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State-Specific Prevalence of No Leisure-Time Physical Activity Among Adults With and Without Doctor-Diagnosed Arthritis — United States, 2009

The prevalence of no leisure-time physical activity (LTPA) among U.S. residents decreased from 31% in 1989 to 25% in 2002 and was still at 25% in 2008, based on Behavioral Risk Factor Surveillance System (BRFSS) data. Further reduction in the prevalence of no LTPA among all adults might be hindered by population subgroups that have exceptionally high rates of no LTPA, such as adults with arthritis. Approximately 50 million adults have arthritis, the majority of whom have arthritis-specific barriers to being physically active, such as pain and fear of making their arthritis worse (*1,2*). Despite the known benefits of physical activity for arthritis (e.g., reduced pain), persons with arthritis are more likely to report no LTPA (*3–5*). To assess state-specific prevalence of no LTPA among adults with and without doctor-diagnosed arthritis, CDC analyzed BRFSS data from 2009. This report summarizes the results of that analysis, which found that among adults with arthritis 1) prevalence of no LTPA is significantly higher compared with adults without arthritis in every state and the District of Columbia (DC), 2) the disparity in prevalence of no LTPA between adults with and without arthritis is large (median: 53% disparity gap), 3) 23 (45%) states had an age-standardized prevalence of no LTPA ≥30.0%, and 4) adults with arthritis reporting no LTPA comprised a substantial proportion (median: 35.2%) of all adults reporting no LTPA in each state. To reduce the prevalence of no LTPA among all adults, physical activity promotion initiatives should include interventions such as targeted health communication campaigns and community-based group exercise programs proven safe and effective for adults with arthritis.

BRFSS is an annual, random-digit–dialed landline telephone survey representative of the noninstitutionalized adult population aged ≥18 years that is conducted in all 50 states, DC, and the U.S. territories.* Data from 2009 (432,607 respondents) were used to assess prevalence of no LTPA (50 states and DC) by arthritis status and to produce age-standardized prevalence of no LTPA maps. For 2009, the median Council of American Survey and Research Organizations (CASRO)† response rate was 52.5% and the median CASRO cooperation rate was 75.0%. Respondents were defined as having arthritis if they reported a "yes" response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" Respondents were classified as "no LTPA" if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

The unstandardized prevalence of no LTPA with 95% confidence intervals (CIs) was estimated for each state, by arthritis status, using sampling weights, which take into account the complex sample design, nonresponse, and noncoverage. State-specific and median relative percent differences (percent disparity gap) in unstandardized prevalence of no LTPA were calculated using the following formula: (prevalence of no LTPA with arthritis - prevalence of no LTPA without arthritis) / prevalence of no LTPA without arthritis × 100. The contribution

*Additional information is available at http://www.cdc.gov/brfss/technical_infodata/surveydata.htm.

†CASRO response rates are defined as the percentage of completed interviews among all eligible persons. CASRO cooperation rates are defined as the percentage of completed interviews among all eligible persons who were actually contacted.

INSIDE

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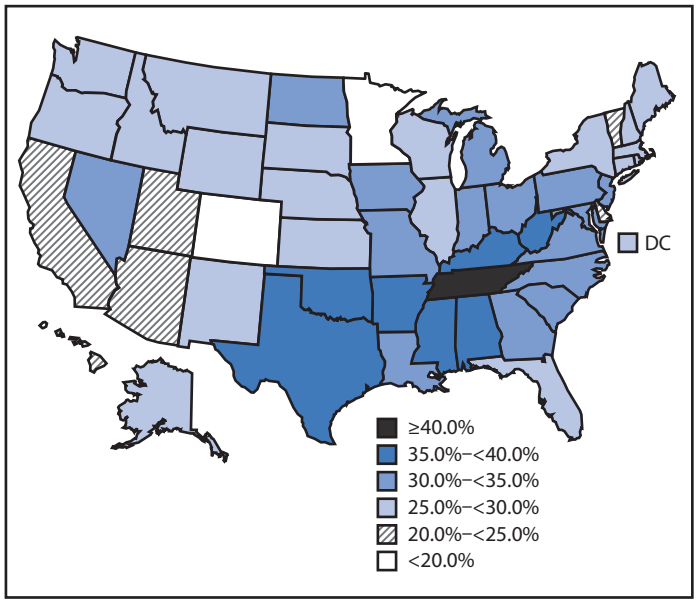
(percent arthritis impact) of adults with arthritis reporting no LTPA on the overall prevalence of no LTPA in each state was calculated using the following formula: weighted number of adults with arthritis reporting no LTPA / weighted number of all adults reporting no LTPA × 100. Statistical significance was determined using t-tests. For mapping, age-standardized (based on the 2000 U.S. standard population), state-specific prevalence of no LTPA estimates among adults with arthritis were used to allow comparison of state data (Figure).

The unstandardized prevalence of no LTPA was significantly higher among adults with arthritis (median: 31.8% [CI = 30.2%–32.9%]; range: 21.1% in Minnesota to 42.6% in Tennessee) compared with adults without arthritis (median: 20.7% [CI = 19.6%–21.8%]; range: 13.9% in Oregon to 28.8% in West Virginia) in all states and DC (Table). The age-standardized prevalence of no LTPA was similar to unstandardized estimates (age-standardized prevalence, adults with arthritis range: 16.5% to 42.0%; adults without arthritis range: 14.3% to 29.3%).

The unstandardized prevalence of no LTPA for all states was approximately 53% higher (median percent disparity gap: 52.9% [CI = 47.6%–59.6%]; range: 27.9% in New York to 83.5% in Oregon) among adults with arthritis than adults without arthritis. Adults with arthritis reporting no LTPA comprised a substantial proportion of all adults reporting no LTPA in each state (percent arthritis impact: 35.2% [CI = 34.5%–36.4%]; range: 25.4% in California to 46.8% in Kentucky).

FIGURE. Age-standardized prevalence of no leisure time physical activity among adults with arthritis — Behavioral Risk Factor Surveillance System, United States, 2009



In 2009, the age-standardized prevalence of no LTPA among adults with arthritis was ≥30% in 23 states (including ≥40% in

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TABLE. Prevalence of no leisure-time physical activity (LTPA) among adults with and without arthritis,* by state/area, — Behavioral Risk Factor Surveillance System, United States, 2009

State/Area	With arthritis				Without arthritis				% disparity gap†	% arthritis impact§
	Sample size	No.	%	(95% CI)	Sample size	No.	%	(95% CI)		
Alabama	2,842	456,247	39.3	(36.7–42.0)	3,727	604,895	26.8	(24.6–29.0)	46.6	43.0
Alaska	693	34,394	29.8	(24.9–35.2)	1,642	75,927	20.2	(17.3–23.4)	47.5	31.2
Arizona	2,060	315,038	27.5	(24.5–30.7)	3,258	568,619	15.9	(13.9–18.2)	73.0	35.7
Arkansas	1,653	254,851	39.1	(36.0–42.4)	2,202	356,468	25.0	(22.4–27.7)	56.4	41.7
California	4,834	1,342,835	26.7	(24.9–28.5)	10,774	3,945,040	20.0	(18.9–21.1)	33.5	25.4
Colorado	3,755	181,016	22.1	(20.4–23.9)	7,189	421,370	16.1	(14.8–17.4)	37.3	30.0
Connecticut	2,231	197,104	30.2	(27.5–33.0)	4,086	363,781	18.5	(16.9–20.2)	63.2	35.1
Delaware	1,515	45,471	26.9	(24.0–30.0)	2,452	87,465	19.6	(17.5–21.9)	37.2	34.2
District of Columbia	1,173	27,334	28.6	(25.5–31.9)	2,569	60,450	16.7	(14.9–18.7)	71.3	31.1
Florida	4,521	1,146,166	30.5	(28.3–32.8)	6,987	2,150,104	21.2	(19.5–23.0)	43.9	34.8
Georgia	2,039	571,040	34.8	(31.6–38.2)	3,606	1,090,605	20.6	(18.7–22.7)	68.9	34.4
Hawaii	1,861	54,199	26.3	(23.7–29.2)	4,622	137,927	18.0	(16.5–19.7)	46.1	28.2
Idaho	1,821	78,822	30.4	(27.6–33.2)	3,381	146,432	17.5	(15.9–19.3)	73.7	35.0
Illinois	2,091	779,109	31.0	(28.5–33.7)	3,617	1,442,024	20.8	(19.0–22.6)	49.0	35.1
Indiana	3,567	497,300	36.7	(34.6–38.9)	5,325	751,745	23.0	(21.4–24.7)	59.6	39.8
Iowa	2,045	190,134	33.7	(31.3–36.2)	3,814	345,129	20.7	(19.0–22.5)	62.8	35.5
Kansas	6,308	159,607	32.2	(30.8–33.6)	12,319	315,134	20.2	(19.2–21.2)	59.4	33.6
Kentucky	4,294	431,351	38.5	(35.9–41.1)	5,015	490,582	24.2	(22.2–26.2)	59.1	46.8
Louisiana	3,236	305,294	35.7	(33.5–38.0)	5,489	622,682	25.6	(24.0–27.3)	39.5	32.9
Maine	3,195	87,458	27.8	(26.0–30.0)	4,702	127,341	18.1	(16.7–19.5)	53.6	40.7
Maryland	3,007	342,250	31.8	(29.6–34.2)	5,324	640,837	20.8	(19.2–22.5)	52.9	34.8
Massachusetts	5,426	337,216	29.0	(27.2–30.9)	10,191	635,632	18.1	(16.8–19.4)	60.2	34.7
Michigan	3,916	731,565	31.9	(30.0–33.8)	5,070	1,006,178	19.6	(18.2–21.0)	62.8	42.1
Minnesota	1,669	174,151	21.1	(18.4–23.5)	3,891	447,064	14.3	(12.8–16.0)	47.6	28.0
Mississippi	4,715	259,351	40.2	(38.3–42.2)	6,142	413,807	28.5	(26.8–30.2)	41.1	38.5
Missouri	1,995	471,574	35.6	(32.7–38.6)	2,854	656,652	22.3	(20.1–24.7)	59.6	41.8
Montana	2,788	56,852	28.4	(26.3–30.6)	4,614	101,526	19.2	(17.6–20.9)	47.9	35.9
Nebraska	5,904	106,148	31.6	(29.4–33.9)	9,566	206,793	21.5	(19.9–23.2)	47.0	33.9
Nevada	1,286	152,153	32.9	(28.8–37.2)	2,451	302,414	20.9	(18.3–23.9)	57.4	33.5
New Hampshire	2,183	77,714	28.5	(26.0–31.2)	3,678	135,787	18.4	(16.7–20.3)	54.9	36.4
New Jersey	3,724	474,243	33.3	(31.3–35.4)	8,053	1,149,122	23.7	(22.3–25.2)	40.5	29.2
New Mexico	3,014	104,792	28.1	(26.2–30.2)	5,522	211,950	19.7	(18.1–21.5)	42.6	33.1
New York	2,461	1,134,249	31.2	(28.9–33.6)	4,160	2,579,591	24.4	(22.5–26.4)	27.9	30.5
North Carolina	4,880	652,940	34.7	(32.6–37.0)	8,052	1,149,456	23.3	(21.7–25.0)	48.9	36.2
North Dakota	1,694	47,509	36.1	(33.3–38.9)	2,926	81,368	23.3	(21.3–25.5)	54.9	36.9
Ohio	3,970	922,277	35.3	(33.3–37.3)	5,532	1,298,899	22.1	(20.4–23.9)	59.7	41.5
Oklahoma	3,143	329,381	40.2	(38.1–42.4)	4,528	512,183	27.4	(25.7–29.2)	46.7	39.1
Oregon	1,553	194,083	25.5	(22.7–28.6)	2,530	282,726	13.9	(12.3–15.8)	83.5	40.7
Pennsylvania	3,646	958,920	32.7	(30.6–34.8)	5,274	1,449,807	22.4	(20.8–24.1)	46.0	39.8
Rhode Island	2,491	76,681	32.4	(30.2–34.7)	3,691	124,785	21.8	(19.9–23.7)	48.6	38.1
South Carolina	4,010	363,731	35.7	(33.2–38.2)	5,542	500,050	21.7	(20.0–23.5)	64.5	42.1
South Dakota	2,377	48,045	31.9	(29.5–34.5)	4,271	96,141	22.0	(20.2–23.8)	45.0	33.3
Tennessee	1,839	508,721	42.6	(39.1–46.3)	3,497	910,316	26.7	(24.5–29.0)	59.6	35.8
Texas	3,753	1,351,921	35.1	(32.4–37.8)	7,450	3,332,025	25.1	(23.4–26.9)	39.8	28.9
Utah	3,079	103,042	25.9	(24.0–28.0)	6,837	223,531	15.3	(14.1–16.6)	69.3	31.6
Vermont	2,437	37,471	27.3	(25.3–29.5)	4,065	58,546	17.1	(15.6–18.7)	59.6	39.0
Virginia	1,818	480,796	32.3	(29.5–35.3)	3,131	773,304	18.2	(16.1–20.5)	77.5	38.3
Washington	7,609	335,125	25.8	(24.4–27.2)	12,235	617351	17.1	(16.1–18.0)	50.9	35.2
West Virginia	1,985	200,365	41.8	(39.3–44.3)	2,787	269,114	28.8	(26.7–30.8)	45.1	42.7
Wisconsin	1,497	311,778	30.2	(27.0–33.7)	2,807	571,248	18.6	(16.4–21.1)	62.4	35.3
Wyoming	2,180	30,598	28.9	(26.5–31.3)	3,708	58,098	20.2	(18.5–22.0)	43.1	34.5

* Respondents were defined as having arthritis if they reported a "yes" response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" Respondents were classified as "no LTPA" if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" The unstandardized prevalence of no LTPA with 95% confidence intervals (CIs) was estimated for each state, by arthritis status, using sampling weights, which take into account the complex sample design, nonresponse, and noncoverage.

† Percent (%) disparity gap is the relative % difference = (% no LTPA among adults with arthritis - % no LTPA among adults without arthritis) / % LTPA among adults without arthritis × 100. The differences in prevalence of no LTPA between adults with and without arthritis were statistically significant for all 50 states and the District of Columbia ($p<0.001$).

§ Numerator = weighted number of adults with arthritis reporting no LTPA; denominator = weighted number of all adults reporting no LTPA. Percent arthritis impact = numerator / denominator × 100.

What is already known on this topic?

Physical activity improves pain management, function, and mood, and reduces disability among adults with arthritis. Despite this, adults with arthritis have high rates of physical inactivity.

What is added by this report?

In every state, adults with arthritis have significantly higher prevalence of no leisure-time physical activity (LTPA) compared with adults without arthritis. In 23 states, the prevalence of no LTPA among adults with arthritis is particularly high (≥30%). Adults with arthritis comprise a large proportion (≥33%) of all adults reporting no LTPA in every state.

What are the implications for public health practice?

To further reduce the prevalence of no LTPA in the population, adults with arthritis should be targeted with disease-specific physical activity promotion initiatives.

one state) (Figure). No state had an age-standardized prevalence of no LTPA ≥30% among adults without arthritis.

Reported by

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Editorial Note

This report describes the relatively large (approximately 53% disparity gap) disparity in prevalence of no LTPA between adults with and without arthritis. Age-standardized prevalence of no LTPA among adults with arthritis was ≥30% in 23 states; in contrast, among adults without arthritis, the prevalence of no LTPA was <30% in all states. Furthermore, adults with arthritis comprise a substantial proportion (≥33%) of all adults reporting no LTPA in each state. These results are not surprising, given that adults with arthritis have disease-specific barriers to being physically active, such as joint pain, fear of injury, concern about making their arthritis worse, and lack of knowledge concerning safe types and appropriate amounts of physical activity (*2*). However, these barriers can be addressed through targeted health communication messages; increased access to arthritis-appropriate, individually adapted behavior change programs; and relevant policy and environmental changes (*6*).

CDC provides funds to 12 state health departments to support evidence-based health communication campaigns and physical activity programs in local communities. CDC's Arthritis Program has developed and evaluated two health communications campaigns, one targeting English-speaking adults with arthritis (Physical Activity. The Arthritis Pain Reliever), the other targeting Spanish-speaking adults with arthritis (Buenas Dias Artritis). Both have been shown to reach the intended audience, increase knowledge about physical activity, and increase initiation of physical activity (*7*). All campaign materials are updated regularly, customizable, and available free of charge[§] Six structured physical activity programs[¶] have been proven safe and effective (reduced pain, improved function, improved mood, etc.) for adults with arthritis, have standardized training and evaluation, are packaged to be delivered in local communities, and can be considered examples of behavioral approaches to increasing physical activity, as defined in *The Guide to Community Preventive Services* (*6*). These group exercise programs also provide social support facilitating physical activity among adults with arthritis (*2*).

CDC's Arthritis Program is working with the Arthritis Foundation and other national organizations to identify and promote policy strategies to help expand the reach of effective arthritis-appropriate physical activity programs. For example, one third of adults with arthritis state that their local fitness centers and other local community organizations do not offer arthritis "friendly" exercise classes (e.g., low impact) or have instructors that are knowledgeable about exercising with arthritis (*2*). Organizational-level policies can address these barriers and promote increased access to effective programs. For example, parks and recreation departments can institute a policy that they offer at least one arthritis-appropriate exercise program. To address the lack of knowledgeable instructors, the American Council on Exercise, working with the Arthritis Foundation and the Association of Rheumatology Health Professionals, developed an online knowledge-based continuing education program for fitness professionals (The Fitness Professional's Guide to Training Clients with Osteoarthritis).[**] In 2012, the CDC Arthritis Program will initiate work with the American College of Sports Medicine to develop an arthritis-specific, skills-based training and certification program for fitness professionals.

The findings in this report are subject to at least four limitations. First, all information in the BRFSS is self-reported and might be prone to recall or social desirability bias. However,

[§] Additional information about the CDC Arthritis Program's health communications campaigns is available at http://www.cdc.gov/arthritis/interventions/campaigns.htm.

[¶] Additional information about CDC's evidence-based, arthritis-appropriate physical activity programs is available at http://www.cdc.gov/arthritis/interventions/physical_activity.htm.

[**] Additional information is available at http://www.acefitness.org/continuingeducation/continuingeducationcoursedetail.aspx?courseid=4a5x87w7.

among adults with arthritis, self-reported physical inactivity prevalence (44%) (*5*) is similar to accelerometer-measured physical inactivity prevalence (48%) (*4*). Self-reported physical activity also has been associated with lower rates of mortality, chronic disease, obesity, and arthritis symptoms (*3,8*), and these estimates are the most realistic to use for population level surveillance. Second, occupational, household, and transportation-related physical activities can contribute to health, but are not captured with the single LTPA question used for population surveillance (*9*). However, LTPA might be the most feasible physical activity area for most persons to modify. Despite these limitations, this study is consistent with others (*4,5*) showing that adults with arthritis have high rates (40%–50%) of physical inactivity. Third, no LTPA might result from factors other than arthritis, although arthritis symptoms (e.g., pain or fatigue) are the primary barrier to being physically active reported by adults with arthritis (*2*). Finally, BRFSS does not capture institutionalized persons or households without a landline telephone. However, data from the National Health Interview Survey showed that when landline data were weighted to match demographic characteristics of the full population, noncoverage bias generally was less than 2 percentage points (*10*).

This report used data from a large sample, which allows for reliable and precise calculation of state-level estimates. The impact measure is a function of each state's prevalence of arthritis[††] and prevalence of no LTPA. For example, DC has the second lowest prevalence of arthritis (20.8%) but a relatively high percent arthritis impact on no LTPA (31.1%). In contrast, Kentucky has the highest arthritis prevalence (35.6%) and a similarly high impact (46.8%). This is useful information for public health practice, priority setting, partnerships, and physical activity program planning at the state level because states might have similar impact but widely different arthritis prevalence.

Implementing effective communitywide campaigns with arthritis-specific messages, increasing access to arthritis-appropriate physical activity programs, and fostering policy and environmental initiatives likely to benefit adults with arthritis are essential to reducing the overall rate of no LTPA among all U.S. adults. The findings in this report suggest that, to reduce the prevalence of no LTPA among all adults, adults with arthritis are a high-need group that should be targeted with arthritis-specific physical activity promotion initiatives. Health-care providers and public health physical activity practitioners should counsel arthritis patients regarding the benefits of physical activity and refer them to physical or occupational therapy if indicated or to locally available arthritis-appropriate physical activity programs.

[††] State arthritis statistics are available at http://www.cdc.gov/arthritis/data_statistics/state_data_list.htm.

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Update: Influenza Activity — United States, October 2–November 26, 2011

During October 2–November 26, 2011, influenza activity remained low in the United States. Thus far, influenza A viruses have predominated, and the majority are antigenically related to the 2011–12 influenza vaccine strains for the Northern Hemisphere. This report summarizes U.S. influenza activity* since October 2 and updates the previous summary (*1*).

Viral Surveillance

During October 2–November 26,† the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System collaborating laboratories in the United States tested 24,027 respiratory specimens for influenza viruses; 266 (1.1%) were positive (Figure 1). Of these, 191 (71.8%) were influenza A viruses, and 75 (28.2%) were influenza B viruses. Of the 191 influenza A viruses, 87 (45.5%) were subtyped; 79 (90.8%) were influenza A (H3) viruses, and eight (9.1%) were 2009 influenza A (H1) viruses. Influenza viruses have been reported from 30 states in all 10 U.S. Department of Health and Human Services (HHS) regions. Of the 266 influenza-positive specimens reported to CDC so far this season, most (131 of 266 [49.2%]) have been reported from the southeastern United States (Region 4 [Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee]).

Antigenic Characterization

WHO collaborating laboratories in the United States are requested to submit a subset of their influenza-positive specimens to CDC for further antigenic characterization. CDC has antigenically characterized 21 influenza viruses collected and submitted by U.S. laboratories since October 1, 2011, including one 2009 influenza A (H1N1), 16 influenza A (H3N2) and four influenza B viruses. The one 2009 influenza A (H1N1) virus was characterized as A/California/7/2009-like, the influenza A (H1N1) component of the 2011–12 influenza vaccine for the Northern Hemisphere. All 16 influenza A (H3N2) viruses were antigenically related to the A/Perth/16/2009, the influenza A (H3N2) component included in the 2011–12 influenza vaccine for the Northern Hemisphere. Three of the four influenza B viruses tested belong to the B/Victoria lineage and were characterized as B/Brisbane/60/2008-like, the influenza B component of the 2011–12 influenza vaccine for the Northern Hemisphere; one of the four B viruses tested belongs to the B/Yamagata lineage of viruses.

Antiviral Resistance of Influenza Virus Isolates

CDC conducts surveillance for resistance of circulating influenza viruses to influenza antiviral medications. Since October 1, 2011, a total of 31 influenza viruses (five 2009 influenza A (H1N1), 24 influenza A (H3N2), and two influenza B viruses) have been tested for antiviral resistance. None of the tested viruses were found to be resistant to either oseltamivir or zanamivir.

Novel Influenza A Viruses

Since the last influenza activity update (*1*), six cases of human infection with a novel influenza A virus§ were reported: two from Maine and one from Indiana in October (*2*), as well as three from Iowa in November. All six patients were infected with novel influenza A (H3N2) viruses with genes from swine, human, and avian lineages. The two cases in Maine occurred in children, and the case in Indiana occurred in an adult male; all patients had exposure to swine in the period immediately preceding their illness. All three cases in Iowa occurred in children with no known recent exposure to swine. The investigation in Iowa revealed evidence of limited human-to human transmission (*2*). All patients recovered fully.

State-Specific Activity Levels

For the week ending November 26, the geographic spread of influenza¶ was reported as local by one state (Massachusetts). Sporadic influenza activity was reported by the District of Columbia (DC), Guam, and 28 states. The U.S. Virgin Islands and 21 states reported no influenza activity. Puerto Rico did not

*The CDC influenza surveillance system collects five categories of information from eight data sources: 1) viral surveillance (World Health Organization collaborating U.S. laboratories, the National Respiratory and Enteric Virus Surveillance System, and novel influenza A virus case reporting); 2) outpatient illness surveillance (U.S. Outpatient Influenza-Like Illness Surveillance Network); 3) mortality (122 Cities Mortality Reporting System and influenza-associated pediatric mortality reports); 4) hospitalizations (FluSurvNet, which includes the Emerging Infections Program and surveillance in four additional states); and 5) summary of geographic spread of influenza (state and territorial epidemiologist reports).

†Data as of December 3, 2011.

§Discussions concerning virus nomenclature related to these novel H3N2 viruses, also referred to as swine-origin triple reassortant influenza A (H3N2) viruses, identified in this report are ongoing.

¶Levels of geographic spread are 1) no activity; 2) sporadic: isolated laboratory-confirmed influenza cases or a laboratory-confirmed outbreak in one institution, with no increase in activity; 3) local: increased ILI, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region with recent laboratory evidence of influenza in that region; virus activity no greater than sporadic in other regions; 4) regional: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least two but less than half of the regions in the state with recent laboratory evidence of influenza in those regions; and 5) widespread: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state, with recent laboratory evidence of influenza in the state.

report. No states have reported geographically regional or widespread influenza activity to date for the 2011–12 influenza season.

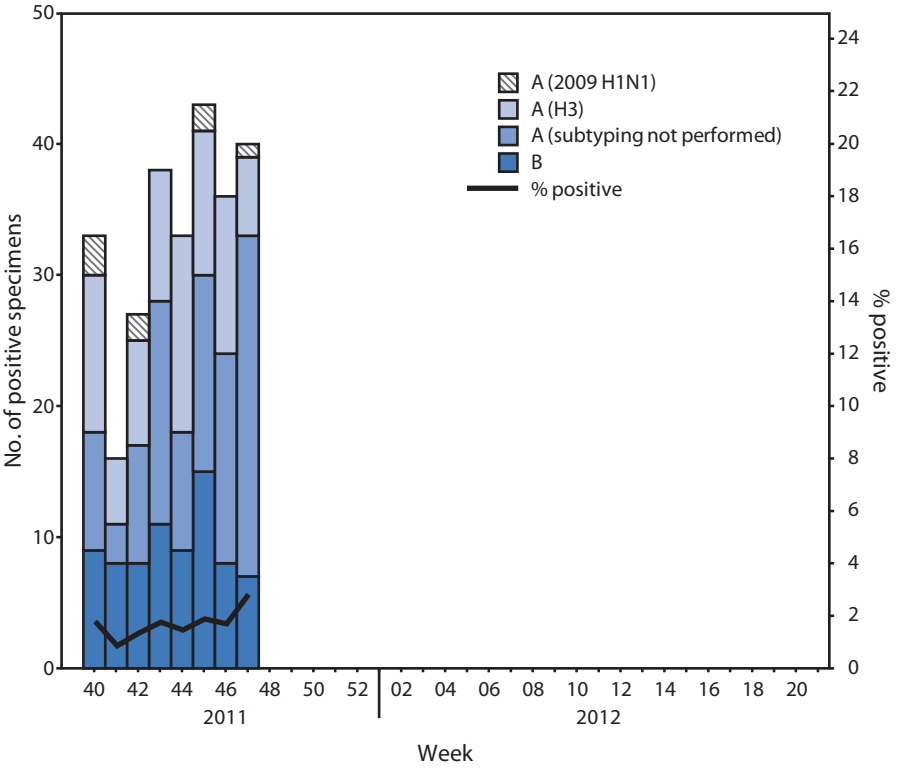
Outpatient Influenza-Like Illness

Since October 2, the weekly percentage of outpatient visits for influenza-like illness (ILI)** reported each week by the approximately 1,500 U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet) reporters in 50 states, New York City, Chicago, and DC, has remained below the national baseline†† of 2.4% (Figure 2). None of the regions have been above their region-specific baselines. Data collected in ILINet also are used to produce a measure of ILI activity by state. During the week ending November 26, all 50 states and New York City experienced minimal ILI activity. Data were insufficient to calculate an ILI activity level from DC.§§

Pneumonia- and Influenza-Related Mortality

For the week ending November 26, pneumonia and influenza (P&I) was reported as an underlying or contributing cause of death for 6.4% of all deaths reported to the 122 Cities Mortality Reporting System. This percentage is below the epidemic threshold¶¶ of 7.1% for that week. Since October 2, 2011, the weekly percentage of deaths attributed to pneumonia and influenza ranged from 5.9% to 6.4%, remaining below the epidemic threshold.

FIGURE 1. Number* and percentage of respiratory specimens testing positive for influenza, by type, surveillance week, and year — U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, United States, October 2–November 26, 2011†



* Total tested = 24,027; total positive = 266.
† As of November 26, 2011.

Influenza-Related Pediatric Mortality

No influenza-related pediatric deaths have been reported through the Influenza Associated Pediatric Mortality Surveillance System for the 2011–12 influenza season.

Reported by

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Editorial Note

Since October 2, surveillance data have indicated that influenza is circulating at low levels in the United States; low

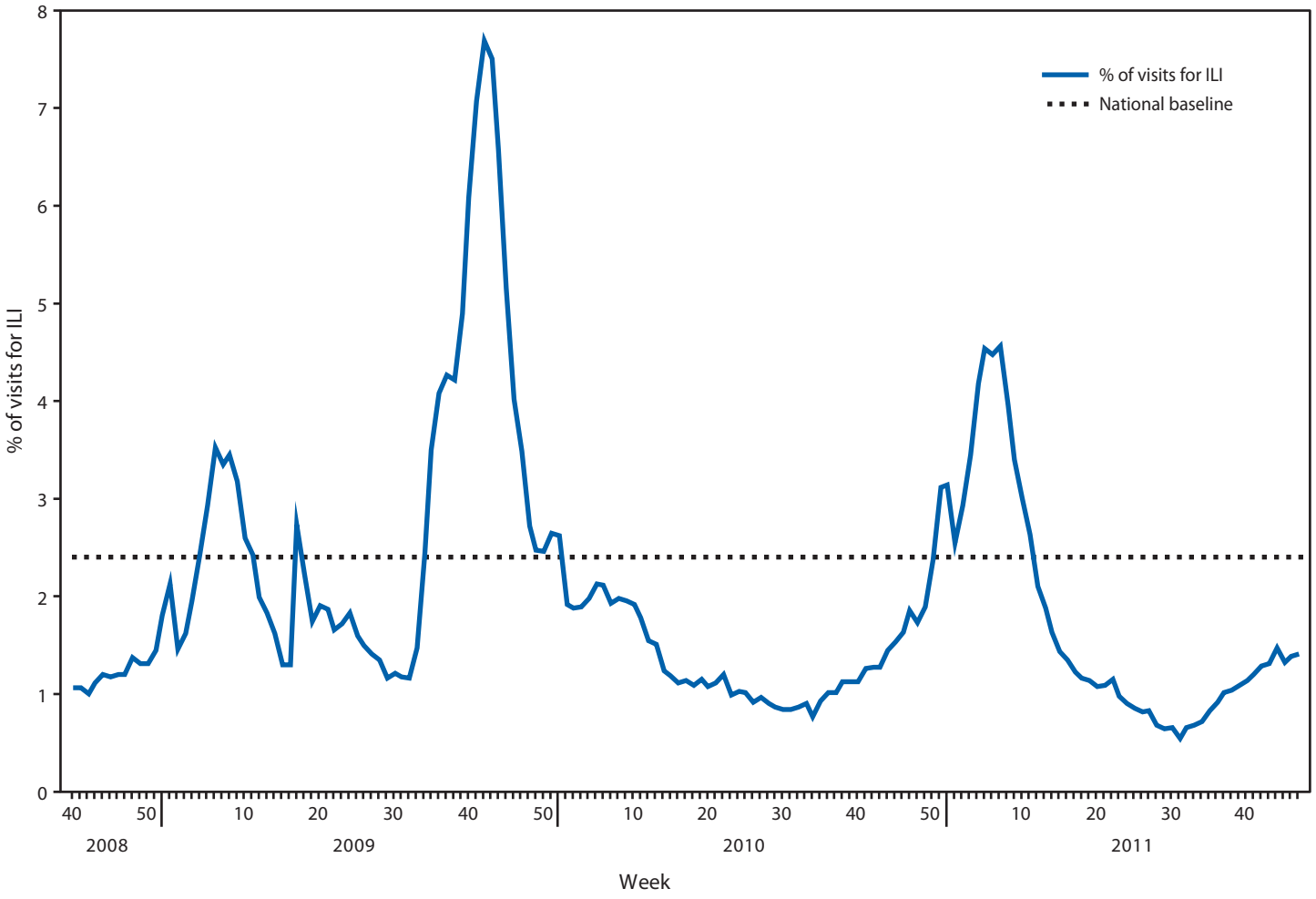
** Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat, in the absence of a known cause other than influenza.

†† The national and regional baselines are the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. National and regional percentages of patient visits for ILI are weighted on the basis of state population. Use of the national baseline for regional data is not appropriate.

§§ Activity levels are based on the percentage of outpatient visits in a state for ILI and are compared with the average percentage of ILI visits that occur during weeks with little or no influenza virus circulation . Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being at or below the average, to high, which would correspond to ILI activity from outpatient clinics being much higher than the average. Because the clinical definition of ILI is very general, not all ILI is caused by influenza; however, when combined with laboratory data, the information on ILI activity provides a clear picture of influenza activity in the United States.

¶¶ The seasonal baseline proportion of pneumonia and influenza deaths is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from pneumonia and influenza that were reported by the 122 Cities Mortality Reporting System during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

FIGURE 2. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet), by surveillance week — United States, September 28, 2008, through November 26, 2011*



* The national baseline is the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. Use of the national baseline for regional data is not appropriate.

activity typically is noted in this early portion of the influenza season. Antigenic characterization of the viral isolates that have been submitted demonstrated that the majority of these isolates are antigenically similar to the influenza virus strains in the Northern Hemisphere 2011–12 vaccine.

Influenza vaccination is the best method for preventing influenza and its associated complications. Influenza vaccination currently is recommended for all persons aged ≥6 months (*3*). Vaccine manufacturers had distributed approximately 129.2 million doses of influenza vaccine in the United States as of November 25 (*4*). Influenza vaccination should continue to be offered by health-care providers throughout the influenza season for all persons without contraindications to vaccination to provide protection for as many persons as possible. Multiple influenza vaccines are approved for use and are being distributed during the 2011–12 season, including trivalent inactivated vaccine (TIV) for persons aged ≥6 months; live, attenuated influenza vaccine (LAIV) for nonpregnant, otherwise healthy persons aged 2–49 years; a high-dose inactivated vaccine for persons aged ≥65 years; and a new, intradermally administered vaccine, which was licensed by the Food and Drug Administration on May 10, 2011, for adults aged 18–64 years (*3*). Children aged 6 months–8 years who did not receive 2 doses of the 2010–11 seasonal influenza vaccine should receive 2 doses (administered at least 4 weeks apart) of the 2011–12 seasonal influenza vaccine (*3*).

Although annual vaccination is the best method for preventing and reducing the impact of influenza, influenza antiviral medications are an important adjunct, particularly under circumstances and in groups where vaccine might be less efficacious (*5*). The benefits of influenza antiviral treatment are likely to be greatest if treatment is started as soon as possible after illness onset, and evidence for benefit is strongest in studies in which treatment was started within

48 hours of illness onset (*5*). Antiviral treatment is recommended as early as possible for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at greater risk for influenza-related complications (*5*).*** However, substantial observational data and one study in pregnant women (*6*) have indicated that antiviral treatment still can be beneficial in patients with severe, complicated, or progressive illness and in hospitalized patients even when administered more than 48 hours after illness onset (*5,7*). In such cases, decisions on starting antiviral treatment should not wait for laboratory confirmation of influenza. Antiviral treatment also may be considered for outpatients with confirmed or suspected influenza who do not have known risk factors for severe illness if treatment can be initiated within 48 hours of illness onset. Recommended antiviral medications include oseltamivir and zanamivir.

Transmission of swine-origin influenza A viruses to humans is rare and usually occurs among persons in direct contact with swine or among persons who have visited places where swine are present (e.g., agricultural fairs, farms, and petting zoos). Clinicians should consider swine-origin influenza A virus infection as well as seasonal influenza virus infections in the differential diagnosis of patients with febrile respiratory illness who have been near swine (*8*). Clinicians who suspect influenza virus infection in patients with recent exposure to swine should obtain a nasopharyngeal swab from the patient, place the swab in a viral transport medium, and contact their state or local health department to facilitate transport and timely diagnosis at a state public health laboratory. Public health laboratories are requested to submit any suspected swine-origin influenza A samples to CDC for further testing. Early identification and prompt investigation of novel influenza A cases is critical to evaluating the extent of outbreaks and possible human-to-human transmission.

Influenza surveillance reports for the United States are posted online weekly and are available at http://www.cdc.gov/flu/weekly. Additional information regarding influenza viruses, influenza surveillance, influenza vaccine, influenza antiviral medications, and novel influenza A infections in humans is available at http://www.cdc.gov/flu.

*** Persons at greater risk include children aged <5 years (especially those aged <2 years); adults aged ≥65 years; persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematologic (including sickle cell disease), metabolic (including diabetes mellitus), or neurologic and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle, such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury); persons with immunosuppression, including that caused by medications or by human immunodeficiency virus infection; women who are pregnant or postpartum (within 2 weeks after delivery); persons aged ≤18 years who are receiving long-term aspirin therapy; American Indians/Alaska Natives; persons who are morbidly obese (i.e., body mass index ≥40); and residents of nursing homes and other chronic-care facilities.

What is already known on this topic?

CDC collects, compiles, and analyzes data on influenza activity year-round in the United States. Although influenza activity this season has been low, the influenza season continues through the winter and spring months.

What is added by this report?

The United States has continued to experience low levels of influenza activity from October 2 to November 26, 2011, and influenza A (H3N2), 2009 influenza A (H1N1), and influenza B viruses have been identified sporadically. The majority of viral isolates that have been submitted to CDC for testing are antigenically similar to the influenza vaccine strains in the Northern Hemisphere 2011–12 vaccine.

What are the implications for public health practice?

Influenza currently is circulating at low levels at this early point in the season. The influenza viruses currently circulating are a good match with the influenza vaccine. Vaccination remains the best method for preventing influenza and its associated complications and, influenza vaccination is recommended in all persons aged ≥6 months. Antiviral medications are an important adjunct in reducing the impact of influenza, and the benefits are likely to be greatest if antiviral treatment is started as soon as possible after illness onset.

Acknowledgments

State and territorial health departments and public health laboratories. U.S. World Health Organization collaborating laboratories. National Respiratory and Enteric Virus Surveillance System collaborating laboratories. U.S. Outpatient Influenza-Like Illness Surveillance Network. Influenza-Associated Pediatric Mortality Surveillance System. 122 Cities Mortality Reporting System.

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Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection

Preventing tuberculosis (TB) by treating latent *Mycobacterium tuberculosis* infection (LTBI) is a cornerstone of the U.S. strategy for TB elimination (*1*,*2*). Three randomized controlled trials have shown that a new combination regimen of isoniazid (INH) and rifapentine (RPT) administered weekly for 12 weeks as directly observed therapy (DOT) is as effective for preventing TB as other regimens and is more likely to be completed than the U.S. standard regimen of 9 months of INH daily without DOT (*2*–*5*). This report provides CDC recommendations for using the INH-RPT regimen. The new regimen is recommended as an equal alternative to the 9-month INH regimen for otherwise healthy patients aged ≥12 years who have LTBI and factors that are predictive of TB developing (e.g., recent exposure to contagious TB). The new regimen also can be considered for other categories of patients when it offers practical advantages. Although the INH-RPT regimen was well tolerated in treatment trials, monitoring for adverse effects is recommended. Severe adverse effects should be reported to the Food and Drug Administration (FDA) and CDC.

Background

M. tuberculosis, a bacterium transmitted by airborne droplet nuclei from patients with respiratory forms of the disease, causes TB, a contagious and potentially fatal disease. TB develops in 5%–10% of persons who get infected with *M. tuberculosis*, typically after a latency of 6–18 months, but after decades in some persons. Conditions that impair cellular immunity, especially HIV infection, increase the likelihood of TB developing at any interval after infection. Treatment during latency prevents TB during treatment and afterward (*2*).

INH is the only medication approved by the FDA for TB preventive therapy (i.e., treating LTBI). Regimens of INH monotherapy have been shown to prevent TB in diverse categories of patients, and use of these regimens has been extended based on expert opinion (*2*). However, self-supervised daily INH regimens have completion rates of 60% or less in typical settings, attributable largely to the duration of ≥6 months. Rare but severe liver injuries and the concerns over this risk have reduced acceptance of these regimens (*2*,*6*,*7*). Daily rifampin (RIF) for 4 months for adults and 6 months for children is recommended when the *M. tuberculosis* is presumed to be INH-resistant and RIF-susceptible or when INH is contraindicated or is not tolerated by the patient (*2*).

RPT, like RIF, is a rifamycin-class antibiotic with an FDA-approved indication for TB disease. Its use for treating LTBI is off label. RPT is microbicidal for susceptible *M. tuberculosis*. Its long plasma half-life enables infrequent dosing, which can increase DOT convenience and thus adherence. Most RIF-resistant isolates also are resistant to RPT.

Methods

In April 2011, CDC convened a panel of 23 consultants, each of whom had demonstrated TB-specific expertise in at least one of the following: diagnosis, treatment, prevention, nursing case management, public health programs, surveillance, epidemiology, clinical research, pulmonology, infectious diseases, pediatrics, mycobacteriology, health communication and education, migrant worker health, patient advocacy, and health economics. The panel reviewed findings from all three INH-RPT clinical trials that had been completed (*3*–*5*), interviewed the investigators in charge of the largest trial (*5*), and summarized the discussions of all evidence and opinions.

Each recommendation for use of INH-RPT was listed according to the quality of the evidence. High quality evidence came from randomized clinical trials that included the patient categories for which the recommendation was made. The three clinical trials of the INH-RPT regimen were limited by open-label (i.e., unblinded) design, and one was limited by small numbers of participants (*3*). The other evidence was of lower quality (i.e., indirect or generalized from treatment trials and observational studies of other regimens). Lower quality evidence, CDC expert opinion, and the conclusions of the panel supported other recommendations in these guidelines. Recommendations against the use of INH-RPT (without a reference to quality of evidence) were made for patient categories in which 1) previous experience with treatment of TB or LTBI with any regimen has revealed an increased risk for adverse effects, drug interactions, or low efficacy or 2) studies have not provided adequate evidence of safety or efficacy. Recommendations for precautions and guidance for monitoring treatment were based on the conclusions of the panel, TB epidemiology, methods of the INH-RPT clinical trials, and experience with other regimens for treating LTBI.

Summary of Evidence from Clinical Trials of INH-RPT

A randomized clinical trial in Brazil compared 12 weekly doses of DOT INH-RPT with 2 months of daily, mostly self-supervised RIF and pyrazinamide (RIF-PZA) in tuberculin skin test–reactive household contacts aged ≥18 years (*3*). Enrollment was stopped at 399 participants because of hepatotoxicity in RIF-PZA recipients. Patients were followed ≥2 years after

treatment. TB was diagnosed in three INH-RPT recipients and one RIF-PZA recipient (incidence rate ratio: 2.8 for INH-RPT versus RIF-PZA, 95% confidence interval [CI] = 0.2–26.8).

A randomized clinical trial in South Africa assigned 1,148 human immunodeficiency virus (HIV)-infected tuberculin skin test–reactive participants aged ≥18 years who were not receiving antiretroviral treatment to one of four regimens: once-weekly INH-RPT or twice-weekly INH-RIF, both by DOT for 12 weeks; and daily self-supervised INH, for 6 months or indefinitely (*4*). For all four regimens, the median follow-up duration was approximately 4 years. The incidence rates of TB were 1.4–2.0 per 100 person-years, without significant differences between the four regimens. Treatment completion was greater for the two rifamycin-containing regimens, and grade 3 or 4 adverse effects* were more common for INH taken indefinitely.

A randomized clinical trial in Brazil, Canada, Spain, and the United States compared 12 doses of INH-RPT given as weekly DOT with 9 months of self-supervised daily INH (*5*). The modified intention-to-treat analysis included 7,731 participants aged ≥2 years who had LTBI: 5,466 close contacts, 1,925 patients with tuberculin skin test conversions, 179 participants with radiographic findings of healed pulmonary TB, and 161 HIV-infected participants not taking antiretroviral drugs. Participants were followed until 33 months after enrollment. Completion of INH-RPT was defined as 11 or 12 doses within 16 weeks; doses had to be separated by >72 hours to be counted. The completion rate was 82% (3,362 of 3,986) for INH-RPT and 69% (2,585 of 3,745) for INH (p<0.01). Of 22 TB cases, seven were in INH-RPT recipients, and 15 were in INH recipients (hazard ratio: 0.38 for INH-RPT, CI = 0.15–0.99, adjusted for TB risk factors). One case was caused by RIF-resistant *Mycobacterium bovis*† in an HIV-infected participant who had finished INH-RPT late; two cases were caused by INH-resistant *M. tuberculosis* in INH recipients. Permanent drug discontinuations were more common with INH than INH-RPT (31% versus 18%), as were grade 3 and 4 adverse events§ (3.0% versus 1.6%) (p<0.01 for both). However, permanent drug discontinuations ascribed to adverse effects were more common for INH-RPT (4.9% versus 3.7%, p<0.01), as was discontinuation attributed to possible hypersensitivity (2.9% versus 0.4%, p<0.01); six of 152 possible INH-RPT hypersensitivity reactions included hypotension. Discontinuation because of hepatotoxicity was more common for INH (2.0% versus 0.3%, p<0.01). No deaths were attributed to study medications.

Recommendations

Patients for whom INH-RPT is recommended. The combination regimen of INH and RPT given as 12 weekly DOT doses (Box 1) is recommended as an equal alternative to 9 months of daily self-supervised INH for treating LTBI in otherwise healthy patients aged ≥12 years who have a predictive factor for greater likelihood of TB developing, which includes recent exposure to contagious TB, conversion¶ from negative to positive on an indirect test for infection (i.e., interferon-γ release assay or tuberculin skin test), and radiographic findings of healed pulmonary TB (see Precautions). HIV-infected patients who are otherwise healthy and are not taking antiretroviral medications also are included in this category (see Precautions). (Recommendation based on high quality evidence, as defined in Methods).

Recommendations for using the previous regimens for treating LTBI are unchanged (*2*), and the RIF-PZA regimen is not recommended (*8*). The choice between INH and INH-RPT depends on feasibility of DOT, resources for drug procurement, program operations including patient monitoring, expectance of treatment completion as foreseen from medical and social circumstances of the patient, and preferences of the patient and the prescribing physician.

The broad use of INH monotherapy has relied on extending the findings from randomized clinical trials and long-term observations (*2*). Analogously, weekly INH-RPT can be considered for treating LTBI in patient categories that were not included in treatment trials if the individual patients are unlikely to complete 9 months of daily INH or they are in situations where INH-RPT offers practical advantages, such as correctional settings, clinics for recent immigrants, and homeless shelters. Patients who have underlying illnesses that are associated with TB (e.g., diabetes mellitus) or that might decrease the tolerability of INH-RPT should be considered on a case-by-case basis. (Recommendation based on expert opinion and lower quality evidence, as defined in Methods).

The preferred regimen for children aged 2–11 years is 9 months of daily INH (*2*). The number of children in this age range who have received INH-RPT is insufficient for assessing tolerability and efficacy. However, INH-RPT can be considered on a case-by-case basis when both 1) the circumstances make the completion of 9 months of daily INH unlikely and 2) the likelihood or the hazard of TB is great (e.g., recent *M. tuberculosis* infection in a preschool-aged child).

* Additional information available at http://www.hptn.org/web%20documents/hptn046/ssp/appendices/appendixe-toxicitytables_daids_ae_gradingtable_finaldec2004.pdf.

† *M. bovis* is part of the *M. tuberculosis*-complex and a cause of human TB.

§ Additional information available at http://www.eortc.be/services/doc/ctc/ctcv20_4-30-992.pdf.

¶ Tuberculin skin test conversion is defined by a change from a negative to a positive result and a ≥10 mm increase in induration, within a 2-year interval (*2*). Conversion of interferon-γ release assays is defined by a change from a negative to a positive result.

BOX 1. Dosage for a combination regimen of isoniazid and rifapentine in 12 once-weekly doses under direct observation for treating latent *Mycobacterium tuberculosis* infection.

Isoniazid

15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum

Rifapentine

10.0–14.0 kg	300 mg
14.1–25.0 kg	450 mg
25.1–32.0 kg	600 mg
32.1–49.9 kg	750 mg
≥50.0 kg	900 mg maximum

Isoniazid (INH) is formulated as 100 mg and 300 mg tablets. Rifapentine (RPT)is formulated as 150 mg tablets packed in blister packs that should be kept sealed until usage. New formulations with larger dosage per tablet and fixed-dose INH-RPT combinations are in development.

Source: Three months of weekly rifapentine and isoniazid for *Mycobacterium tuberculosis* infection (PREVENT TB). Information available at http://clinicaltrials.gov/ct2/show/nct00023452?term=rifapentine&rank=9.

Patients for whom INH-RPT is not recommended. INH-RPT is not recommended for the following patients: children aged <2 years, because the safety and pharmacokinetics of RPT have not been established for them; HIV-infected patients receiving antiretroviral treatment, because the drug interactions have not been studied; pregnant women or women expecting to become pregnant during treatment, because safety in pregnancy is unknown; and patients who have LTBI with presumed INH or RIF resistance.

Precautions

Treating for LTBI when TB is active could result in partial treatment and drug resistance. Some patients who have radiographic findings of presumed old "healed" TB might have active TB, and they should be examined for it before treating LTBI. A 4-drug regimen may be started while mycobacterial culture results are pending (*2*). A similar concern applies for HIV-infected patients, who are more likely than patients who are not HIV infected to have extrapulmonary TB or pulmonary TB with normal findings on the chest radiograph.

RPT reddens secretions, including urine and tears, and can stain contact lenses. Neutropenia and increased serum concentrations of liver enzymes are uncommon adverse effects. For other rifamycins, rare hypersensitivity reactions have been reported, with symptoms such as fever, headache, dizziness, musculoskeletal pain, petechiae, purpura, and pruritus (*9*). One participant in a treatment trial for active TB had thrombocytopenia associated with first RIF and then RPT (10). RPT induces increased metabolism of many medications, particularly those metabolized by cytochrome P450 isoenzyme 3A. RPT should not be used with affected medications having narrow therapeutic ranges (e.g., methadone or warfarin), except with careful monitoring. Women who use any form of hormonal birth control should be advised to add, or switch to, a barrier method.

Because missed doses or altered dosing intervals or amounts could jeopardize efficacy or safety, DOT is recommended. DOT workers should be trained to use a symptom checklist for adverse effects and to report problems to a clinician. At each encounter, patients should be instructed in their preferred language to seek medical attention immediately if they have fever, yellow eyes, dizziness, rash, or aches or >1 day of nausea, vomiting, weakness, abdominal pain, or loss of appetite. INH-RPT should be withheld while the cause of symptoms is being determined. Patients should undergo at least monthly clinical assessment, including inquiries about side effects and a physical examination. Although blood tests are not recommended for everyone, baseline and subsequent tests should be performed for certain patients (Box 2) (*2*,*6*).

Testing and treatment for LTBI should be planned for an optimal risk-benefit ratio (*2*). INH-RPT was well tolerated in treatment trials (*3*–*5*). However, with both INH and RIF-PZA, fatal liver injuries came to attention only after the regimens were widely adopted (*6*–*8*). To monitor adverse effects, CDC has established an LTBI treatment adverse effects surveillance system (*7*). Adverse effects leading to hospital admission or death should be reported to local or state health departments for inclusion in this system (e-mail: ltbidrugevents@cdc.gov). Adverse events or medication errors also should be reported to FDA MedWatch at http://www.fda.gov/medwatch, by submitting a MedWatch Form 3500 (available at http://www.fda.gov/medwatch/safety/FDA-3500_fillable.pdf) or by calling 1-800-FDA-1088.

The American Thoracic Society, Infectious Diseases Society of America, and CDC are revising their joint guidelines for finding and treating LTBI (*2*). Those guidelines are expected to augment these recommendations.

BOX 2. Guidance for early detection and management of adverse effects during treatment of latent *Mycobacterium tuberculosis* infection with a combination regimen of isoniazid (INH) and rifapentine (RPT) in 12 once-weekly doses under direct observation

- Education of patients to seek medical attention upon the first symptom of a possible adverse event.
- Clinical assessment upon the first sign or symptom of a possible adverse event.
- Monthly interview and brief physical examination for the findings of treatment-associated adverse events (e.g., icterus, tenderness of the liver, or rash).
- Baseline hepatic chemistry blood tests (at least aspartate aminotransferase [AST]) for patients with specific conditions:
  - Human immunodeficiency virus infection
  - Liver disorders
  - In the immediate postpartum period (≤3 months after delivery)
  - Regular alcohol usage
- Consideration of a baseline hepatic chemistry blood test for older patients on an individual basis, especially for those taking medications for chronic medical conditions.
- Blood tests at subsequent clinical encounters for patients whose baseline testing is abnormal and for others at risk for liver disease.
- Discontinuance of INH-RPT if a serum aminotransferase concentration is ≥5 times the upper limit of normal even in the absence of symptoms or ≥3 times the upper limit of normal in the presence of symptoms.
- Vigilance for drug hypersensitivity reactions, particularly hypotension or thrombocytopenia.
  - Severe condition (e.g., hypotension requiring intravenous fluid support): discontinuance of INH-RPT; supportive medical care
  - Mild to moderate condition (e.g., dizziness treated with rest or oral fluids): conservative management of constitutional symptoms, clinical and laboratory monitoring, the option for continuing treatment under observation

Reported by

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Notes from the Field

Campylobacter jejuni Infections Associated with Sheep Castration — Wyoming, 2011

On June 29, 2011, the Wyoming Department of Health was notified of two laboratory-confirmed cases of *Campylobacter jejuni* enteritis among persons working at a local sheep ranch. During June, two men had reported onset of symptoms compatible with campylobacteriosis. Both patients had diarrhea, and one also had abdominal cramps, fever, nausea, and vomiting. One patient was hospitalized for 1 day. Both patients recovered without sequelae. During June, both patients had participated in a multiday event to castrate and dock tails of 1,600 lambs. Both men reported having used their teeth to castrate some of the lambs. Among the 12 persons who participated in the event, the patients are the only two known to have used their teeth to castrate lambs. During the multiday event, a few lambs reportedly had a mild diarrheal illness. Neither patient with laboratory-confirmed illness reported consumption of poultry or unpasteurized dairy products, which are common sources of exposure to *C. jejuni* (*1*). The patients resided in separate houses and did not share food or water; none of their contacts became ill.

Both patients provided stool specimens for laboratory testing; *C. jejuni* was isolated from each. The pulsed-field gel electrophoresis (PFGE) patterns of the isolates were indistinguishable when restricted separately by two enzymes, *Sma*I and *Kpn*I. This PFGE pattern had never been reported among 667 specimens from which *C. jejuni* was isolated in Wyoming and is rare in CDC's PulseNet* database, with a frequency of 0.09% (8 of 8,817). The low frequency of this PFGE pattern suggests that both patients were infected from a common source.

Animals at the ranch included sheep, cattle, horses, cats, and dogs; none were ill during the site visit on October 19 when investigators obtained fecal samples from five lambs. *C. jejuni* was isolated from two lambs; one isolate had a PFGE pattern indistinguishable from the two human isolates. *C. jejuni* is transmitted via the fecal-oral route; this is the first reported association of *C. jejuni* infection with exposure during castration of lambs (*2*). The PFGE pattern identified in these cases had not been associated with animal exposure. Ranch owners and employees were advised to use standardized, age-specific techniques for lamb castration (e.g., Burdizzo, rubber rings, or surgery) and to wash their hands thoroughly after contact with animals (*3*).

* Additional information at http://www.cdc.gov/pulsenet.

Reported by

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1. Wilson DJ, Gabriel E, Leatherbarrow AJH, et al. Tracing the source of campylobacteriosis. PloS Genet 2008;4(9):e1000203.
2. Man SM. The clinical importance of emerging *Campylobacter* species. Nat Rev Gastroenterol Hepatol 2011;191:1–17.
3. Melches S, Mellema SC, Doherr MG, Wechsler B, Steiner A. Castration of lambs: a welfare comparison of different castration techniques in lambs over 10 weeks of age. Vet J 2007;173:554–63.

Announcements

Clinical Vaccinology Course — March 9–11, 2012

CDC and seven other national organizations are collaborating with the National Foundation for Infectious Diseases (NFID), Emory University School of Medicine, and the Emory Vaccine Center to sponsor a Clinical Vaccinology Course to be held March 9–11, 2012, at the Hyatt Regency Chicago in Chicago, Illinois. Through lectures and interactive case presentations, the course will focus on new developments and concerns related to the use of vaccines in pediatric, adolescent, and adult populations. Leading infectious disease experts, including pediatricians, internists, and family physicians will present the latest information on newly available vaccines and vaccines in the pipeline, as well as established vaccines whose continued administration is essential to improving disease prevention efforts.

This course is designed specifically for physicians, nurses, nurse practitioners, physician assistants, pharmacists, vaccine program administrators, and other health professionals involved with or interested in the clinical use of vaccines. It also will be of interest to health-care professionals involved in the prevention and control of infectious diseases, such as federal, state, and local public health officials. Course participants should have a knowledge of or interest in vaccines and vaccine-preventable diseases.

Continuing education credits will be offered. Information regarding the program, registration, and hotel accommodations is available at http://www.nfid.org, or by e-mail (idcourse@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext. 19), or mail (NFID, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814-5228).

15th Annual Conference on Vaccine Research

The 15th Annual Conference on Vaccine Research, the largest scientific forum devoted exclusively to the research and development of vaccines and related technologies for prevention and treatment of disease through immunization, will be held May 7–9, 2012, at the Hyatt Regency Inner Harbor Hotel in Baltimore, Maryland. The conference brings together the diverse fields of human and veterinary vaccinology to encourage collaboration and multidisciplinary approaches among disease-specific and methodologic experts.

Clinical developments in vaccine discovery, rotavirus, meningococcal vaccine, vaccines for enteric diseases, food safety vaccines, vaccine adjuvants, and adverse events are among topics scheduled for discussion during the conference. In addition, a preconference workshop, Creating Outstanding Scientific Communications: Talks, Abstracts, and Posters, will be offered by expert faculty.

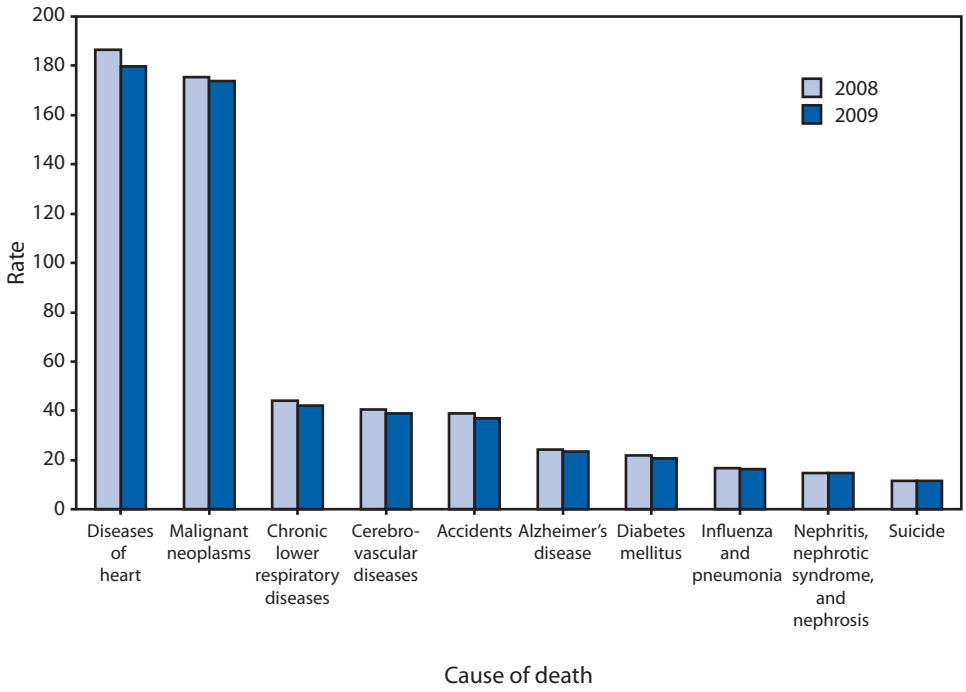
Applications for travel grants to subsidize attendees from countries with limited resources must be submitted by December 16, 2011. The deadline for online submission of general abstracts is January 6, 2012. Abstracts from eligible authors may be designated for consideration for the Maurice R. Hilleman Early-Stage Career Investigator Award, which provides $10,000 for research expenses and a travel stipend and registration for the 2013 conference.

The conference is being sponsored by the National Foundation for Infectious Diseases (NFID), in collaboration with CDC and 13 other national and international agencies and organizations. Additional information is available at http://www.nfid.org, or by e-mail (vaccine@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext 19), or mail (NFID, Suite 750, 4733 Bethesda Avenue, Bethesda, MD 20814-5278).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Death Rates* for the 10 Leading Causes of Death† — National Vital Statistics System, United States, 2008 and 2009



* Rate per 100,000 U.S. standard population.
† Data for 2008 are final. Data for 2009 are preliminary. Rank based on 2009 preliminary data.

The 10 leading causes of death in the United States were the same in 2008 and 2009. The rankings also remained the same. The preliminary age-adjusted death rate for the leading cause of death, diseases of heart, decreased by 3.6%. The age-adjusted death rate for malignant neoplasms decreased by 1.0%. Deaths from these two diseases combined accounted for 48% of deaths in the United States in 2009.

Source: Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung HC. Deaths: preliminary data for 2009. Natl Vital Stat Rep 2011;59(4). Available at http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 3, 2011 (48th 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	0	—	1	—	1	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	122	0	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	4	—	10	4	4	4	8	
Powassan virus disease	—	14	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	4	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	6	616	0	NN	NN	NN	NN	NN	NY (5), MD (1)
Botulism, total	—	107	3	112	118	145	144	165	
foodborne	—	8	0	7	10	17	32	20	
infant	—	70	2	80	83	109	85	97	
other (wound and unspecified)	—	29	1	25	25	19	27	48	
Brucellosis	—	71	2	115	115	80	131	121	
Chancroid	2	27	1	24	28	25	23	33	VA (1), WA (1)
Cholera	—	29	0	13	10	5	7	9	
Cyclosporiasis§	1	146	1	179	141	139	93	137	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	7	0	23	35	30	22	29	
nonserotype b	1	100	4	200	236	244	199	175	CO (1)
unknown serotype	3	211	4	223	178	163	180	179	SC (1), GA (1), FL (1)
Hansen disease§	—	43	1	98	103	80	101	66	
Hantavirus pulmonary syndrome§	—	19	1	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal§	—	183	4	266	242	330	292	288	
Influenza-associated pediatric mortality§,††	2	118	4	61	358	90	77	43	CA (2)
Listeriosis	9	695	15	821	851	759	808	884	NY (1), MD (1), NC (3), KY (1), AL (1), WA (2)
Measles§§	1	207	1	63	71	140	43	55	PA (1)
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	168	6	280	301	330	325	318	
serogroup B	—	93	3	135	174	188	167	193	
other serogroup	—	12	0	12	23	38	35	32	
unknown serogroup	4	348	9	406	482	616	550	651	NY (1), PA (1), FL (2)
Novel influenza A virus infections***	—	8	0	4	43,774	2	4	NN	
Plague	—	2	—	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	NN	
Psittacosis§	—	2	0	4	9	8	12	21	
Q fever, total§	4	101	1	131	113	120	171	169	
acute	2	76	1	106	93	106	—	—	MD (1), TX (1)
chronic	2	25	0	25	20	14	—	—	NY (1), WA (1)
Rabies, human	—	2	0	2	4	2	1	3	
Rubella†††	—	5	0	5	3	16	12	11	
Rubella, congenital syndrome	—	—	—	—	2	—	—	1	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	106	2	142	161	157	132	125	KY (1)
Syphilis, congenital (age <1 yr)§§§	—	216	8	377	423	431	430	349	
Tetanus	—	8	1	26	18	19	28	41	
Toxic-shock syndrome (staphylococcal)§	—	64	1	82	74	71	92	101	
Trichinellosis	—	10	0	7	13	39	5	15	
Tularemia	—	139	1	124	93	123	137	95	
Typhoid fever	—	325	4	467	397	449	434	353	
Vancomycin-intermediate *Staphylococcus aureus*§	—	59	1	91	78	63	37	6	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	2	1	—	2	1	
Vibriosis (noncholera *Vibrio* species infections)§	3	692	7	846	789	588	549	NN	FL (2), AZ (1)
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 December 3, 2011 (48th week)*

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

* Case counts for reporting year 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, and 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 2, 2011, no influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

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

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

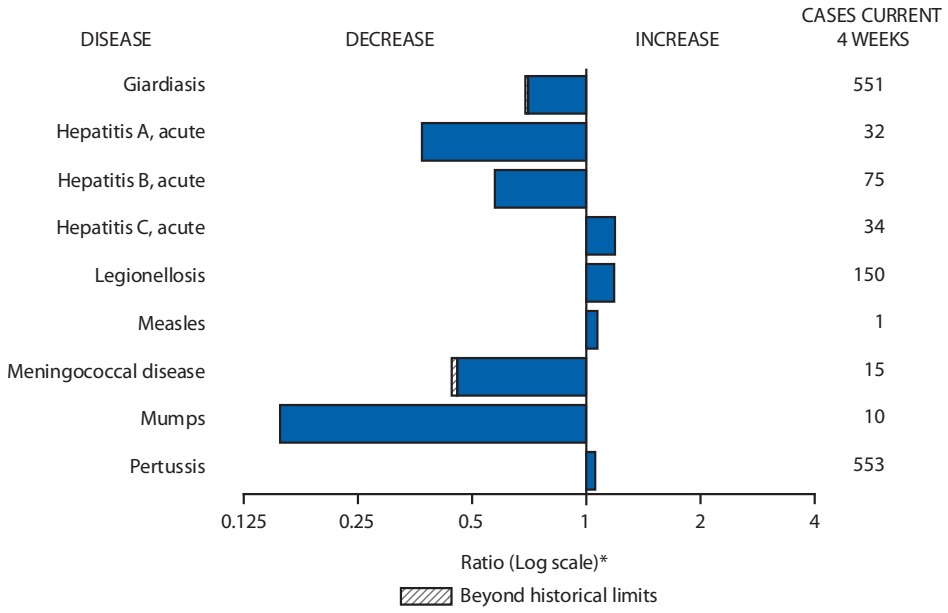
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the eight cases 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 are 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 December 3, 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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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	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	13,211	26,700	31,142	1,227,432	1,197,557	71	375	572	17,789	N	46	130	368	7,587	8,455
New England	1,095	866	2,043	40,960	38,781	—	0	1	1	N	1	7	22	361	468
Connecticut	310	216	1,557	9,854	10,337	—	0	0	—	N	—	1	9	65	77
Maine†	62	58	100	2,804	2,410	—	0	0	—	N	—	1	4	46	92
Massachusetts	628	421	860	20,582	19,393	—	0	0	—	N	—	3	8	150	158
New Hampshire	2	58	91	2,635	2,261	—	0	1	1	N	1	1	5	59	55
Rhode Island†	49	80	154	3,725	3,212	—	0	0	—	N	—	0	1	1	18
Vermont†	44	26	84	1,360	1,168	—	0	0	—	N	—	1	5	40	68
Mid. Atlantic	1,860	3,374	4,031	154,890	159,871	—	0	1	6	N	7	15	41	799	811
New Jersey	144	546	1,071	27,618	24,432	—	0	0	—	N	—	0	3	22	51
New York (Upstate)	743	711	2,099	33,150	31,991	—	0	0	—	N	4	4	15	208	206
New York City	248	1,119	1,342	46,952	59,499	—	0	0	—	N	—	1	6	77	94
Pennsylvania	725	972	1,245	47,170	43,949	—	0	1	6	N	3	9	26	492	460
E.N. Central	946	4,050	7,039	184,643	189,586	—	0	5	44	N	9	32	143	2,331	2,314
Illinois	29	1,105	1,322	48,498	56,224	—	0	0	—	N	—	3	26	198	325
Indiana	226	508	3,376	24,972	18,527	—	0	0	—	N	—	4	14	180	271
Michigan	532	953	1,429	44,876	45,823	—	0	3	27	N	1	6	14	316	310
Ohio	159	995	1,124	45,926	47,457	—	0	3	17	N	8	11	95	1,064	445
Wisconsin	—	458	558	20,371	21,555	—	0	0	—	N	—	8	61	573	963
W.N. Central	315	1,469	1,756	68,330	67,111	—	0	2	6	N	1	18	87	1,214	1,806
Iowa	9	212	253	9,817	9,852	—	0	0	—	N	—	6	19	336	385
Kansas	33	202	288	9,485	8,966	—	0	0	—	N	—	0	10	39	105
Minnesota	—	287	371	12,845	14,356	—	0	0	—	N	—	0	4	—	386
Missouri	201	537	759	25,587	24,114	—	0	0	—	N	—	5	63	499	540
Nebraska†	54	114	216	5,763	4,680	—	0	2	6	N	1	3	12	173	255
North Dakota	5	40	77	1,812	2,185	—	0	0	—	N	—	0	12	28	31
South Dakota	13	63	93	3,021	2,958	—	0	0	—	N	—	2	13	139	104
S. Atlantic	4,052	5,380	7,073	259,554	237,869	—	0	2	5	N	11	21	37	1,024	1,001
Delaware	108	86	134	4,024	4,094	—	0	0	—	N	—	0	1	7	7
District of Columbia	124	107	191	5,136	5,191	—	0	0	—	N	—	0	1	5	8
Florida	990	1,495	1,698	70,172	69,731	—	0	0	—	N	8	8	17	409	377
Georgia	845	1,013	2,384	47,767	40,430	—	0	0	—	N	—	5	11	252	254
Maryland†	—	473	1,125	22,037	22,827	—	0	2	5	N	1	1	6	62	37
North Carolina	603	971	1,688	47,876	38,972	—	0	0	—	N	—	0	13	39	90
South Carolina†	669	524	946	26,438	24,446	—	0	0	—	N	2	2	8	124	113
Virginia†	596	661	1,576	32,176	28,569	—	0	0	—	N	—	2	8	110	98
West Virginia	117	80	121	3,928	3,609	—	0	0	—	N	—	0	5	16	17
E.S. Central	1,189	1,896	3,314	88,763	84,525	—	0	0	—	N	3	6	13	283	329
Alabama†	—	546	1,566	26,718	24,826	—	0	0	—	N	1	2	7	125	171
Kentucky	454	301	2,352	15,173	13,381	—	0	0	—	N	—	0	2	30	81
Mississippi	430	398	696	18,580	19,841	—	0	0	—	N	—	1	4	44	24
Tennessee†	305	600	758	28,292	26,477	—	0	0	—	N	2	2	6	84	53
W.S. Central	995	3,567	4,639	165,463	164,518	—	0	1	5	N	6	8	62	510	493
Arkansas†	404	309	440	14,747	14,379	—	0	0	—	N	—	0	2	25	32
Louisiana	488	404	1,071	20,799	25,894	—	0	1	5	N	—	0	9	45	64
Oklahoma	103	319	1,340	16,578	12,968	—	0	0	—	N	1	2	34	80	83
Texas†	—	2,436	3,048	113,339	111,277	—	0	0	—	N	5	5	37	360	314
Mountain	1,209	1,748	2,229	82,697	77,104	67	292	459	13,959	N	6	10	30	560	580
Arizona	447	546	765	26,866	24,937	67	288	456	13,805	N	1	1	4	42	38
Colorado	418	412	847	21,541	18,444	—	0	0	—	N	1	2	12	145	131
Idaho†	—	81	235	3,647	3,651	—	0	0	—	N	1	2	9	102	100
Montana†	66	62	87	3,109	2,862	—	0	2	5	N	2	1	6	73	47
Nevada†	192	203	380	9,728	9,041	—	2	5	90	N	—	0	2	13	38
New Mexico†	67	213	1,183	10,044	10,009	—	0	4	44	N	—	2	9	119	129
Utah	12	127	187	6,077	6,220	—	0	2	12	N	—	1	5	41	69
Wyoming†	7	38	67	1,685	1,940	—	0	2	3	N	1	0	5	25	28
Pacific	1,550	3,947	6,559	182,132	178,192	4	82	143	3,763	N	2	11	29	505	653
Alaska	55	113	157	5,374	5,628	—	0	0	—	N	—	0	3	14	6
California	935	2,953	5,763	139,406	136,449	4	81	143	3,756	N	—	6	19	300	357
Hawaii	—	107	135	4,608	5,609	—	0	0	—	N	—	0	0	—	1
Oregon	264	278	524	12,804	10,826	—	0	1	7	N	—	2	8	118	206
Washington	296	436	672	19,940	19,680	—	0	0	—	N	2	1	9	73	83
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	N	—	—	—	—	—
Guam	—	14	62	189	843	—	0	0	—	N	—	0	0	—	—
Puerto Rico	74	104	349	4,908	5,655	—	0	0	—	N	N	0	0	N	N
U.S. Virgin Islands	—	16	27	642	546	—	0	0	—	N	—	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 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.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th 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	—	3	16	190	678	—	0	1	2	10
New England	—	0	1	2	10	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	0	—	6	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island**	—	0	0	—	1	—	0	0	—	—
Vermont**	—	0	1	2	3	—	0	0	—	—
Mid. Atlantic	—	1	6	55	220	—	0	0	—	5
New Jersey	—	0	0	—	29	—	0	0	—	—
New York (Upstate)	—	0	1	—	30	—	0	0	—	2
New York City	—	0	4	40	140	—	0	0	—	3
Pennsylvania	—	0	2	15	21	—	0	0	—	—
E.N. Central	—	0	2	12	67	—	0	1	1	1
Illinois	—	0	2	2	21	—	0	1	1	—
Indiana	—	0	1	2	14	—	0	0	—	—
Michigan	—	0	1	2	9	—	0	0	—	—
Ohio	—	0	1	2	16	—	0	0	—	—
Wisconsin	—	0	2	4	7	—	0	0	—	1
W.N. Central	—	0	2	11	32	—	0	0	—	1
Iowa	—	0	1	3	2	—	0	0	—	—
Kansas	—	0	1	1	4	—	0	0	—	—
Minnesota	—	0	1	5	14	—	0	0	—	—
Missouri	—	0	1	1	4	—	0	0	—	—
Nebraska**	—	0	0	—	7	—	0	0	—	—
North Dakota	—	0	1	1	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	1
S. Atlantic	—	1	8	75	235	—	0	1	1	2
Delaware	—	0	2	2	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	55	187	—	0	0	—	2
Georgia	—	0	1	3	11	—	0	0	—	—
Maryland**	—	0	2	5	—	—	0	0	—	—
North Carolina	—	0	1	2	8	—	0	0	—	—
South Carolina**	—	0	1	1	13	—	0	0	—	—
Virginia**	—	0	1	7	14	—	0	1	1	—
West Virginia	—	0	0	—	2	—	0	0	—	—
E.S. Central	—	0	3	5	7	—	0	0	—	—
Alabama**	—	0	1	2	4	—	0	0	—	—
Kentucky	—	0	1	1	2	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	2	2	1	—	0	0	—	—
W.S. Central	—	0	2	9	28	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	1	3	4	—	0	0	—	—
Oklahoma	—	0	0	—	5	—	0	0	—	—
Texas**	—	0	1	6	19	—	0	0	—	—
Mountain	—	0	2	4	24	—	0	0	—	—
Arizona	—	0	2	2	12	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho**	—	0	0	—	3	—	0	0	—	—
Montana**	—	0	0	—	4	—	0	0	—	—
Nevada**	—	0	1	1	4	—	0	0	—	—
New Mexico**	—	0	0	—	1	—	0	0	—	—
Utah	—	0	1	1	—	—	0	0	—	—
Wyoming**	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	17	55	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	2	5	36	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	7	18	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	26	80	1,285	10,479	—	0	3	22	237
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.
* Case counts for reporting year 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.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance).
§ 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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					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	7	109	662	621	5	15	56	710	1,693	—	2	13	100	89
New England	—	0	1	4	8	—	2	27	244	110	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	5	—	36	—	0	0	—	—
Maine§	—	0	1	1	4	—	0	3	19	17	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	160	—	—	0	0	—	—
New Hampshire	—	0	1	2	3	—	0	4	16	20	—	0	1	1	2
Rhode Island§	—	0	1	1	1	—	0	15	44	35	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	1	5	2	—	0	0	—	—
Mid. Atlantic	1	1	7	58	84	4	6	31	320	261	—	0	2	10	14
New Jersey	—	0	1	—	51	—	0	3	—	70	—	0	0	—	1
New York (Upstate)	1	0	7	47	26	4	3	27	271	179	—	0	2	10	10
New York City	—	0	2	11	5	—	0	5	45	11	—	0	0	—	—
Pennsylvania	—	0	0	—	2	—	0	1	4	1	—	0	0	—	3
E.N. Central	—	0	4	29	44	1	0	3	20	506	—	0	5	41	45
Illinois	—	0	3	19	16	—	0	2	9	9	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	32	15
Michigan	—	0	2	4	2	—	0	0	—	4	—	0	2	5	—
Ohio	—	0	1	6	7	1	0	1	8	2	—	0	1	1	—
Wisconsin	—	0	0	—	19	—	0	3	3	491	—	0	1	1	27
W.N. Central	—	1	19	157	120	—	0	8	34	731	—	0	11	14	10
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	1	4	6	—	0	1	1	1	—	0	0	—	—
Minnesota	—	0	12	—	—	—	0	3	1	718	—	0	11	—	—
Missouri	—	1	19	151	112	—	0	7	29	12	—	0	7	13	10
Nebraska§	—	0	1	1	2	—	0	1	1	—	—	0	1	1	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	1	—	—	0	1	2	—	—	0	0	—	—
S. Atlantic	—	2	33	232	246	—	1	8	65	59	—	0	2	13	6
Delaware	—	0	2	15	17	—	0	1	1	4	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	15	8	—	0	3	10	3	—	0	0	—	—
Georgia	—	0	3	18	20	—	0	2	9	1	—	0	1	2	1
Maryland§	—	0	3	28	22	—	0	2	7	15	—	0	1	1	2
North Carolina	—	0	17	61	96	—	0	6	20	24	—	0	0	—	—
South Carolina§	—	0	1	2	5	—	0	0	—	1	—	0	1	1	—
Virginia§	—	1	13	93	75	—	0	3	18	11	—	0	1	8	3
West Virginia	—	0	0	—	3	—	0	0	—	—	—	0	1	1	—
E.S. Central	—	1	8	73	87	—	0	2	16	20	—	0	3	14	9
Alabama§	—	0	2	4	11	—	0	1	4	7	N	0	0	N	N
Kentucky	—	0	3	13	16	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	3	3	—	0	1	1	2	—	0	0	—	1
Tennessee§	—	0	5	53	57	—	0	2	11	11	—	0	3	14	7
W.S. Central	—	0	87	109	31	—	0	9	8	6	—	0	0	—	1
Arkansas§	—	0	13	50	12	—	0	3	6	3	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	82	57	15	—	0	7	2	2	—	0	0	—	—
Texas§	—	0	1	2	3	—	0	1	—	1	—	0	0	—	1
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	5	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	4	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	1	3	—	—	0	1	2	2
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	1	—	1	—	0	0	—	—	—	0	1	2	2
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	3	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	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	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
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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† Cumulative total *E. ewingii* cases reported for year 2011 = 13.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	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	154	287	445	13,890	18,386	3,192	6,068	7,484	281,067	283,233	36	65	141	2,870	2,798
New England	6	28	66	1,438	1,564	101	107	206	5,016	5,154	1	4	12	204	175
Connecticut	—	4	9	207	275	48	45	150	2,152	2,281	—	1	5	50	43
Maine§	5	3	10	168	211	8	5	17	234	149	1	0	2	25	12
Massachusetts	—	14	29	677	671	43	47	80	2,175	2,263	—	2	6	99	88
New Hampshire	—	2	8	113	153	1	2	7	117	145	—	0	2	15	11
Rhode Island§	—	1	10	65	77	—	6	16	294	268	—	0	2	9	12
Vermont§	1	3	19	208	177	1	0	8	44	48	—	0	3	6	9
Mid. Atlantic	37	57	103	2,745	3,142	432	761	920	36,033	34,066	5	14	32	645	537
New Jersey	—	2	14	136	448	53	156	258	7,648	5,454	—	2	6	91	101
New York (Upstate)	28	20	72	1,093	1,095	154	113	271	5,402	5,297	3	3	18	163	146
New York City	—	16	29	773	871	61	243	314	10,765	11,491	—	3	7	151	89
Pennsylvania	9	16	29	743	728	164	256	362	12,218	11,824	2	5	11	240	201
E.N. Central	10	47	76	2,179	3,088	275	1,030	2,091	48,658	52,417	6	11	22	506	462
Illinois	—	10	19	411	655	8	282	362	12,552	14,553	—	3	11	142	160
Indiana	—	5	11	189	376	58	121	1,018	6,026	5,245	—	2	7	85	96
Michigan	1	10	20	471	655	155	242	499	11,592	12,641	—	1	4	64	32
Ohio	9	16	30	730	804	54	315	398	14,454	15,281	6	3	7	154	110
Wisconsin	—	8	17	378	598	—	90	119	4,034	4,697	—	1	5	61	64
W.N. Central	4	22	50	1,045	2,001	93	309	369	14,414	13,816	1	3	10	142	210
Iowa	2	4	15	252	272	1	37	53	1,754	1,676	—	0	1	3	1
Kansas	—	2	8	93	201	2	42	57	1,900	1,910	1	0	2	19	23
Minnesota	—	0	16	—	801	—	38	56	1,775	1,987	—	0	5	—	74
Missouri	—	8	23	394	397	77	150	201	7,116	6,541	—	1	5	79	79
Nebraska§	2	3	11	166	207	12	24	51	1,175	1,086	—	0	3	26	23
North Dakota	—	0	12	38	28	—	4	8	181	182	—	0	6	14	10
South Dakota	—	2	8	102	95	1	11	20	513	434	—	0	1	1	—
S. Atlantic	38	51	98	2,504	3,702	1,214	1,487	1,862	69,850	70,428	15	14	31	670	706
Delaware	—	0	3	32	31	26	16	31	750	916	—	0	2	4	5
District of Columbia	—	0	3	29	54	95	38	68	1,885	1,956	—	0	0	—	6
Florida	24	23	50	1,146	1,969	297	378	465	18,181	18,858	7	4	12	213	177
Georgia	6	11	51	645	763	297	312	874	14,481	14,132	1	2	7	119	153
Maryland§	8	5	13	280	248	—	118	246	5,211	6,697	4	2	5	88	65
North Carolina	N	0	0	N	N	179	323	548	15,323	13,073	1	1	7	72	120
South Carolina§	—	2	8	106	134	181	148	257	7,530	7,325	2	1	5	70	74
Virginia§	—	5	32	244	457	123	111	352	5,745	6,942	—	2	8	87	78
West Virginia	—	0	8	22	46	16	16	29	744	529	—	0	9	17	28
E.S. Central	—	3	9	158	213	311	518	1,007	24,286	23,058	3	3	11	176	162
Alabama§	—	3	9	158	213	—	162	408	8,182	7,232	—	1	4	47	27
Kentucky	N	0	0	N	N	121	76	712	4,153	3,483	1	0	4	24	34
Mississippi	N	0	0	N	N	108	116	191	5,062	5,687	—	0	3	18	13
Tennessee§	N	0	0	N	N	82	143	224	6,889	6,656	2	2	5	87	88
W.S. Central	1	5	15	235	375	282	922	1,319	43,123	45,599	1	2	26	130	128
Arkansas§	1	2	9	114	125	119	89	138	4,346	4,371	—	0	3	30	18
Louisiana	—	2	10	121	188	144	118	372	6,037	7,900	—	1	4	41	27
Oklahoma	—	0	0	—	62	19	94	384	4,768	3,958	1	1	19	58	75
Texas§	N	0	0	N	N	—	594	813	27,972	29,370	—	0	4	1	8
Mountain	15	24	45	1,233	1,669	182	207	280	10,087	8,807	4	5	12	238	281
Arizona	—	3	6	118	154	87	79	131	4,122	2,982	—	1	6	82	103
Colorado	9	11	25	588	664	43	41	89	2,048	2,590	3	1	5	61	78
Idaho§	4	3	9	147	201	—	3	15	125	120	—	0	2	19	18
Montana§	2	2	5	75	102	1	1	4	77	96	—	0	1	3	2
Nevada§	—	1	7	69	101	48	38	103	1,853	1,612	—	0	2	17	9
New Mexico§	—	2	6	88	100	3	33	98	1,586	1,080	1	1	4	38	38
Utah	—	3	9	127	296	—	5	10	237	293	—	0	3	17	27
Wyoming§	—	0	5	21	51	—	1	3	39	34	—	0	1	1	6
Pacific	43	48	128	2,353	2,632	302	628	791	29,600	29,888	—	3	9	159	137
Alaska	—	2	7	95	91	17	20	31	938	1,214	—	0	3	25	22
California	27	33	67	1,553	1,600	222	514	695	24,384	24,334	—	0	5	39	24
Hawaii	—	0	4	32	54	—	13	24	584	708	—	0	3	24	20
Oregon	6	7	20	331	457	24	27	59	1,332	974	—	1	6	68	64
Washington	10	7	57	342	430	39	50	79	2,362	2,658	—	0	2	3	7
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	3	—	0	8	6	91	—	0	0	—	—
Puerto Rico	—	1	4	38	89	—	6	14	302	297	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	2	10	113	127	—	0	0	—	—

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† 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 December 3, 2011, and December 4, 2010 (48th 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	5	22	74	1,078	1,531	16	48	167	2,315	3,021	7	18	39	900	774
New England	—	1	5	65	92	—	1	8	75	52	—	1	5	57	52
Connecticut	—	0	3	17	27	—	0	4	15	20	—	0	4	37	35
Maine†	—	0	2	6	7	—	0	2	8	13	—	0	2	4	2
Massachusetts	—	0	3	31	48	—	1	6	50	12	—	0	2	11	13
New Hampshire	—	0	1	—	1	—	0	1	2	5	N	0	0	N	N
Rhode Island†	—	0	1	5	9	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	2	6	—	—	0	0	—	2	—	0	1	5	2
Mid. Atlantic	—	4	8	187	263	4	5	12	255	262	1	1	5	85	100
New Jersey	—	1	3	29	72	—	1	4	58	73	—	0	2	8	27
New York (Upstate)	—	1	4	44	55	2	1	9	49	47	—	1	4	47	44
New York City	—	1	5	61	84	—	1	5	73	76	—	0	0	—	3
Pennsylvania	—	1	3	53	52	2	2	4	75	66	1	0	4	30	26
E.N. Central	1	3	8	168	199	—	6	37	304	450	1	3	10	149	90
Illinois	—	1	4	52	48	—	1	6	59	125	—	0	2	6	1
Indiana	—	0	3	12	11	—	1	3	51	68	—	0	5	55	27
Michigan	—	1	6	61	72	—	1	6	78	115	1	1	5	80	44
Ohio	1	1	3	37	46	—	1	30	89	91	—	0	1	6	8
Wisconsin	—	0	1	6	22	—	0	3	27	51	—	0	1	2	10
W.N. Central	—	1	25	38	72	—	2	16	118	110	—	0	6	8	20
Iowa	—	0	1	7	11	—	0	1	10	13	—	0	0	—	—
Kansas	—	0	2	3	11	—	0	2	11	11	—	0	1	3	2
Minnesota	—	0	22	9	15	—	0	15	9	8	—	0	6	2	10
Missouri	—	0	1	12	20	—	2	5	75	64	—	0	0	—	6
Nebraska†	—	0	1	5	14	—	0	3	12	12	—	0	1	3	2
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	1	—	0	1	1	2	—	0	0	—	—
S. Atlantic	2	4	12	218	321	3	12	56	625	827	4	4	11	216	179
Delaware	—	0	1	2	7	—	0	2	11	24	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	0	—	3	—	0	0	—	2
Florida	—	1	7	75	131	2	4	7	185	278	2	1	3	53	55
Georgia	2	1	5	47	36	—	2	8	105	156	—	1	3	33	31
Maryland†	—	0	4	24	21	—	1	4	50	64	—	0	3	31	23
North Carolina	—	0	3	25	45	1	2	12	101	96	2	1	7	56	38
South Carolina†	—	0	2	10	25	—	1	3	32	55	—	0	1	1	1
Virginia†	—	0	3	27	47	—	1	6	62	89	—	0	3	17	12
West Virginia	—	0	5	8	8	—	0	43	79	62	—	0	6	25	17
E.S. Central	—	1	6	45	46	2	9	14	411	350	1	3	8	172	153
Alabama†	—	0	2	7	8	—	2	6	105	63	—	0	3	16	6
Kentucky	—	0	2	9	24	1	2	6	103	124	1	2	7	83	103
Mississippi	—	0	1	7	2	—	1	3	42	32	U	0	0	U	U
Tennessee†	—	0	5	22	12	1	4	8	161	131	—	1	5	73	44
W.S. Central	1	3	15	121	139	4	6	67	284	534	—	2	11	79	63
Arkansas†	—	0	0	—	2	—	1	4	47	59	—	0	0	—	1
Louisiana	—	0	2	4	11	—	1	4	28	48	—	0	2	5	3
Oklahoma	—	0	4	3	2	1	1	16	81	92	—	1	10	44	28
Texas†	1	2	11	114	124	3	3	45	128	335	—	0	3	30	31
Mountain	—	1	5	55	138	—	1	4	68	128	—	1	4	55	58
Arizona	—	0	2	16	60	—	0	3	15	25	U	0	0	U	U
Colorado	—	0	2	18	34	—	0	2	15	42	—	0	3	17	16
Idaho†	—	0	1	6	7	—	0	1	2	6	—	0	2	10	9
Montana†	—	0	1	2	4	—	0	0	—	—	—	0	1	3	3
Nevada†	—	0	3	5	14	—	0	3	23	39	—	0	2	10	7
New Mexico†	—	0	1	5	5	—	0	2	8	5	—	0	2	12	13
Utah	—	0	2	1	10	—	0	1	5	8	—	0	1	1	10
Wyoming†	—	0	1	2	4	—	0	0	—	3	—	0	1	2	—
Pacific	1	4	13	181	261	3	4	25	175	308	—	2	12	79	59
Alaska	—	0	1	2	4	—	0	1	4	5	U	0	0	U	U
California	1	3	12	139	216	—	2	22	110	216	—	1	4	36	26
Hawaii	—	0	2	8	7	—	0	1	6	6	U	0	0	U	U
Oregon	—	0	2	8	16	—	0	4	29	39	—	0	3	12	14
Washington	—	0	4	24	18	3	0	4	26	42	—	0	5	31	19
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	7	—	2	8	28	71	—	0	4	10	57
Puerto Rico	—	0	2	7	17	—	0	2	8	25	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th 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	31	54	167	3,554	3,123	284	398	1,972	30,194	29,071	9	26	114	1,247	1,586
New England	2	5	39	375	252	3	73	489	6,498	8,693	—	2	20	83	99
Connecticut	—	1	10	72	49	—	30	226	2,485	2,979	—	0	20	10	2
Maine†	—	0	3	18	11	—	14	66	877	674	—	0	2	6	6
Massachusetts	—	3	24	223	119	—	20	106	1,345	3,233	—	1	6	54	69
New Hampshire	—	0	3	23	22	—	15	84	1,082	1,287	—	0	1	2	4
Rhode Island†	2	0	9	28	42	—	1	31	137	179	—	0	2	5	15
Vermont†	—	0	2	11	9	3	6	67	572	341	—	0	1	6	3
Mid. Atlantic	9	15	82	1,192	890	260	209	1,217	18,745	10,483	1	7	12	302	491
New Jersey	—	2	16	180	146	78	98	591	8,127	3,590	—	0	2	8	101
New York (Upstate)	5	5	27	357	273	93	38	214	3,551	2,479	1	1	4	49	72
New York City	—	3	14	190	157	—	1	16	107	706	—	4	10	191	262
Pennsylvania	4	5	37	465	314	89	79	509	6,960	3,708	—	1	5	54	56
E.N. Central	11	12	51	769	648	—	15	133	1,385	3,785	2	3	10	145	156
Illinois	—	2	11	119	143	—	1	18	163	135	—	1	5	53	59
Indiana	2	2	6	104	55	—	1	15	99	78	—	0	2	9	15
Michigan	1	3	15	184	169	—	1	13	104	93	—	0	4	30	29
Ohio	8	5	34	361	220	—	1	9	48	38	2	1	4	41	39
Wisconsin	—	0	2	1	61	—	12	91	971	3,441	—	0	2	12	14
W.N. Central	—	1	8	77	119	—	1	13	126	2,075	—	1	45	35	67
Iowa	—	0	2	11	15	—	0	12	80	85	—	0	3	21	14
Kansas	—	0	2	10	12	—	0	2	13	10	—	0	2	9	11
Minnesota	—	0	4	—	35	—	0	3	—	1,949	—	0	45	—	3
Missouri	—	1	5	46	34	—	0	0	—	4	—	0	1	—	20
Nebraska†	—	0	1	6	9	—	0	2	8	8	—	0	1	4	15
North Dakota	—	0	1	2	5	—	0	10	21	18	—	0	0	—	1
South Dakota	—	0	1	2	9	—	0	2	4	1	—	0	1	1	3
S. Atlantic	7	10	29	521	522	16	50	173	3,198	3,684	6	8	24	410	422
Delaware	—	0	4	21	16	2	12	48	786	630	—	0	3	7	2
District of Columbia	—	0	3	9	17	—	0	3	31	40	—	0	1	5	12
Florida	4	4	13	175	159	7	2	7	116	77	5	2	7	98	124
Georgia	—	1	3	35	60	—	0	5	25	10	—	1	5	73	67
Maryland†	3	1	14	119	108	4	17	114	1,170	1,584	—	2	14	118	96
North Carolina	—	1	7	62	60	—	0	12	66	73	1	0	6	36	49
South Carolina†	—	0	5	20	16	—	0	6	33	29	—	0	1	5	6
Virginia†	—	1	6	74	72	3	15	76	894	1,121	—	1	8	68	63
West Virginia	—	0	2	6	14	—	0	14	77	120	—	0	0	—	3
E.S. Central	1	2	10	146	130	1	1	5	57	42	—	0	4	31	31
Alabama†	—	0	2	26	20	1	0	2	19	2	—	0	3	6	9
Kentucky	—	1	3	35	27	—	0	1	2	5	—	0	1	7	8
Mississippi	—	0	3	13	12	—	0	1	3	—	—	0	1	1	2
Tennessee†	1	1	8	72	71	—	0	4	33	35	—	0	3	17	12
W.S. Central	—	2	13	122	161	—	1	29	45	106	—	0	18	28	91
Arkansas†	—	0	2	13	18	—	0	0	—	—	—	0	1	5	4
Louisiana	—	0	3	15	10	—	0	1	1	3	—	0	1	1	5
Oklahoma	—	0	3	9	13	—	0	0	—	—	—	0	1	5	5
Texas†	—	2	11	85	120	—	1	29	44	103	—	0	17	17	77
Mountain	1	2	8	99	161	—	0	4	35	27	—	1	4	59	60
Arizona	1	1	4	41	61	—	0	2	10	2	—	0	4	22	24
Colorado	—	0	1	6	30	—	0	1	1	3	—	0	3	21	21
Idaho†	—	0	1	8	7	—	0	2	4	9	—	0	1	2	3
Montana†	—	0	1	1	4	—	0	3	9	4	—	0	1	2	2
Nevada†	—	0	2	14	19	—	0	1	4	1	—	0	2	8	6
New Mexico†	—	0	2	10	9	—	0	2	5	5	—	0	1	3	1
Utah	—	0	2	15	23	—	0	1	1	3	—	0	1	1	3
Wyoming†	—	0	2	4	8	—	0	1	1	—	—	0	0	—	—
Pacific	—	5	21	253	240	4	2	11	105	176	—	3	11	154	169
Alaska	—	0	0	—	2	—	0	2	12	7	—	0	2	5	4
California	—	4	15	212	197	2	1	9	66	117	—	2	8	105	112
Hawaii	—	0	1	2	2	N	0	0	N	N	—	0	1	7	4
Oregon	—	0	3	19	15	—	0	2	12	39	—	0	4	16	14
Washington	—	0	6	20	24	2	0	6	15	13	—	0	3	21	35
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	1	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	N	0	0	N	N	—	0	0	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th 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	4	13	53	621	730	4	7	47	308	2,519	178	276	2,925	13,188	22,587
New England	—	0	3	28	19	—	0	2	11	25	3	12	31	637	492
Connecticut	—	0	1	3	3	—	0	0	—	11	—	1	5	55	105
Maine§	—	0	1	5	4	—	0	2	2	2	1	2	19	191	45
Massachusetts	—	0	2	14	6	—	0	1	4	9	—	4	10	207	266
New Hampshire	—	0	1	1	—	—	0	0	—	3	2	2	12	129	20
Rhode Island§	—	0	0	—	1	—	0	2	4	—	—	0	4	27	39
Vermont§	—	0	3	5	5	—	0	1	1	—	—	0	4	28	17
Mid. Atlantic	2	1	6	72	75	—	1	23	34	2,109	70	30	125	1,546	1,618
New Jersey	—	0	1	5	21	—	0	2	10	350	—	3	10	158	161
New York (Upstate)	1	0	4	22	11	—	0	3	11	663	50	12	81	691	529
New York City	—	0	3	26	18	—	0	22	10	1,039	—	0	36	74	80
Pennsylvania	1	0	2	19	25	—	0	8	3	57	20	12	67	623	848
E.N. Central	—	2	6	92	124	—	2	7	80	70	20	60	198	2,771	5,231
Illinois	—	0	3	27	22	—	1	5	54	26	—	15	46	757	955
Indiana	—	0	2	18	28	—	0	0	—	4	—	4	21	219	706
Michigan	—	0	2	11	22	—	0	2	10	18	—	12	43	599	1,429
Ohio	—	0	2	23	31	—	0	5	13	18	20	13	80	698	1,626
Wisconsin	—	0	2	13	21	—	0	1	3	4	—	11	24	498	515
W.N. Central	—	1	3	49	52	—	0	4	32	81	1	20	501	1,071	2,288
Iowa	—	0	1	12	10	—	0	1	5	38	—	4	15	173	654
Kansas	—	0	1	4	7	—	0	1	4	4	1	2	10	96	169
Minnesota	—	0	2	—	6	—	0	4	1	4	—	0	469	326	648
Missouri	—	0	3	18	22	—	0	3	12	10	—	7	37	344	535
Nebraska§	—	0	2	11	5	—	0	1	6	23	—	1	7	51	203
North Dakota	—	0	1	1	2	—	0	3	4	—	—	0	10	51	50
South Dakota	—	0	1	3	—	—	0	0	—	2	—	0	7	30	29
S. Atlantic	2	2	8	122	126	1	0	4	34	55	23	26	106	1,269	1,744
Delaware	—	0	1	1	1	—	0	0	—	—	—	0	5	22	14
District of Columbia	—	0	1	1	1	—	0	0	—	3	—	0	2	3	12
Florida	2	1	5	49	57	1	0	2	9	8	10	6	17	301	295
Georgia	—	0	1	14	12	—	0	2	5	5	2	3	8	157	235
Maryland§	—	0	1	11	9	—	0	1	1	11	5	2	7	99	129
North Carolina	—	0	3	14	13	—	0	2	9	9	1	2	35	159	331
South Carolina§	—	0	1	9	12	—	0	1	1	4	1	2	25	134	349
Virginia§	—	0	2	16	19	—	0	4	9	13	4	6	41	334	262
West Virginia	—	0	3	7	2	—	0	0	—	2	—	0	41	60	117
E.S. Central	—	0	2	22	42	—	0	1	4	10	7	8	28	358	778
Alabama§	—	0	2	10	7	—	0	1	1	6	1	2	11	127	194
Kentucky	—	0	2	2	17	—	0	0	—	1	6	1	16	95	271
Mississippi	—	0	1	3	5	—	0	1	3	—	—	0	4	37	102
Tennessee§	—	0	2	7	13	—	0	0	—	3	—	2	10	99	211
W.S. Central	—	1	12	54	83	2	1	15	63	111	10	20	297	854	2,804
Arkansas§	—	0	2	12	6	—	0	2	3	5	—	1	16	55	204
Louisiana	—	0	2	11	14	—	0	0	—	8	—	0	3	17	43
Oklahoma	—	0	2	10	15	—	0	2	4	—	—	0	92	52	89
Texas§	—	0	10	21	48	2	1	14	56	98	10	18	187	730	2,468
Mountain	—	1	4	43	52	—	0	2	8	18	25	37	100	1,827	1,652
Arizona	—	0	1	11	13	—	0	0	—	5	3	14	29	646	475
Colorado	—	0	1	9	20	—	0	1	3	7	11	8	63	390	395
Idaho§	—	0	1	5	5	—	0	2	2	1	11	2	11	157	184
Montana§	—	0	2	4	1	—	0	0	—	—	—	1	32	130	100
Nevada§	—	0	1	4	8	—	0	0	—	1	—	0	5	30	32
New Mexico§	—	0	1	2	3	—	0	2	2	—	—	3	21	238	137
Utah	—	0	2	8	1	—	0	0	—	3	—	5	16	227	317
Wyoming§	—	0	1	—	1	—	0	1	1	1	—	0	1	9	12
Pacific	—	3	26	139	157	1	0	11	42	40	19	60	1,710	2,855	5,980
Alaska	—	0	1	3	1	—	0	1	1	1	—	0	4	25	40
California	—	2	17	97	103	—	0	11	33	26	—	42	1,569	1,873	5,206
Hawaii	—	0	1	4	1	—	0	1	2	4	—	1	9	78	62
Oregon	—	0	3	21	31	—	0	1	4	3	—	5	23	287	266
Washington	—	0	8	14	21	1	0	1	2	6	19	11	131	592	406
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	12	484	—	1	14	31	3
Puerto Rico	—	0	0	—	2	—	0	1	1	1	—	0	1	2	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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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 December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	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	58	119	2,788	4,091	468	859	1,851	43,645	50,794	49	90	264	4,681	4,971
New England	3	4	16	237	291	3	35	107	1,956	2,246	—	3	13	198	205
Connecticut	—	1	10	111	137	—	8	30	431	491	—	1	4	49	60
Maine§	2	1	6	61	59	—	2	8	124	122	—	0	3	28	21
Massachusetts	—	0	0	—	—	—	19	45	1,001	1,234	—	1	9	75	79
New Hampshire	1	0	3	18	16	—	3	8	153	166	—	0	3	23	21
Rhode Island§	—	0	6	23	29	3	1	62	173	156	—	0	2	7	3
Vermont§	—	0	2	24	50	—	1	8	74	77	—	0	3	16	21
Mid. Atlantic	7	16	35	800	1,006	19	85	205	4,914	5,563	8	11	36	571	539
New Jersey	—	0	0	—	—	—	14	48	836	1,154	—	2	7	109	121
New York (Upstate)	7	7	20	351	474	13	25	67	1,313	1,345	8	3	12	200	189
New York City	—	0	3	9	145	—	19	42	1,043	1,258	—	1	6	86	72
Pennsylvania	—	8	21	440	387	6	30	111	1,722	1,806	—	3	18	176	157
E.N. Central	2	2	17	177	226	19	84	157	4,120	5,572	1	12	48	793	775
Illinois	—	0	6	49	114	—	29	80	1,499	1,892	—	3	14	180	147
Indiana	—	0	7	26	—	—	7	19	350	735	—	2	8	86	137
Michigan	1	1	6	57	66	5	13	42	780	889	—	3	19	169	142
Ohio	1	1	5	45	46	14	22	46	1,137	1,240	1	3	10	175	132
Wisconsin	N	0	0	N	N	—	7	45	354	816	—	2	20	183	217
W.N. Central	1	1	40	77	241	6	40	103	2,178	2,845	1	12	39	719	866
Iowa	—	0	1	—	27	—	9	19	418	513	—	2	15	180	169
Kansas	1	0	4	31	59	4	8	28	434	418	—	2	8	103	74
Minnesota	—	0	34	—	25	—	0	16	—	680	—	0	7	—	281
Missouri	—	0	0	—	63	—	17	46	902	770	—	5	32	281	220
Nebraska§	—	0	3	33	51	2	4	13	232	237	1	2	7	95	73
North Dakota	—	0	6	13	16	—	0	15	41	49	—	0	4	13	17
South Dakota	—	0	0	—	—	—	3	10	151	178	—	1	4	47	32
S. Atlantic	8	17	93	1,006	1,083	302	264	722	13,617	14,892	18	12	27	610	692
Delaware	—	0	0	—	—	—	3	11	164	170	—	0	2	15	6
District of Columbia	—	0	0	—	—	3	1	5	50	90	—	0	1	3	9
Florida	—	0	84	112	121	177	107	203	5,506	5,900	9	3	15	140	210
Georgia	—	0	0	—	—	27	41	127	2,296	2,709	1	2	8	111	97
Maryland§	—	5	13	247	354	18	19	42	900	1,010	1	1	6	55	98
North Carolina	—	0	0	—	—	51	30	251	2,121	2,160	7	2	11	112	92
South Carolina§	N	0	0	N	N	23	28	70	1,456	1,607	—	0	4	15	23
Virginia§	7	11	27	566	532	3	22	68	1,079	1,076	—	3	9	156	134
West Virginia	1	0	30	81	76	—	0	14	45	170	—	0	2	3	23
E.S. Central	—	3	11	165	169	21	57	187	3,814	3,785	3	3	17	233	263
Alabama§	—	1	7	76	69	13	18	70	1,157	1,008	—	0	15	70	53
Kentucky	—	0	2	16	21	—	9	21	438	559	1	1	5	45	68
Mississippi	—	0	1	1	—	—	20	66	1,267	1,181	—	0	4	20	30
Tennessee§	—	1	6	72	79	8	16	52	952	1,037	2	1	11	98	112
W.S. Central	—	1	31	108	809	46	124	515	6,006	6,972	6	8	151	376	344
Arkansas§	—	0	10	53	33	14	13	53	820	750	—	1	6	56	48
Louisiana	—	0	0	—	—	—	14	44	896	1,308	—	0	1	10	20
Oklahoma	—	0	21	55	42	15	11	95	685	637	4	1	55	67	41
Texas§	—	0	15	—	734	17	83	381	3,605	4,277	2	5	95	243	235
Mountain	—	0	4	39	66	9	45	92	2,286	2,751	2	10	26	522	649
Arizona	N	0	0	N	N	3	14	33	732	948	—	2	7	81	93
Colorado	—	0	0	—	—	4	10	24	507	542	2	2	7	105	215
Idaho§	—	0	1	6	11	1	3	8	138	157	—	2	8	113	100
Montana§	N	0	0	N	N	—	2	10	120	92	—	1	5	38	40
Nevada§	—	0	2	16	8	—	3	8	153	291	—	1	7	39	40
New Mexico§	—	0	2	10	13	—	5	22	300	323	—	1	3	39	49
Utah	—	0	2	7	10	—	5	15	281	338	—	1	7	82	93
Wyoming§	—	0	0	—	24	1	1	9	55	60	—	0	7	25	19
Pacific	—	3	15	179	200	43	101	288	4,754	6,168	10	15	46	659	638
Alaska	—	0	2	12	12	1	1	6	52	79	—	0	1	4	2
California	—	3	11	153	171	15	74	232	3,626	4,589	5	8	36	405	293
Hawaii	—	0	0	—	—	8	7	14	321	313	—	0	1	7	28
Oregon	—	0	1	14	17	2	5	12	241	493	—	1	11	98	112
Washington	—	0	14	—	—	17	10	42	514	694	5	2	13	145	203
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	6	11	—	0	0	—	—
Puerto Rico	1	0	6	35	40	1	4	16	189	584	—	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 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.
† 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 December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	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	180	239	742	10,670	13,232	1	3	15	193	133	3	28	245	1,887	1,538
New England	—	4	20	253	311	—	0	1	1	—	—	0	1	8	5
Connecticut	—	0	4	38	69	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	8	32	8	—	0	0	—	—	—	0	1	1	2
Massachusetts	—	3	19	166	207	—	0	0	—	—	—	0	1	4	—
New Hampshire	—	0	1	3	14	—	0	1	1	—	—	0	1	1	1
Rhode Island§	—	0	4	8	12	—	0	0	—	—	—	0	1	2	2
Vermont§	—	0	1	6	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	16	16	74	911	1,526	—	0	2	17	2	1	1	4	56	100
New Jersey	—	3	16	172	356	—	0	0	—	1	—	0	1	—	59
New York (Upstate)	13	4	20	295	214	—	0	1	3	1	1	0	1	8	16
New York City	—	5	24	329	290	—	0	0	—	—	—	0	3	29	11
Pennsylvania	3	2	56	115	666	—	0	2	14	—	—	0	3	19	14
E.N. Central	5	15	40	701	1,474	—	0	2	8	3	—	2	9	112	77
Illinois	—	5	16	204	810	—	0	1	2	2	—	1	4	47	34
Indiana§	—	1	4	45	61	—	0	1	2	1	—	0	4	46	20
Michigan	2	3	10	164	241	—	0	1	1	—	—	0	1	2	1
Ohio	3	4	27	288	289	—	0	2	3	—	—	0	2	17	15
Wisconsin	—	0	1	—	73	—	0	0	—	—	—	0	0	—	7
W.N. Central	1	6	22	284	2,012	—	0	4	27	13	—	4	29	340	273
Iowa	—	0	4	20	49	—	0	0	—	—	—	0	2	5	5
Kansas§	1	1	7	59	282	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	2	—	63	—	0	0	—	—	—	0	2	—	—
Missouri	—	4	17	186	1,556	—	0	3	19	10	—	4	29	330	265
Nebraska§	—	0	2	14	55	—	0	3	5	3	—	0	1	5	2
North Dakota	—	0	0	—	—	—	0	1	2	—	—	0	0	—	1
South Dakota	—	0	2	5	7	—	0	1	1	—	—	0	0	—	—
S. Atlantic	72	70	134	3,522	2,533	1	1	8	103	80	—	6	55	521	488
Delaware§	—	0	2	6	39	—	0	1	1	1	—	0	4	18	21
District of Columbia	3	0	2	15	32	—	0	1	1	1	—	0	1	3	—
Florida§	50	49	98	2,466	1,062	—	0	1	3	3	—	0	2	12	11
Georgia	10	11	24	543	753	—	1	6	65	57	—	0	0	—	—
Maryland§	4	2	7	96	125	1	0	1	4	—	—	0	2	30	49
North Carolina	5	3	19	197	219	—	0	4	14	13	—	0	49	250	255
South Carolina§	—	1	51	102	68	—	0	2	11	1	—	0	2	21	19
Virginia§	—	2	8	93	132	—	0	1	4	4	—	3	14	183	133
West Virginia	—	0	5	4	103	—	0	0	—	—	—	0	1	4	—
E.S. Central	21	15	44	707	734	—	0	2	12	20	2	4	25	328	400
Alabama§	8	5	21	266	211	—	0	1	4	5	1	1	8	71	78
Kentucky	5	1	6	51	219	—	0	1	3	6	—	0	0	—	—
Mississippi	6	4	23	214	55	—	0	0	—	1	—	0	2	12	24
Tennessee§	2	4	11	176	249	—	0	2	5	8	1	3	20	245	298
W.S. Central	60	51	503	2,549	2,695	—	0	8	11	6	—	2	235	472	181
Arkansas§	2	2	7	76	72	—	0	3	6	2	—	0	50	403	126
Louisiana	—	4	21	250	276	—	0	0	—	—	—	0	2	7	3
Oklahoma	15	2	161	193	251	—	0	5	3	3	—	0	202	43	26
Texas§	43	40	338	2,030	2,096	—	0	1	2	1	—	0	5	19	26
Mountain	3	15	42	766	797	—	0	5	13	3	—	1	8	50	13
Arizona	1	5	27	355	436	—	0	4	12	1	—	0	7	35	1
Colorado§	1	1	8	93	92	—	0	1	—	—	—	0	1	2	1
Idaho§	—	0	3	16	23	—	0	1	1	—	—	0	1	1	5
Montana§	1	1	15	122	8	—	0	0	—	2	—	0	1	1	1
Nevada§	—	0	4	31	48	—	0	0	—	—	—	0	1	2	—
New Mexico§	—	2	7	101	144	—	0	0	—	—	—	0	0	—	1
Utah	—	1	4	46	46	—	0	0	—	—	—	0	1	1	3
Wyoming§	—	0	1	2	—	—	0	0	—	—	—	0	2	8	1
Pacific	2	20	63	977	1,150	—	0	2	1	6	—	0	0	—	1
Alaska	—	0	2	5	2	N	0	0	N	N	N	0	0	N	N
California	—	16	59	806	939	—	0	1	1	6	—	0	0	—	—
Hawaii	—	1	3	42	45	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	41	58	—	0	0	—	—	—	0	0	—	1
Washington	2	1	6	83	106	—	0	1	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	1	1	4	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	5	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	6	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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	*Streptococcus pneumoniae*,† 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				Med	Max				Med	Max		
United States	184	251	937	12,176	14,211	20	26	118	1,123	1,949	88	262	363	11,818	12,690
New England	5	14	79	661	814	—	1	5	42	97	6	7	16	345	446
Connecticut	—	6	49	282	335	—	0	3	10	27	—	0	5	41	88
Maine§	2	2	13	119	108	—	0	1	4	9	—	0	2	12	31
Massachusetts	—	0	4	32	65	—	0	2	15	43	5	5	10	227	269
New Hampshire	1	2	8	90	118	—	0	1	5	5	—	0	3	18	22
Rhode Island§	—	2	8	73	110	—	0	1	2	7	1	0	7	39	34
Vermont§	2	1	6	65	78	—	0	2	6	6	—	0	2	8	2
Mid. Atlantic	7	25	81	1,208	1,501	5	2	27	102	225	17	30	53	1,416	1,590
New Jersey	1	12	35	553	666	—	0	4	33	54	—	4	13	203	228
New York (Upstate)	6	1	10	80	142	5	1	9	45	109	9	3	20	172	121
New York City	—	12	42	575	693	—	0	14	24	62	—	14	31	707	895
Pennsylvania	N	0	0	N	N	N	0	0	N	N	8	6	14	334	346
E.N. Central	46	60	114	2,726	2,941	5	5	13	226	347	1	30	48	1,381	1,779
Illinois	N	0	0	N	N	—	1	6	73	92	—	13	24	568	849
Indiana	—	14	33	612	690	—	1	4	30	54	—	3	8	147	162
Michigan	5	14	29	595	665	1	1	3	32	77	—	5	12	238	224
Ohio	41	26	45	1,141	1,113	4	2	7	76	91	1	8	21	378	496
Wisconsin	—	8	24	378	473	—	0	3	15	33	—	1	5	50	48
W.N. Central	—	2	33	162	789	—	1	4	64	152	—	6	13	267	336
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	17	18
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	24	18
Minnesota	—	0	17	—	596	—	0	3	—	84	—	2	8	105	141
Missouri	N	0	0	N	N	—	0	4	36	39	—	2	6	112	144
Nebraska§	—	2	9	108	126	—	0	2	12	16	—	0	2	8	9
North Dakota	—	0	25	54	67	—	0	1	2	2	—	0	1	1	2
South Dakota	N	0	0	N	N	—	0	2	14	11	—	0	0	—	4
S. Atlantic	67	65	170	3,373	3,789	5	6	25	304	520	30	68	178	3,110	2,947
Delaware	1	1	6	42	39	—	0	1	—	—	—	0	4	18	4
District of Columbia	—	1	4	43	71	—	0	1	5	8	—	3	8	144	125
Florida	28	22	68	1,219	1,339	3	3	13	121	182	2	24	36	1,092	1,099
Georgia	20	20	54	914	1,278	2	2	5	74	152	13	14	130	700	637
Maryland§	9	10	33	495	487	—	1	3	36	51	—	8	20	390	295
North Carolina	N	0	0	N	N	N	0	0	N	N	10	8	19	356	376
South Carolina§	9	8	25	405	457	—	0	3	28	53	3	4	11	208	136
Virginia§	N	0	0	N	N	—	0	3	26	52	2	4	12	200	269
West Virginia	—	0	48	255	118	—	0	6	14	22	—	0	1	2	6
E.S. Central	14	18	37	823	971	2	1	4	67	107	9	15	34	692	814
Alabama§	N	0	0	N	N	N	0	0	N	N	—	4	11	196	234
Kentucky	N	0	0	N	N	N	0	0	N	N	5	2	16	110	119
Mississippi	N	0	0	N	N	—	0	2	11	17	4	3	14	167	200
Tennessee§	14	18	37	823	971	2	1	4	56	90	—	5	11	219	261
W.S. Central	28	30	368	1,621	1,718	2	4	38	185	270	5	36	50	1,653	1,967
Arkansas§	6	4	26	203	156	—	0	3	13	17	5	3	10	174	200
Louisiana	—	2	11	138	124	—	0	2	14	25	—	6	25	345	524
Oklahoma	N	0	0	N	N	—	1	8	32	44	—	2	8	88	86
Texas§	22	25	333	1,280	1,438	2	2	27	126	184	—	23	33	1,046	1,157
Mountain	16	28	72	1,457	1,586	1	3	8	118	214	6	11	20	525	563
Arizona	7	12	45	680	720	—	1	5	53	92	1	4	10	215	207
Colorado	8	9	23	467	499	—	0	4	33	62	—	2	6	102	134
Idaho§	N	0	0	N	N	1	0	1	5	8	—	0	4	11	2
Montana§	N	0	0	N	N	N	0	0	N	N	—	0	1	4	3
Nevada§	N	0	0	N	N	N	0	0	N	N	5	2	9	126	109
New Mexico§	1	4	13	216	148	—	0	2	15	16	—	1	4	57	49
Utah	—	1	8	74	205	—	0	3	12	32	—	0	2	10	59
Wyoming§	—	0	15	20	14	—	0	1	—	4	—	0	0	—	—
Pacific	1	3	11	145	102	—	0	2	15	17	14	55	74	2,429	2,248
Alaska	1	2	11	139	102	—	0	1	11	17	—	0	1	3	3
California	N	0	0	N	N	N	0	0	N	N	8	42	61	1,974	1,902
Hawaii	—	0	3	6	—	—	0	1	4	—	—	0	2	11	35
Oregon	N	0	0	N	N	N	0	0	N	N	2	4	14	175	65
Washington	N	0	0	N	N	N	0	0	N	N	4	5	11	266	243
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	10	4	14	225	207
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 December 3, 2011, and December 4, 2010 (48th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	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	126	273	367	12,338	14,250	—	0	59	457	629	—	0	28	208	392
New England	4	23	50	1,121	1,093	—	0	3	14	14	—	0	1	2	5
Connecticut	3	5	16	262	309	—	0	2	8	7	—	0	1	1	4
Maine¶	—	4	11	201	224	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	9	18	429	248	—	0	2	4	6	—	0	1	1	1
New Hampshire	—	2	7	102	153	—	0	0	—	1	—	0	0	—	—
Rhode Island¶	—	0	6	33	46	—	0	1	1	—	—	0	0	—	—
Vermont¶	1	1	10	94	113	—	0	1	1	—	—	0	0	—	—
Mid. Atlantic	30	44	78	2,306	1,606	—	0	11	34	123	—	0	6	22	63
New Jersey	17	24	68	1,382	545	—	0	1	2	15	—	0	2	5	15
New York (Upstate)	N	0	0	N	N	—	0	5	18	56	—	0	4	14	30
New York City	—	0	0	—	—	—	0	4	9	33	—	0	1	2	9
Pennsylvania	13	20	40	924	1,061	—	0	2	5	19	—	0	1	1	9
E.N. Central	46	63	115	2,759	4,593	—	0	13	73	80	—	0	6	27	30
Illinois	—	15	31	668	1,140	—	0	6	22	45	—	0	5	12	16
Indiana¶	4	5	18	231	342	—	0	2	7	6	—	0	1	2	7
Michigan	16	19	42	914	1,369	—	0	7	32	25	—	0	1	1	4
Ohio	26	21	58	944	1,261	—	0	3	10	4	—	0	3	11	1
Wisconsin	—	0	15	2	481	—	0	1	2	—	—	0	1	1	2
W.N. Central	2	13	42	660	913	—	0	9	31	32	—	0	7	28	75
Iowa	N	0	0	N	N	—	0	2	5	5	—	0	2	4	4
Kansas¶	—	7	35	377	353	—	0	1	4	4	—	0	0	—	15
Minnesota	—	0	1	1	—	—	0	1	1	4	—	0	1	1	4
Missouri	—	3	24	185	443	—	0	2	6	3	—	0	2	4	—
Nebraska¶	—	0	4	7	21	—	0	4	14	10	—	0	3	14	29
North Dakota	—	0	10	36	39	—	0	1	1	2	—	0	1	3	7
South Dakota	2	1	6	54	57	—	0	0	—	4	—	0	1	2	16
S. Atlantic	23	32	64	1,602	2,009	—	0	10	51	38	—	0	4	18	22
Delaware¶	—	0	1	6	39	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	2	12	20	—	0	1	3	3	—	0	1	1	3
Florida¶	20	16	38	805	929	—	0	5	19	9	—	0	2	2	3
Georgia	N	0	0	N	N	—	0	2	7	4	—	0	1	5	9
Maryland¶	N	0	0	N	N	—	0	5	10	17	—	0	3	10	6
North Carolina	N	0	0	N	N	—	0	1	2	—	—	0	0	—	—
South Carolina¶	—	0	9	12	77	—	0	0	—	1	—	0	0	—	—
Virginia¶	3	7	25	399	517	—	0	2	8	4	—	0	0	—	1
West Virginia	—	5	32	368	427	—	0	1	1	—	—	0	0	—	—
E.S. Central	1	5	15	243	286	—	0	11	55	8	—	0	5	25	10
Alabama¶	1	5	14	231	278	—	0	2	5	1	—	0	0	—	2
Kentucky	N	0	0	N	N	—	0	2	4	2	—	0	1	1	1
Mississippi	—	0	3	12	8	—	0	5	30	3	—	0	4	22	5
Tennessee¶	N	0	0	N	N	—	0	3	16	2	—	0	1	2	2
W.S. Central	9	51	258	2,496	2,638	—	0	4	26	104	—	0	3	11	20
Arkansas¶	4	5	20	275	183	—	0	1	1	6	—	0	0	—	1
Louisiana	—	1	6	74	83	—	0	2	6	20	—	0	2	4	7
Oklahoma	N	0	0	N	N	—	0	0	—	1	—	0	0	—	—
Texas¶	5	44	247	2,147	2,372	—	0	3	19	77	—	0	3	7	12
Mountain	11	17	65	1,025	998	—	0	10	64	157	—	0	4	30	127
Arizona	2	4	50	413	—	—	0	6	42	107	—	0	3	16	60
Colorado¶	9	4	31	259	378	—	0	2	2	26	—	0	2	5	55
Idaho¶	N	0	0	N	N	—	0	1	1	—	—	0	1	1	1
Montana¶	—	2	28	127	185	—	0	1	1	—	—	0	0	—	—
Nevada¶	N	0	0	N	N	—	0	4	12	—	—	0	2	4	2
New Mexico¶	—	1	4	40	94	—	0	1	4	21	—	0	0	—	4
Utah	—	3	26	178	320	—	0	1	1	1	—	0	1	2	1
Wyoming¶	—	0	1	8	21	—	0	1	1	2	—	0	1	2	4
Pacific	—	3	9	126	114	—	0	18	109	73	—	0	7	45	40
Alaska	—	1	4	64	44	—	0	0	—	—	—	0	0	—	—
California	—	0	4	22	34	—	0	18	109	72	—	0	7	45	39
Hawaii	—	1	4	40	36	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	1	—	0	0	—	1
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	16	25	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	4	14	175	594	—	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 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.
† 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/nndss/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending December 3, 2011 (48th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	598	402	131	30	19	16	56
Boston, MA	168	105	38	10	4	11	15
Bridgeport, CT	28	16	12	—	—	—	5
Cambridge, MA	13	12	1	—	—	—	2
Fall River, MA	23	18	4	—	1	—	—
Hartford, CT	68	47	11	4	4	2	8
Lowell, MA	17	10	6	—	1	—	2
Lynn, MA	3	2	1	—	—	—	—
New Bedford, MA	27	20	1	2	3	1	1
New Haven, CT	38	20	11	5	—	2	3
Providence, RI	77	57	9	7	4	—	4
Somerville, MA	7	4	3	—	—	—	—
Springfield, MA	43	29	12	1	1	—	4
Waterbury, CT	22	11	9	1	1	—	2
Worcester, MA	64	51	13	—	—	—	10
Mid. Atlantic	1,994	1,412	423	102	35	21	69
Albany, NY	44	32	8	4	—	—	1
Allentown, PA	31	23	8	—	—	—	2
Buffalo, NY	73	49	16	3	3	2	4
Camden, NJ	27	12	9	4	1	1	1
Elizabeth, NJ	22	16	6	—	—	—	1
Erie, PA	53	42	8	2	—	1	2
Jersey City, NJ	27	23	2	1	1	—	2
New York City, NY	1,180	846	249	59	17	9	33
Newark, NJ	53	26	20	4	2	—	3
Paterson, NJ	18	11	4	2	1	—	—
Philadelphia, PA	134	88	31	6	7	2	3
Pittsburgh, PA§	40	28	9	1	—	2	2
Reading, PA	34	31	1	1	—	1	2
Rochester, NY	89	59	20	6	2	2	5
Schenectady, NY	20	16	3	1	—	—	2
Scranton, PA	35	27	5	2	1	—	1
Syracuse, NY	57	43	10	3	—	1	4
Trenton, NJ	33	18	12	3	—	—	—
Utica, NY	11	11	—	—	—	—	—
Yonkers, NY	13	11	2	—	—	—	1
E.N. Central	2,020	1,423	416	107	33	41	147
Akron, OH	53	31	20	1	1	—	8
Canton, OH	36	26	6	1	2	1	2
Chicago, IL	230	171	38	10	6	5	13
Cincinnati, OH	91	58	16	5	3	9	10
Cleveland, OH	285	203	58	16	3	5	24
Columbus, OH	112	79	19	6	4	4	9
Dayton, OH	167	125	28	8	3	3	15
Detroit, MI	177	90	63	18	3	3	6
Evansville, IN	40	33	4	3	—	—	3
Fort Wayne, IN	68	52	15	1	—	—	3
Gary, IN	12	8	4	—	—	—	—
Grand Rapids, MI	53	39	9	2	1	2	5
Indianapolis, IN	165	120	31	9	—	5	15
Lansing, MI	58	37	11	5	5	—	6
Milwaukee, WI	89	61	21	3	1	3	3
Peoria, IL	71	50	17	3	—	1	7
Rockford, IL	76	50	19	7	—	—	5
South Bend, IN	59	43	10	5	1	—	1
Toledo, OH	103	85	15	3	—	—	7
Youngstown, OH	75	62	12	1	—	—	5
W.N. Central	764	502	180	47	14	20	52
Des Moines, IA	45	36	5	3	1	—	2
Duluth, MN	40	30	9	1	—	—	1
Kansas City, KS	25	11	9	5	—	—	3
Kansas City, MO	98	65	21	4	3	5	11
Lincoln, NE	55	37	11	6	1	—	2
Minneapolis, MN	102	65	25	7	1	4	8
Omaha, NE	95	73	19	1	—	2	10
St. Louis, MO	131	69	42	8	6	5	7
St. Paul, MN	60	43	8	7	2	—	3
Wichita, KS	113	73	31	5	—	4	5
S. Atlantic	1,255	811	306	88	28	21	80
Atlanta, GA	172	103	44	13	8	4	12
Baltimore, MD	174	106	51	12	4	1	7
Charlotte, NC	146	96	30	15	2	3	16
Jacksonville, FL	16	11	3	2	—	—	—
Miami, FL	109	64	38	4	3	—	4
Norfolk, VA	50	38	10	1	—	1	—
Richmond, VA	75	51	16	5	1	2	3
Savannah, GA	63	47	13	1	—	2	11
St. Petersburg, FL	66	47	12	3	1	3	1
Tampa, FL	244	160	58	20	1	4	14
Washington, D.C.	127	79	29	10	8	1	11
Wilmington, DE	13	9	2	2	—	—	1
E.S. Central	978	671	209	68	17	12	84
Birmingham, AL	191	115	58	12	5	—	18
Chattanooga, TN	79	62	14	2	—	1	5
Knoxville, TN	153	112	28	11	2	—	16
Lexington, KY	69	38	16	11	2	2	3
Memphis, TN	180	123	33	19	4	1	18
Mobile, AL	97	65	21	5	2	4	6
Montgomery, AL	41	32	9	—	—	—	7
Nashville, TN	168	124	30	8	2	4	11
W.S. Central	1,168	762	284	77	28	16	69
Austin, TX	97	57	27	9	4	—	7
Baton Rouge, LA	62	43	12	4	3	—	—
Corpus Christi, TX	64	46	13	4	—	1	5
Dallas, TX	230	133	63	16	8	9	10
El Paso, TX	114	76	22	9	5	2	2
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	82	64	17	1	—	—	4
Little Rock, AR	73	45	20	6	1	1	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	298	200	73	19	3	3	23
Shreveport, LA	—	—	—	—	—	—	—
Tulsa, OK	148	98	37	9	4	—	18
Mountain	1,096	739	230	84	18	22	62
Albuquerque, NM	132	94	25	10	2	1	9
Boise, ID	60	51	7	2	—	—	1
Colorado Springs, CO	78	56	11	9	1	1	2
Denver, CO	81	52	18	10	1	—	2
Las Vegas, NV	168	110	39	13	3	2	9
Ogden, UT	43	31	9	1	2	—	4
Phoenix, AZ	194	110	46	24	2	11	11
Pueblo, CO	45	36	7	2	—	—	3
Salt Lake City, UT	156	106	36	5	4	5	14
Tucson, AZ	139	93	32	8	3	2	7
Pacific	2,009	1,422	419	95	42	30	182
Berkeley, CA	20	14	6	—	—	—	1
Fresno, CA	186	138	36	6	3	3	16
Glendale, CA	42	37	4	—	1	—	7
Honolulu, HI	82	56	18	5	3	—	7
Long Beach, CA	73	48	15	3	2	5	3
Los Angeles, CA	280	184	57	21	11	7	32
Pasadena, CA	31	24	5	2	—	—	2
Portland, OR	118	73	35	7	2	1	5
Sacramento, CA	279	196	59	14	6	4	39
San Diego, CA	163	121	33	5	2	1	12
San Francisco, CA	148	108	27	7	4	2	21
San Jose, CA	238	173	49	10	2	4	19
Santa Cruz, CA	41	28	10	3	—	—	2
Seattle, WA	104	68	27	5	2	2	4
Spokane, WA	70	55	10	1	3	1	3
Tacoma, WA	134	99	28	6	1	—	9
Total¶	**11,882**	**8,144**	**2,598**	**698**	**234**	**199**	**801**

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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