4	2	1
Massachusetts	10	10	62	10	37
New Hampshire	—	0	3	—	3
Rhode Island	2	2	11	2	5
Vermont	2	1	3	2	—
Mid. Atlantic	241	241	423	241	192
New Jersey	47	47	141	47	24
New York (Upstate)	40	40	71	40	22
New York City	125	123	203	125	127
Pennsylvania	29	29	69	29	19
E.N. Central	96	96	263	96	108
Illinois	41	41	107	41	47
Indiana	17	17	32	17	10
Michigan	18	18	63	18	19
Ohio	—	0	55	—	23
Wisconsin	20	13	20	20	9
W.N. Central	17	17	85	17	42
Iowa	—	0	15	—	5
Kansas	—	0	13	—	5
Minnesota	17	17	40	17	14
Missouri	—	0	12	—	7
Nebraska	—	0	9	—	3
North Dakota	—	0	4	—	3
South Dakota	—	0	5	—	5
S. Atlantic	219	219	610	219	331
Delaware	—	0	7	—	5
District of Columbia	—	0	14	—	4
Florida	80	80	226	80	162
Georgia	54	54	125	54	68
Maryland	56	51	67	56	24
North Carolina	11	11	85	11	30
South Carolina	—	0	53	—	6
Virginia	18	18	91	18	29
West Virginia	—	0	7	—	3
E.S. Central	90	90	159	90	66
Alabama	30	28	41	30	28
Kentucky	—	0	46	—	—
Mississippi	22	22	36	22	13
Tennessee	38	38	55	38	25
W.S. Central	35	35	492	35	240
Arkansas	8	8	29	8	7
Louisiana	13	13	78	13	—
Oklahoma	14	14	17	14	21
Texas	—	0	368	—	212
Mountain	29	29	228	29	33
Arizona	—	0	120	—	17
Colorado	6	6	34	6	5
Idaho	1	1	8	1	—
Montana	—	0	1	—	—
Nevada	13	13	45	13	1
New Mexico	—	0	16	—	8
Utah	9	1	9	9	1
Wyoming	—	0	2	—	1
Pacific	150	150	936	150	355
Alaska	—	0	42	—	—
California	100	100	773	100	281
Hawaii	—	0	37	—	20
Oregon	13	13	24	13	10
Washington	37	37	65	37	44
Territories					
American Samoa	—	0	1	—	—
C.N.M.I.	—	0	12	—	5
Guam	—	0	26	—	17
Puerto Rico	11	11	25	11	11
U.S. Virgin Islands	—	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.

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

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

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