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National Kidney Month — March 2012

March is designated National Kidney Month to raise awareness about kidney disease prevention and early detection. In 2010, kidney disease was the eighth leading cause of death in the United States (*1*). Approximately 20 million U.S. adults aged ≥20 years have chronic kidney disease (CKD), and most of them are unaware of their condition (*2,3*). If left untreated, CKD can lead to kidney failure, requiring dialysis or transplantation for survival (*2,4*). Among persons on hemodialysis because of kidney failure, the leading causes of hospitalization are cardiovascular disease and infection (*4*).

CDC, in collaboration with partner agencies and organizations, has created the *National Chronic Kidney Disease Fact Sheet 2010* (*2*) and is establishing a national CKD surveillance system to document and monitor the burden of CKD in the United States. Diabetes and high blood pressure are major risk factors for CKD, but controlling diabetes and blood pressure can prevent or delay CKD and improve health outcomes (*2*).

Information about kidney disease prevention and control is available at http://www.nkdep.nih.gov. Information about CDC's Chronic Kidney Disease Initiative is available at http://www.cdc.gov/diabetes/projects/kidney.htm.

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Reducing Bloodstream Infections in an Outpatient Hemodialysis Center — New Jersey, 2008–2011

Patients undergoing hemodialysis are at risk for bloodstream infections (BSIs), and preventing these infections in this high-risk population is a national priority (*1*). During 2008, an estimated 37,000 BSIs related to central lines occurred among hemodialysis patients in the United States. This is almost as many as the estimated 41,000 central line–associated BSIs that occurred during 2009 among patients in critical-care units and wards of acute-care hospitals. In 2009, to decrease BSI incidence in a New Jersey outpatient hemodialysis center, a package of interventions was instituted, beginning with participation in a national collaborative BSI prevention program and augmented by a social and behavioral change process to enlist staff members in infection prevention. Rates of BSIs related to the patient's vascular access (i.e., access-related BSIs [ARBs]) were evaluated in the preintervention and postintervention periods. The incidence of all ARBs decreased from 2.04 per 100 patient-months preintervention to 0.75 ($p=0.03$) after initiating program interventions and to 0.24 ($p<0.01$) after adding a behavioral change intervention. Only one ARB occurred during the last 12 postintervention months. At this hemodialysis facility, participating in a collaborative prevention program along with implementation of a behavioral change strategy was associated with a large decrease in ARBs. Other outpatient hemodialysis facilities also might reduce ARBs by adopting similar approaches to prevention.

To address BSI prevention in outpatient hemodialysis centers, CDC established the CDC Hemodialysis BSI Prevention Collaborative in mid-2009. As part of this effort, member

INSIDE

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hemodialysis centers report BSIs to the National Healthcare Safety Network and adopt a uniform package of BSI prevention interventions.* Participating facilities also can implement a "positive deviance" approach to social and behavioral change† to engage staff members in these efforts and thereby improve adherence to recommended interventions. A premise of positive deviance is that in most communities or organizations, uncommon (deviant) practices of persons or groups within the organization can yield better (positive) results (e.g., better adherence to recommended practices) than traditional practices of their peers who have access to the same resources (*2*). The process helps members of an organization identify, generate, and diffuse positive deviant practices.

The dialysis unit at AtlantiCare Regional Medical Center is a 12-station, hospital-based outpatient hemodialysis center serving patients in Atlantic City, New Jersey, and the surrounding region. Several interventions already were in place to reduce BSIs before introduction of the prevention program and positive deviance; despite this, BSI incidence remained above facility goals. The facility joined the collaborative in September 2009 and during the next 3 months worked to implement the collaborative's prevention program interventions, which included, in addition to dialysis event surveillance, 1) observation of catheter care and vascular access care, 2) use of chlorhexidine for skin antisepsis, 3) auditing of hand hygiene adherence, 4) patient education and engagement, 5) catheter use reduction programs, and 6) staff member education and competency testing. Program members also participated in monthly telephone conferences and yearly face-to-face meetings that served as a forum for presenting infection prevention topics, sharing best practices, and problem solving.

The positive deviance process was introduced to leaders from the medical center and dialysis center in early 2010. Two identical kick-off sessions were held in August 2010 to orient dialysis staff members and support personnel to positive deviance. After the kick-off sessions, discovery and action dialogue sessions were held (*3*). These sessions were designed to tap the expertise of front-line staff members, identify positive deviant practices and their potential use, and encourage staff members to take personal responsibility for BSI prevention. For example, one nurse used a mnemonic device to achieve near-perfect hand hygiene compliance, which she taught to the other nurses. To assess and promote the progress of initiatives developed by staff members during these discussions, follow-up activities were built into regular staff meetings.

ARBs were measured using Dialysis Event surveillance in the National Healthcare Safety Network. An ARB was defined as a positive blood culture attributed to either the vascular access or an unknown source and collected from a hemodialysis outpatient or from a maintenance hemodialysis patient within 1 day after a hospital admission. Infection rates were reported as events per 100 patient-months and were sequenced for analysis

* Additional information is available at http://www.cdc.gov/dialysis/collaborative/index.html.

† Additional information is available at http://www.positivedeviance.org.

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into three periods: 1) preintervention (January 2008–August 2009), 2) participation in the prevention program (September 2009–July 2010), and 3) participation in the program with positive deviance (August 2010–December 2011). Trends in infection rates over the three periods were analyzed with Poisson regression using the three periods as indicator variables. Two interrupted time series models using Poisson regression were used to evaluate the effect of the two main interventions (i.e., participation in the prevention program and implementation of positive deviance) on ARBs (*4*). The first modeled the pre–prevention program rate trend, the rate change immediately after joining the program, and the difference between pre–prevention program and program rate trends. The second modeled the same rates but also modeled the rate change immediately after implementing positive deviance and the difference between the pre–positive deviance and positive deviance rate trends. Using the Durbin-Watson statistic, neither model appeared to demonstrate autocorrelation (i.e., no significant correlation of adjacent monthly outcomes within each model). To assess adherence to interventions, process measures were monitored for five infection prevention practice categories at least eight times per month. A z-test comparing proportions was performed to determine whether adherence differed with each process measure category before and after implementation of positive deviance.

ARB incidence rates were reported for the preintervention, prevention program, and program with positive deviance periods (Table 1) and compared (Figure). The comparison revealed a significant decrease in ARB from the preintervention to the second postintervention period (2.04 per 100 patient-months to 0.24 per 100 patient-months [p<0.01]). For the model using enrollment in the prevention program as the intervention point, monthly ARB incidence did not change before the intervention (incidence rate ratio [IRR] = 1.00, p=0.94); at the time of the intervention, the slope of the postintervention monthly ARB incidence did not change significantly, but the IRR suggested a more downward trend compared with the preintervention period (IRR = 0.91, p=0.08); and the ARB incidence postintervention decreased approximately 9% per month (IRR = 0.91, p=0.045). For the model that used enrollment in the prevention program and positive deviance as two different intervention points, none of the changes reached statistical significance; however, a decreasing trend occurred in the ARB incidence after prevention program enrollment (IRR = 0.85, p=0.25), which continued downward at nearly the same rate after the addition of positive deviance (IRR = 1.06, p=0.75) (Figure). Changes in adherence rates for the five process measure categories were tracked over the pre– and post–positive deviance periods (Table 2).

What is known on this topic?

In 2008, an estimated 37,000 bloodstream infections (BSIs) related to central lines occurred among hemodialysis patients in the United States. Despite national decreases in BSIs in other health-care settings, the incidence of these infections in dialysis settings does not appear to be decreasing.

What is added by this report?

At one dialysis center, participation in the CDC Hemodialysis BSI Prevention Collaborative, use of collaborative interventions, and introduction of a social and behavioral change process (positive deviance) were associated with significant reductions in BSIs that were related to the patient's vascular access.

What are the implications for public health practice?

Health-care–associated infections, including BSIs, are an ongoing hazard for patients who receive their care primarily as outpatients. Based on the success at this facility and the success of similar programs in other health-care settings, the approach described in this report might be effective in other outpatient dialysis facilities to prevent BSIs.

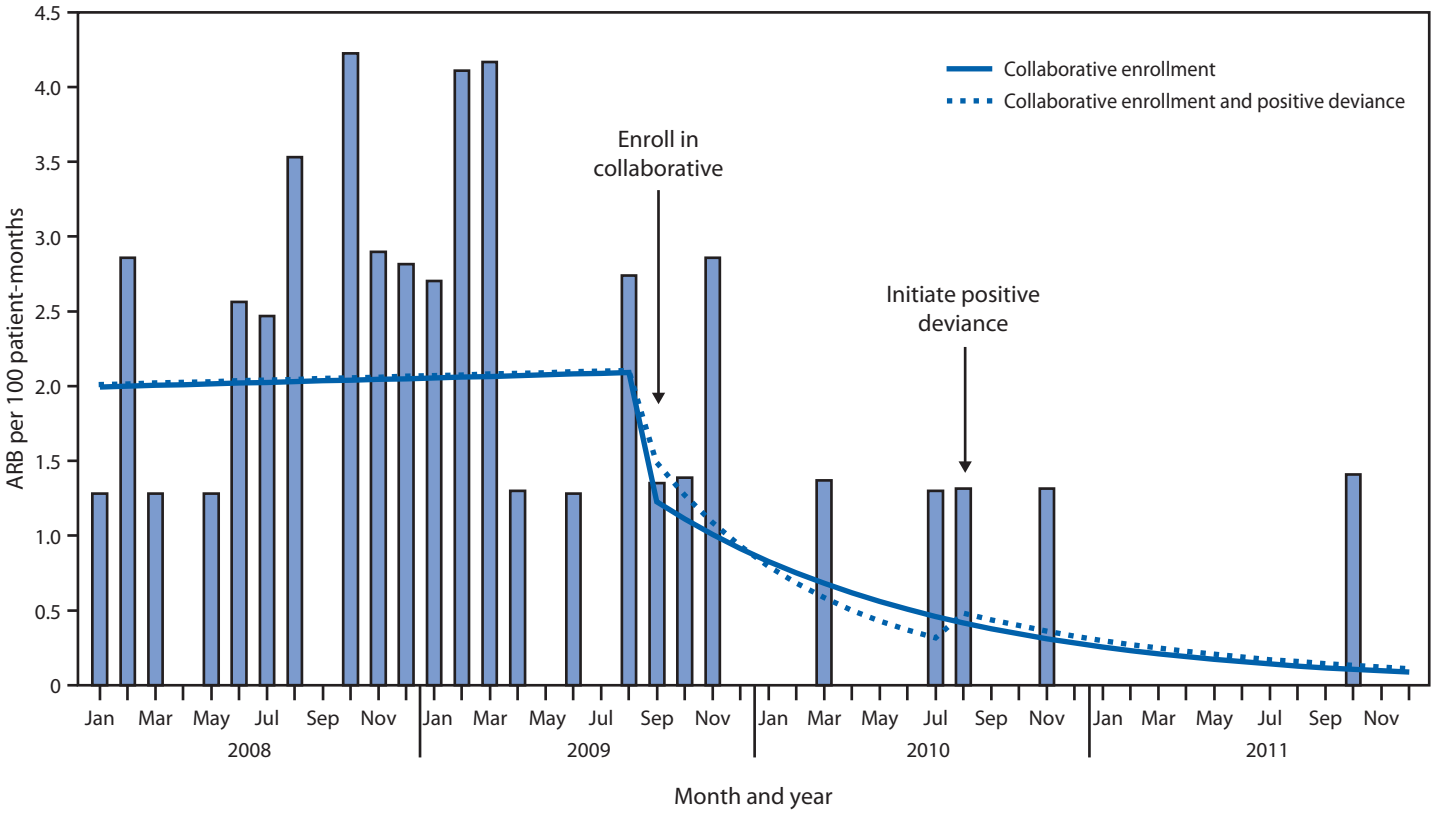
Reported by

Gemma Downham, MPH, Erin Jones, Pamela Peterson, MBA, M. Yaser Mourad, MD, AtlantiCare Regional Medical Center, New Jersey. Curt Lindberg, DMan, Billings Clinic, Montana. Priti R. Patel, MD, Alexander J. Kallen, MD, Div of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Diseases, CDC. ***Corresponding contributor:*** *Gemma Downham, gemma.downham@atlanticare.org, 609-748-7010.*

TABLE 1. Incidence rates of all vascular access-related bloodstream infections in an outpatient hemodialysis center across the preintervention and two postintervention periods — New Jersey, 2008–2011

Period	Patient months	Access-related bloodstream infections	Incidence rate (per 100 patient-months)	Incidence rate ratio	p-value
Preintervention (Jan 2008–Aug 2009)	1,518	31	2.04	Referent	Referent
Prevention program (Sep 2009–Jul 2010)	799	6	0.75	0.37	0.03
Prevention program and positive deviance (Aug 2010–Dec 2011)	1,268	3	0.24	0.12	<0.01

FIGURE. Actual access-related bloodstream infection (ARB) incidence per 100 patient-months at an outpatient hemodialysis center and predicted ARB incidence using enrollment in the CDC Hemodialysis BSI Prevention Collaborative (collaborative enrollment) (September 2009) as the intervention, and predicted ARB incidence using collaborative enrollment (September 2009) and addition of a social and behavioral change process (positive deviance initiation) (August 2010) as separate interventions — New Jersey, 2008–2011



Editorial Note

At this outpatient hemodialysis center, use of a package of interventions, combined with a behavioral change intervention (positive deviance), was associated with a decline in ARB incidence. Only one ARB was identified in the final 12 months of the intervention period that included more than 1,200 patient-months. Adherence to process measures that are markers for important infection prevention practices was high and improved after implementation of positive deviance. These results demonstrate the utility of a collaborative prevention program that promotes important prevention practices to decrease BSIs in hemodialysis settings and the potential for a behavioral change strategy, such as positive deviance, to increase adherence to prevention strategies.

BSIs are potentially life-threatening infections sometimes associated with the provision of health care. Preventing these infections is a priority; however, prevention efforts have focused primarily on acute-care facilities. Some patients who receive their care primarily as outpatients, including maintenance hemodialysis patients, also are at risk for BSIs. Nationally, the number of BSIs among hemodialysis patients is substantial. Since 1993, hospitalizations for bacteremia or septicemia have increased 40% among hemodialysis patients (*5*). This increase occurred while the number of BSIs declined in intensive-care units of acute-care hospitals (*1*).

Preventing BSIs can be a challenge in outpatient hemodialysis settings. However, a number of interventions have been recommended for prevention, particularly among hemodialysis patients with central lines (>20% of hemodialysis patients) (*6*–*8*). The members of this prevention program worked together to identify a package of evidence-based interventions that could be implemented in dialysis centers to prevent BSIs and to develop solutions to the challenges of implementation and sustainability. A similar collaborative approach has been used successfully in intensive-care units to decrease the incidence of central line–associated BSIs (*9*). Effective BSI prevention programs such as this include implementation of evidence-based practices, endorsement by facility leaders, and empowerment of frontline health-care personnel to intercede on behalf of patients when infection control breaches are observed.

TABLE 2. Process measure adherence rates in an outpatient hemodialysis center across two postintervention periods — New Jersey, 2008–2011

	Period				
	Collaborative only		Collaborative and positive deviance		
Process measure	No.*	(%)	No.*	(%)	p-value
Equipment handling†	236/245	(96)	378/380	(99)	0.005
General practice§	1,166/1,190	(98)	1,538/1,546	(99)	<0.001
Medication administration	333/344	(97)	267/269	(99)	0.040
Isolation precautions	84/88	(95)	26/29	(90)	0.240
Dialysis initiation and termination procedures	458/490	(93)	328/332	(99)	<0.001

* Number of observations in which successful practice was observed / total number of observations.
† Included equipment storage and segregation of clean and dirty equipment.
§ Included use of personal protective equipment and disinfection of the treatment station.

Potentially contributing to this dialysis center's success was the use of positive deviance to improve adherence to recommended practices and infection prevention principles. Use of positive deviance or similar interventions has resulted in reductions in health-care–associated infections in other settings (*10*). The significant increases in compliance with infection prevention processes at this facility suggest that positive deviance helped improve staff member attention to important infection control practices.

The findings in this report are subject to at least three limitations. First, results are based on the experience of one dialysis center and might not be generalizable to other centers. Second, each intervention period included only a few months, which diminished the power of the interrupted time series model to detect statistically significant differences. Finally, this evaluation is observational. Because no control group was included, the interventions implemented in this study cannot be attributed definitively as the cause of the decrease in ARBs.

Prevention of health-care–associated infections, such as ARBs among hemodialysis patients, is a public health priority. Prevention efforts at this outpatient hemodialysis center were improved by including strategies for engaging staff members in the infection control process and by collaborating with other facilities to discover practices that can help overcome barriers to prevention. Other outpatient hemodialysis facilities might consider similar approaches to BSI prevention.

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Tickborne Relapsing Fever in a Mother and Newborn Child — Colorado, 2011

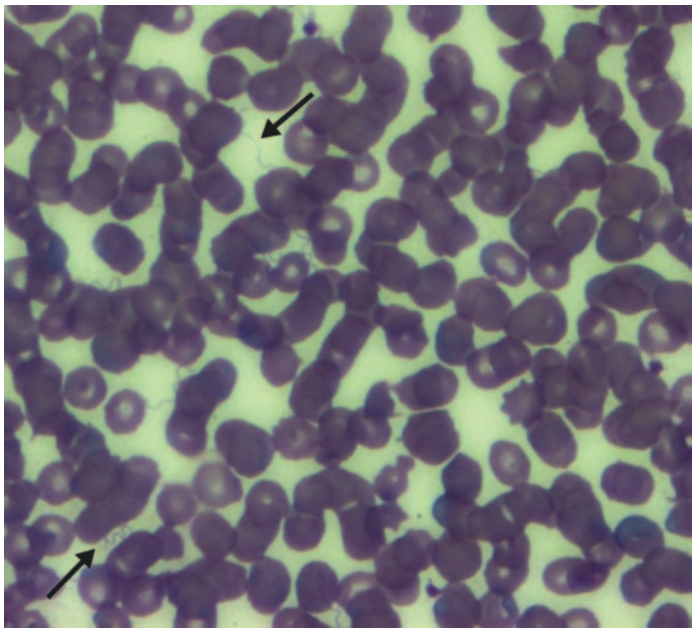
Tickborne relapsing fever (TBRF) is a bacterial infection caused by certain species of *Borrelia* spirochetes and transmitted through the bite of *Ornithodoros* ticks. Clinical illness is characterized by relapsing fever, myalgias, and malaise. On May 10, 2011, CDC and the Colorado Department of Public Health and Environment were notified of two patients with TBRF: a young woman and her newborn child. This report summarizes the clinical course of these patients and emphasizes the importance of considering a diagnosis of TBRF among patients with compatible clinical symptoms and residence or travel in a TBRF-endemic area. Pregnant women and neonates are at increased risk for TBRF-associated complications and require prompt diagnosis and treatment for optimal clinical outcomes. Public health follow-up of reported TBRF cases should include a search for persons sharing an exposure with the patient and environmental investigation with remediation measures to prevent additional infections.

On May 2, 2011, a previously healthy woman aged 24 years sought treatment at a local emergency department in Colorado after 1 week of fever, nausea, headache, stiff neck, and occasional blurred vision. Approximately 20 hours earlier, she had delivered a newborn (at 39 weeks' gestation) in a mountain cabin, without medical attendance. She had received limited prenatal care. Delivery was notable for amniotic fluid discoloration consistent with meconium. Physical examination revealed an ill-appearing and afebrile woman with hypotension (blood pressure: 70/40 mmHg). Gynecologic examination was unremarkable. A complete blood count revealed an elevated white blood cell count of 18,000/μL (normal: 4,500–10,000/μL), a decreased hematocrit of 30% (normal: 37%–47%), and a decreased platelet count of 42,000/μL (normal: 130,000–400,000/μL). Blood chemistries were remarkable for an elevated creatinine of 1.6 mg/dL (normal: 0.6–1.3 mg/dL), elevated aspartate aminotransferase of 61 IU/L (normal: 15–37 IU/L), and elevated alkaline phosphatase of 422 IU/L (normal: 50–136 IU/L). She was admitted and treated empirically using intravenous piperacillin with tazobactam for postpartum sepsis and fluid resuscitation for hypotension. Antibiotics were changed to oral amoxicillin after 48 hours. A blood culture drawn at admission revealed no growth, and the patient remained afebrile during hospitalization. Because of worsening anemia, she was transfused with packed red blood cells on May 3. Her condition improved, and she was discharged on May 5.

The newborn female accompanied her mother to the emergency department on May 2. Although physical examination was normal, the newborn was admitted for observation. An initial complete blood count was unremarkable, and blood culture collected at admission had no growth after 5 days. The patient developed neonatal jaundice on May 4 and remained hospitalized. On May 7, she became febrile with a temperature of 101.2°F (38.4°C) and had a platelet count of 34,000/μL (normal: 130,000–400,000/μL). Blood chemistries revealed an elevated alkaline phosphatase of 196 IU/L (normal: 50–136 IU/L) and a decreased albumin of 2.4 g/dL (normal: 3.4–5.0 g/dL). Treatment for sepsis was initiated with administration of gentamicin, ampicillin, and acyclovir. Subsequently, her platelet count decreased further to 14,000/μL. A review of the peripheral blood smear to evaluate the newborn's thrombocytopenia incidentally revealed spirochetes consistent with TBRF (Figure). A 10-day course of intravenous penicillin-G and platelet transfusions for progressive thrombocytopenia were initiated. The newborn recovered and was discharged on May 20. Because of the newborn's spirochetemia, the mother was presumptively treated for TBRF with doxycycline.

Blood and serum samples from the mother and her newborn were tested by CDC's Bacterial Diseases Branch, Fort Collins, Colorado. Presence of spirochetes was visually confirmed from the newborn's blood smear prepared May 7; a whole blood sample collected the same day yielded evidence of relapsing fever *Borrelia* species by polymerase chain reaction. Sequencing of polymerase chain reaction targets revealed 100% match to *Borrelia hermsii*. Testing of the newborn's serum also obtained

FIGURE. Stained thin smear of a newborn's peripheral blood, showing the presence of numerous spirochetes (indicated by black arrows) at 63X magnification — Colorado, 2011



Photo/CDC

May 7 did not detect *B. hermsii* antibodies by either enzyme immunoassay (EIA) or immunoglobulin M (IgM) and immunoglobulin G (IgG) Western immunoblots. A sample collected from the newborn 3 days later had equivocal results by EIA and three bands visible on IgM immunoblot and one band visible on IgG immunoblot. Serum collected from the mother on May 13 produced a positive *B. hermsii* EIA, >10 bands by IgM immunoblot, and 10 bands by IgG immunoblot. The mother's clinical history and dominant IgM antibody response supported acute maternal *B. hermsii* infection acquired during the weeks preceding delivery; the limited antibody response by the newborn also supported a diagnosis of acute TBRF infection.

The mother was not employed and had moved from a densely populated urban area in Colorado to the previously vacant cabin 18 days before delivery. This rural Colorado cabin was situated near the base of a mountain range within a juniper and piñon tree forest at an approximate elevation of 8,800 feet. The single-room structure lacked electricity and running water. An environmental assessment indicated no ongoing rodent activity, and no ticks were recovered. The cabin owner declined to permit access to internal wall spaces to search for rodent nests.

Reported by

Elisabeth W. Lawaczeck, DVM, Colorado Dept of Public Health and Environment. Paul S. Mead, MD, Martin E. Schriefer, PhD, Div of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases; Meghan E. Brett, MD, Jeffrey T. McCollum, DVM, EIS officers, CDC. ***Corresponding contributor:*** *Jeffrey T. McCollum, jmccollum@cdc.gov, 303-692-2745.*

Editorial Note

B. hermsii is the most frequent cause of TBRF in the United States. This spirochete is transmitted to humans by the soft tick *Ornithodoros hermsi*, which usually is associated with the nests of chipmunks and other wild rodents (*1*). Unlike hard ticks, *O. hermsi* transmit spirochetes through a brief (<30 minutes' duration) and painless nocturnal bite. Humans typically are exposed to these ticks during an overnight stay in rodent-infested dwellings at elevations >2,000 feet.

After an average incubation period of 7 days (range: 2–18 days), TBRF symptoms include fever, headache, myalgias, nausea, and chills with a median duration of 3 days (range: 2–7 days) alternating with afebrile periods of a median duration of 7 days (range: 4–14 days) (*1*). Febrile periods can recur ≤10 times without treatment. Moderate to severe thrombocytopenia is typical during acute TBRF illness (*1*). As occurred in the newborn's illness, spirochetes are not detected by automated blood cell counts but can be observed on direct examination of stained (Wright's or Giemsa) blood smears, with sensitivity approaching 70% during febrile episodes (*2*). Blood smears most often reveal spirochetes during acute infection and before antibiotic treatment. Alternatively, serologic testing for TBRF can be used for diagnosis but is not widely available. Antibiotics recommended for treatment include penicillin, doxycycline, and erythromycin. Patients with TBRF infection should be monitored for ≥2 hours after initial antibiotic dose for a Jarisch-Herxheimer reaction, an acute worsening of symptoms that can be life-threatening.* One case series documented such reactions among 54% of patients, demonstrating that this reaction is common (*3*).

TBRF infection can pose serious risks for mothers and neonates. Only 12 TBRF infections among pregnant women have ever been reported in the United States, including the one in this report (*1,3–9*). Among these cases, serious maternal complications of TBRF infection have been documented and include adult respiratory distress syndrome, Jarisch-Herxheimer reaction, and precipitous or premature delivery (*4–6*). Among newborns born to these TBRF-infected mothers, six (55%) of 11 had a documented perinatal TBRF infection; two (33%) died despite treatment.† Potential routes of perinatal TBRF infection include transplacental transmission or acquisition during delivery; however, studies have been limited.

The findings in this report are subject to at least two limitations. First, transmission route for the newborn was not determined, but possibilities include transplacental, during birth, or during residence in the cabin. Second, the cabin remains the most likely site of exposure for the mother on the basis of arrival date and acute nature of her illness; however, no rodent nests or ticks were identified within the structure to provide more substantial evidence.

TBRF should be considered a potential diagnosis among febrile patients who reside in or have traveled to the western United States, especially those inhabiting rustic housing. Cases should be reported immediately to public health officials to facilitate identification of other potentially exposed persons and to evaluate and treat those persons for TBRF infection. Additionally, TBRF is a reportable disease in 12 western U.S. states.§ An environmental investigation should be undertaken to search for rodent nests. Reinfection and additional TBRF illnesses can occur in housing previously linked to TBRF cases (*10*). Remediation efforts should include rodent-proofing and treatment of structures with pesticides (particularly crack- and crevice-type) by pest control specialists to reduce risk for continued tick exposure.

* A Jarisch-Herxheimer reaction is characterized by hypotension, tachycardia, chills, rigors, diaphoresis, and elevated body temperature and can occur after initial antibiotic therapy for infections caused by spirochetes, including relapsing fever (*1*).
† One woman with TBRF infection elected to terminate her pregnancy.
§ Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, Texas, Utah, and Washington.

What is already known on this topic?

Tickborne relapsing fever (TBRF) is a spirochetal infection transmitted to humans through the bites of soft ticks. TBRF infection is endemic to the western United States and often acquired by patients lodging in rodent-infested rustic dwellings at elevations >2,000 feet.

What is added by this report?

This report describes the sixth reported case of acute neonatal TBRF infection associated with maternal TBRF illness in the United States. It highlights the incidental diagnosis of two TBRF infections, indicating that TBRF might not be considered initially for clinically compatible illnesses even in TBRF-endemic areas.

What are the implications for public health practice?

TBRF should be considered among the differential diagnoses of patients with unexplained or recurrent fever, especially those with a history of travel or residence in areas where TBRF is endemic. Pregnant women and neonates are at increased risk for severe TBRF illness and require prompt diagnosis and treatment for optimal clinical outcomes. Public health follow-up of reported TBRF cases should include a search for additional illnesses and environmental assessment with remediation measures to prevent further infections or reinfection.

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Local clinicians and clinical laboratories; local health department personnel; Ken Gershman, MD, Communicable Disease Epidemiology Program, Colorado Dept of Public Health and Environment. Christopher Sexton, John Young, Bacterial Diseases Branch Laboratory, Div of Vector-Borne Diseases; Kris Bisgard, DVM, EIS Field Assignments Branch, Scientific Education and Professional Development Program Office, CDC.

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Announcements

National Poison Prevention Week, 50th Anniversary — March 18–24, 2012

This year commemorates the 50th anniversary of National Poison Prevention Week (NPPW), which will be observed March 18–24. Each year, the observance of NPPW is organized by the Poison Prevention Week Council, a coalition of partners working to raise awareness about poison prevention across wide-ranging disciplines.*

Since passage of the Poison Prevention Packaging Act in 1970, the child-resistant packaging required on many medicines and toxic substances has saved hundreds of lives (*1*). However, child poisoning, particularly from medicines, remains a public health problem. Each year, approximately 60,000 emergency department visits and half a million calls to poison control centers are made because young children have gotten into medicines (*2,3*). A CDC-led public-private partnership, PROTECT, has developed the Up and Away and Out of Sight program to remind a new generation of caregivers about the importance of safe medicine storage.†

NPPW also serves to focus attention on the substantial increase in the number of poisoning deaths among youths and adults during the past decade. In 2008, poisoning became the leading cause of injury-related death in the United States (*4*). Nearly 90% of poisoning deaths involved drugs, and approximately half of those involved prescription medications. Of the prescription medication overdose deaths, 74% involved opioid analgesics (*5*). NPPW provides a reminder of the many opportunities available for reversing these trends (*2,6*).

Additional information about carbon monoxide poisoning, lead poisoning, and other unintentional poisonings is available from CDC at http://www.cdc.gov/co/default.htm, http://www.cdc.gov/nceh/lead, and http://www.cdc.gov/homeandrecreationalsafety/poisoning/index.html, respectively. Additional poison prevention information is available at http://poisonhelp.hrsa.gov. The national Poison Help line can be reached toll-free by dialing 1-800-222-1222.

* Additional information available at http://www.poisonprevention.org.
† Additional information available at http://www.cdc.gov/medicationsafety/protect/protect_initiative.html and http://www.upandaway.org.

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World Water Day — March 22, 2012

World Water Day, sponsored by the United Nations, has been observed on March 22 each year since 1993. This year, World Water Day focuses on the link between water use and food production, in conjunction with its theme, "Water and Food Security: The World is Thirsty Because We are Hungry."

Food production accounts for 70% of all water use, more than the amount needed for domestic and industrial use combined. The average person drinks approximately 2.5 liters of water a day, whereas 15,000 liters of water are required to produce 1 kilogram (2.2 pounds) of beef. As the world population continues to grow, the demand for fresh water needed for food production will continue to increase, placing a strain on the world's fresh water supply.*

Since 1990, the number of persons able to access improved drinking water and sanitation resources has increased by 2 billion and 1.8 billion respectively (*1*). Despite these gains, hundreds of millions still lack access to these essential resources (*1*). CDC's global water, sanitation, and hygiene (WASH) program provides expertise and interventions to increase global access to safe water, adequate sanitation, and improved hygiene.†

* Additional information available at http://www.unwater.org/worldwaterday/index.html.
† Additional information available at http://www.cdc.gov/healthywater/global.

Reference

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Announcements

Epidemiology in Action Course

CDC and Rollins School of Public Health at Emory University will cosponsor the course, Epidemiology in Action, June 11–22, 2012, at Emory University in Atlanta, Georgia. This course is designed for state and local public health professionals.

The course emphasizes practical application of epidemiology to public health problems and consists of lectures, workshops, classroom exercises (including actual epidemiologic problems), and roundtable discussions. Topics scheduled for presentation include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, and Epi Info training, along with discussions of selected prevalent diseases. Tuition is charged.

Additional information and applications are available by mail (Emory University, Hubert Department of Global Health [Attn: Pia Valeriano], 1518 Clifton Rd. NE, CNR Bldg., Rm. 7038, Atlanta, GA 30322), telephone (404-727-3485), fax (404-727-4590), Internet (http://www.sph.emory.edu/epicourses), or e-mail (pvaleri@emory.edu).

CDC Launches National Tobacco Education Campaign

Many smokers do not fully understand the health risks of smoking and underestimate their personal risk (*1*). Media campaigns are an evidence-based strategy to educate the public regarding the harms of tobacco use, prevent smoking initiation, promote and facilitate cessation, and change social norms on the acceptability of tobacco use (*2,3*). Media campaigns that have strong negative messages regarding health effects, that use testimonials, or that address the impact of smoking on others have been demonstrated to be effective (*2–4*). Smokers who report being exposed to advertisements that are more highly emotional and include personal testimonials have been shown to be more likely to have quit smoking at follow-up (*3*), and graphic television advertisements have been associated with increased call volume to telephone quitlines (*5*).

On March 15, 2012, CDC launched a 12-week national education campaign on the dangers of tobacco use. This campaign, "Tips from Former Smokers," profiles real persons who are living with the significant adverse health effects of smoking-related diseases, such as stomas, paralysis from stroke, lung removal, heart attack, and limb amputations. The multimedia campaign will include advertisements that will be placed nationally via television, radio, newspapers, magazines, the Internet, billboards, bus stops, and movie theaters. Advertisements will include a prompt for smokers to call 800-QUIT-NOW for free help to quit. Additional information is available at http://www.cdc.gov/tobacco.

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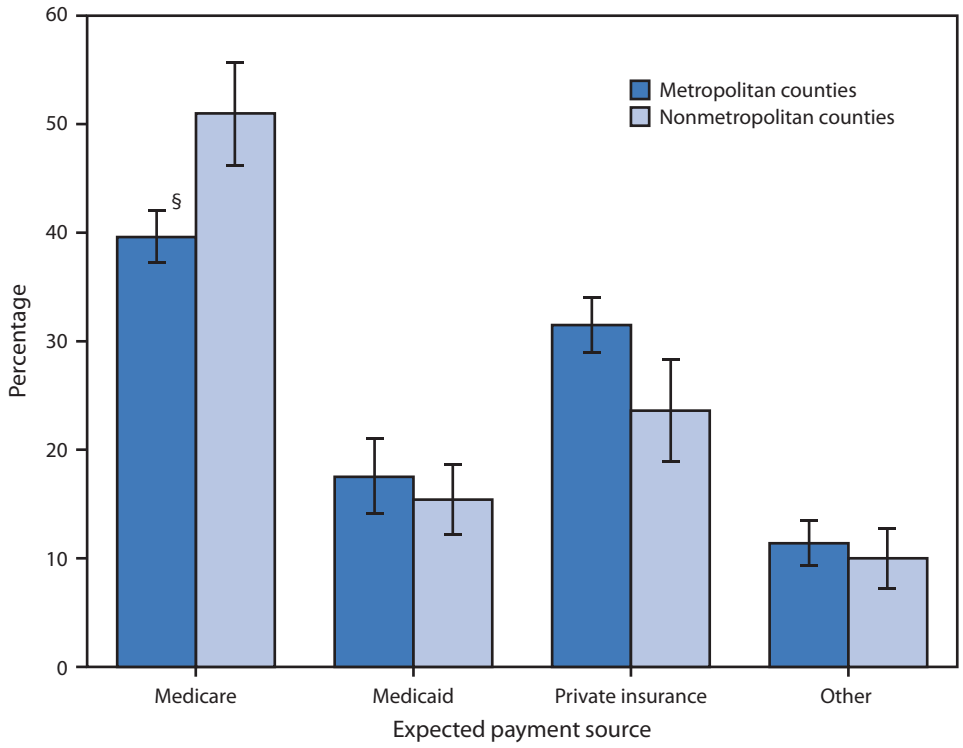
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Hospitalizations, by Expected Payment Source* and Hospital Locality† — National Hospital Discharge Survey, United States, 2009



* Expected payment source is the type of program or insurance that, on admission to the hospital, was expected to be the principal payer for the hospital stay.
† Counties where hospitals are located were classified as metropolitan or nonmetropolitan using June 2003 U.S. Office of Management and Budget standards based on the 2000 Census.
§ 95% confidence interval.

In 2009, Medicare was expected to pay for 51% of U.S. hospitalizations in nonmetropolitan counties and 40% of hospitalizations in metropolitan counties. Private insurance was the expected source of payment for 32% of hospitalizations in metropolitan counties, compared with 24% of hospitalizations in nonmetropolitan counties.

Source: National Hospital Discharge Survey data (2009). Available at http://www.cdc.gov/nchs/nhds.htm.

Reported by: Margaret J. Hall, PhD, mhall@cdc.gov, 301-458-4252; Maria F. Owings, PhD.

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 March 10, 2012 (10th week)*

Disease	Current week	Cum 2012	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2011	2010	2009	2008	2007	
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	134	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	—	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	0	6	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	2	12	0	752	NN	NN	NN	NN	NY (1), MD (1)
Botulism, total	1	17	2	135	112	118	145	144	
foodborne	1	3	0	13	7	10	17	32	OH (1)
infant	—	12	2	91	80	83	109	85	
other (wound and unspecified)	—	2	0	31	25	25	19	27	
Brucellosis	1	13	2	81	115	115	80	131	AK (1)
Chancroid	—	4	1	28	24	28	25	23	
Cholera	—	—	0	36	13	10	5	7	
Cyclosporiasis§	—	5	1	154	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	3	1	11	23	35	30	22	
nonserotype b	—	27	5	115	200	236	244	199	
unknown serotype	1	41	5	254	223	178	163	180	NYC (1)
Hansen disease§	1	9	2	51	98	103	80	101	FL (1)
Hantavirus pulmonary syndrome§	—	2	0	23	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal§	1	9	3	219	266	242	330	292	NC (1)
Influenza-associated pediatric mortality§,††	—	5	5	118	61	358	90	77	
Listeriosis	3	68	10	840	821	851	759	808	NY (2), CA (1)
Measles§§	1	25	3	216	63	71	140	43	FL (1)
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	16	9	197	280	301	330	325	
serogroup B	—	7	4	121	135	174	188	167	
other serogroup	—	2	1	19	12	23	38	35	
unknown serogroup	5	72	12	391	406	482	616	550	NE (1), MD (1), FL (1), TX (1), HI (1)
Novel influenza A virus infections***	—	—	0	8	4	43,774	2	4	
Plague	—	—	0	2	2	8	3	7	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	—	
Psittacosis§	—	—	0	2	4	9	8	12	
Q fever, total§	1	12	2	117	131	113	120	171	
acute	1	9	1	94	106	93	106	—	MD (1)
chronic	—	3	0	23	25	20	14	—	
Rabies, human	—	—	—	2	2	4	2	1	
Rubella†††	—	—	0	4	5	3	16	12	
Rubella, congenital syndrome	—	—	—	—	—	2	—	—	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	27	5	142	142	161	157	132	NY (2), NC (1)
Syphilis, congenital (age <1 yr)§§§	—	5	8	288	377	423	431	430	
Tetanus	—	—	0	12	26	18	19	28	
Toxic-shock syndrome (staphylococcal)§	—	11	2	81	82	74	71	92	
Trichinellosis	—	2	0	11	7	13	39	5	
Tularemia	—	1	0	141	124	93	123	137	
Typhoid fever	3	42	7	378	467	397	449	434	NY (1), OH (1), MD (1)
Vancomycin-intermediate *Staphylococcus aureus*§	1	6	1	67	91	78	63	37	GA (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	2	1	—	2	
Vibriosis (noncholera *Vibrio* species infections)§	1	33	4	783	846	789	588	549	FL (1)
Viral hemorrhagic fever¶¶¶	—	—	—	—	1	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 March 10, 2012 (10th week)*

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

* Case counts for reporting year 2011 and 2012 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, five 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.

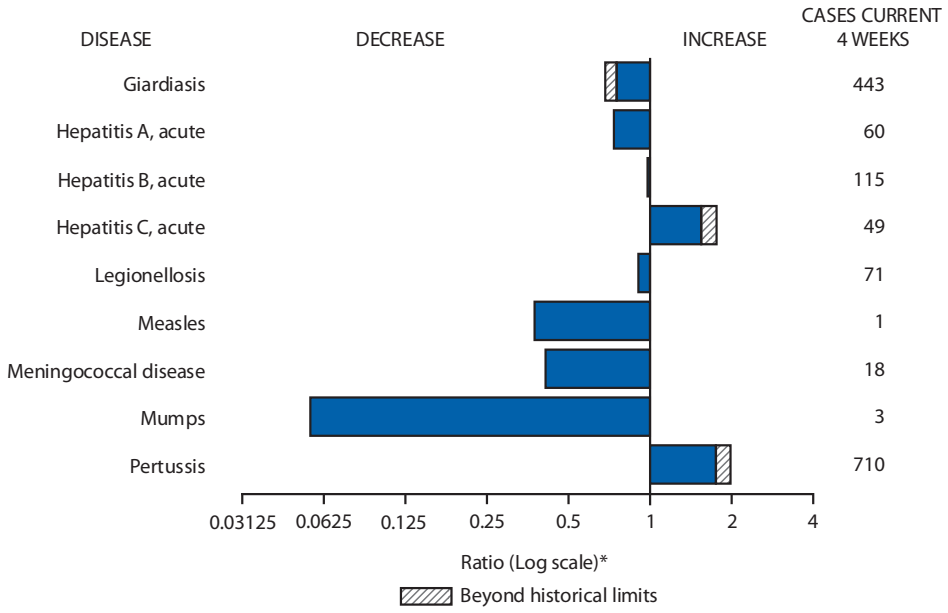
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. 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 were no cases of viral hemorrhagic fever reported during the current week. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 10, 2012, with historical data



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Jennifer Ward
Willie J. Anderson
Rosaline Dhara
Pearl C. Sharp
Deborah A. Adams
Lenee Blanton
Diana Harris Onweh
Michael S. Wodajo

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	11,288	26,847	30,781	203,700	262,900	12	404	588	2,618	4,316	51	134	399	792	957
New England	637	898	1,593	5,916	7,651	—	0	1	—	—	1	6	22	36	50
Connecticut	—	240	869	—	954	N	0	0	N	N	—	1	9	5	10
Maine	56	59	101	583	592	N	0	0	N	N	—	1	4	4	7
Massachusetts	505	427	860	3,733	4,230	N	0	0	N	N	—	2	8	15	23
New Hampshire	1	58	90	315	605	—	0	1	—	—	—	1	5	5	6
Rhode Island	16	80	187	1,025	984	—	0	0	—	—	—	0	1	—	1
Vermont	59	27	66	260	286	N	0	0	N	N	1	1	5	7	3
Mid. Atlantic	1,761	3,155	4,080	28,015	31,723	—	0	0	—	—	2	15	44	79	128
New Jersey	116	539	898	4,488	4,653	N	0	0	N	N	—	1	4	1	9
New York (Upstate)	775	717	2,009	6,259	6,271	N	0	0	N	N	—	4	16	15	30
New York City	292	1,012	1,315	7,125	10,909	N	0	0	N	N	—	1	6	14	14
Pennsylvania	578	1,043	1,598	10,143	9,890	N	0	0	N	N	2	9	27	49	75
E.N. Central	1,218	4,207	4,691	31,058	43,322	—	1	5	10	8	14	33	148	197	206
Illinois	29	1,221	1,475	6,513	12,420	N	0	0	N	N	—	3	26	13	22
Indiana	196	571	731	4,639	5,823	N	0	0	N	N	—	3	14	12	31
Michigan	597	930	1,210	8,310	10,355	—	1	3	6	4	—	7	14	44	41
Ohio	228	1,029	1,180	7,727	10,192	—	0	2	4	4	13	11	95	91	62
Wisconsin	168	466	561	3,869	4,532	N	0	0	N	N	1	8	65	37	50
W.N. Central	27	1,494	1,819	3,663	14,628	—	0	2	—	—	4	15	85	68	105
Iowa	27	211	439	2,063	2,126	N	0	0	N	N	—	5	19	22	45
Kansas	—	206	281	114	1,945	N	0	0	N	N	—	0	11	4	—
Minnesota	—	316	407	—	3,318	—	0	0	—	—	—	0	0	—	—
Missouri	—	526	759	—	4,960	—	0	0	—	—	3	5	61	22	27
Nebraska	—	124	213	923	1,155	—	0	2	—	—	1	2	12	9	24
North Dakota	—	45	76	5	429	N	0	0	N	N	—	0	12	—	—
South Dakota	—	62	89	558	695	N	0	0	N	N	—	2	13	11	9
S. Atlantic	4,244	5,468	7,518	51,395	54,659	1	0	2	1	—	11	22	61	181	206
Delaware	43	85	182	722	850	—	0	0	—	—	—	0	4	6	2
District of Columbia	—	111	217	1,151	1,111	—	0	0	—	—	—	0	1	—	3
Florida	874	1,505	1,696	13,951	14,406	N	0	0	N	N	7	8	17	83	82
Georgia	690	1,101	1,563	9,866	8,746	N	0	0	N	N	1	5	12	36	48
Maryland	221	484	769	2,370	4,702	1	0	2	1	—	2	1	7	22	14
North Carolina	833	991	1,688	9,041	9,718	N	0	0	N	N	—	0	46	—	21
South Carolina	666	532	1,344	5,877	6,838	N	0	0	N	N	—	2	6	16	23
Virginia	917	665	1,778	7,549	7,403	N	0	0	N	N	1	2	8	17	13
West Virginia	—	81	146	868	885	N	0	0	N	N	—	0	5	1	—
E.S. Central	1,093	1,924	2,804	18,758	17,890	—	0	0	—	—	5	8	25	51	33
Alabama	—	551	1,566	4,275	5,297	N	0	0	N	N	1	2	7	21	16
Kentucky	281	325	557	3,060	2,066	N	0	0	N	N	—	2	17	4	8
Mississippi	488	419	792	5,417	4,656	N	0	0	N	N	—	1	4	8	3
Tennessee	324	604	822	6,006	5,871	N	0	0	N	N	4	2	6	18	6
W.S. Central	470	3,272	4,311	24,766	33,034	—	0	1	—	2	5	9	44	64	50
Arkansas	358	317	439	3,321	3,022	N	0	0	N	N	—	0	2	3	2
Louisiana	—	354	1,071	1,566	3,943	—	0	1	—	2	—	1	9	13	6
Oklahoma	112	103	675	883	2,372	N	0	0	N	N	3	2	6	13	9
Texas	—	2,368	3,108	18,996	23,697	N	0	0	N	N	2	6	40	35	33
Mountain	573	1,698	2,412	13,874	17,631	4	307	460	2,183	3,344	2	10	29	56	93
Arizona	—	546	784	4,027	5,269	—	303	457	2,151	3,296	—	1	4	2	4
Colorado	—	402	846	3,261	4,926	N	0	0	N	N	—	2	11	5	27
Idaho	—	90	274	653	733	N	0	0	N	N	—	1	9	12	9
Montana	62	68	91	738	663	N	0	0	N	N	2	1	6	13	8
Nevada	248	207	285	1,595	2,162	4	2	5	23	18	—	0	2	2	2
New Mexico	242	220	336	2,182	2,124	—	1	4	2	19	—	2	9	16	26
Utah	21	136	190	1,310	1,341	—	0	4	5	8	—	1	5	3	8
Wyoming	—	29	67	108	413	—	0	2	2	3	—	0	3	3	9
Pacific	1,265	4,032	5,436	26,255	42,362	7	93	172	424	962	7	9	23	60	86
Alaska	51	109	152	1,083	1,215	N	0	0	N	N	—	0	3	—	3
California	748	3,071	4,501	18,731	32,971	7	93	172	424	962	3	6	16	48	43
Hawaii	—	114	142	360	1,182	N	0	0	N	N	—	0	1	2	—
Oregon	—	280	412	2,581	2,494	N	0	0	N	N	1	2	8	4	30
Washington	466	434	612	3,500	4,500	N	0	0	N	N	3	1	17	6	10
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	6	26	—	147	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	109	348	1,009	1,075	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	16	27	—	146	—	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 and 2012 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max		
United States	—	2	17	—	44	—	0	1	—	—
New England	—	0	1	—	2	—	0	0	—	—
Connecticut	—	0	0	—	1	—	0	0	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	—	—	0	0	—	—
Vermont	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	—	1	6	—	13	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	2	—	1	—	0	0	—	—
New York City	—	0	4	—	7	—	0	0	—	—
Pennsylvania	—	0	2	—	5	—	0	0	—	—
E.N. Central	—	0	2	—	5	—	0	1	—	—
Illinois	—	0	1	—	1	—	0	1	—	—
Indiana	—	0	1	—	1	—	0	0	—	—
Michigan	—	0	2	—	1	—	0	0	—	—
Ohio	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	2	—	0	0	—	—
W.N. Central	—	0	2	—	1	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	—	9	—	0	1	—	—
Delaware	—	0	2	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	—	5	—	0	0	—	—
Georgia	—	0	1	—	1	—	0	0	—	—
Maryland	—	0	2	—	1	—	0	0	—	—
North Carolina	—	0	1	—	1	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—
Virginia	—	0	1	—	1	—	0	1	—	—
West Virginia	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	3	—	—	—	0	0	—	—
Alabama	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee	—	0	2	—	—	—	0	0	—	—
W.S. Central	—	0	2	—	1	—	0	0	—	—
Arkansas	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	1	—	1	—	0	0	—	—
Oklahoma	—	0	0	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	1	—	2	—	0	0	—	—
Arizona	—	0	1	—	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho	—	0	0	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada	—	0	1	—	—	—	0	0	—	—
New Mexico	—	0	1	—	1	—	0	0	—	—
Utah	—	0	1	—	—	—	0	0	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	—	11	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	2	—	3	—	0	0	—	—
Hawaii	—	0	1	—	5	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	—	3	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	83	—	179	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	1	9	90	16	12	1	16	58	21	23	—	2	8	4	2
New England	—	0	1	1	—	—	3	28	4	15	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine	—	0	1	—	—	—	0	3	1	1	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	—	1	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	5	—	—	—	0	1	—	—
Rhode Island	—	0	1	1	—	—	0	15	3	13	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	1	1	1	6	43	13	3	—	0	2	1	—
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	1	3	43	10	2	—	0	2	1	—
New York City	—	0	2	1	1	—	1	5	3	1	—	0	0	—	—
Pennsylvania	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
E.N. Central	—	0	5	—	2	—	0	2	1	1	—	0	6	—	2
Illinois	—	0	4	—	1	—	0	2	1	—	—	0	1	—	1
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	—	1
Michigan	—	0	2	—	—	—	0	0	—	—	—	0	2	—	—
Ohio	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	1	—	0	1	—	—
W.N. Central	—	1	16	1	1	—	0	6	—	—	—	0	6	—	—
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Missouri	—	1	16	1	1	—	0	5	—	—	—	0	6	—	—
Nebraska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	—	4	33	12	8	—	1	8	2	3	—	0	2	2	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	2	1	—	0	3	—	—	—	0	0	—	—
Georgia	—	0	3	6	1	—	0	2	2	—	—	0	1	1	—
Maryland	—	0	3	1	3	—	0	2	—	1	—	0	1	1	—
North Carolina	—	0	17	1	2	—	0	6	—	2	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Virginia	—	1	13	2	—	—	0	3	—	—	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	1	1	8	1	—	—	0	2	1	1	—	0	3	—	—
Alabama	—	0	2	—	—	—	0	1	1	1	N	0	0	N	N
Kentucky	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee	1	0	5	1	—	—	0	1	—	—	—	0	3	—	—
W.S. Central	—	0	30	—	—	—	0	3	—	—	—	0	0	—	—
Arkansas	—	0	13	—	—	—	0	3	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	25	—	—	—	0	1	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
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	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	1	—	—	—	0	2	1	—
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	0	—	—	—	0	0	—	—	—	0	2	1	—
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	—	—	—	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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† Cumulative total *E. ewingii* cases reported for year 2011 = 13, and 0 case reports for 2012.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	110	276	453	1,897	2,594	2,519	6,013	6,817	47,882	59,008	21	66	114	597	689
New England	6	26	64	113	249	63	107	178	609	1,089	1	4	9	39	46
Connecticut	—	4	10	24	50	—	43	91	—	542	—	1	5	13	11
Maine	1	3	10	15	17	10	5	18	69	33	1	0	2	7	5
Massachusetts	—	12	29	47	125	40	47	80	403	420	—	2	7	16	23
New Hampshire	—	2	8	7	15	1	2	8	21	23	—	0	2	2	3
Rhode Island	4	0	10	9	12	7	7	35	102	66	—	0	2	1	3
Vermont	1	3	19	11	30	5	0	6	14	5	—	0	2	—	1
Mid. Atlantic	24	55	91	370	560	414	736	1,019	6,891	7,101	5	16	31	137	130
New Jersey	—	0	14	—	69	41	147	217	1,225	1,233	—	2	6	6	27
New York (Upstate)	13	20	50	126	159	165	117	400	1,136	935	1	3	16	35	23
New York City	4	18	30	147	178	62	236	315	1,643	2,431	3	4	9	44	26
Pennsylvania	7	15	30	97	154	146	271	492	2,887	2,502	1	5	15	52	54
E.N. Central	17	51	92	343	458	310	1,084	1,292	7,694	11,362	6	11	22	72	121
Illinois	—	11	20	51	104	9	310	409	1,519	3,139	—	3	11	2	37
Indiana	1	5	13	25	61	46	135	172	1,095	1,519	—	2	6	13	15
Michigan	4	11	22	98	95	157	236	375	2,085	2,676	—	1	5	12	18
Ohio	12	16	30	124	128	61	313	403	2,168	3,192	6	4	7	38	36
Wisconsin	—	8	21	45	70	37	92	118	827	836	—	1	5	7	15
W.N. Central	10	18	50	139	174	9	313	383	665	2,857	1	2	9	23	22
Iowa	5	4	15	39	43	9	36	110	361	375	—	0	1	—	—
Kansas	—	2	9	13	20	—	42	65	35	367	—	0	2	3	2
Minnesota	—	0	0	—	—	—	44	62	—	403	—	0	0	—	—
Missouri	2	6	17	51	59	—	149	204	—	1,338	1	1	5	15	11
Nebraska	3	3	11	27	37	—	26	52	195	218	—	0	2	5	9
North Dakota	—	0	12	—	—	—	5	14	—	42	—	0	6	—	—
South Dakota	—	1	8	9	15	—	11	20	74	114	—	0	1	—	—
S. Atlantic	27	53	116	420	459	1,027	1,500	1,956	13,326	14,581	4	15	31	163	171
Delaware	—	0	3	3	6	13	15	35	157	200	—	0	2	—	1
District of Columbia	—	1	5	2	9	—	38	105	427	418	—	0	1	—	—
Florida	10	23	69	166	225	239	374	473	3,435	3,632	2	4	12	44	54
Georgia	2	13	51	140	89	157	322	456	2,681	2,642	1	2	6	25	40
Maryland	6	6	15	51	57	56	119	185	646	1,192	—	2	6	21	18
North Carolina	N	0	0	N	N	225	318	548	2,760	3,298	—	1	7	20	19
South Carolina	5	2	8	23	19	195	152	421	1,625	1,880	1	1	5	23	15
Virginia	4	5	17	35	54	142	127	353	1,479	1,142	—	2	8	20	24
West Virginia	—	0	8	—	—	—	14	29	116	177	—	0	5	10	—
E.S. Central	2	3	8	30	24	299	531	789	4,984	4,774	2	4	12	47	37
Alabama	2	3	8	30	24	—	168	408	1,177	1,586	—	1	3	11	12
Kentucky	N	0	0	N	N	67	81	151	727	547	1	1	4	13	8
Mississippi	N	0	0	N	N	145	116	242	1,497	1,228	—	0	3	6	3
Tennessee	N	0	0	N	N	87	151	256	1,583	1,413	1	2	8	17	14
W.S. Central	1	5	15	42	36	129	865	1,173	6,375	8,627	—	2	10	35	39
Arkansas	1	3	8	15	14	100	87	138	914	909	—	0	3	6	7
Louisiana	—	2	10	27	22	—	103	255	453	1,136	—	1	4	11	20
Oklahoma	—	0	0	—	—	29	30	196	225	770	—	1	9	18	12
Texas	N	0	0	N	N	—	591	828	4,783	5,812	—	0	1	—	—
Mountain	4	22	41	105	201	32	208	324	1,759	2,065	2	5	10	50	78
Arizona	—	2	6	11	25	—	90	128	770	705	—	1	5	15	34
Colorado	—	7	23	39	55	—	40	77	374	491	—	1	3	4	18
Idaho	4	3	9	15	33	—	2	15	3	28	—	0	2	4	3
Montana	—	2	5	8	7	1	1	5	20	15	—	0	1	2	2
Nevada	—	1	4	10	20	28	37	57	239	455	2	0	2	5	4
New Mexico	—	1	6	6	15	3	35	73	294	310	—	1	3	13	12
Utah	—	3	9	10	37	—	6	10	55	45	—	0	3	6	5
Wyoming	—	0	2	6	9	—	0	3	4	16	—	0	1	1	—
Pacific	19	47	187	335	433	236	637	758	5,579	6,552	—	4	9	31	45
Alaska	—	2	7	12	11	6	18	31	127	180	—	0	3	2	6
California	13	32	52	226	294	181	520	621	4,809	5,431	—	1	5	9	14
Hawaii	—	0	4	2	5	—	12	24	34	138	—	0	3	5	6
Oregon	2	6	20	53	84	—	27	60	212	237	—	1	6	15	19
Washington	4	6	150	42	39	49	50	79	397	566	—	0	1	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	6	—	0	0	—	—
Puerto Rico	—	1	8	—	19	—	6	14	38	69	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	10	—	29	—	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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	14	23	43	188	232	33	49	104	412	536	17	21	42	175	173
New England	—	1	5	3	15	—	1	8	3	21	—	1	5	3	17
Connecticut	—	0	3	3	5	—	0	2	1	5	—	0	4	3	12
Maine	—	0	2	—	1	—	0	2	2	1	—	0	3	—	3
Massachusetts	—	0	3	—	5	—	0	6	—	14	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	1	N	0	0	N	N
Rhode Island	—	0	1	—	2	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	2	—	0	0	—	—	—	0	1	—	1
Mid. Atlantic	3	4	8	34	45	4	5	11	41	58	5	2	5	24	14
New Jersey	—	1	3	1	7	—	1	4	14	11	—	0	2	2	—
New York (Upstate)	1	1	4	13	6	2	1	4	8	10	3	1	4	9	7
New York City	1	1	4	9	17	—	1	5	9	20	—	0	1	—	2
Pennsylvania	1	1	5	11	15	2	2	4	10	17	2	1	4	13	5
E.N. Central	—	4	7	25	44	5	6	37	54	85	—	3	8	23	30
Illinois	—	1	5	6	9	—	1	3	1	20	—	0	2	1	1
Indiana	—	0	1	2	7	—	1	4	6	12	—	0	5	4	21
Michigan	—	1	6	14	14	—	1	6	11	23	—	2	5	17	7
Ohio	—	0	2	1	12	5	1	30	32	24	—	0	1	1	—
Wisconsin	—	0	1	2	2	—	1	3	4	6	—	0	1	—	1
W.N. Central	—	1	7	12	10	2	2	9	19	19	1	0	4	2	—
Iowa	—	0	1	—	1	—	0	1	1	2	—	0	0	—	—
Kansas	—	0	1	1	1	—	0	2	—	3	—	0	1	1	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	—	0	3	7	4	1	1	4	16	9	—	0	0	—	—
Nebraska	—	0	1	4	2	1	0	2	2	4	1	0	1	1	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	2	—	0	0	—	1	—	0	0	—	—
S. Atlantic	7	4	11	39	44	11	13	57	130	131	4	5	14	51	36
Delaware	—	0	1	1	1	—	0	2	3	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	5	1	8	18	16	7	4	7	43	37	3	1	5	22	8
Georgia	—	1	5	6	13	2	2	7	20	29	—	1	3	3	10
Maryland	2	0	4	4	3	—	1	5	15	11	—	1	3	4	4
North Carolina	—	0	3	4	4	1	1	8	11	27	1	1	7	8	10
South Carolina	—	0	2	1	2	—	1	3	8	8	—	0	1	—	—
Virginia	—	0	3	4	5	1	1	6	11	19	—	0	3	4	4
West Virginia	—	0	2	1	—	—	0	43	19	—	—	0	7	10	—
E.S. Central	—	1	6	4	5	4	10	21	90	93	4	4	10	36	33
Alabama	—	0	2	2	—	—	2	6	12	17	—	0	3	2	1
Kentucky	—	0	2	—	2	1	3	10	30	32	—	2	8	14	17
Mississippi	—	0	1	—	1	—	1	4	7	7	U	0	0	U	U
Tennessee	—	0	5	2	2	3	4	10	41	37	4	2	5	20	15
W.S. Central	1	3	7	29	14	2	6	15	43	55	1	1	5	8	16
Arkansas	—	0	2	2	—	—	1	4	7	9	—	0	0	—	—
Louisiana	—	0	2	—	1	—	0	2	6	13	—	0	1	—	4
Oklahoma	—	0	2	—	—	—	1	9	6	12	—	1	4	1	7
Texas	1	3	7	27	13	2	3	12	24	21	1	0	4	7	5
Mountain	—	1	5	18	16	2	1	4	11	27	2	1	5	10	15
Arizona	—	0	2	6	4	—	0	3	1	6	U	0	0	U	U
Colorado	—	0	2	4	6	—	0	2	—	6	—	0	2	—	4
Idaho	—	0	1	4	1	—	0	0	—	2	2	0	1	4	5
Montana	—	0	0	—	3	—	0	0	—	—	—	0	3	—	1
Nevada	—	0	3	3	—	2	0	3	10	8	—	0	2	3	1
New Mexico	—	0	1	1	1	—	0	2	—	2	—	0	2	—	2
Utah	—	0	1	—	—	—	0	1	—	3	—	0	2	3	2
Wyoming	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Pacific	3	3	12	24	39	3	3	9	21	47	—	2	10	18	12
Alaska	—	0	1	—	—	—	0	1	—	1	U	0	0	U	U
California	—	3	9	14	33	—	2	6	10	35	—	1	5	8	6
Hawaii	—	0	2	2	1	—	0	1	2	2	U	0	0	U	U
Oregon	—	0	2	2	1	—	0	4	5	7	—	0	2	7	4
Washington	3	0	4	6	4	3	0	4	4	2	—	0	9	3	2
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	6	—	1	3	—	22	—	0	1	—	9
Puerto Rico	—	0	3	—	2	—	0	3	—	4	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 March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	23	72	183	328	392	125	551	2,210	2,001	2,001	6	28	56	133	219
New England	—	4	40	14	29	—	85	506	150	509	—	1	7	6	15
Connecticut	—	1	11	5	5	—	38	236	49	198	—	0	2	—	1
Maine	—	0	3	1	2	—	12	67	43	40	—	0	2	—	—
Massachusetts	—	3	24	4	16	—	10	106	16	175	—	0	6	5	11
New Hampshire	—	0	3	—	2	—	10	90	14	71	—	0	1	—	1
Rhode Island	—	0	9	4	2	—	1	31	6	6	—	0	2	—	—
Vermont	—	0	2	—	2	—	6	70	22	19	—	0	1	1	2
Mid. Atlantic	9	18	92	87	101	110	352	1,235	1,534	1,039	—	6	12	20	54
New Jersey	—	2	16	4	25	63	159	543	855	367	—	0	2	—	6
New York (Upstate)	6	6	27	27	28	22	57	220	150	83	—	1	4	2	7
New York City	—	3	17	20	22	—	10	42	2	92	—	4	11	14	33
Pennsylvania	3	5	43	36	26	25	116	536	527	497	—	1	5	4	8
E.N. Central	5	14	51	69	78	—	28	351	24	127	2	3	10	15	22
Illinois	—	2	11	8	10	—	1	21	1	6	—	1	5	2	8
Indiana	1	2	8	12	14	—	1	12	3	1	—	0	2	3	2
Michigan	—	2	15	9	16	—	1	13	3	—	—	0	4	2	3
Ohio	4	7	34	40	38	—	1	6	6	3	2	0	4	7	8
Wisconsin	—	0	1	—	—	—	25	309	11	117	—	0	2	1	1
W.N. Central	—	1	8	6	7	—	1	16	3	2	—	1	5	7	5
Iowa	—	0	2	—	1	—	0	13	1	1	—	0	3	1	—
Kansas	—	0	2	—	1	—	0	2	—	—	—	0	2	3	1
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	5	6	4	—	0	2	—	1	—	0	2	3	3
Nebraska	—	0	2	—	—	—	0	2	2	—	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	9	—	—	—	0	0	—	—
South Dakota	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
S. Atlantic	4	11	30	73	53	15	66	180	270	304	4	9	27	52	74
Delaware	—	0	4	4	1	—	13	48	68	82	—	0	3	1	—
District of Columbia	—	0	3	1	—	—	0	3	1	3	—	0	2	—	3
Florida	3	4	13	35	27	4	3	8	23	10	1	2	6	16	16
Georgia	—	1	4	6	4	—	0	5	5	1	—	1	6	6	11
Maryland	1	2	15	11	8	8	20	115	106	116	3	2	17	15	21
North Carolina	—	1	7	5	7	—	0	13	1	6	—	0	7	1	8
South Carolina	—	0	5	4	1	—	0	6	3	1	—	0	1	3	—
Virginia	—	1	8	7	5	2	18	75	55	82	—	1	8	10	15
West Virginia	—	0	5	—	—	1	0	20	8	3	—	0	1	—	—
E.S. Central	—	2	11	8	14	—	1	5	1	4	—	1	4	—	3
Alabama	—	0	2	2	3	—	0	2	—	3	—	0	3	—	1
Kentucky	—	1	4	2	4	—	0	1	1	—	—	0	2	—	1
Mississippi	—	0	3	—	2	—	0	1	—	—	—	0	1	—	—
Tennessee	—	1	8	4	5	—	0	4	—	1	—	0	3	—	1
W.S. Central	3	3	8	17	18	—	1	6	2	5	—	1	11	6	7
Arkansas	—	0	2	—	1	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	1	7	—	0	1	1	—	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	0	0	—	—	—	0	3	4	1
Texas	3	2	7	16	9	—	1	6	1	5	—	1	9	2	6
Mountain	—	2	9	12	22	—	1	5	6	3	—	1	5	7	13
Arizona	—	1	4	4	6	—	0	4	1	1	—	0	4	1	3
Colorado	—	0	4	1	7	—	0	1	—	—	—	0	3	—	5
Idaho	—	0	1	1	1	—	0	2	2	—	—	0	1	1	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Nevada	—	0	2	3	1	—	0	1	1	—	—	0	2	4	3
New Mexico	—	0	2	—	1	—	0	2	—	1	—	0	1	—	2
Utah	—	0	2	2	5	—	0	1	1	1	—	0	1	1	—
Wyoming	—	0	2	1	1	—	0	1	1	—	—	0	0	—	—
Pacific	2	5	17	42	70	—	3	8	11	8	—	3	11	20	26
Alaska	—	0	0	—	—	—	0	3	1	—	—	0	1	1	2
California	1	4	11	35	63	—	1	7	10	3	—	2	7	18	18
Hawaii	—	0	2	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	1	0	3	7	1	—	0	2	—	5	—	0	4	1	4
Washington	—	0	13	—	5	—	0	5	—	—	—	0	2	—	2
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	—	4	N	0	0	N	N	—	0	1	—	—
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 March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	5	12	27	97	182	1	6	21	28	75	191	320	867	3,296	3,398
New England	—	0	3	1	7	—	0	2	—	1	1	17	33	166	103
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	7	5	15
Maine	—	0	1	—	1	—	0	2	—	—	—	3	19	25	28
Massachusetts	—	0	2	1	5	—	0	1	—	1	—	4	10	24	42
New Hampshire	—	0	1	—	—	—	0	0	—	—	—	2	13	11	9
Rhode Island	—	0	1	—	—	—	0	2	—	—	1	0	10	17	8
Vermont	—	0	3	—	—	—	0	1	—	—	—	1	18	84	1
Mid. Atlantic	—	2	5	16	24	—	0	7	—	8	57	47	189	713	315
New Jersey	—	0	2	2	2	—	0	1	—	7	—	4	12	29	32
New York (Upstate)	—	0	3	4	7	—	0	3	—	1	41	19	142	374	87
New York City	—	0	2	4	8	—	0	6	—	—	—	4	42	67	—
Pennsylvania	—	0	2	6	7	—	0	1	—	—	16	13	32	243	196
E.N. Central	—	2	6	9	24	1	1	12	5	16	23	72	220	909	786
Illinois	—	0	3	—	9	—	1	10	—	8	—	21	123	129	146
Indiana	—	0	2	1	3	—	0	2	1	—	—	4	21	20	70
Michigan	—	0	2	2	3	—	0	2	2	1	2	10	38	116	227
Ohio	—	0	2	5	6	1	0	2	2	6	19	12	22	136	246
Wisconsin	—	0	2	1	3	—	0	1	—	1	2	17	91	508	97
W.N. Central	1	1	3	6	13	—	0	3	2	6	3	22	119	233	169
Iowa	—	0	1	—	4	—	0	2	—	—	—	4	10	45	45
Kansas	—	0	1	1	1	—	0	1	—	2	—	2	8	35	24
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	2	4	4	—	0	2	2	3	3	8	33	127	72
Nebraska	1	0	2	1	3	—	0	1	—	1	—	1	5	7	23
North Dakota	—	0	1	—	—	—	0	3	—	—	—	0	16	16	3
South Dakota	—	0	1	—	1	—	0	0	—	—	—	0	7	3	2
S. Atlantic	2	2	8	16	26	—	1	4	6	2	10	27	55	243	347
Delaware	—	0	1	—	—	—	0	0	—	—	—	0	5	8	6
District of Columbia	—	0	1	—	—	—	0	1	—	—	—	0	2	1	1
Florida	1	1	5	11	8	—	0	2	3	—	7	6	17	82	64
Georgia	—	0	1	1	2	—	0	2	—	—	—	2	7	11	54
Maryland	1	0	2	3	2	—	0	1	1	—	1	2	10	33	32
North Carolina	—	0	2	—	7	—	0	2	—	—	—	3	20	13	71
South Carolina	—	0	1	—	3	—	0	1	—	—	1	2	9	13	40
Virginia	—	0	2	—	4	—	0	4	1	2	1	7	25	60	79
West Virginia	—	0	3	1	—	—	0	1	1	—	—	0	15	22	—
E.S. Central	—	0	3	1	9	—	0	1	1	3	3	9	19	95	101
Alabama	—	0	2	—	5	—	0	1	—	1	1	2	11	19	26
Kentucky	—	0	2	—	—	—	0	0	—	—	—	3	10	38	44
Mississippi	—	0	1	1	1	—	0	1	1	2	—	1	4	14	5
Tennessee	—	0	1	—	3	—	0	1	—	—	2	2	7	24	26
W.S. Central	1	1	5	8	17	—	1	4	6	33	17	19	116	138	157
Arkansas	—	0	2	—	4	—	0	2	—	—	—	1	8	3	8
Louisiana	—	0	2	1	3	—	0	0	—	—	—	0	3	2	8
Oklahoma	—	0	2	1	2	—	0	2	—	—	—	0	11	—	3
Texas	1	0	2	6	8	—	1	4	6	33	17	18	108	133	138
Mountain	—	1	4	7	14	—	0	2	3	1	—	40	91	349	518
Arizona	—	0	1	1	4	—	0	0	—	—	—	14	63	159	211
Colorado	—	0	1	—	3	—	0	1	1	—	—	7	25	60	113
Idaho	—	0	1	1	3	—	0	2	—	—	—	3	12	18	25
Montana	—	0	2	2	—	—	0	1	1	—	—	1	32	22	44
Nevada	—	0	1	2	—	—	0	0	—	—	—	0	5	10	7
New Mexico	—	0	1	1	—	—	0	1	—	1	—	4	24	23	36
Utah	—	0	1	—	4	—	0	1	1	—	—	7	17	54	80
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	3	3	2
Pacific	1	2	11	33	48	—	1	11	5	5	77	57	273	450	902
Alaska	—	0	1	—	1	—	0	1	—	—	1	0	3	14	13
California	—	2	8	22	34	—	0	11	4	—	1	31	68	56	776
Hawaii	1	0	1	2	2	—	0	1	—	2	1	2	10	41	8
Oregon	—	0	4	8	8	—	0	1	—	3	2	5	23	41	48
Washington	—	0	3	1	3	—	0	1	1	—	72	13	219	298	57
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	—	7	—	2	4	—	24
Puerto Rico	—	0	0	—	—	—	0	2	1	—	—	0	2	—	1
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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	28	80	123	436	550	241	900	1,917	4,075	4,787	21	94	209	359	427
New England	3	6	16	65	19	4	37	107	121	225	—	3	13	11	17
Connecticut	—	3	10	28	4	—	8	30	36	67	—	1	4	6	7
Maine	1	1	6	18	4	—	2	7	10	20	—	0	3	—	1
Massachusetts	—	0	0	—	—	—	19	44	46	104	—	1	9	5	2
New Hampshire	—	0	3	7	2	2	3	8	9	19	—	0	3	—	6
Rhode Island	1	0	6	6	2	1	1	62	7	8	—	0	2	—	—
Vermont	1	0	3	6	7	1	1	8	13	7	—	0	3	—	1
Mid. Atlantic	7	15	36	84	124	31	96	209	440	515	4	10	34	44	68
New Jersey	—	0	0	—	—	—	21	48	58	108	—	2	7	2	22
New York (Upstate)	7	7	20	40	41	25	25	67	132	97	3	3	13	13	14
New York City	—	0	3	—	2	—	19	44	116	139	—	2	6	10	10
Pennsylvania	—	8	21	44	81	6	31	114	134	171	1	3	16	19	22
E.N. Central	—	2	20	3	8	7	89	185	355	556	4	16	54	61	91
Illinois	—	0	6	—	4	—	27	80	109	196	—	4	14	9	17
Indiana	—	0	7	—	—	—	8	27	25	55	—	2	10	4	15
Michigan	—	1	6	2	3	3	15	42	82	93	—	3	19	33	19
Ohio	—	1	5	1	1	4	20	46	107	138	4	3	9	15	21
Wisconsin	N	0	0	N	N	—	12	46	32	74	—	3	21	—	19
W.N. Central	—	1	8	17	7	6	39	99	206	233	1	11	40	48	34
Iowa	—	0	0	—	—	1	8	19	40	64	—	2	15	7	9
Kansas	—	0	4	7	3	—	8	27	54	40	—	2	8	5	7
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	0	4	3	—	3	15	42	82	90	—	5	32	23	9
Nebraska	—	0	3	—	4	2	4	13	20	22	1	1	7	8	8
North Dakota	—	0	4	7	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	3	10	10	17	—	1	4	5	1
S. Atlantic	11	19	48	146	249	105	276	741	1,403	1,335	8	12	32	80	75
Delaware	—	0	0	—	—	—	2	12	11	18	—	0	2	2	2
District of Columbia	—	0	0	—	—	—	1	6	—	6	—	0	1	1	1
Florida	—	0	13	21	120	58	107	203	608	510	6	3	9	34	14
Georgia	—	0	0	—	—	5	43	139	167	256	—	2	8	6	14
Maryland	—	7	13	41	45	17	19	46	123	99	2	1	4	7	11
North Carolina	—	0	0	—	—	17	34	251	269	207	—	2	26	16	18
South Carolina	N	0	0	N	N	1	27	71	110	108	—	0	4	4	4
Virginia	10	11	27	76	84	7	20	54	107	131	—	2	8	10	11
West Virginia	1	0	30	8	—	—	0	18	8	—	—	0	2	—	—
E.S. Central	2	3	11	14	25	11	64	190	275	330	—	4	18	25	23
Alabama	1	2	7	11	14	1	18	70	70	101	—	1	15	10	2
Kentucky	1	0	2	3	1	—	11	30	45	60	—	1	5	5	7
Mississippi	—	0	1	—	—	4	22	66	74	66	—	0	4	5	4
Tennessee	—	1	4	—	10	6	15	51	86	103	—	1	11	5	10
W.S. Central	4	22	55	78	99	38	135	257	512	505	—	10	66	26	35
Arkansas	—	0	10	14	4	1	13	52	32	59	—	1	6	3	2
Louisiana	—	0	0	—	—	—	14	44	79	76	—	0	1	—	2
Oklahoma	—	0	21	7	3	10	13	31	60	46	—	1	10	6	4
Texas	4	19	44	57	92	27	94	165	341	324	—	7	66	17	27
Mountain	1	1	4	18	—	1	46	93	217	370	1	11	27	26	51
Arizona	N	0	0	N	N	—	14	35	88	125	—	2	6	5	11
Colorado	—	0	0	—	—	—	9	23	34	85	—	3	9	4	17
Idaho	—	0	1	—	—	—	2	8	10	34	—	1	8	3	6
Montana	N	0	0	N	N	1	2	10	13	7	—	1	4	1	3
Nevada	—	0	3	—	—	—	3	7	14	27	1	1	7	4	3
New Mexico	1	0	4	18	—	—	6	22	27	41	—	1	3	4	5
Utah	—	0	2	—	—	—	6	15	26	44	—	1	7	2	6
Wyoming	—	0	0	—	—	—	1	9	5	7	—	0	7	3	—
Pacific	—	4	14	11	19	38	94	173	546	718	3	9	28	38	33
Alaska	—	0	2	3	9	1	1	6	12	10	—	0	1	—	—
California	—	4	13	8	6	20	70	141	396	559	—	5	14	14	19
Hawaii	—	0	0	—	—	4	6	14	22	62	—	0	2	—	—
Oregon	—	0	2	—	4	—	6	12	43	51	—	2	11	11	7
Washington	—	0	0	—	—	13	10	44	73	36	3	2	22	13	7
Territories															
American Samoa	N	0	0	N	N	—	0	1	1	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	4	—	0	0	—	—
Puerto Rico	—	1	6	13	6	—	7	21	6	68	—	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 and 2012 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	81	261	381	1,699	1,546	1	3	13	19	11	6	31	137	88	55
New England	—	4	21	13	31	—	0	1	—	—	—	0	1	—	1
Connecticut	—	1	4	5	6	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	—	1	—	0	0	—	—	—	0	1	—	—
Massachusetts	—	3	20	8	22	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island	—	0	3	—	—	—	0	0	—	—	—	0	1	—	1
Vermont	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	8	29	88	289	113	—	0	2	4	—	—	1	7	10	3
New Jersey	—	7	39	71	23	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	6	7	41	102	21	—	0	1	—	—	—	0	3	1	—
New York City	—	8	29	100	48	—	0	0	—	—	—	0	3	2	2
Pennsylvania	2	2	13	16	21	—	0	2	4	—	—	0	3	7	1
E.N. Central	7	16	41	205	124	—	0	2	1	—	—	2	10	6	4
Illinois	—	4	16	13	43	—	0	1	—	—	—	1	4	3	3
Indiana	—	1	6	5	11	—	0	1	1	—	—	1	5	1	—
Michigan	1	4	11	40	26	—	0	1	—	—	—	0	1	—	—
Ohio	6	6	27	147	44	—	0	2	—	—	—	0	2	2	1
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	—	5	18	53	82	—	0	4	—	—	1	4	24	7	8
Iowa	—	0	3	5	4	—	0	0	—	—	—	0	2	—	1
Kansas	—	1	8	28	20	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	3	14	17	55	—	0	2	—	—	1	4	22	7	7
Nebraska	—	0	2	3	2	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
S. Atlantic	29	75	134	401	521	1	2	8	12	5	1	7	57	33	18
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	4	4	1
District of Columbia	—	0	5	1	5	—	0	1	—	—	—	0	1	—	—
Florida	19	49	98	236	323	—	0	1	—	2	—	0	2	5	1
Georgia	6	13	26	103	86	—	1	8	11	1	—	0	0	—	—
Maryland	4	2	10	30	20	—	0	1	—	1	1	0	3	4	1
North Carolina	—	3	19	16	58	—	0	4	—	1	—	0	49	5	9
South Carolina	—	1	54	3	12	—	0	2	—	—	—	0	2	1	1
Virginia	—	2	7	12	17	1	0	1	1	—	—	4	14	14	5
West Virginia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	8	21	51	265	94	—	0	2	—	—	3	4	25	15	9
Alabama	3	5	21	59	41	—	0	1	—	—	—	1	8	5	3
Kentucky	5	6	22	120	10	—	0	1	—	—	—	0	2	1	—
Mississippi	—	5	24	58	17	—	0	0	—	—	—	0	2	—	2
Tennessee	—	4	11	28	26	—	0	2	—	—	3	4	20	9	4
W.S. Central	19	54	142	312	235	—	0	3	—	—	1	3	52	8	1
Arkansas	2	2	7	12	4	—	0	3	—	—	—	2	52	5	—
Louisiana	—	4	21	27	28	—	0	0	—	—	—	0	2	1	—
Oklahoma	4	4	28	75	17	—	0	1	—	—	1	0	25	2	—
Texas	13	43	112	198	186	—	0	1	—	—	—	0	4	—	1
Mountain	—	12	41	42	135	—	0	3	—	6	—	1	7	7	11
Arizona	—	6	27	27	41	—	0	3	—	6	—	0	6	3	11
Colorado	—	1	8	2	17	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	2	5	—	0	0	—	—	—	0	2	2	—
Montana	—	1	15	3	25	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	4	1	6	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	6	6	35	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	1	6	—	0	0	—	—	—	0	1	2	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	10	18	44	119	211	—	0	2	2	—	—	0	1	2	—
Alaska	—	0	2	3	1	N	0	0	N	N	N	0	0	N	N
California	9	13	41	98	176	—	0	2	2	—	—	0	1	2	—
Hawaii	—	0	3	1	17	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	10	9	—	0	0	—	—	—	0	0	—	—
Washington	1	1	11	7	8	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	—	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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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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† 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	255	264	526	3,023	4,086	16	21	43	202	249	64	269	307	1,840	2,523
New England	4	13	31	124	216	—	1	4	6	8	4	7	23	67	74
Connecticut	—	6	20	54	100	—	0	3	2	2	—	0	12	—	13
Maine	1	2	8	23	28	—	0	1	1	1	2	0	2	4	2
Massachusetts	—	0	3	5	7	—	0	2	2	3	1	5	10	45	45
New Hampshire	—	1	6	14	35	—	0	1	1	—	1	0	3	5	4
Rhode Island	—	1	5	11	36	—	0	1	—	1	—	0	7	13	8
Vermont	3	1	6	17	10	—	0	2	—	1	—	0	2	—	2
Mid. Atlantic	34	31	68	470	441	1	2	11	23	22	8	29	48	200	319
New Jersey	—	12	26	104	218	—	0	4	8	12	—	3	11	8	36
New York (Upstate)	29	2	37	245	17	1	1	10	11	10	7	3	12	26	29
New York City	5	12	25	121	206	—	0	9	4	—	—	14	24	86	184
Pennsylvania	N	0	0	N	N	N	0	0	N	N	1	7	17	80	70
E.N. Central	53	63	122	649	808	2	3	10	36	43	4	31	49	135	333
Illinois	N	0	0	N	N	—	0	0	—	—	3	12	24	52	141
Indiana	—	14	36	101	213	—	1	4	3	12	1	3	8	29	36
Michigan	4	13	26	130	159	—	1	2	8	10	—	4	12	15	57
Ohio	46	27	42	320	330	2	1	7	16	16	—	7	17	35	88
Wisconsin	3	9	23	98	106	—	0	2	9	5	—	1	6	4	11
W.N. Central	2	3	28	41	38	—	0	2	3	2	—	5	13	5	80
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	4	4
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	—	4
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	8	—	34
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	8	—	35
Nebraska	2	2	8	41	38	—	0	2	3	2	—	0	2	1	3
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	87	65	143	816	1,145	8	5	15	60	74	30	68	86	542	594
Delaware	2	1	5	12	21	—	0	0	—	—	—	0	4	7	4
District of Columbia	—	0	5	1	16	—	0	1	1	2	—	3	9	33	36
Florida	29	21	48	277	464	1	2	8	20	37	2	24	36	198	228
Georgia	19	19	35	250	313	2	1	6	21	20	10	13	47	98	66
Maryland	18	9	25	94	175	5	1	3	8	10	6	8	20	52	78
North Carolina	N	0	0	N	N	N	0	0	N	N	4	8	21	72	86
South Carolina	16	8	22	128	156	—	0	3	4	5	4	4	11	41	52
Virginia	N	0	0	N	N	—	0	0	—	—	4	4	13	41	44
West Virginia	3	2	48	54	—	—	0	4	6	—	—	0	2	—	—
E.S. Central	22	23	45	244	354	—	2	4	12	19	2	15	31	90	131
Alabama	N	0	0	N	N	N	0	0	N	N	—	4	10	16	42
Kentucky	2	4	12	50	64	—	0	3	1	5	—	2	8	18	19
Mississippi	N	0	0	N	N	—	0	0	—	—	1	3	22	25	25
Tennessee	20	19	42	194	290	—	1	4	11	14	1	5	11	31	45
W.S. Central	48	32	154	380	477	4	3	10	34	40	2	37	51	323	305
Arkansas	4	4	14	47	64	—	0	3	5	8	2	4	15	52	31
Louisiana	—	2	14	39	77	—	0	2	3	5	—	7	25	17	49
Oklahoma	N	0	0	N	N	—	0	0	—	—	—	1	6	13	9
Texas	44	25	140	294	336	4	3	10	26	27	—	23	38	241	216
Mountain	3	25	69	276	564	—	2	8	20	39	3	12	20	57	119
Arizona	—	12	33	176	281	—	1	3	12	18	—	5	11	20	44
Colorado	—	8	22	44	134	—	0	4	4	5	—	2	6	13	24
Idaho	N	0	0	N	N	—	0	0	—	—	—	0	4	3	4
Montana	N	0	0	N	N	N	0	0	N	N	—	0	1	—	4
Nevada	N	0	0	N	N	N	0	0	N	N	2	2	9	11	25
New Mexico	2	4	13	51	85	—	0	2	4	7	1	1	4	7	14
Utah	—	1	7	—	57	—	0	1	—	9	—	0	2	3	4
Wyoming	1	0	3	5	7	—	0	0	—	—	—	0	0	—	—
Pacific	2	2	9	23	43	1	0	2	8	2	11	57	76	421	568
Alaska	1	2	9	22	42	1	0	2	8	2	—	0	2	3	—
California	N	0	0	N	N	N	0	0	N	N	7	46	64	358	449
Hawaii	1	0	1	1	1	—	0	1	—	—	—	0	3	—	1
Oregon	N	0	0	N	N	N	0	0	N	N	—	4	14	28	41
Washington	N	0	0	N	N	N	0	0	N	N	4	5	12	32	77
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	—	—	—	5	15	33	41
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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 10, 2012, and March 12, 2011 (10th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	180	293	414	2,362	2,815	—	0	63	—	1	—	0	33	—	1
New England	9	21	54	155	231	—	0	3	—	—	—	0	1	—	—
Connecticut	—	5	20	35	53	—	0	2	—	—	—	0	1	—	—
Maine	2	4	11	40	42	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	9	18	47	79	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	10	—	22	—	0	0	—	—	—	0	0	—	—
Rhode Island	2	0	6	3	9	—	0	1	—	—	—	0	0	—	—
Vermont	5	2	9	30	26	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	18	55	80	462	297	—	0	11	—	—	—	0	6	—	—
New Jersey	8	34	70	286	108	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	4	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	1	—	—
Pennsylvania	10	20	44	176	189	—	0	2	—	—	—	0	1	—	—
E.N. Central	32	63	118	568	764	—	0	13	—	—	—	0	7	—	—
Illinois	1	15	38	129	176	—	0	6	—	—	—	0	5	—	—
Indiana	—	5	20	70	60	—	0	2	—	—	—	0	1	—	—
Michigan	4	18	45	160	254	—	0	7	—	—	—	0	2	—	—
Ohio	27	21	47	209	273	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	13	32	124	141	—	0	9	—	1	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	85	74	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	4	18	32	55	—	0	2	—	1	—	0	2	—	—
Nebraska	—	0	3	3	7	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	1	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	4	4	—	0	0	—	—	—	0	1	—	—
S. Atlantic	37	35	66	269	380	—	0	12	—	—	—	0	6	—	—
Delaware	—	0	2	1	3	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	4	—	0	3	—	—	—	0	3	—	—
Florida	32	16	38	173	200	—	0	4	—	—	—	0	2	—	—
Georgia	N	0	0	N	N	—	0	4	—	—	—	0	1	—	—
Maryland	N	0	0	N	N	—	0	5	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	9	—	—	—	0	0	—	—	—	0	0	—	—
Virginia	5	10	27	66	69	—	0	2	—	—	—	0	1	—	—
West Virginia	—	5	32	29	104	—	0	1	—	—	—	0	0	—	—
E.S. Central	11	5	15	53	60	—	0	11	—	—	—	0	5	—	1
Alabama	10	5	14	48	56	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	1	0	3	5	4	—	0	5	—	—	—	0	4	—	1
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	49	56	199	485	455	—	0	4	—	—	—	0	3	—	—
Arkansas	—	4	27	16	59	—	0	1	—	—	—	0	0	—	—
Louisiana	—	1	6	10	19	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	49	48	193	459	377	—	0	3	—	—	—	0	3	—	—
Mountain	24	23	68	226	441	—	0	11	—	—	—	0	5	—	—
Arizona	—	9	50	49	144	—	0	7	—	—	—	0	4	—	—
Colorado	16	6	32	79	118	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	3	2	7	11	74	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	4	1	8	29	13	—	0	1	—	—	—	0	0	—	—
Utah	1	4	15	56	89	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	1	2	3	—	0	1	—	—	—	0	1	—	—
Pacific	—	2	9	20	46	—	0	18	—	—	—	0	8	—	—
Alaska	—	1	4	9	20	—	0	0	—	—	—	0	0	—	—
California	—	0	4	5	14	—	0	18	—	—	—	0	8	—	—
Hawaii	—	0	4	6	12	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	—	6	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	21	27	84	—	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 and 2012 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.

TABLE III. Deaths in 122 U.S. cities,* week ending March 10, 2012 (10th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	531	369	122	23	7	10	56
Boston, MA	142	90	41	7	3	1	16
Bridgeport, CT	33	23	7	2	1	—	6
Cambridge, MA	15	13	2	—	—	—	2
Fall River, MA	29	22	4	2	—	1	1
Hartford, CT	U	U	U	U	U	U	U
Lowell, MA	25	18	7	—	—	—	1
Lynn, MA	4	1	2	1	—	—	—
New Bedford, MA	29	24	4	—	1	—	3
New Haven, CT	46	30	10	5	1	—	6
Providence, RI	67	58	9	—	—	—	5
Somerville, MA	—	—	—	—	—	—	—
Springfield, MA	38	25	7	1	—	5	4
Waterbury, CT	34	23	11	—	—	—	2
Worcester, MA	69	42	18	5	1	3	10
Mid. Atlantic	2,255	1,571	487	124	40	33	117
Albany, NY	47	30	13	3	—	1	2
Allentown, PA	33	27	3	2	1	—	3
Buffalo, NY	86	55	22	5	1	3	7
Camden, NJ	31	18	10	—	—	3	1
Elizabeth, NJ	22	14	6	—	2	—	—
Erie, PA	52	37	14	1	—	—	3
Jersey City, NJ	19	14	3	—	—	2	—
New York City, NY	998	711	222	46	9	10	43
Newark, NJ	48	27	10	7	4	—	3
Paterson, NJ	24	16	3	3	2	—	—
Philadelphia, PA	561	357	134	43	14	13	33
Pittsburgh, PA§	52	42	7	1	2	—	9
Reading, PA	40	34	3	1	2	—	4
Rochester, NY	81	62	12	6	—	1	2
Schenectady, NY	26	24	2	—	—	—	3
Scranton, PA	26	21	4	1	—	—	1
Syracuse, NY	59	44	10	3	2	—	1
Trenton, NJ	19	13	4	1	1	—	1
Utica, NY	10	8	2	—	—	—	—
Yonkers, NY	21	17	3	1	—	—	1
E.N. Central	2,136	1,451	499	112	45	29	152
Akron, OH	54	36	16	1	—	1	7
Canton, OH	30	21	8	1	—	—	2
Chicago, IL	273	176	66	14	11	6	15
Cincinnati, OH	92	60	19	9	2	2	10
Cleveland, OH	288	202	60	17	7	2	16
Columbus, OH	233	159	58	9	3	4	7
Dayton, OH	146	103	37	5	1	—	14
Detroit, MI	168	103	45	14	2	4	11
Evansville, IN	56	36	18	—	2	—	4
Fort Wayne, IN	80	61	14	2	1	2	4
Gary, IN	14	8	5	—	—	1	—
Grand Rapids, MI	54	34	14	5	1	—	6
Indianapolis, IN	201	136	47	13	4	1	18
Lansing, MI	38	28	5	3	2	—	5
Milwaukee, WI	84	56	18	7	—	3	8
Peoria, IL	58	43	7	5	3	—	7
Rockford, IL	70	53	14	1	2	—	4
South Bend, IN	56	39	16	—	1	—	6
Toledo, OH	96	63	24	3	3	3	6
Youngstown, OH	45	34	8	3	—	—	2
W.N. Central	665	426	156	57	16	8	47
Des Moines, IA	58	46	9	3	—	—	1
Duluth, MN	25	17	5	1	—	1	4
Kansas City, KS	36	26	7	2	1	—	3
Kansas City, MO	69	32	13	20	4	—	2
Lincoln, NE	60	48	11	1	—	—	3
Minneapolis, MN	61	40	12	5	2	2	6
Omaha, NE	91	67	20	3	1	—	11
St. Louis, MO	133	60	45	17	6	4	2
St. Paul, MN	52	38	12	—	1	1	6
Wichita, KS	80	52	22	5	1	—	9
S. Atlantic	945	579	231	77	24	30	64
Atlanta, GA	181	96	45	19	7	12	7
Baltimore, MD	128	80	37	6	—	4	9
Charlotte, NC	108	70	26	9	2	1	6
Jacksonville, FL	7	4	3	—	—	—	1
Miami, FL	97	56	27	10	4	—	6
Norfolk, VA	52	31	13	7	—	1	1
Richmond, VA	51	29	10	7	3	2	3
Savannah, GA	64	44	14	4	1	1	4
St. Petersburg, FL	52	37	9	2	2	1	7
Tampa, FL	98	64	22	6	2	4	8
Washington, D.C.	96	59	24	6	3	4	11
Wilmington, DE	11	9	1	1	—	—	1
E.S. Central	936	634	223	54	14	11	73
Birmingham, AL	203	131	45	18	4	5	17
Chattanooga, TN	93	73	18	1	1	—	2
Knoxville, TN	109	85	16	5	2	1	10
Lexington, KY	53	40	8	5	—	—	5
Memphis, TN	186	114	55	14	2	1	17
Mobile, AL	79	48	26	1	2	2	6
Montgomery, AL	44	28	14	1	1	—	3
Nashville, TN	169	115	41	9	2	2	13
W.S. Central	1,173	765	237	85	50	35	69
Austin, TX	77	52	16	6	1	2	7
Baton Rouge, LA	70	40	12	12	5	1	2
Corpus Christi, TX	51	35	9	3	2	2	6
Dallas, TX	220	146	51	7	7	8	9
El Paso, TX	116	78	29	6	1	2	7
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	132	79	5	19	21	8	6
Little Rock, AR	89	60	20	6	1	2	5
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	241	157	59	15	6	4	15
Shreveport, LA	64	41	13	3	5	2	4
Tulsa, OK	113	77	23	8	1	4	8
Mountain	1,193	820	251	83	24	13	93
Albuquerque, NM	125	88	20	9	5	3	13
Boise, ID	57	42	14	—	1	—	6
Colorado Springs, CO	71	55	11	4	—	1	2
Denver, CO	114	74	33	7	—	—	7
Las Vegas, NV	273	191	53	21	6	2	26
Ogden, UT	39	29	8	1	1	—	1
Phoenix, AZ	173	97	47	17	6	4	11
Pueblo, CO	36	29	6	1	—	—	6
Salt Lake City, UT	135	92	25	14	1	3	12
Tucson, AZ	170	123	34	9	4	—	9
Pacific	1,819	1,291	389	74	35	30	184
Berkeley, CA	12	5	4	1	—	2	—
Fresno, CA	150	110	29	5	2	4	13
Glendale, CA	21	15	6	—	—	—	2
Honolulu, HI	78	56	19	2	1	—	11
Long Beach, CA	77	56	17	2	1	1	7
Los Angeles, CA	282	196	67	12	4	3	48
Pasadena, CA	22	17	5	—	—	—	4
Portland, OR	125	92	29	3	—	1	10
Sacramento, CA	225	157	55	6	2	5	16
San Diego, CA	180	125	36	9	5	5	20
San Francisco, CA	127	85	28	8	4	2	11
San Jose, CA	214	161	33	11	5	4	26
Santa Cruz, CA	22	18	2	1	1	—	5
Seattle, WA	118	76	29	7	4	2	1
Spokane, WA	58	45	9	2	1	1	4
Tacoma, WA	108	77	21	5	5	—	6
Total¶	**11,653**	**7,906**	**2,595**	**689**	**255**	**199**	**855**

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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