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Sociodemographic Differences in Binge Drinking Among Adults — 14 States, 2004

Binge drinking, defined in this study as consuming five or more alcoholic drinks on one occasion,* was responsible for 43,731 (54.9%) of the estimated 79,646 alcohol-attributable deaths each year in the United States during 2001–2005.† *Healthy People 2010* calls for reducing the prevalence of binge drinking among adults from the 16.6% baseline in 1998 to 6.0% (*1*). An overarching goal of *Healthy People* is to eliminate health disparities among different segments of the population.§ To assess binge drinking by sex, age group, race/ethnicity, education level, and income level, CDC analyzed data from an optional module of the 2004 Behavioral Risk Factor Surveillance System (BRFSS) survey, the most recent data available on binge drinking prevalence, frequency, and intensity (i.e., the number of drinks consumed per binge episode). This report summarizes the results of that analysis, which indicated that the prevalence of binge drinking was more common among men (24.3%), persons aged 18–24 years (27.4%) and 25–34 years (24.4%), whites (17.5%), and persons with household incomes ≥$50,000 (17.4%). However, after adjusting for sex and age, the highest average number of binge drinking episodes during the preceding 30 days was reported by binge drinkers whose household income was <$25,000. (4.9), and the highest average number of drinks per binge episode was reported by non-Hispanic blacks (8.4) and Hispanics (8.1). These findings underscore the need to implement effective population-based prevention strategies (e.g., increasing alcohol excise taxes) and develop effective interventions targeted at groups at higher risk.

BRFSS conducts annual state-based, random-digit–dialed telephone surveys of the noninstitutionalized U.S. civilian population aged ≥18 years, collecting data on health conditions and health risk behaviors, including binge drinking. In 2004, an optional survey module with additional questions on binge drinking was administered in 14 states.¶ Binge drinking was defined as having consumed five or more alcoholic drinks on one or more occasions during the preceding 30 days. For this report, responses to questions regarding the prevalence, frequency, and intensity of binge drinking were analyzed, beginning with the question, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on an occasion?" Those who acknowledged at least one occasion were then asked, "During the most recent occasion when you had five or more alcoholic beverages, about how many beers, including malt liquor, did you drink? ...about how many glasses of wine, including wine coolers, hard lemonade, or hard cider, did you drink? ...about how many drinks of liquor, including cocktails, did you have?" After excluding persons with missing or incomplete information, data from 62,684 respondents in the 14 states were used

* In 2006, the Behavioral Risk Factor Surveillance System definition of binge drinking for women changed from five alcoholic drinks to four drinks on one occasion.

† Estimated using the Alcohol-Related Disease Impact (ARDI) database. Available at http://apps.nccd.cdc.gov/ardi.

§ Including differences that occur by sex, race/ethnicity, education, income, disability, geographic location, or sexual orientation.

¶ California, Delaware, Idaho, Maine, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Virginia, Wisconsin, and Wyoming.

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for analysis. Response rates for each state were calculated using Council of American Survey and Research Organizations (CASRO) guidelines. Response rates ranged from 39.0% (California) to 63.2% (Minnesota) (median: 54.1%, and cooperation rates ranged from 59.9% (California) to 86.9% (Minnesota)(median: 74.9%).**

The prevalence of binge drinking was calculated by dividing the total number of respondents who reported at least one binge drinking episode during the preceding 30 days by the total number of BRFSS respondents in the 14 states. Analysis by state was not performed because of multiple subgroups with fewer than 50 respondents. The frequency of binge drinking was calculated by averaging the number of episodes reported by all binge drinkers during the preceding 30 days. The intensity of binge drinking (i.e., number of drinks per binge episode) was calculated by averaging the number of drinks consumed by binge drinkers during their most recent episode. All data were weighted to produce population-based estimates according to age-, race-, and sex-specific state population counts and to the respondent's probability of selection. Data were adjusted to the standard age and sex distribution of 2004 BRFSS respondents to provide estimates for race/ethnicity, education level, and annual household income level. Statistical significance was determined by pairwise linear contrasts of the estimates (*2*).

In 2004, the overall unadjusted prevalence of binge drinking among adults in the 14 states was 15.9% (Table 1). Binge drinking prevalence among men (24.3%) was three times higher than among women (7.9%). Men who reported binge drinking also reported a significantly higher average number of binge drinking episodes during the preceding 30 days (4.6) than women (2.9) and a significantly higher number of drinks consumed during their most recent binge episode (8.3 versus 6.9). Binge drinking prevalence decreased with advancing age, from 27.4% among respondents aged 18–24 years to 3.7% among respondents aged ≥65 years. In contrast, among binge drinkers, respondents aged ≥65 years reported the highest average number of binge drinking episodes during the preceding 30 days (6.8). The number of drinks consumed during the most recent binge decreased with advancing age, from 9.8 among adults aged 18–24 years to 6.4 among those aged ≥65 years.

The age- and sex-adjusted prevalence of binge drinking among non-Hispanic whites (17.5%) was significantly higher than the prevalence for Hispanics (14.4%) and non-Hispanic blacks (10.9%) (Table 2). Overall, among binge drinkers, the frequency of binge drinking episodes and the number of drinks

** The response rate is the percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted. The cooperation rate is the percentage of persons who completed interviews among all eligible persons who were contacted.

TABLE 1. Unadjusted percentage of persons reporting binge drinking, number of binge drinking episodes during the preceding 30 days, and average number of drinks consumed during the most recent binge drinking episode, by sex and age group — Behavioral Risk Factor Surveillance System, 14 states,* 2004

Characteristic	Prevalence		Average no. of binge drinking episodes,† preceding 30 days		Average no. of drinks consumed during most recent binge drinking episode†	
	%	(95% CI§)	No.	(95% CI)	No.	(95% CI)
Overall	**15.9**	**(15.2–16.6)**	**4.2**	**(3.9–4.4)**	**8.0**	**(7.7–8.2)**
Sex						
Men	24.3	(23.1–25.6)	4.6	(4.3–4.9)	8.3	(8.0–8.6)
Women	7.9	(7.3–8.5)	2.9	(2.7–3.1)	6.9	(6.6–7.3)
Age group (yrs)						
18–24	27.4	(24.6–30.4)	4.7	(4.0–5.3)	9.8	(9.1–10.4)
25–34	24.4	(22.5–26.4)	3.4	(3.1–3.8)	8.0	(7.6–8.4)
35–44	17.3	(15.9–18.8)	4.0	(3.5–4.4)	7.3	(7.0–7.6)
45–64	10.9	(10.1–11.9)	4.4	(3.9–4.9)	6.9	(6.6–7.1)
≥65	3.7	(3.0–4.6)	6.8	(4.6–9.1)	6.4	(5.4–7.3)

* California, Delaware, Idaho, Maine, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Virginia, Wisconsin, and Wyoming.
† Among the 8,381 respondents who reported binge drinking.
§ Confidence interval.

consumed during the most recent binge episode were similar among racial/ethnic populations; however, non-Hispanic blacks and Hispanics reported a higher intensity of binge drinking (8.4 and 8.1 drinks per binge episode, respectively) than whites (6.9).

College graduates had significantly lower age- and sex-adjusted prevalence of binge drinking (14.5%) than high school graduates or those with some college or technical school (both 17.1%) (Table 2). Respondents who did not graduate from high school reported the lowest binge drinking prevalence (14.2%) but, along with high school graduates, the highest frequency of binge drinking episodes (4.6) and the highest number of drinks consumed in the most recent episode (7.8). In contrast, binge drinking prevalence increased with income level and was highest among respondents with annual household incomes ≥$50,000 (17.4%) (Table 2). However, the number of drinks consumed per episode was significantly lower among respondents whose household income was ≥$35,000 compared with those whose household income was <$25,000.

Reported by: *JL Cremeens, PhD, D Nelson, MD, TS Naimi, MD, RD Brewer, MD, WS Pearson, PhD, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion; PR Chavez, PhD, EIS Officer, CDC.*

Editorial Note: Binge drinking is a risk factor for numerous adverse health and social outcomes, including alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes (*3*). This report indicates that binge drinking is common among U.S. adults, especially among whites, males, persons aged 18–34 years, and those with household incomes ≥$50,000. These sociodemographic characteristics stand in contrast to characteristics for many other health risk factors (e.g., smoking and obesity), where prevalence tends to be higher among minorities and persons with lower education and income (*4*).

The findings in this report highlight the need for assessing the frequency and intensity of binge drinking among binge drinkers in addition to the prevalence of binge drinking in the general population. These additional measures are important because the risk for adverse outcomes (e.g., alcoholic liver disease or traffic fatalities) increases with the frequency of binge drinking and with the amount consumed per binge episode. Furthermore, reductions in the frequency and intensity of binge drinking generally might be expected to occur before reductions in the prevalence of binge drinking.

One plausible reason why binge drinking is more prevalent among whites and persons at higher income levels is that, unlike smoking, binge drinking has not been widely recognized as a health risk, subjected to intense prevention efforts, and socially stigmatized (*5*). The differences in binge drinking among population segments also likely reflects cultural factors and differences in state and local laws (*6*) that affect the price, availability, and marketing of alcoholic beverages. Finally, the increase in prevalence of binge drinking with increasing income levels likely reflects the fact that persons with higher household incomes have more disposable income available to spend on alcohol.

The findings in this report are subject to at least three limitations. First, the 14 states that administered the optional binge drinking module are not necessarily representative of all 50 states; therefore, the results cannot be generalized to the entire U.S. population. Second, BRFSS data are self-reported; alcohol consumption generally, and excessive drinking in particular, are underreported in surveys because of recall

TABLE 2. Age- and sex-adjusted* percentage of adults reporting binge drinking, number of binge drinking episodes during the preceding 30 days, and average number of drinks consumed during the most recent binge drinking episode, by race/ethnicity, education level, and income level — Behavioral Risk Factor Surveillance System (BRFSS), 14 states,† 2004

Characteristic	Prevalence		Average no. of binge drinking episodes,† preceding 30 days		Average number of drinks consumed during most recent binge drinking episode†	
	%	(95% CI§)	No.	(95% CI)	No.	(95% CI)
Race/Ethnicity						
White, non-Hispanic	17.5	(16.8–18.2)	3.9	(3.7–4.2)	6.9	(6.7–7.0)
Black, non-Hispanic	10.9	(8.7–13.6)	4.5	(3.3–5.7)	8.4	(7.0–9.8)
Hispanic	14.4	(12.6–16.4)	3.6	(2.4–4.8)	8.1	(7.3–8.9)
American Indian/Alaska Native	13.4	(10.1–17.5)	4.5	(3.3–5.6)	7.7	(7.1–8.3)
Other**	8.8	(6.9–11.3)	4.0	(3.1–4.9)	7.5	(6.8–8.2)
Education level						
Less than high school diploma	14.2	(12.2–16.5)	4.6	(3.7–5.5)	7.8	(7.2–8.5)
High school diploma	17.1	(15.9–18.3)	4.6	(4.0–5.2)	7.6	(7.3–7.9)
Some college or technical school	17.1	(15.8–18.4)	3.6	(3.3–3.9)	7.0	(6.8–7.3)
College graduate	14.5	(13.3–15.8)	3.3	(2.9–3.7)	6.5	(6.2–6.9)
Annual household income level						
<$15,000	13.7	(11.3–16.4)	4.9	(4.0–5.7)	7.7	(7.2–8.3)
$15,000 to <$25,000	14.3	(12.6–16.1)	4.9	(3.9–5.9)	8.0	(7.4–8.6)
$25,000 to <$35,000	16.5	(14.7–18.4)	4.3	(3.7–4.9)	7.2	(6.9–7.4)
$35,000 to <$50,000	16.7	(15.3–18.3)	4.0	(3.4–4.6)	6.8	(6.6–7.1)
≥$50,000	17.4	(16.2–18.7)	3.5	(3.1–4.0)	6.9	(6.6–7.1)

* Age and sex adjusted to the standard distribution of all 2004 BRFSS respondents.
† California, Delaware, Idaho, Maine, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Virginia, Wisconsin, Wyoming.
§ Among the 8,381 respondents who reported binge drinking.
¶ Confidence interval.
** Asians/Pacific Islanders and persons with mixed or unreported race/ethnicity.

bias, social desirability response bias, and nonresponse bias (*7*). Finally, in 2005, BRFSS changed the definition of binge drinking for women from five or more drinks per occasion to four or more drinks per occasion; the prevalence of binge drinking among women would have been higher using the new definition (*8*).

These findings support the need to implement effective population-based strategies (e.g., increasing alcohol excise taxes, limiting the number of retail outlets where alcohol is sold in a particular geographic area, and maintaining and enforcing age 21 years as the minimum age for legal drinking) (*9,10*) to prevent binge drinking. In addition, the frequency and intensity of binge drinking should be routinely monitored to guide the development and evaluation of culturally appropriate binge drinking prevention and intervention strategies for groups at greater risk.

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Tobacco Use Among Students Aged 13–15 Years — Baghdad, Iraq, 2008

In 2008, Iraq's parliament ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) (*1*), which obligates participants to establish tobacco use monitoring, surveillance, and evaluation systems. Lack of data on adolescent tobacco use in Iraq led the Ministry of Health (MOH) to conduct the Global Youth Tobacco Survey (GYTS) in Baghdad in 2008. GYTS is a school-based survey of students aged 13–15 years that is self-administered in classes in selected schools. As in most Middle East countries, tobacco use in Iraq takes the form of cigarettes and shisha (Figure) (*2*). Based on GYTS results, 7.4% of students aged 13–15 years reported having ever smoked cigarettes, 12.9% had ever smoked shisha, 3.2% currently smoked cigarettes, and 6.3% currently smoked shisha. Among never smokers aged 13–15 years, 13.0% reported they were likely to initiate cigarette smoking in the next year. Future declines in adolescent tobacco use in Iraq (and Baghdad) could be enhanced by expanding existing tobacco control programs to include prevention and cessation of the use of cigarettes and shisha, implementing measures that discourage adolescents who have never smoked from initiating tobacco use, expanding legislation to ban exposure to secondhand smoke in all indoor workplaces, and enacting legislation banning pro-tobacco advertising and sponsorship.

GYTS is a school-based survey developed by WHO, CDC, and the Canadian Public Health Association that collects data on students aged 13–15 years using a standardized methodology for constructing the sample frame, selecting schools and classes, and processing data (*3*). The Baghdad GYTS used a two-stage cluster sample design that produces representative samples of students in grades intermediate 1–3 and secondary 1, the grades attended by students aged 13–15 years. Schools were selected proportional to the number of students enrolled and the type of school. Classes within the selected schools were selected randomly. All students attending school in the selected classes on the day the survey was administered were eligible to participate.

During 2008, the Baghdad Administrative Division included 610 schools and 269,990 students in grades intermediate 1–3 and secondary 1. An estimated 90% of boys remain in school through intermediate grade 3 (S.M. Jasim, Iraq Ministry of Health, personal communication, 2008); however, girls are 40% less likely than boys to be enrolled in intermediate grades, and more than 33% of all students enrolled in intermediate 3 do not continue to secondary 1. A weighting factor was applied to each student record to account for the probability of selection at the school and class levels, adjust for nonresponse (by school, class, and student), and correct for population demographics (*3*). A total of 2,182 students aged 13–15 years completed the Baghdad 2008 GYTS from 25 selected schools. The school response rate was 100%, the class response rate was 100%, the student response rate was 94.0%, and the overall response rate was 94.0%.* A weighted average of GYTS data from individual surveys conducted in 21 countries and two geographic regions of the Eastern Mediterranean Region (EMR) of WHO was used for comparison. Each GYTS in the 23 EMR sites followed similar sample designs, data collection, and data processing procedures as the Baghdad GYTS.

FIGURE. Example of shisha (water pipe) commonly used in Iraq and other Middle Eastern countries for smoking tobacco

Photo/Jupiterimages Corporation

Overall, 7.4% of surveyed students had ever smoked cigarettes, and 12.9% had ever smoked shisha (Table 1). Boys were 97% more likely to have ever smoked shisha than to have ever smoked cigarettes (14.6% versus 7.4%, respectively), whereas girls were 51% more likely to have ever smoked shisha. Current use of shisha was twice that of cigarette smoking for boys (6.7% versus 3.3%) and girls (5.0% versus 2.7%). Overall, 13.0% of never smokers indicated they might initiate cigarette smoking in the next year. For boys and girls, potential initiation of cigarette smoking among never smokers was four times more prevalent than current cigarette smoking.

Among surveyed students, 29.2% reported being exposed to smoke in public places during the week preceding the survey, 39.3% reported that their parents smoked cigarettes,

* The overall response rate was calculated as the school response rate × the class response rate × the student response rate.

TABLE 1. Estimated number* and percentage of youths aged 13–15 years, by sex and selected tobacco use characteristics — Global Youth Tobacco Survey (GYTS), Baghdad, Iraq, and Eastern Mediterranean Region (EMR),† 2008

Characteristic	Baghdad			EMR	
	No.*	%	(95% CI§)	%	(95% CI)
Ever smoked cigarettes	2,124	7.4	(5.2–10.6)	16.2	(12.8–20.4)
Boys	1,097	7.4	(5.1–10.7)	23.2	(18.6–28.6)
Girls	1,001	6.8	(3.6–12.3)	8.7	(6.3–11.9)
Ever smoked shisha¶	2,137	12.9	(10.6–15.6)		—**
Boys	1,107	14.6	(11.5–18.3)		—
Girls	1,018	10.3	(7.6–13.9)		—
Current cigarette smoker	2,118	3.2	(2.1–4.8)	4.9	(3.5–6.9)
Boys	1,091	3.3	(1.9–5.7)	7.3	(5.4–10.1)
Girls	1,002	2.7	(1.5–4.8)	2.0	(1.2–3.5)
Current shisha smoker	2,167	6.3	(5.0–7.9)		—
Boys	1,115	6.7	(5.5–8.1)		—
Girls	1,022	5.0	(3.3–7.5)		—
Never smokers susceptible to cigarette smoking initiation within the next year	1,964	13.0	(10.1–16.5)	17.0	(14.5–19.8)
Boys	1,011	13.7	(10.0–18.5)	20.0	(16.9–23.6)
Girls	935	11.8	(9.3–14.8)	13.9	(10.9–17.8)

* Unweighted number of cases.
† Weighted average for 21 countries and two geographic regions of the World Health Organization EMR that have conducted the GYTS.
§ Confidence interval.
¶ Also known as water pipes, hookahs, hubble-bubble, or narghiles.
** Data not available.

13.1% reported that their parents smoked shisha, and 72.6% were in favor of banning smoking in public places (Table 2). In response to questions regarding advertising, 59.6% of the students reported having seen any anti-cigarette media message during the preceding month; 67.9% had seen pro-cigarette advertising on billboards, 67.6% had seen pro-cigarette advertising at point of sale locations, and 59.8% had seen pro-cigarette advertising in newspapers or magazines. Overall, 13.2% of students reported that they owned an object with a cigarette brand logo on it, and 7.3% reported that they had been offered free cigarettes by a cigarette company representative. With regard to school curricula, 41.8% of students reported having been taught in school during the preceding year about the dangers of smoking.

Reported by: *SM Jasim, MB ChB, L Kadhim, MB ChB, Ministry of Health, Iraq. F El Awa, PhD, H Fouad, PhD, Eastern Mediterranean Regional Office, World Health Organization, Cairo, Egypt. CW Warren, PhD, J Lee, MPH, V Lea, MPH, A Goding, MSPH, S Asma, DDS, M McKenna, MD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: Since March 2003, the government of Iraq has transitioned to the country's first constitutional government in nearly 50 years (*4*). During this time, most of the governmental focus has been on security and meeting basic population needs such as supplying food, fuel, and shelter. However, during the past 2 years, the MOH has increased emphasis on family life issues, including tobacco control. In March 2008, the MOH made a significant commitment to tobacco control by ratifying the WHO FCTC. The MOH expanded the tobacco control effort in 2008 by developing tobacco-control strategies that include 1) banning smoking in MOH buildings; 2) establishing tobacco-free health institutes in Baghdad and other governorates; 3) collaborating with WHO and the Al-Nahrain medical college in Baghdad to ban smoking in all medical college buildings; 4) initiating the Tobacco Free School Project in 30 primary schools in Baghdad to raise teacher, student, and family awareness about the dangers of tobacco use; and 5) establishing a National Tobacco Control Committee to develop new legislation and regulations regarding tobacco control.

The results from the Baghdad GYTS point to a number of challenges facing MOH tobacco control efforts. First, the use of shisha is twice as prevalent as cigarette smoking. Smoking shisha originated in ancient Persia and India, and spread throughout the Middle East and Asia during the 15th century (*5,6*). In the 21st century, smoking shisha appears to be a new trend in tobacco use and has recently become a preferred form of tobacco smoking for young persons, specifically women, in the Arabian Peninsula (*7*). For Arab women, shisha smoking carries less of a cultural stigma than does cigarette smoking (*5,6*). This is a concern because the harmful health effects of shisha can exceed those of cigarette smoking (*2*). Some reports indicate that the concentration of nicotine is higher from shisha smoking than from cigarette smoking (*5,6*). Levels of arsenic, chromium, and lead also are higher in shisha smoking compared to single cigarette use. Additionally, because shisha sessions typically last 45–60 minutes, shisha smokers inhale higher concentrations of these toxic substances (*5,6*).

TABLE 2. Estimated number* and percentage of youths aged 13–15 years, by selected factors influencing tobacco use — Global Youth Tobacco Survey (GYTS), Baghdad, Iraq, and Eastern Mediterranean Region (EMR),† 2008

Factor	Baghdad			EMR	
	No.*	%	(95% CI§)	%	(95% CI)
Exposure to secondhand smoke					
Exposed to smoke in public places	2,166	29.2	(26.4–32.2)	**45.7**	(41.7–49.8)
One or more parents smoke cigarettes	2,173	39.3	(36.2–42.4)	**37.5**	(34.4–40.7)
One or more parents smoke shisha¶	2,175	13.1	(11.4–15.1)		—**
Media/Advertising					
In favor of banning smoking in public places	2,154	72.6	(68.7–76.2)	**83.6**	(81.0–85.9)
During the preceding month saw any anti-smoking media messages	2,151	59.6	(57.2–61.9)	**74.8**	(71.2–77.9)
During the preceding month saw any advertisement for cigarettes on billboards	2,144	67.9	(65.6–70.1)	**59.9**	(56.8–62.9)
During the preceding month saw any advertisement for cigarettes at point-of-sale locations	2,143	67.6	(64.2–71.1)		—
During the preceding month saw any advertisements or promotions for cigarettes in newspapers or magazines	2,127	59.8	(56.9–62.6)	**55.4**	(52.4–58.4)
Have an object (e.g., t-shirt, pen, or backpack) with a cigarette brand logo on it	2,116	13.2	(10.8–16.2)	**14.5**	(12.8–16.4)
Ever offered a "free" cigarette by a cigarette company representative	2,105	7.3	(4.8–11.0)	**9.0**	(7.6–10.7)
School curricula					
During this school year, were taught in any classes about the dangers of smoking	2,139	41.8	(38.0–45.7)	**47.5**	(42.2–52.8)

* Unweighted number of cases.
† Weighted average for 21 countries and two geographic regions of the World Health Organization EMR that have conducted the GYTS.
§ Confidence interval.
¶ Also known as water pipes, hookahs, hubble-bubble, or narghiles.
** Data not available.

A second concern is that the current cigarette smoking rate for girls (2.7%) is twice that for adult female cigarette smokers in Iraq (*8*). In addition, the likely initiation of cigarette smoking by girls who have never smoked cigarettes (11.8%) is significantly higher than the current cigarette smoking rate for girls (2.7%). These findings might indicate that girls' cigarette use is increasing, which, if the trend continues, will lead to an increase in the burden of disease caused by tobacco use in Iraq. A very different pattern is found for boys aged 13–15 years in the Baghdad GYTS. The prevalence of cigarette smoking for boys (3.3%) is much lower than for adult males (25.2%) in Iraq (*8*), but the likely initiation of smoking by boys (13.7%) is approximately half the adult smoking rate. This pattern was found throughout the EMR and suggests the smoking behavior of males dramatically increases at some point beyond age 15 years (*3*).

Overall, current cigarette smoking in Baghdad (3.2%) is similar to that of the 21 WHO member states of the EMR (4.9%). Current smoking among boys in Baghdad (3.3%) is lower than the rate (7.3%) for the region, but the rate for girls is similar (2.7% and 2.0%, respectively). Data on shisha smoking by adolescents in the EMR are not available.

The findings in this report are subject to at least four limitations. First, because the sample surveyed was limited to youths attending school, it is not representative of all youths aged 13–15 years. Second, the findings apply only to youths who were in school on the day the survey was administered and who completed the survey. However, student response was high (94.0%), suggesting that bias attributed to absence or nonresponse was minimal. Third, data are based on self-reports of students, who might have underreported or overreported their tobacco use or that of their parents. The extent of this bias cannot be determined; however, responses to tobacco-related questions in surveys similar to GYTS in the United States have shown good test-retest reliability (*9*). Finally, the Baghdad GYTS did not include detailed questions on shisha, including specific questions on advertising and media, knowledge and attitudes concerning the health effects of shisha use, the likelihood of never shisha users to initiate shisha use, and the desire to stop using shisha. Future surveys need to add questions on these topics to gain a better understanding of the use of shisha.

By ratifying the WHO FCTC, the MOH of Iraq has obligated the government to develop a comprehensive tobacco control program. WHO has identified six policy areas that countries should include in their tobacco control programs to maximize effect: 1) raising taxes on tobacco; 2) banning advertising promotion and sponsorship; 3) reducing exposure to secondhand smoke; 4) establishing tobacco cessation programs; 5) informing the public regarding the dangers of tobacco; and 6) establishing surveillance programs aimed at monitoring tobacco use and policies (*8*). During 2008, the MOH expanded tobacco control effort in Iraq and adopted some of the tenants of these policies by developing several tobacco control strategies in addition to conducting the GYTS. The MOH will need to further expand its tobacco control efforts to meet the goals WHO has established in each of the

six policy areas. Future surveys can be used to monitor and evaluate the programs implemented to meet those goals and obligations.

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Progress Toward Interruption of Wild Poliovirus Transmission — Worldwide, 2008

Since 1988, when the Global Polio Eradication Initiative was established, the incidence of polio has decreased from an estimated 350,000 cases annually to 1,655 reported in 2008.* Cases of wild poliovirus (WPV) type 2 were last reported in October 1999, and indigenous WPV types 1 and 3 (WPV1 and WPV3) have been eliminated from all but four countries worldwide (Afghanistan, India, Nigeria, and Pakistan). This report updates previous reports (*1,2*) and describes overall progress toward global eradication in 2008. Despite accelerated efforts, polio cases increased 26%, from 1,315 cases in 2007 to 1,655 in 2008. This increase primarily resulted from an increase in Nigeria from 285 cases in 2007 to 801 cases in 2008. Resurgent WPV1 transmission in northern states of Nigeria spread to polio-free southern states and eight neighboring countries in 2008. In India, repeated use of monovalent oral poliovirus vaccine (OPV) type 1 (mOPV1) during 2005–2008 interrupted WPV1 transmission in the western districts of the northern state of Uttar Pradesh for >12 months during 2007–2008; however, in mid-2008, WPV1 imported from the neighboring state of Bihar caused renewed transmission. In Afghanistan and Pakistan, problems in accessing children in conflict-affected areas increased, and an upsurge in WPV1 and WPV3 cases occurred, including an outbreak of WPV1 in Punjab Province, Pakistan. In Africa, during 2008, sustained WPV transmission for >12 months after importation continued in Angola, Chad, the Democratic Republic of the Congo (DRC), Niger, and southern Sudan. Increased political oversight and accountability and improved vaccination outreach to insecure areas are needed to achieve the eradication goal.

* 2008 data reported as of March 3, 2009.

Wild Poliovirus Incidence

A total of 1,655 WPV cases with onset of paralysis during 2008 were reported worldwide (Table, Figure), a 26% increase from 1,315 cases reported in 2007.† Of these, 1,509 (91%) were reported from the four polio-endemic countries, and 146 were reported from the 14 countries with cases after WPV importation. The number of WPV1 cases increased from 321 in 2007 to 984 in 2008, whereas the number of WPV3 cases decreased from 994 in 2007 to 671 in 2008.

Nigeria. Nigeria reported 801 WPV cases in 2008 (729 WPV1, 71 WPV3, and one WPV1/WPV3 coinfection). Ongoing WPV1 transmission in the northern states increased and spread to polio-free southern states. Surveillance monitoring indicates that in high-incidence states, approximately 60% of children in the target group remain underimmunized (i.e., they received <3 doses); approximately 20% of children had received no doses. After the establishment in mid-2008 of a national polio eradication task force and enhanced engagement of local authorities, indicators of the quality of supplementary immunization activities (SIAs)§ and community acceptance improved in some previously high-risk states in northern Nigeria, such as Kebbi and Jigawa, where the accountability of local government officials for SIA implementation was increased.

India. India reported 559 WPV cases in 2008 (75 WPV1 and 484 WPV3), mainly from the northern states of Uttar Pradesh and Bihar. Occasional importations of WPV from these states into other Indian states did not lead to further cases because of 1) greater vaccine effectiveness and higher routine vaccination coverage than in Uttar Pradesh and Bihar and 2) large-scale, rapid response SIAs. Western Uttar Pradesh, previously an endemic area with the highest rates of WPV

† As of March 3, 2009, a total of 57 WPV1, 33 WPV3, and one WPV1/WPV3 coinfection cases with onset of paralysis during 2009 have been reported.

§ Mass campaigns conducted for a brief period (days to weeks) in which 1 dose of OPV is administered to all children aged <5 years, regardless of vaccination history. Campaigns can be conducted nationally or in portions of the country. Mop-up rounds are intensive house-to-house SIAs conducted in a limited area with evidence of recent transmission.

TABLE. Acute flaccid paralysis (AFP) surveillance data and reported wild poliovirus (WPV) cases, by World Health Organization (WHO) region and country* — worldwide, 2008 and January–February 2009

WHO region and country	No. reported AFP cases 2008	Nonpolio AFP rate† 2008	% of AFP cases with adequate specimens§ 2008	Confirmed WPV cases 2008 (Jan–Feb 2009)
African	**14,118**	**4.4**	**90**	**915 (56)**
Angola	362	3.7	94	29 (1)
Benin	129	3.3	97	6 (2)
Burkina Faso	208	3.0	86	6 (2)
Central African Republic	142	7.8	96	3
Chad	238	3.9	84	37
Cote d'Ivoire	235	2.4	93	1
Democratic Republic of Congo	1,957	6.0	88	5
Ethiopia	1,097	3.0	87	3
Ghana	249	2.2	87	8
Kenya	331	2.2	85	0 (2)
Mali	129	2.1	98	1 (1)
Niger	350	4.9	84	12 (3)
Nigeria¶	5,538	6.6	93	801 (42)
Togo	69	2.4	99	3 (2)
Uganda	367	2.6	90	0 (1)
Eastern Mediterranean	**10,786**	**4.6**	**91**	**175 (21)**
Afghanistan¶	1,383	8.2	92	31 (3)
Egypt**	1,116	3.8	94	—
Pakistan¶	5,332	6.5	90	118 (7)
Sudan	540	2.8	94	26 (11)
South-East Asian	**50,407**	**7.7**	**84**	**565 (14)**
India¶	45,489	9.7	84	559 (14)
Nepal	425	3.9	87	6
American	**1,977**	**1.2**	**79**	—
European	**1,366**	**0.9**	**82**	—
Western Pacific	**5,836**	**1.5**	**86**	—
Total worldwide	**84,518**	**4.6**	**86**	**1,655 (91)**

* Based on data reported to WHO as of March 3, 2009; only countries reporting WPV cases in 2008 or 2009 are listed. Cases are reported by time of onset. When averaging global, regional, or national indicators, suboptimal performance quality indicators at a lower level might be masked.
† Per 100,000 children aged <15 years.
§ The proportion of AFP cases with adequate stool specimens, with a target for certification of >80%. Adequate specimens are two stool specimens, collected at least 24 hours apart, within 14 days of onset of paralysis, and shipped on ice or frozen ice packs to a WHO-accredited laboratory, arriving at the laboratory in good condition.
¶ Has never interrupted WPV transmission.
** WPV type 1 originating from Sudan and from India were isolated in single sewage samples systematically tested. No AFP cases associated with WPV were detected.

transmission in the world, had been free of indigenous WPV1 for >12 months before re-importation of WPV1 from Bihar in mid-2008. This triggered a new outbreak of 62 cases in Uttar Pradesh in 2008 (accounting for 82.6% of the cases reported from India), which continues into 2009.

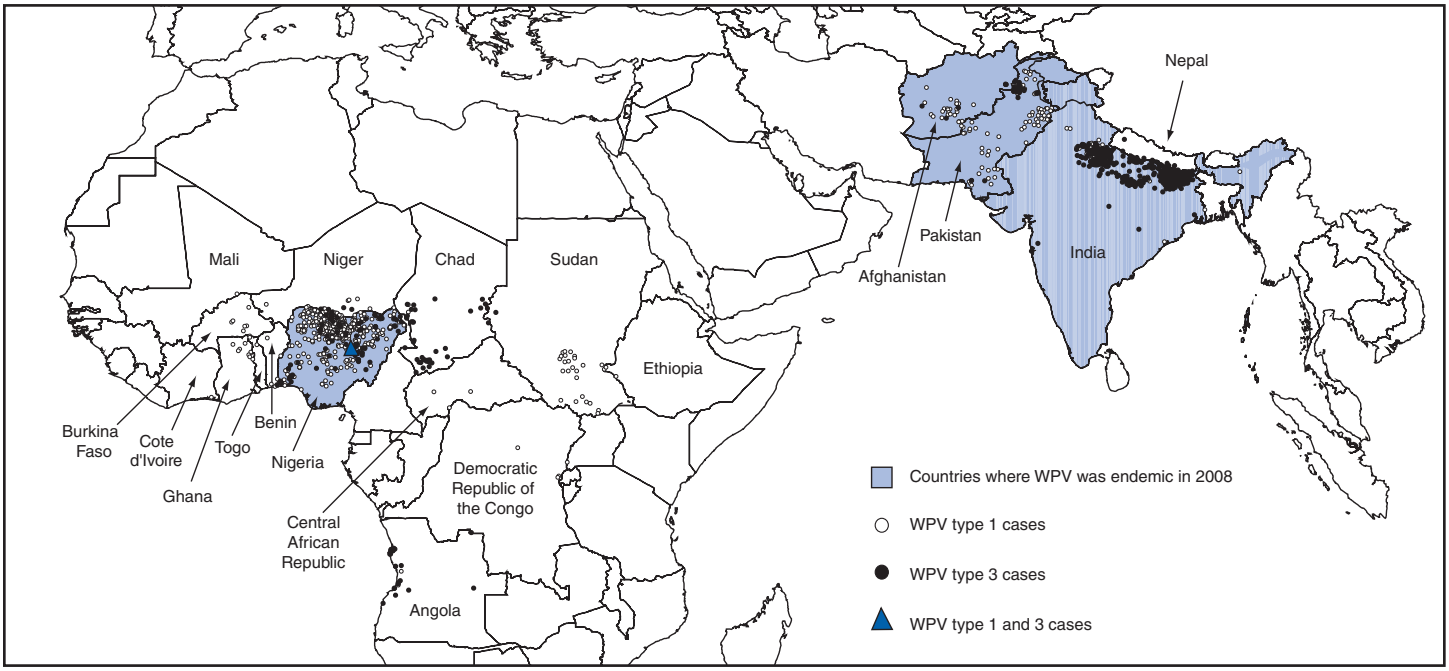
Afghanistan and Pakistan. Afghanistan reported 31 WPV cases in 2008 (25 WPV1 and six WPV3), and Pakistan reported 118 cases (81 WPV1 and 37 WPV3). Most of the cases in Afghanistan (90%) occurred in the conflict-affected southern and eastern regions. Pakistan experienced a resurgence of WPV transmission in all areas, compounded when WPV1 was imported from polio-endemic areas of Pakistan in the second half of the year into Punjab Province, an area that had been polio-free for approximately 18 months (*3*). In both countries, serious security problems in areas along the common border allowed continued WPV transmission by limiting access to large numbers of children. In accessible areas of Pakistan, continued managerial and operational problems impeded full implementation of SIAs and adversely affected vaccination coverage; however, recent management innovations by local political authorities have shown promise of improved SIA implementation in Punjab and Sindh (*3*).

Importations

During the second half of 2008, WPV1 originating from northern Nigeria spread to eight neighboring African countries, including six¶ that had been polio-free since having cases during 2003–2005 (i.e., during the resurgence in WPV transmission

¶ Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, and Togo.

FIGURE. Number of wild poliovirus (WPV) cases* — worldwide, 2008†



* Data reported for 2008 to the World Health Organization as of March 3, 2009 (N = 1,655).
† Excludes polioviruses detected by environmental surveillance and vaccine-derived polioviruses.

in Nigeria [*4*]), and Niger and Chad, two countries that have repeatedly experienced new cases resulting from imported WPV from Nigeria since 2006. In addition, WPV3 from Nigeria spread to two countries, and WPV3 from India spread to two, and WPV3 from Chad spread to Sudan.** In five previously polio-free countries, transmission of WPV originally imported from Nigeria (Chad [WPV1 and WPV3], Niger [WPV1], and Sudan [WPV1]) or Indiat (Angola and DRC [both with WPV1]) has persisted for ≥12 months.

Vaccine-Derived Polioviruses

Vaccine-derived polioviruses (VDPVs) were detected from AFP cases in 2008 in seven countries.†† Of these, type 2 circulating VDPVs (cVDPVs) were identified in northern Nigeria, where transmission has continued since 2006 (148 cases to date) (*5,6*), and in DRC and Ethiopia, where new type 2 cVDPV outbreaks in 2008 were detected (two separate outbreaks of two and 11 cases in DRC and an outbreak of two cases in Ethiopia, to date).

Routine Vaccination

Global vaccination coverage of infants with 3 routine doses of trivalent OPV (OPV3) by age 12 months was estimated at 82% in 2007, the most recent year for which data are available.§§ OPV3 coverage estimates for 2007 in the World Health Organization (WHO) regions were 70% in the South-East Asian Region, 73% in the African Region, 87% in the Eastern Mediterranean Region, and ≥92% in the American, European, and Western Pacific regions. National OPV3 coverage for 2007¶¶ was 83% in both Afghanistan and Pakistan, 62% in India, and 61% in Nigeria. However, routine OPV3 coverage <40% continues to be reported from northern Nigerian states, the Indian states of Bihar and Uttar Pradesh, and parts of Afghanistan and Pakistan.

Supplementary Immunization Activities

In 2008, a total of 241*** SIAs were conducted in 36 countries (57 national immunization days, 118 subnational immunization days, and 53 mop-up rounds), using a total of 2.46 billion doses of OPV, which were delivered to approximately

** WPV1 from northern Nigeria spread to Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Mali, Niger, and Togo. WPV3 from northern Nigeria spread to Benin and Niger. WPV3 from India was imported into Nepal and into Angola, with subsequent spread to DRC and Central African Republic. WPV3 of Nigerian origin circulating in Chad was imported into Sudan.

†† Angola (two), Ethiopia (two), Nigeria (59), Malawi (one), DRC (13), the Russian Federation (one), and Somalia (one). All isolated VDPVs were serotype 2, except in Malawi, where serotype 3 was found.

§§ World Health Organization/UNICEF estimates. OPV3 coverage data available at http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm.

¶¶ Available at http://www.who.int/immunization_monitoring/en/globalsummary/wucoveragecountrylist.cfm.

*** Includes 38 single rounds using both mOPV1 and mOPV3, which are counted as two rounds.

340 million children[†††] aged <5 years. Use of mOPV1 increased from 26% of all OPV doses administered during SIAs in 2005 to 49% in 2008. A total of 102 (42%) of the 241 SIAs were conducted in the four polio-endemic countries: 42 in India, 26 in Pakistan, 18 in Afghanistan, and 16 in Nigeria. Of the remaining 139 SIAs, 100 (41% of all SIAs) were conducted in 15 countries where WPV was reintroduced in 2008 or earlier,[§§§] and 39 (16% of all SIAs) were conducted in 18 countries without confirmed WPV in 2008.

Acute Flaccid Paralysis Surveillance

Acute flaccid paralysis (AFP) surveillance is fundamental to monitoring progress toward polio eradication. The AFP surveillance system tracks any case of AFP in a child aged <15 years or any case of paralytic illness in a person of any age when polio is suspected. The quality of surveillance for acute flaccid paralysis (AFP) is monitored by performance indicators.[¶¶¶] In 2008, each WHO region maintained the overall sensitivity of AFP surveillance at certification-standard levels (Table). Since 2005, an operational target for all countries reporting WPV and for neighboring countries (considered at high risk for WPV importation) has been to achieve a nonpolio AFP rate of at least two cases per 100,000 children aged <15 years. In 2008, all four polio-endemic countries and the 15 previously polio-free countries with WPV importation reached this target rate nationally, although subnational surveillance quality varied substantially.

Reported by: *Polio Eradication Dept, World Health Organization, Geneva, Switzerland. Div of Viral Diseases and Global Immunization Div, National Center for Immunization and Respiratory Diseases, CDC.*

Editorial Note: The Global Polio Eradication Initiative faced a number of challenges and impediments to progress in 2008, both in the four polio-endemic countries and in previously polio-free countries that had transmission resulting from WPV importations. At the end of 2008, two independent advisory bodies to WHO[****] reviewed the progress of the eradication initiative and concluded that the remaining technical and operational challenges could be overcome in each of the polio-endemic countries (*7,8*). The advisory bodies concluded that the ultimate success of global polio eradication depended on 1) ensuring the political commitment of all polio-affected countries to attain the highest possible coverage during SIAs and 2) enhancing routine vaccination and surveillance.

Despite these challenges, specific signs of progress during 2008 were noted by the advisory committee. These included the success in interrupting indigenous transmission of WPV1 in western Uttar Pradesh, India, for 12 months and innovative management approaches to SIA implementation in parts of Nigeria, Pakistan, and Afghanistan, which demonstrated that operational challenges can be overcome with sufficient commitment by national and subnational authorities.

In India, low OPV effectiveness in the highest-risk communities (believed to be caused by a combination of high incidence of diarrheal diseases, malnutrition, and the high force of WPV infection attributed to crowding) has been identified as the key challenge to interrupting WPV transmission (*9,10*). Responses being explored include the use of inactivated poliovirus vaccine as a supplement to mOPV, development of a bivalent OPV containing both type 1 and type 3, other novel uses of OPV, and zinc supplementation.

In all other countries with ongoing WPV transmission, serious limitations in accessing and vaccinating children remain the major impediments to polio eradication. The type 2 cVDPV outbreaks in Nigeria, DRC, and Ethiopia reveal striking lapses in routine and SIA vaccination in parts of those countries because cVDPVs are biologically similar to WPVs in terms of infectivity and pathogenicity. In Nigeria, the key to success will be to scale-up throughout the country the communication, social mobilization, and operational improvements that were achieved in some areas of northern Nigeria. In Pakistan, SIA coverage gaps must be better addressed, not only in security-compromised areas but in secure areas experiencing ongoing operational challenges. In Afghanistan, the challenge is making progress in the insecure areas. Prolonged transmission after WPV importation into affected countries will require continuing efforts to overcome the long-standing operational impediments limiting routine and SIA vaccination of children. These impediments will require improved engagement of health and political authorities in those countries, the exploration and implementation of other technical and operational innovations, and the continued coordinated effort of partners.

[†††] Most children received OPV doses during more than one SIA round.

[§§§] WPV cases in Angola, Benin, Burkina Faso, Central African Republic, Chad, Cote d'Ivoire, DRC, Ethiopia, Ghana, Mali, Nepal, Niger, Sudan, and Togo; in Egypt, response SIAs were conducted after isolation of WPV from sewage. WPV1 was detected on two occasions in sewage in Egypt in 2008, representing two separate importation events, genetically linked to poliovirus originating in Sudan and India, respectively.

[¶¶¶] Performance indicators are 1) the rate of AFP cases not caused by WPV (the nonpolio AFP rate), with a target for polio-free certification of at least one case per 100,000 children aged <15 years, and 2) the proportion of AFP cases with adequate stool specimens, with a target for certification of >80%. Adequate specimens are two stool specimens, collected at least 24 hours apart, within 14 days of onset of paralysis, and shipped on ice or frozen ice packs to a WHO-accredited laboratory, arriving at the laboratory in good condition.

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Use of Northern Hemisphere Influenza Vaccines by Travelers to the Southern Hemisphere

The influenza season in temperate climates extends from October through March in the northern hemisphere and from April through September in the southern hemisphere (*1–3*). Recent studies indicate that influenza viruses can circulate throughout the year in the tropics and that influenza is the most frequently acquired vaccine-preventable disease among those traveling to tropical and subtropical countries (*2–5*). Influenza outbreaks have been reported among persons who travel from the northern hemisphere to the southern hemisphere and among persons from the northern hemisphere on group tours (*4–7*). To reduce the risk for influenza during travel, the Advisory Committee on Immunization Practices (ACIP) recommends that persons from the northern hemisphere who are recommended for annual vaccination or who want to avoid influenza illness but have not yet received the 2008–09 influenza vaccine should consider being vaccinated 1) before travel to the southern hemisphere during influenza season, 2) before travel to the tropics at any time of year, or 3) when traveling as part of a tour group that includes persons from areas where influenza circulates during April–September (e.g., the southern hemisphere) (*8*). Vaccine formulations for each hemisphere are updated yearly but might differ according to virus surveillance information from each hemisphere.

Vaccines prepared for use in the northern hemisphere typically are administered to U.S. travelers to the southern hemisphere, even when the vaccine formulation is less than optimal, because influenza vaccines prepared for use in the southern hemisphere are not widely available in the United States. However, this year the influenza virus strains represented in the 2008–09 northern hemisphere influenza vaccine currently available in the United States are identical to the strains represented in influenza vaccines intended for use in 2009 in the southern hemisphere (*8,9*).

Health-care providers should ask patients about upcoming travel plans, inform them regarding the risk for influenza during travel, and be aware that vaccination of travelers with the currently available northern hemisphere influenza vaccine will provide the most recently updated vaccine formulation for the southern hemisphere.

The expiration dates in the prescribing information indicate that certain lots of northern hemisphere influenza vaccines in the United States can be used as late as June 30, 2009. If possible, influenza vaccine should be administered to travelers a minimum of 2 weeks before departure, but can be administered up to the date of travel. No information is available regarding the benefits of revaccinating persons before summer travel who already were vaccinated during the preceding fall (*8*). In addition, before their trip, persons should learn about health risks in the destination country (information available at http://www.cdc.gov/travel). Members of the public, especially those at higher risk for influenza complications, should consult with their health-care practitioner to discuss the risk for influenza and other travel-related diseases before embarking on travel (*4,8*).

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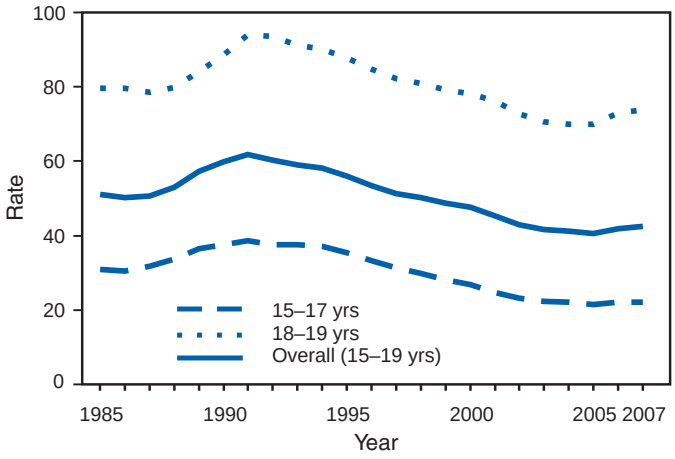
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Birth Rates* for Teens Aged 15–19 Years, by Age Group — United States, 1985–2007†



* Per 1,000 women for specified age group.
† Birth statistics are based on birth certificates filed in state vital statistics offices and reported to the National Center for Health Statistics through the National Vital Statistics System.

After increasing 23% overall from 1986 to a peak in 1991 and then decreasing 34% by 2005, the birth rate for teens aged 15–19 years increased 5% from 2005 to 2007. Most of this increase occurred in 2006. Increases in birth rates from 2005 to 2007 for teens aged 18–19 years were slightly larger than the increases for teens aged 15–17 years.

SOURCE: Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2007. Natl Vital Stat Rep 2009;57(12). Available at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 28, 2009 (12th week)*

Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2008	2007	2006	2005	2004	
Anthrax	—	—	—	—	1	1	—	—	
Botulism:									
foodborne	—	5	0	14	32	20	19	16	
infant	2	12	2	101	85	97	85	87	NY (1), VA (1)
other (wound and unspecified)	1	7	0	19	27	48	31	30	CA (1)
Brucellosis	—	12	1	81	131	121	120	114	
Chancroid	—	9	1	29	23	33	17	30	
Cholera	—	1	—	3	7	9	8	6	
Cyclosporiasis§	—	21	3	135	93	137	543	160	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	0	49	55	67	80	112	
eastern equine	—	—	—	3	4	8	21	6	
Powassan	—	—	—	2	7	1	1	1	
St. Louis	—	—	—	10	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	2	28	2	902	828	578	506	338	MN (1), GA (1)
Ehrlichia ewingii	—	—	—	8	—	—	—	—	
Anaplasma phagocytophilum	1	9	1	601	834	646	786	537	NC (1)
undetermined	—	4	1	62	337	231	112	59	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	1	7	0	30	22	29	9	19	NV (1)
nonserotype b	—	49	4	192	199	175	135	135	
unknown serotype	2	48	4	181	180	179	217	177	FL (1), TN (1)
Hansen disease§	—	13	2	79	101	66	87	105	
Hantavirus pulmonary syndrome§	—	1	0	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	2	27	2	267	292	288	221	200	FL (1), CA (1)
Hepatitis C viral, acute	10	147	14	866	845	766	652	720	NY (1), OH (1), MI (6), ID (1), WA (1)
HIV infection, pediatric (age <13 years)§§	—	—	3	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	8	44	2	88	77	43	45	—	MD (1), NC (1), KY (1), WA (1), CA (1), OH (2), NV (1)
Listeriosis	8	104	11	725	808	884	896	753	NY (2), NC (1), CA (5)
Measles***	—	4	2	137	43	55	66	37	
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	4	67	9	326	325	318	297	—	NY (1), KS (1), FL (1), AR (1)
serogroup B	2	30	4	178	167	193	156	—	FL (2)
other serogroup	—	4	1	30	35	32	27	—	
unknown serogroup	7	115	19	602	550	651	765	—	PA (1), OH (3), FL (1), TN (1), ID (1)
Mumps	4	68	50	424	800	6,584	314	258	NY (1), OH (1), MN (2)
Novel influenza A virus infections	—	1	—	2	4	N	N	N	
Plague	—	—	—	1	7	17	8	3	
Poliomyelitis, paralytic	—	—	—	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	2	5	0	11	12	21	16	12	RI (1), PA (1)
Q fever total§,§§§:	1	11	2	102	171	169	136	70	
acute	—	8	1	92	—	—	—	—	
chronic	1	3	0	10	—	—	—	—	OH (1)
Rabies, human	—	1	—	1	1	3	2	7	
Rubella¶¶¶	—	—	0	18	12	11	11	10	
Rubella, congenital syndrome	—	1	—	—	—	1	1	—	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	40	5	146	132	125	129	132	VT (1), NY (1), OH (1)
Syphilis, congenital (age <1 yr)	—	29	7	346	430	349	329	353	
Tetanus	—	3	0	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	—	16	2	73	92	101	90	95	
Trichinellosis	—	7	0	37	5	15	16	5	
Tularemia	1	4	0	115	137	95	154	134	TN (1)
Typhoid fever	6	73	6	430	434	353	324	322	VA (1), NC (1), OK (1), CO (2), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	2	11	0	46	37	6	2	—	CT (1), NC (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	2	1	3	1	
Vibriosis (noncholera *Vibrio* species infections)§	1	30	2	491	549	N	N	N	NC (1)
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 28, 2009 (12th week)*

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting year 2008 and 2009 are provisional, whereas data for 2004, 2005, 2006, and 2007 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

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

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).

†† Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

§§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

¶¶ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Forty-three influenza -associated pediatric deaths occurring during the 2008-09 influenza season have been reported.

*** No measles cases were reported for the current week.

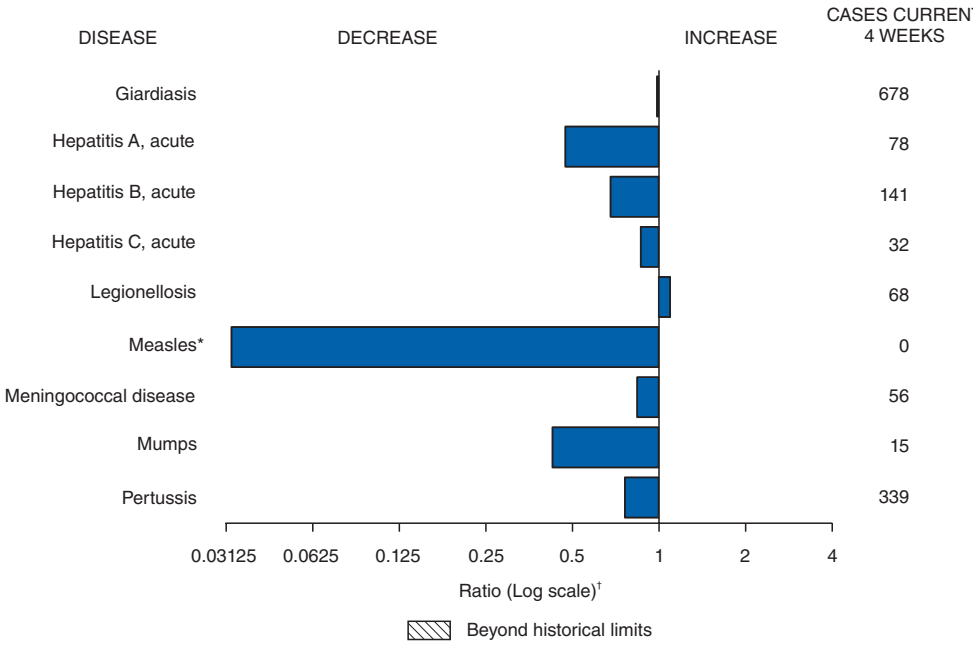
††† Data for meningococcal disease (all serogroups) are available in Table II.

§§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

¶¶¶ No rubella cases were reported for the current week.

**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 28, 2009, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 12 of zero (0).

† 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

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Michael S. Wodajo
Pearl C. Sharp

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Chlamydia†					Coccidiodomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 week		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	11,829	21,885	25,375	228,245	253,348	120	125	343	1,711	1,626	36	107	466	763	789
New England	867	729	1,656	9,047	7,960	—	0	0	—	1	3	5	23	51	85
Connecticut	195	226	1,306	2,568	1,684	N	0	0	N	N	—	0	7	7	41
Maine§	57	48	72	623	622	N	0	0	N	N	—	1	6	4	1
Massachusetts	549	323	954	4,697	4,158	N	0	0	N	N	3	2	13	27	19
New Hampshire	5	38	63	238	500	—	0	0	—	1	—	1	4	6	10
Rhode Island§	40	52	208	660	726	—	0	0	—	—	—	0	3	1	2
Vermont§	21	21	53	261	270	N	0	0	N	N	—	1	7	6	12
Mid. Atlantic	2,143	2,845	6,461	32,791	29,386	—	0	0	—	—	8	13	34	96	105
New Jersey	272	404	755	3,671	5,348	N	0	0	N	N	—	0	2	—	9
New York (Upstate)	879	560	4,229	6,640	5,219	N	0	0	N	N	4	4	17	33	21
New York City	598	1,114	3,381	13,846	8,739	N	0	0	N	N	—	1	8	18	23
Pennsylvania	394	783	1,074	8,634	10,080	N	0	0	N	N	4	5	15	45	52
E.N. Central	1,465	3,365	4,248	30,823	43,751	—	1	3	6	11	3	26	125	165	175
Illinois	391	1,076	1,315	8,160	13,181	N	0	0	N	N	—	3	13	13	18
Indiana	395	378	713	4,645	4,725	N	0	0	N	N	—	3	13	15	15
Michigan	612	842	1,225	10,711	10,392	—	0	3	1	8	2	5	13	43	40
Ohio	67	794	1,300	4,009	10,610	—	0	2	5	3	1	6	59	57	49
Wisconsin	—	297	488	3,298	4,843	N	0	0	N	N	—	9	46	37	53
W.N. Central	705	1,321	1,550	14,074	15,330	—	0	2	—	—	8	16	68	89	105
Iowa	—	168	250	1,571	2,065	N	0	0	N	N	3	4	30	18	28
Kansas	165	185	401	2,265	2,006	N	0	0	N	N	—	1	8	14	12
Minnesota	—	269	310	2,198	3,480	—	0	0	—	—	2	4	14	15	26
Missouri	401	491	573	6,075	5,500	—	0	2	—	—	1	3	13	22	14
Nebraska§	85	101	254	1,100	1,197	N	0	0	N	N	2	2	8	14	15
North Dakota	—	28	60	156	467	N	0	0	N	N	—	0	2	—	1
South Dakota	54	57	85	709	615	N	0	0	N	N	—	1	9	6	9
S. Atlantic	3,111	3,913	6,326	40,484	44,523	—	0	1	4	2	8	18	47	181	136
Delaware	130	70	163	1,199	838	—	0	1	1	—	—	0	1	—	4
District of Columbia	104	128	229	1,751	1,561	—	0	0	—	—	—	0	2	—	2
Florida	1,173	1,388	1,571	16,903	15,373	N	0	0	N	N	3	8	35	63	65
Georgia	3	655	1,274	3,070	8,014	N	0	0	N	N	3	5	13	78	40
Maryland§	497	449	692	5,280	4,824	—	0	1	3	2	—	1	4	6	2
North Carolina	—	0	460	—	2,352	N	0	0	N	N	2	0	16	24	8
South Carolina§	589	494	3,038	5,604	4,453	N	0	0	N	N	—	1	4	3	5
Virginia§	570	606	885	5,779	6,275	N	0	0	N	N	—	1	4	6	6
West Virginia	45	63	102	898	833	N	0	0	N	N	—	0	3	1	4
E.S. Central	922	1,654	2,139	19,677	18,582	—	0	0	—	—	—	3	9	22	24
Alabama§	—	472	553	3,977	5,842	N	0	0	N	N	—	1	6	5	12
Kentucky	—	248	380	2,712	2,549	N	0	0	N	N	—	0	4	6	4
Mississippi	360	419	842	5,876	3,845	N	0	0	N	N	—	0	2	4	3
Tennessee§	562	544	798	7,112	6,346	N	0	0	N	N	—	1	5	7	5
W.S. Central	320	2,839	3,659	28,451	33,327	—	0	1	—	1	1	8	187	37	37
Arkansas§	184	276	455	3,620	3,260	N	0	0	N	N	1	1	7	3	2
Louisiana	38	425	822	3,782	4,087	—	0	1	—	1	—	1	5	5	7
Oklahoma	98	193	407	1,369	2,788	N	0	0	N	N	—	1	16	10	10
Texas§	—	1,901	2,464	19,680	23,192	N	0	0	N	N	—	4	181	19	18
Mountain	1,027	1,258	1,984	12,631	16,786	97	89	181	1,218	1,115	2	8	38	45	60
Arizona	332	475	645	4,562	5,504	94	86	179	1,195	1,082	—	1	9	6	11
Colorado	409	159	588	1,446	4,149	N	0	0	N	N	2	1	12	10	8
Idaho§	—	67	314	824	881	N	0	0	N	N	—	1	5	6	14
Montana§	39	59	87	694	696	N	0	0	N	N	—	1	3	3	7
Nevada§	227	175	415	2,497	2,309	3	0	6	18	15	—	0	1	5	—
New Mexico§	—	149	455	1,316	1,643	—	0	2	1	10	—	2	24	9	10
Utah	—	104	252	792	1,335	—	0	1	4	8	—	0	6	1	5
Wyoming§	20	33	96	500	269	—	0	1	—	—	—	0	2	5	5
Pacific	1,269	3,679	4,447	40,267	43,703	23	37	172	483	496	3	8	30	77	62
Alaska	97	80	188	1,011	1,040	N	0	0	N	N	—	0	1	1	—
California	671	2,876	3,314	32,107	33,707	23	37	172	483	496	3	5	14	46	41
Hawaii	—	112	248	1,160	1,295	N	0	0	N	N	—	0	1	—	1
Oregon§	217	186	631	2,373	2,386	N	0	0	N	N	—	1	5	25	12
Washington	284	375	502	3,616	5,275	N	0	0	N	N	—	1	17	5	8
American Samoa	—	0	14	—	37	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	5	24	—	25	—	0	0	—	—	—	0	0	—	—
Puerto Rico	174	139	333	1,845	1,221	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	12	23	—	160	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	175	309	622	2,979	3,239	2,462	5,893	6,843	53,116	72,015	26	47	104	576	773
New England	8	27	65	253	306	114	100	301	1,144	1,067	—	3	17	36	42
Connecticut	1	6	14	51	65	42	51	275	511	359	—	0	11	10	1
Maine§	1	4	12	42	24	3	2	7	30	21	—	0	2	2	4
Massachusetts	5	11	27	102	137	52	38	113	500	573	—	1	5	20	29
New Hampshire	1	3	11	18	26	1	2	5	21	24	—	0	2	2	5
Rhode Island§	—	1	8	11	24	16	5	13	72	83	—	0	7	1	—
Vermont§	—	3	15	29	30	—	1	3	10	7	—	0	3	1	3
Mid. Atlantic	39	59	108	534	615	322	608	1,077	6,419	6,679	7	10	23	112	131
New Jersey	—	0	14	—	113	37	91	146	745	1,369	—	1	5	10	26
New York (Upstate)	23	23	73	237	185	117	115	621	1,231	1,238	3	3	19	36	31
New York City	4	16	30	160	168	110	208	584	2,493	1,470	—	2	6	13	19
Pennsylvania	12	15	46	137	149	58	202	267	1,950	2,602	4	4	10	53	55
E.N. Central	15	49	88	417	495	438	1,185	1,558	9,551	15,906	1	7	18	64	114
Illinois	—	11	32	57	130	115	366	480	2,365	4,403	—	2	7	16	43
Indiana	N	0	7	N	N	116	146	254	1,547	1,979	—	1	13	10	13
Michigan	2	12	22	116	107	191	300	657	3,483	3,986	—	0	2	5	7
Ohio	13	17	31	173	179	16	271	531	1,216	4,101	1	2	6	30	41
Wisconsin	—	8	20	71	79	—	78	141	940	1,437	—	0	2	3	10
W.N. Central	12	26	143	227	333	147	317	391	3,126	3,851	3	3	13	39	53
Iowa	3	6	18	57	59	—	28	53	205	368	—	0	1	—	1
Kansas	1	3	11	26	24	38	45	83	575	483	1	0	4	6	4
Minnesota	1	0	106	2	115	—	55	78	363	799	—	0	10	7	9
Missouri	6	8	22	97	86	86	147	193	1,563	1,774	1	1	4	18	30
Nebraska§	1	4	10	32	29	19	27	50	327	341	1	0	2	7	7
North Dakota	—	0	3	2	8	—	2	7	6	32	—	0	3	1	2
South Dakota	—	2	11	11	12	4	8	20	87	54	—	0	0	—	—
S. Atlantic	62	60	108	778	492	766	1,289	1,875	11,364	15,592	9	12	24	185	214
Delaware	—	0	3	4	10	14	17	35	210	295	—	0	2	1	1
District of Columbia	—	0	5	—	8	42	57	101	727	512	—	0	2	—	3
Florida	52	30	57	443	223	303	431	518	4,824	5,408	4	3	9	67	53
Georgia	4	9	63	179	114	1	271	484	998	2,958	3	2	9	40	56
Maryland§	1	5	10	49	48	128	118	210	1,448	1,423	2	1	5	26	40
North Carolina	N	0	0	N	N	—	0	203	—	1,269	—	1	9	19	14
South Carolina§	—	2	6	18	24	157	178	829	1,683	1,812	—	1	7	10	12
Virginia§	5	8	31	77	48	114	181	478	1,346	1,713	—	1	5	11	28
West Virginia	—	1	5	8	17	7	12	26	128	202	—	0	3	11	7
E.S. Central	2	8	22	59	91	268	550	771	5,814	6,729	3	3	6	28	43
Alabama§	—	5	12	33	52	—	176	216	1,241	2,395	—	0	2	6	5
Kentucky	N	0	0	N	N	—	88	153	763	970	—	0	3	1	1
Mississippi	N	0	0	N	N	95	143	253	1,820	1,492	—	0	1	—	7
Tennessee§	2	3	13	26	39	173	165	301	1,990	1,872	3	2	5	21	30
W.S. Central	2	8	21	56	51	110	948	1,300	8,233	11,772	1	2	17	24	30
Arkansas§	1	2	8	15	19	72	85	167	1,047	1,128	—	0	2	1	—
Louisiana	—	2	10	25	19	9	164	317	1,260	2,111	—	0	1	4	2
Oklahoma	1	3	11	16	13	29	71	142	501	1,116	1	1	16	19	25
Texas§	N	0	0	N	N	—	602	728	5,425	7,417	—	0	1	—	3
Mountain	8	26	62	188	276	115	197	339	1,423	2,609	1	5	11	61	113
Arizona	3	2	8	29	28	32	63	83	520	838	—	2	6	32	51
Colorado	3	10	27	58	100	41	55	101	193	669	—	1	5	7	21
Idaho§	1	4	14	22	28	—	3	13	24	44	—	0	4	1	1
Montana§	1	2	9	21	19	1	2	6	17	23	—	0	1	1	1
Nevada§	—	1	8	8	18	41	34	129	465	608	1	0	2	6	4
New Mexico§	—	1	8	10	29	—	23	48	142	283	—	1	3	6	15
Utah	—	7	18	31	45	—	6	19	46	131	—	0	2	8	20
Wyoming§	—	0	3	9	9	—	2	9	16	13	—	0	2	—	—
Pacific	27	56	152	467	580	182	576	661	6,042	7,810	1	2	6	27	33
Alaska	4	2	10	17	17	13	11	20	161	105	—	0	1	3	4
California	21	34	59	349	432	115	478	572	5,023	6,417	—	0	3	5	11
Hawaii	—	0	4	2	5	—	11	21	114	136	1	0	2	7	3
Oregon§	—	7	18	48	100	17	23	48	293	324	—	1	4	11	15
Washington	2	8	99	51	26	37	51	82	451	828	—	0	2	1	—
American Samoa	—	0	0	—	—	—	0	1	—	1	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	—	15	—	0	0	—	—
Puerto Rico	—	4	15	23	28	5	5	22	43	58	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	6	—	24	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2009	A: Cum 2008	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2009	B: Cum 2008	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2009	Legionellosis: Cum 2008
United States	25	44	77	368	591	30	71	141	693	822	17	49	148	327	427
New England	1	2	8	22	39	1	1	4	6	22	1	3	18	12	16
Connecticut	1	0	4	7	5	—	0	2	2	9	—	1	5	5	3
Maine§	—	0	5	1	3	1	0	2	3	4	—	0	2	—	—
Massachusetts	—	1	3	11	23	—	0	2	—	7	1	1	7	5	4
New Hampshire	—	0	2	1	1	—	0	2	1	1	—	0	5	—	4
Rhode Island§	—	0	2	2	7	—	0	1	—	1	—	0	14	1	3
Vermont§	—	0	1	—	—	—	0	1	—	—	—	0	1	1	2
Mid. Atlantic	4	5	10	44	83	2	7	15	48	124	1	14	59	80	95
New Jersey	—	1	3	5	20	—	1	5	3	48	—	1	8	6	12
New York (Upstate)	2	1	4	9	14	—	1	10	15	11	1	5	21	30	21
New York City	—	2	6	13	24	—	1	6	7	20	—	1	12	3	13
Pennsylvania	2	1	4	17	25	2	2	8	23	45	—	6	33	41	49
E.N. Central	1	6	16	46	85	3	9	18	85	104	4	8	41	63	119
Illinois	—	2	10	9	27	—	2	7	10	27	—	1	13	—	20
Indiana	—	0	4	3	3	—	1	7	10	5	—	1	6	6	6
Michigan	1	2	5	15	40	3	3	8	28	38	—	2	16	14	31
Ohio	—	1	4	14	8	—	2	14	37	29	4	3	18	41	59
Wisconsin	—	0	3	5	7	—	0	1	—	5	—	0	3	2	3
W.N. Central	—	3	16	20	70	1	2	11	39	19	—	2	8	4	21
Iowa	—	1	7	—	28	—	0	3	6	6	—	0	2	2	5
Kansas	—	0	3	1	5	—	0	3	—	3	—	0	1	1	1
Minnesota	—	0	12	5	7	—	0	10	5	—	—	0	4	—	1
Missouri	—	1	3	9	10	1	1	5	20	9	—	1	7	—	8
Nebraska§	—	0	5	5	19	—	0	3	7	1	—	0	3	—	5
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	1	—	0	1	1	—	—	0	1	—	1
S. Atlantic	11	7	16	96	76	16	18	34	253	211	5	9	22	78	79
Delaware	—	0	1	—	1	—	0	2	8	6	—	0	2	—	1
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	—	3
Florida	7	3	8	54	32	11	6	11	84	74	4	3	7	34	34
Georgia	2	1	4	13	11	2	3	8	32	30	—	1	5	15	9
Maryland§	2	1	4	12	10	—	2	5	26	25	1	2	10	14	15
North Carolina	—	0	9	9	9	3	0	19	80	24	—	0	7	12	5
South Carolina§	—	0	3	5	2	—	1	4	3	21	—	0	2	—	2
Virginia§	—	1	6	3	8	—	2	10	11	16	—	1	5	3	7
West Virginia	—	0	1	—	3	—	1	6	9	15	—	0	3	—	3
E.S. Central	1	1	9	8	7	—	8	13	69	84	1	2	10	18	22
Alabama§	—	0	2	1	1	—	2	7	20	24	—	0	2	2	2
Kentucky	—	0	3	1	3	—	2	7	16	23	1	1	4	8	13
Mississippi	1	0	2	4	—	—	1	3	5	9	—	0	1	—	—
Tennessee§	—	0	6	2	3	—	3	8	28	28	—	0	5	8	7
W.S. Central	2	4	12	32	44	4	12	54	101	151	1	2	16	10	7
Arkansas§	—	0	1	1	—	—	0	4	—	6	—	0	2	—	—
Louisiana	—	0	2	2	3	—	1	4	8	22	—	0	2	1	—
Oklahoma	—	0	5	1	3	4	2	10	23	15	—	0	6	1	—
Texas§	2	4	11	28	38	—	8	43	70	108	1	1	15	8	7
Mountain	—	3	12	23	47	—	3	11	24	35	2	2	8	23	23
Arizona	—	1	11	11	18	—	1	5	8	17	2	0	2	11	6
Colorado	—	0	2	2	11	—	0	3	4	5	—	0	2	—	3
Idaho§	—	0	3	—	7	—	0	2	1	—	—	0	1	—	1
Montana§	—	0	1	2	—	—	0	1	—	—	—	0	2	3	2
Nevada§	—	0	3	4	1	—	0	3	6	7	—	0	2	5	2
New Mexico§	—	0	3	1	6	—	0	2	3	5	—	0	2	—	2
Utah	—	0	2	3	2	—	0	3	2	1	—	0	2	4	7
Wyoming§	—	0	1	—	2	—	0	1	—	—	—	0	0	—	—
Pacific	5	8	25	77	140	3	7	42	68	72	2	4	10	39	45
Alaska	—	0	1	1	1	—	0	1	1	2	—	0	1	2	—
California	4	7	25	66	110	1	5	28	55	52	2	3	8	31	36
Hawaii	—	0	2	1	3	—	0	1	1	2	—	0	1	1	2
Oregon§	—	0	2	4	12	—	1	3	5	9	—	0	2	3	4
Washington	1	0	7	5	14	2	0	14	6	7	—	0	4	2	3
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	4	5	6	—	0	5	1	13	—	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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serotypes				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	96	488	1,675	1,256	1,778	11	23	47	187	161	13	18	41	216	358
New England	10	80	537	140	315	—	1	6	7	7	—	0	4	9	13
Connecticut	—	0	0	—	—	—	0	3	—	—	—	0	0	—	1
Maine§	5	4	73	26	37	—	0	0	—	1	—	0	1	1	1
Massachusetts	—	38	362	46	215	—	0	4	6	4	—	0	3	6	11
New Hampshire	—	17	143	42	56	—	0	2	—	1	—	0	1	1	—
Rhode Island§	5	0	1	5	1	—	0	1	—	1	—	0	1	1	—
Vermont§	—	4	41	21	6	—	0	1	1	—	—	0	0	—	—
Mid. Atlantic	46	254	1,299	599	913	2	4	14	37	35	2	2	6	21	37
New Jersey	—	29	211	138	257	—	0	0	—	—	—	0	2	1	5
New York (Upstate)	38	99	1,247	255	97	1	1	10	11	3	1	0	3	4	11
New York City	—	4	36	—	40	—	3	10	20	26	—	0	2	4	4
Pennsylvania	8	96	518	206	519	1	1	3	6	6	1	1	4	12	17
E.N. Central	1	11	147	31	59	1	2	7	21	32	3	3	8	38	60
Illinois	—	0	13	—	3	—	1	5	5	16	—	1	6	6	24
Indiana	—	0	8	1	—	—	0	2	5	1	—	0	4	7	8
Michigan	—	1	10	7	3	—	0	2	3	5	—	0	3	6	10
Ohio	1	0	5	4	3	1	0	2	8	9	3	1	4	16	12
Wisconsin	—	9	129	19	50	—	0	3	—	1	—	0	2	3	6
W.N. Central	5	9	225	16	9	—	1	10	6	5	1	2	6	20	37
Iowa	—	1	9	4	8	—	0	3	1	—	—	0	2	1	8
Kansas	—	0	4	2	1	—	0	2	1	—	1	0	2	5	1
Minnesota	5	5	225	9	—	—	0	8	1	1	—	0	4	4	13
Missouri	—	0	1	—	—	—	0	3	3	1	—	0	2	8	10
Nebraska§	—	0	2	—	—	—	0	1	—	3	—	0	1	2	4
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	1	—	—	0	0	—	—	—	0	1	—	1
S. Atlantic	32	75	224	417	431	7	5	15	80	44	4	3	9	42	49
Delaware	5	12	37	75	106	—	0	1	1	—	—	0	1	—	—
District of Columbia	—	2	11	—	18	—	0	2	—	—	—	0	0	—	—
Florida	2	2	10	16	8	3	1	7	23	14	4	1	4	22	18
Georgia	—	0	6	12	—	—	1	5	14	10	—	0	2	5	4
Maryland§	21	27	162	230	247	2	1	7	23	16	—	0	3	1	4
North Carolina	—	0	5	8	2	1	0	7	12	2	—	0	3	9	3
South Carolina§	—	0	2	3	4	—	0	1	1	1	—	0	2	2	10
Virginia§	4	15	61	64	42	1	1	3	6	1	—	0	2	3	10
West Virginia	—	1	11	9	4	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	5	3	1	—	0	2	5	2	1	0	6	6	20
Alabama§	—	0	2	—	—	—	0	1	1	1	—	0	2	—	1
Kentucky	—	0	2	—	—	—	0	1	—	1	—	0	1	1	4
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	2	1	5
Tennessee§	—	0	3	3	1	—	0	2	4	—	1	0	3	4	10
W.S. Central	1	2	21	4	7	—	1	11	4	7	1	2	7	18	39
Arkansas§	—	0	0	—	—	—	0	0	—	—	1	0	2	3	3
Louisiana	—	0	1	—	—	—	0	1	—	—	—	0	3	7	12
Oklahoma	—	0	1	—	—	—	0	2	—	1	—	0	3	2	6
Texas§	1	2	21	4	7	—	1	11	4	6	—	1	6	6	18
Mountain	—	1	14	5	5	—	0	3	1	8	1	1	3	18	20
Arizona	—	0	2	1	2	—	0	2	—	2	—	0	2	4	2
Colorado	—	0	1	1	1	—	0	1	—	3	—	0	1	3	5
Idaho§	—	0	1	1	1	—	0	1	—	—	1	0	1	4	2
Montana§	—	0	14	—	—	—	0	0	—	—	—	0	1	2	1
Nevada§	—	0	2	2	—	—	0	0	—	3	—	0	1	2	2
New Mexico§	—	0	2	—	1	—	0	1	—	—	—	0	1	1	3
Utah	—	0	1	—	—	—	0	1	1	—	—	0	1	1	4
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	1	1	1
Pacific	1	4	19	41	38	1	3	11	26	21	—	4	19	44	83
Alaska	—	0	2	1	—	—	0	2	1	—	—	0	2	2	—
California	1	3	8	34	33	1	2	8	18	16	—	2	19	22	65
Hawaii	N	0	0	N	N	—	0	1	1	1	—	0	1	1	1
Oregon§	—	1	3	6	5	—	0	1	2	3	—	1	7	13	9
Washington	—	0	12	—	—	—	0	7	4	1	—	0	5	6	8
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	—	2
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	92	212	1,070	2,101	1,701	19	91	161	488	873	6	42	145	143	49
New England	8	16	35	128	253	3	8	21	56	57	—	0	2	1	1
Connecticut	—	0	4	—	20	1	3	17	22	34	—	0	0	—	—
Maine†	2	1	7	25	12	—	1	5	8	3	—	0	1	1	—
Massachusetts	5	13	30	84	197	—	0	0	—	—	—	0	1	—	1
New Hampshire	1	1	4	10	8	—	1	8	5	7	—	0	1	—	—
Rhode Island†	—	1	8	3	11	—	0	3	6	6	—	0	2	—	—
Vermont†	—	0	2	6	5	2	1	6	15	7	—	0	0	—	—
Mid. Atlantic	6	18	52	160	188	7	31	67	84	251	—	1	30	3	8
New Jersey	—	1	6	17	14	—	0	0	—	—	—	0	2	—	2
New York (Upstate)	5	6	41	38	52	7	10	20	64	65	—	0	29	—	—
New York City	—	0	3	—	29	—	0	2	—	5	—	0	2	3	3
Pennsylvania	1	9	34	105	93	—	21	52	20	181	—	0	2	—	3
E.N. Central	15	36	174	516	442	—	3	29	6	2	—	1	15	4	1
Illinois	—	12	45	115	39	—	1	21	1	1	—	1	11	1	1
Indiana	—	2	96	31	4	—	0	2	—	—	—	0	3	—	—
Michigan	—	7	21	124	39	—	1	9	5	—	—	0	1	1	—
Ohio	15	10	57	240	347	—	1	7	—	1	—	0	4	2	—
Wisconsin	—	2	7	6	13	N	0	0	N	N	—	0	1	—	—
W.N. Central	9	26	454	410	136	2	5	15	36	23	1	4	32	6	1
Iowa	—	3	21	33	25	—	0	5	—	2	—	0	2	—	—
Kansas	2	2	12	34	14	1	1	9	23	7	—	0	0	—	—
Minnesota	—	2	421	—	8	—	0	10	5	8	—	0	0	—	—
Missouri	5	9	50	290	75	1	1	8	5	—	1	4	31	6	1
Nebraska†	2	3	32	49	11	—	0	0	—	—	—	0	4	—	—
North Dakota	—	0	1	—	—	—	0	7	2	3	—	0	0	—	—
South Dakota	—	0	10	4	3	—	0	2	1	3	—	0	1	—	—
S. Atlantic	24	20	71	310	139	2	26	78	234	466	5	16	71	120	26
Delaware	—	0	3	4	1	—	0	0	—	—	—	0	5	—	1
District of Columbia	—	0	1	—	2	—	0	0	—	—	—	0	2	—	—
Florida	18	7	20	101	28	—	0	12	39	139	—	0	3	1	1
Georgia	—	1	9	4	7	—	0	47	88	87	—	1	8	4	4
Maryland†	1	2	9	19	24	—	7	17	21	95	2	1	7	9	6
North Carolina	2	0	65	119	35	N	0	4	N	N	3	8	55	94	11
South Carolina†	1	2	11	32	19	—	0	0	—	—	—	1	9	4	—
Virginia†	2	3	24	28	21	—	10	24	72	123	—	2	15	7	1
West Virginia	—	0	2	3	2	2	1	6	14	22	—	0	1	1	2
E.S. Central	7	9	33	137	56	1	3	7	15	29	—	4	23	7	5
Alabama†	—	1	5	22	17	—	0	0	—	—	—	1	8	4	3
Kentucky	6	4	15	76	7	1	1	4	15	3	—	0	1	—	—
Mississippi	—	2	5	16	23	—	0	1	—	1	—	0	3	1	1
Tennessee†	1	2	14	23	9	—	2	6	—	25	—	2	19	2	1
W.S. Central	4	32	264	165	112	1	1	11	6	12	—	2	41	1	5
Arkansas†	3	1	20	15	16	—	0	6	2	10	—	0	14	1	—
Louisiana	1	2	7	20	1	—	0	0	—	—	—	0	1	—	2
Oklahoma	—	0	29	7	1	1	0	10	4	1	—	0	26	—	—
Texas†	—	27	220	123	94	—	0	1	—	1	—	1	6	—	3
Mountain	8	14	31	155	229	—	2	9	21	10	—	1	3	1	2
Arizona	3	2	10	21	63	N	0	0	N	N	—	0	2	—	1
Colorado	4	3	13	42	50	—	0	0	—	—	—	0	1	—	—
Idaho†	1	1	5	15	6	—	0	0	—	—	—	0	1	—	—
Montana†	—	0	8	5	39	—	0	4	9	—	—	0	1	—	—
Nevada†	—	0	7	6	3	—	0	4	—	—	—	0	2	—	—
New Mexico†	—	2	10	18	7	—	0	3	6	8	—	0	1	—	1
Utah	—	4	19	48	57	—	0	6	—	—	—	0	1	1	—
Wyoming†	—	0	2	—	4	—	0	4	6	2	—	0	2	—	—
Pacific	11	25	81	120	146	3	4	13	30	23	—	0	1	—	—
Alaska	2	3	21	22	21	—	0	2	6	10	N	0	0	N	N
California	—	7	23	13	46	3	3	12	24	13	—	0	1	—	—
Hawaii	—	0	3	5	3	—	0	0	—	—	N	0	0	N	N
Oregon†	—	3	16	39	33	—	0	2	—	—	—	0	1	—	—
Washington	9	6	77	41	43	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	1	1	5	10	11	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	352	951	1,496	6,120	6,294	17	87	251	454	523	167	443	614	3,075	2,949
New England	12	31	104	321	730	—	4	14	28	74	2	3	10	41	70
Connecticut	—	0	77	77	491	—	0	12	12	47	—	0	3	3	40
Maine§	—	2	8	18	26	—	0	3	—	2	—	0	6	2	1
Massachusetts	10	19	51	167	167	—	1	11	9	17	2	3	9	31	23
New Hampshire	—	3	10	27	18	—	1	3	7	6	—	0	1	1	1
Rhode Island§	1	2	9	21	17	—	0	3	—	—	—	0	1	4	4
Vermont§	1	1	7	11	11	—	0	6	—	2	—	0	2	—	1
Mid. Atlantic	28	91	177	655	762	3	6	192	38	42	13	50	96	480	302
New Jersey	—	10	29	58	176	—	0	3	3	9	1	16	38	154	77
New York (Upstate)	14	27	64	180	163	3	3	188	22	14	10	9	35	43	62
New York City	1	21	54	180	198	—	1	5	10	8	1	12	35	101	137
Pennsylvania	13	28	78	237	225	—	0	8	3	11	1	6	27	182	26
E.N. Central	17	98	194	707	702	—	11	75	57	72	27	82	128	658	616
Illinois	—	27	72	128	222	—	1	10	7	13	—	17	35	108	217
Indiana	2	9	53	28	42	—	1	14	6	4	—	7	39	9	171
Michigan	3	18	38	158	138	—	2	43	13	17	2	5	24	66	14
Ohio	12	27	65	267	182	—	3	17	18	13	25	42	80	407	143
Wisconsin	—	15	50	126	118	—	3	20	13	25	—	7	33	68	71
W.N. Central	23	53	148	532	381	4	12	59	54	52	8	16	39	103	173
Iowa	1	9	16	61	67	2	2	21	12	14	—	4	12	27	16
Kansas	2	7	29	57	37	—	1	7	2	2	4	2	5	38	2
Minnesota	11	12	69	114	109	1	2	21	17	8	3	5	25	15	27
Missouri	3	14	48	88	101	1	2	11	16	21	1	3	14	17	70
Nebraska§	6	5	41	141	44	—	1	30	7	4	—	0	3	5	—
North Dakota	—	0	7	5	6	—	0	1	—	—	—	0	3	—	17
South Dakota	—	3	22	66	17	—	1	4	—	3	—	0	5	1	41
S. Atlantic	157	250	456	1,787	1,571	6	14	51	113	97	23	56	100	488	655
Delaware	—	2	9	7	18	—	0	2	2	2	—	0	1	5	—
District of Columbia	—	0	4	—	11	—	0	1	—	2	—	0	3	—	3
Florida	56	97	174	727	806	2	2	11	36	30	2	13	34	105	232
Georgia	14	43	86	280	172	1	1	7	9	4	7	17	48	116	255
Maryland§	8	14	36	121	106	—	2	9	16	14	3	3	11	68	14
North Carolina	70	25	106	370	166	3	2	21	39	9	8	4	27	97	21
South Carolina§	3	18	55	123	138	—	1	4	2	6	3	7	32	39	114
Virginia§	6	20	89	132	112	—	3	27	8	22	—	5	59	53	15
West Virginia	—	3	8	27	42	—	0	3	1	8	—	0	3	5	1
E.S. Central	9	60	140	334	373	1	5	12	23	45	9	34	67	176	398
Alabama§	—	16	49	98	129	—	1	3	4	24	—	6	18	38	104
Kentucky	4	10	18	76	61	—	1	7	4	7	2	3	24	21	43
Mississippi	—	14	57	59	76	—	0	2	1	1	—	2	18	5	126
Tennessee§	5	14	62	101	107	1	2	6	14	13	7	19	48	112	125
W.S. Central	23	138	480	351	425	1	7	45	22	52	66	98	254	657	380
Arkansas§	5	11	40	64	55	1	1	3	4	5	10	11	27	52	43
Louisiana	3	17	50	64	83	—	0	1	—	1	—	11	26	42	84
Oklahoma	15	15	36	75	55	—	1	19	4	2	2	3	43	33	23
Texas§	—	93	419	148	232	—	5	39	14	44	54	65	196	530	230
Mountain	21	59	110	404	502	—	10	39	62	62	6	24	51	220	133
Arizona	11	20	44	170	148	—	1	5	5	14	6	13	33	161	59
Colorado	7	12	42	81	146	—	4	18	37	12	—	2	11	16	18
Idaho§	—	3	15	28	27	—	2	15	6	18	—	0	2	—	2
Montana§	—	2	8	22	11	—	0	3	2	7	—	0	2	2	—
Nevada§	2	3	9	41	39	—	0	2	1	3	—	4	13	22	37
New Mexico§	—	7	32	18	59	—	1	6	6	7	—	2	12	18	12
Utah	—	6	19	40	55	—	1	9	4	1	—	1	3	1	2
Wyoming§	1	0	4	4	17	—	0	1	1	—	—	0	1	—	3
Pacific	62	114	530	1,029	848	2	9	60	57	27	13	31	82	252	222
Alaska	1	1	4	10	11	—	0	1	—	—	—	0	1	2	—
California	40	84	516	783	677	2	6	39	48	21	8	27	75	198	191
Hawaii	1	5	15	60	43	—	0	2	1	2	—	1	3	5	10
Oregon§	—	7	20	66	63	—	1	8	—	3	—	1	10	16	12
Washington	20	12	155	110	54	—	2	44	8	1	5	2	28	31	9
American Samoa	—	0	1	—	1	—	0	0	—	—	—	0	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	2	—	0	0	—	—	—	0	3	—	5
Puerto Rico	2	14	40	58	118	—	0	0	—	—	—	0	4	—	4
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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Streptococcal diseases, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max		
United States	78	100	208	1,412	1,607	25	34	61	402	514
New England	2	5	31	92	105	—	1	12	12	31
Connecticut	—	0	26	23	9	—	0	11	—	—
Maine§	—	0	3	5	10	—	0	1	—	1
Massachusetts	1	3	7	39	69	—	1	3	9	26
New Hampshire	1	1	4	15	9	—	0	1	2	4
Rhode Island§	—	0	8	4	2	—	0	2	—	—
Vermont§	—	0	3	6	6	—	0	1	1	—
Mid. Atlantic	14	18	35	261	337	4	3	19	43	66
New Jersey	—	1	11	2	65	—	1	4	10	17
New York (Upstate)	9	6	23	91	91	4	2	19	33	25
New York City	—	4	12	59	73	—	0	5	—	24
Pennsylvania	5	7	15	109	108	N	0	2	N	N
E.N. Central	6	17	42	269	313	—	6	11	65	93
Illinois	—	5	12	65	99	—	1	5	8	27
Indiana	—	3	19	39	33	—	0	5	4	8
Michigan	—	3	9	44	58	—	1	5	20	26
Ohio	6	4	14	92	83	—	1	5	28	16
Wisconsin	—	1	10	29	40	—	0	2	5	16
W.N. Central	4	5	39	111	103	1	2	11	28	33
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	8	17	20	N	0	1	N	N
Minnesota	—	0	35	34	20	—	0	9	9	11
Missouri	1	1	8	35	36	1	1	3	14	16
Nebraska§	2	1	3	16	14	—	0	1	1	2
North Dakota	—	0	3	1	4	—	0	2	—	1
South Dakota	1	0	2	8	9	—	0	2	4	3
S. Atlantic	23	21	33	321	331	7	5	14	89	102
Delaware	—	0	1	6	5	—	0	0	—	—
District of Columbia	—	0	4	—	8	N	0	0	N	N
Florida	11	6	12	85	71	1	1	3	18	15
Georgia	4	5	14	80	68	3	1	6	32	27
Maryland§	2	3	10	45	67	3	1	3	18	23
North Carolina	1	2	8	29	36	N	0	0	N	N
South Carolina§	2	1	5	21	21	—	1	6	16	16
Virginia§	3	3	10	45	40	—	0	3	1	19
West Virginia	—	0	3	10	15	—	0	2	4	2
E.S. Central	5	4	9	65	51	2	2	6	16	26
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	1	1	5	14	13	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	—	6
Tennessee§	4	3	7	51	38	2	1	6	16	20
W.S. Central	8	9	57	134	129	3	6	32	71	58
Arkansas§	—	0	2	4	2	—	0	3	8	3
Louisiana	1	0	2	5	8	—	0	3	11	2
Oklahoma	3	2	13	56	39	2	1	7	14	23
Texas§	4	6	44	69	80	1	4	23	38	30
Mountain	10	9	23	122	198	8	4	12	68	90
Arizona	3	3	8	35	62	4	2	9	42	48
Colorado	6	2	10	44	57	4	1	4	11	16
Idaho§	1	0	2	3	7	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	4	—	0	1	—	1
New Mexico§	—	1	6	21	48	—	0	2	5	11
Utah	—	1	6	16	17	—	0	4	8	13
Wyoming§	—	0	1	1	3	—	0	1	—	—
Pacific	6	3	8	37	40	—	1	5	10	15
Alaska	1	0	4	5	10	—	0	4	7	9
California	N	0	0	N	N	N	0	0	N	N
Hawaii	5	2	8	32	30	—	0	2	3	6
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	12	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Aged <5 years									
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	65	56	102	897	987	11	8	22	127	116	108	248	379	2,530	2,716
New England	—	1	48	16	18	—	0	5	—	1	5	5	14	82	63
Connecticut	—	0	48	—	—	—	0	5	—	—	3	1	5	21	3
Maine§	—	0	2	3	6	—	0	1	—	—	—	0	2	1	2
Massachusetts	—	0	0	—	—	—	0	0	—	—	2	4	11	49	52
New Hampshire	—	0	3	5	—	—	0	0	—	—	—	0	2	7	3
Rhode Island§	—	0	4	4	7	—	0	1	—	—	—	0	5	4	2
Vermont§	—	0	2	4	5	—	0	1	—	1	—	0	2	—	1
Mid. Atlantic	8	4	14	40	96	3	0	2	8	7	26	34	51	415	395
New Jersey	—	0	0	—	—	—	0	0	—	—	1	4	10	49	59
New York (Upstate)	5	1	6	17	14	2	0	1	4	1	2	2	8	23	23
New York City	—	1	5	1	41	—	0	0	—	—	23	23	37	284	236
Pennsylvania	3	1	10	22	41	1	0	2	4	6	—	5	11	59	77
E.N. Central	9	9	40	142	200	3	1	6	21	22	10	21	34	194	267
Illinois	N	0	0	N	N	N	0	0	N	N	—	5	14	31	112
Indiana	—	2	31	15	54	—	0	5	1	5	1	2	10	31	31
Michigan	—	0	3	6	6	—	0	1	—	1	9	3	18	57	31
Ohio	9	7	18	121	140	3	1	4	20	16	—	6	20	65	79
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	10	14
W.N. Central	3	2	8	30	78	1	0	2	7	4	3	7	14	61	107
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	3	4
Kansas	2	1	4	8	35	1	0	1	5	1	—	0	3	3	6
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	6	12	28
Missouri	1	1	4	19	41	—	0	1	2	1	3	3	10	41	66
Nebraska§	—	0	0	—	—	—	0	0	—	—	—	0	2	2	3
North Dakota	—	0	2	3	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	—	2	—	0	1	—	2	—	0	1	—	—
S. Atlantic	30	22	51	481	415	2	4	14	65	57	34	59	197	618	466
Delaware	1	0	1	6	—	—	0	0	—	—	—	0	4	7	1
District of Columbia	N	0	0	N	N	N	0	0	N	N	2	2	9	41	26
Florida	23	14	36	313	220	1	3	13	46	28	8	20	37	238	186
Georgia	5	7	23	132	156	1	1	5	19	24	—	13	169	71	45
Maryland§	1	0	1	3	4	—	0	0	—	1	5	8	16	70	65
North Carolina	N	0	0	N	N	N	0	0	N	N	10	6	19	114	64
South Carolina§	—	0	0	—	—	—	0	0	—	—	2	2	6	12	18
Virginia§	N	0	0	N	N	N	0	0	N	N	7	5	16	64	61
West Virginia	—	1	7	27	35	—	0	2	—	4	—	0	1	1	—
E.S. Central	6	5	25	118	112	—	1	4	15	14	15	21	36	249	247
Alabama§	N	0	0	N	N	N	0	0	N	N	—	8	17	76	114
Kentucky	3	1	6	30	22	—	0	2	3	4	—	1	10	13	14
Mississippi	—	0	2	—	—	—	0	1	—	—	11	3	18	49	24
Tennessee§	3	3	22	88	90	—	0	3	12	10	4	8	19	111	95
W.S. Central	5	2	7	28	35	1	0	1	5	6	6	44	76	425	457
Arkansas§	5	0	4	16	5	1	0	1	2	2	6	3	35	66	23
Louisiana	—	1	6	12	30	—	0	1	3	4	—	10	33	48	100
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	7	13	22
Texas§	—	0	0	—	—	—	0	0	—	—	—	27	41	298	312
Mountain	4	2	7	40	32	1	0	3	6	4	2	9	18	55	133
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	13	19	70
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	3	27
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	2	1
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	4	1	3	17	11	1	0	1	3	1	2	1	7	22	22
New Mexico§	—	0	1	—	—	—	0	0	—	—	—	1	4	9	5
Utah	—	1	6	19	21	—	0	3	3	3	—	0	2	—	8
Wyoming§	—	0	2	4	—	—	0	0	—	—	—	0	1	—	—
Pacific	—	0	1	2	1	—	0	1	—	1	7	46	71	431	581
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
California	N	0	0	N	N	N	0	0	N	N	4	42	65	392	523
Hawaii	—	0	1	2	1	—	0	1	—	1	—	0	3	10	8
Oregon§	N	0	0	N	N	N	0	0	N	N	1	0	3	8	5
Washington	N	0	0	N	N	N	0	0	N	N	2	2	9	21	45
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	2	3	11	42	28
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 28, 2009, and March 22, 2008 (12th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	249	430	1,014	4,348	7,885	—	1	74	—	2	—	2	77	—	2
New England	5	11	29	80	247	—	0	2	—	—	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	2	—	—	—	0	1	—	—
Maine¶	—	0	10	—	83	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
New Hampshire	2	4	12	53	87	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Vermont¶	3	4	17	27	77	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	32	43	81	431	685	—	0	8	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	2	—	—
New York City	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
Pennsylvania	32	43	81	431	685	—	0	2	—	—	—	0	1	—	—
E.N. Central	97	149	312	1,948	1,760	—	0	8	—	—	—	0	3	—	—
Illinois	10	40	73	519	107	—	0	4	—	—	—	0	2	—	—
Indiana	—	0	5	21	—	—	0	1	—	—	—	0	1	—	—
Michigan	21	57	116	609	816	—	0	4	—	—	—	0	2	—	—
Ohio	66	44	106	726	779	—	0	3	—	—	—	0	1	—	—
Wisconsin	—	5	50	73	58	—	0	2	—	—	—	0	1	—	—
W.N. Central	19	18	72	366	408	—	0	6	—	1	—	0	21	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Kansas	6	5	22	77	217	—	0	2	—	1	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	2	—	—	—	0	4	—	—
Missouri	13	11	51	263	173	—	0	3	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	1	—	—	—	0	6	—	—
North Dakota	—	0	39	26	4	—	0	2	—	—	—	0	11	—	—
South Dakota	—	0	4	—	14	—	0	5	—	—	—	0	6	—	—
S. Atlantic	88	73	163	652	1,493	—	0	3	—	—	—	0	4	—	—
Delaware	—	1	5	1	5	—	0	0	—	—	—	0	1	—	—
District of Columbia	—	0	3	—	6	—	0	1	—	—	—	0	0	—	—
Florida	60	29	68	429	531	—	0	2	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	10	67	58	248	—	0	0	—	—	—	0	1	—	—
Virginia¶	—	18	60	28	494	—	0	0	—	—	—	0	1	—	—
West Virginia	28	11	33	136	209	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	11	101	17	316	—	0	7	—	—	—	0	9	—	2
Alabama¶	—	11	101	16	312	—	0	3	—	—	—	0	2	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	1	4	—	0	4	—	—	—	0	8	—	1
Tennessee¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	1
W.S. Central	1	91	435	490	2,290	—	0	8	—	—	—	0	7	—	—
Arkansas¶	—	5	61	19	203	—	0	1	—	—	—	0	1	—	—
Louisiana	1	1	5	13	30	—	0	3	—	—	—	0	5	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Texas¶	—	79	422	458	2,057	—	0	6	—	—	—	0	4	—	—
Mountain	7	32	89	327	658	—	0	12	—	1	—	0	22	—	—
Arizona	—	0	0	—	—	—	0	10	—	1	—	0	8	—	—
Colorado	4	11	44	112	296	—	0	4	—	—	—	0	10	—	—
Idaho¶	N	0	0	N	N	—	0	1	—	—	—	0	6	—	—
Montana¶	—	5	27	66	95	—	0	0	—	—	—	0	2	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	—
New Mexico¶	—	2	10	33	87	—	0	1	—	—	—	0	1	—	—
Utah	3	11	55	116	176	—	0	2	—	—	—	0	5	—	—
Wyoming¶	—	0	4	—	4	—	0	0	—	—	—	0	2	—	—
Pacific	—	3	8	37	28	—	0	38	—	—	—	0	23	—	—
Alaska	—	2	6	25	8	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	37	—	—	—	0	20	—	—
Hawaii	—	1	4	12	20	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	17	—	15	—	0	0	—	—	—	0	0	—	—
Puerto Rico	3	9	29	82	131	—	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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† 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 notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending March 28, 2009 (12th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	537	379	113	26	6	13	58
Boston, MA	157	105	40	7	—	5	16
Bridgeport, CT	26	21	5	—	—	—	5
Cambridge, MA	22	14	4	2	—	2	4
Fall River, MA	27	22	5	—	—	—	7
Hartford, CT	50	41	8	—	1	—	5
Lowell, MA	31	19	7	5	—	—	—
Lynn, MA	5	3	2	—	—	—	—
New Bedford, MA	35	28	3	2	2	—	3
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	61	46	11	1	1	2	4
Somerville, MA	2	2	—	—	—	—	—
Springfield, MA	42	25	13	2	1	1	6
Waterbury, CT	16	11	2	2	—	1	3
Worcester, MA	63	42	13	5	1	2	5
Mid. Atlantic	2,283	1,593	471	143	36	40	116
Albany, NY	41	31	6	—	2	2	3
Allentown, PA	34	29	3	2	—	—	1
Buffalo, NY	72	51	12	6	3	—	6
Camden, NJ	35	23	9	1	—	2	1
Elizabeth, NJ	20	10	9	1	—	—	2
Erie, PA	43	33	8	—	1	1	5
Jersey City, NJ	17	12	3	2	—	—	1
New York City, NY	1,003	718	201	56	8	20	45
Newark, NJ	32	15	13	1	1	2	—
Paterson, NJ	10	5	2	3	—	—	—
Philadelphia, PA	548	370	115	43	13	7	24
Pittsburgh, PA§	28	18	6	2	1	1	3
Reading, PA	23	15	5	2	—	1	1
Rochester, NY	137	96	28	10	2	1	11
Schenectady, NY	21	18	2	—	1	—	2
Scranton, PA	33	25	8	—	—	—	—
Syracuse, NY	118	81	26	7	2	2	6
Trenton, NJ	34	22	9	2	—	1	2
Utica, NY	15	10	2	2	1	—	1
Yonkers, NY	19	11	4	3	1	—	2
E.N. Central	2,215	1,430	562	134	40	49	150
Akron, OH	40	22	13	2	—	3	1
Canton, OH	45	35	9	1	—	—	7
Chicago, IL	333	202	95	22	6	8	26
Cincinnati, OH	94	57	24	7	3	3	13
Cleveland, OH	248	175	53	14	5	1	10
Columbus, OH	273	177	74	17	2	3	27
Dayton, OH	127	91	23	11	1	1	5
Detroit, MI	175	86	58	15	7	9	9
Evansville, IN	59	41	13	5	—	—	5
Fort Wayne, IN	86	60	19	6	—	1	2
Gary, IN	8	5	1	—	1	1	2
Grand Rapids, MI	51	32	10	4	1	4	4
Indianapolis, IN	240	129	78	14	9	10	12
Lansing, MI	47	30	13	1	2	1	3
Milwaukee, WI	77	52	18	6	—	1	7
Peoria, IL	55	42	11	2	—	—	1
Rockford, IL	34	25	6	—	3	—	3
South Bend, IN	45	34	6	2	—	3	6
Toledo, OH	107	77	28	2	—	—	6
Youngstown, OH	71	58	10	3	—	—	1
W.N. Central	656	446	148	40	11	11	62
Des Moines, IA	65	51	10	2	—	2	5
Duluth, MN	31	27	2	1	1	—	6
Kansas City, KS	26	13	6	5	1	1	3
Kansas City, MO	93	62	22	4	3	2	9
Lincoln, NE	29	25	1	1	1	1	1
Minneapolis, MN	62	33	20	8	—	1	5
Omaha, NE	108	71	29	4	2	2	10
St. Louis, MO	88	59	21	5	2	1	9
St. Paul, MN	70	48	15	7	—	—	5
Wichita, KS	84	57	22	3	1	1	9
S. Atlantic	1,327	834	341	88	29	33	90
Atlanta, GA	170	103	46	13	4	4	3
Baltimore, MD	154	79	49	15	7	4	17
Charlotte, NC	125	83	31	9	—	2	16
Jacksonville, FL	168	107	44	8	4	4	19
Miami, FL	136	96	27	9	1	3	6
Norfolk, VA	62	41	13	3	2	3	4
Richmond, VA	55	31	16	5	2	1	2
Savannah, GA	63	44	16	3	—	—	3
St. Petersburg, FL	56	34	16	4	1	1	6
Tampa, FL	267	176	64	11	5	10	11
Washington, D.C.	60	32	17	7	3	1	—
Wilmington, DE	11	8	2	1	—	—	3
E.S. Central	948	644	217	53	19	15	70
Birmingham, AL	183	125	41	11	5	1	10
Chattanooga, TN	79	63	10	3	1	2	8
Knoxville, TN	90	67	14	3	3	3	4
Lexington, KY	73	48	18	4	2	1	4
Memphis, TN	204	143	44	15	1	1	19
Mobile, AL	122	76	36	5	2	3	6
Montgomery, AL	61	43	12	3	1	2	8
Nashville, TN	136	79	42	9	4	2	11
W.S. Central	1,425	885	363	107	42	27	81
Austin, TX	113	73	29	3	5	3	8
Baton Rouge, LA	52	35	10	5	2	—	—
Corpus Christi, TX	70	44	15	6	3	2	2
Dallas, TX	197	109	60	18	5	4	9
El Paso, TX	91	64	17	8	1	1	5
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	345	187	104	32	14	8	12
Little Rock, AR	73	43	19	4	3	4	2
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	260	182	56	13	6	3	23
Shreveport, LA	84	55	18	8	2	1	9
Tulsa, OK	140	93	35	10	1	1	11
Mountain	1,027	708	230	44	32	13	85
Albuquerque, NM	U	U	U	U	U	U	U
Boise, ID	32	24	6	2	—	—	4
Colorado Springs, CO	98	73	19	1	4	1	6
Denver, CO	94	58	26	6	3	1	14
Las Vegas, NV	276	181	79	6	7	3	16
Ogden, UT	28	18	8	2	—	—	3
Phoenix, AZ	145	95	33	8	7	2	7
Pueblo, CO	35	30	3	2	—	—	4
Salt Lake City, UT	138	98	23	9	4	4	11
Tucson, AZ	181	131	33	8	7	2	20
Pacific	1,798	1,259	376	94	35	34	176
Berkeley, CA	12	8	4	—	—	—	1
Fresno, CA	139	100	26	6	4	3	17
Glendale, CA	39	31	6	2	—	—	6
Honolulu, HI	82	61	18	2	—	1	5
Long Beach, CA	64	37	21	4	1	1	8
Los Angeles, CA	278	186	63	13	6	10	39
Pasadena, CA	25	15	6	1	3	—	4
Portland, OR	114	87	16	7	2	2	4
Sacramento, CA	206	145	47	9	3	2	17
San Diego, CA	164	98	50	10	1	5	17
San Francisco, CA	128	89	30	8	—	1	14
San Jose, CA	191	141	27	16	6	1	18
Santa Cruz, CA	21	14	4	2	1	—	3
Seattle, WA	138	101	22	6	5	4	12
Spokane, WA	68	54	8	3	—	3	7
Tacoma, WA	129	92	28	5	3	1	4
Total¶	**12,216**	**8,178**	**2,821**	**729**	**250**	**235**	**888**

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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