



MMWR™

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Weekly

September 4, 2009 / Vol. 58 / No. 34

Surveillance for Pediatric Deaths Associated with 2009 Pandemic Influenza A (H1N1) Virus Infection – United States, April–August 2009

Children aged <5 years or with certain chronic medical conditions are at increased risk for complications and death from influenza (1–3). Because of this increased risk, the Advisory Committee on Immunization Practices (ACIP) has prioritized influenza prevention and treatment for children aged <5 years and for those with certain chronic medical and immunosuppressive conditions (4,5). CDC monitors child influenza deaths through its influenza-associated pediatric mortality reporting system. As of August 8, 2009, CDC had received reports of 477 deaths associated with 2009 pandemic influenza A (H1N1) in the United States, including 36 deaths among children aged <18 years. To characterize these cases, CDC analyzed data from April to August 2009. The results of that analysis indicated that, of 36 children who died, seven (19%) were aged <5 years, and 24 (67%) had one or more of the high-risk medical conditions. Twenty-two (92%) of the 24 children with high-risk medical conditions had neurodevelopmental conditions. Among 23 children with culture or pathology results reported, laboratory-confirmed bacterial coinfections were identified in 10 (43%), including all six children who 1) were aged ≥ 5 years, 2) had no recognized high-risk condition, and 3) had culture or pathology results reported. Early diagnosis of influenza can enable prompt initiation of antiviral therapy for children who are at greater risk or severely ill. Clinicians also should be aware of the potential for severe bacterial coinfections among children diagnosed with influenza and treat accordingly. All children aged ≥ 6 months and caregivers of children aged <6 months should receive influenza A (H1N1) 2009 monovalent vaccine when available (6).

Influenza-associated pediatric deaths have been nationally notifiable since October 2004. The CDC case reporting system defines an influenza-associated pediatric death as a death in a person aged <18 years with an illness clinically compatible with influenza and whose influenza is laboratory confirmed.

State and local health departments report influenza-associated pediatric deaths using a standardized case report form that collects information on demographics, dates of illness onset and death, location of death, chronic medical conditions, influenza testing, bacteria or fungi cultured from sterile and nonsterile sites, and medical care received during the influenza illness. The case report form provides a list of chronic medical conditions that have been associated previously with an increased risk for complications from seasonal influenza and space to describe additional chronic medical conditions not listed on the form. Results of pathology testing conducted at CDC also are included. Medical records, medical examiner reports, and death certificates were not reviewed.

This case series included data reported to CDC on all deaths associated with laboratory-confirmed 2009 pandemic influenza A (H1N1) virus infection occurring in persons aged <18 years through August 8, 2009. Laboratory confirmation was defined as a positive test for 2009 pandemic influenza A (H1N1) virus by reverse transcription–polymerase chain reaction (RT-PCR). CDC requested supplementary information from state and local health departments on antiviral treatment and chronic medical conditions for deaths associated with 2009 pandemic influenza A (H1N1) virus infection. For this case series, invasive bacterial coinfection was defined as laboratory detection of a bacterial pathogen in a specimen from a normally sterile

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The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2009;58:[inclusive page numbers].

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site or a postmortem lung biopsy. Children were considered at high risk if they were aged <5 years or had one of the medical conditions recognized to increase the risk for influenza-related complications,* based on a review of the available medical data by a developmental pediatrician.

Thirty-six pediatric deaths associated with 2009 pandemic influenza A (H1N1) infection were reported from 15 state and local health authorities† through August 8 (Table 1).§ Illness onsets occurred during May 9–July 20, and deaths occurred during May 15–July 28. Six deaths occurred in May, 25 deaths in June, and five deaths in July. Median age of the patients was 9 years (range: 2 months–17 years); 50% were male, 42% were non-Hispanic white, and 33% were Hispanic (Table 2). Seven (19%) of the 36 children were aged <5 years (five were aged <2 years), and 24 (67%) had at least one high-risk medical condition, including three children aged <5 years. Among the 24 children with high-risk medical conditions, 22 (92%) had neurodevelopmental conditions (e.g., developmental delay or cerebral palsy). Of these 22 children, 13 (59%) had more than one neurodevelopmental diagnosis, and nine (41%) had neurodevelopmental and chronic pulmonary conditions. Eight (22%) of the 36 children were aged ≥5 years with no reported high-risk conditions. Two of these eight children were reported as obese; however, height and weight measurements were not reported.

Duration of illness before death in the 36 cases ranged from 1 day to 28 days (median: 6 days). Among 31 children for whom antiviral treatment data were available, 19 (61%) received antiviral treatment, and four of those received treatment within 2 days of illness onset. Of 25 children for whom information was available, 13 (52%) had received at least 1 dose of the 2008–09 seasonal influenza vaccine, including 11 children with high-risk medical conditions. Of the 23 children with culture or pathology results reported, 10 (43%) had a laboratory-confirmed bacterial coinfection, including *Staphylococcus aureus* (five, including three methicillin-resistant *S. aureus*), *Streptococcus pneumoniae* (three), *Streptococcus pyogenes* (one), and *Streptococcus constellatus* (one). Among the eight children aged ≥5 years who did not have a high-risk medical condition, six had a laboratory-confirmed invasive bacterial coinfection, including four with *S. aureus*; the other

* Additional information available at http://www.cdc.gov/h1n1flu/identifying_patients.htm.

† Arizona (six cases), California (three), Connecticut (one), Florida (one), Illinois (two), Massachusetts (one), Minnesota (two), New Jersey (three), New York (four), New York City (four), Oregon (one), Rhode Island (one), Texas (two), Utah (three), and Wisconsin (two).

§ A total of 33 cases were reported to CDC through August 8, 2009, and published online in FluView (<http://www.cdc.gov/flu/weekly/fluactivity.htm>). However, an additional three cases that were subject to reporting delays were added, bringing the total to 36.

TABLE 1. Selected characteristics of children whose deaths were associated with 2009 pandemic influenza (H1N1) virus infection — influenza-associated pediatric mortality case reporting, United States, April–August 2009*

Case no.	Age (yrs)	Sex	Race/Ethnicity	Time from illness onset to influenza testing† (days)	Duration of illness (days)	Cardiac/respiratory arrest occurred outside hospital	Location of death	Invasive bacterial coinfection (specimen)	Antiviral treatment (days from illness onset to treatment)	Chronic medical condition§
1	13	M	Hispanic	4	6	No	ICU¶	Negative (blood)	Oseltamivir, amantadine (4)	Cognitive dysfunction (global developmental delay); seizure disorder; cerebral palsy; spastic quadriplegia; scoliosis; left hip arthroplasty
2	10	F	Hispanic	5	5	Yes	ICU	Negative (blood)	None	Chronic lung disease; neurologic disease; cerebral palsy; developmental delay; heart disease, cardiac surgery
3	1	M	Black, non-Hispanic	21	28	No	ICU	Negative (blood)	Oseltamivir (23)	24 weeks premature; chronic lung disease; retinopathy of prematurity; gastrostomy tube; status/postpatent ductus arteriosus ligation; tracheal cyst; moderate to severe developmental delay
4	1	F	Asian	9	10	No	ICU	Negative (blood, bronchial wash)	Oseltamivir (9)	Developmental delay; Goldenhar syndrome; hydrocephalus, seizure disorder; prematurity; intraventricular hemorrhage grade 3; bronchospasm
5	12	F	Hispanic	4	8	No	ICU	Negative (blood)	None	Muscular dystrophy; severe scoliosis; restrictive lung disease
6	9	F	Hispanic	Postmortem	5	Yes	Outside hospital	<i>Streptococcus pyogenes</i> (blood, intracardiac blood)	None	None reported
7	2 mos	M	Hispanic	Postmortem	1	Yes	ED**	<i>Streptococcus pneumoniae</i> (lung tissue)	None	None reported
8	9	F	Hispanic	3	4	Yes	ICU	No specimens collected	Oseltamivir (Unknown)	Moderate to severe developmental delay; muscular dystrophy; chronic pulmonary disease; seizures
9	14	F	Black, non-Hispanic	5	19	No	ICU	MRSA†† (lung tissue)	Oseltamivir (5)	Obese§§
10	9	M	Hispanic	5	4	Unknown	ICU	<i>Streptococcus constellatus</i> (blood)	None	None reported
11	6	M	Asian	1	12	No	ICU	Negative (blood)	Oseltamivir (Unknown)	Pulmonary hypertension; chronic lung disease; idiopathic bronchiectasis of unknown etiology; on home bi-level positive airway pressure machine
12	13	M	White, non-Hispanic	2	5	No	ICU	<i>Staphylococcus aureus</i> (lung tissue), MRSA (endotracheal tube)	Oseltamivir (2)	None reported
13	8	M	Hispanic	Unknown	27	Unknown	Unknown	Unknown	Oseltamivir, rimantadine (6)	Acute lymphoblastic leukemia
14	11	F	Black, non-Hispanic	6	6	Yes	ED	No specimens collected	None	Obese
15	4 mos	F	White, non-Hispanic	Postmortem	4	Yes	Outside hospital	No specimens collected	None	None reported

Table 1 footnotes appear on page 945.

TABLE 1. (Continued) Selected characteristics of children whose deaths were associated with 2009 pandemic influenza (H1N1) virus infection — influenza-associated pediatric mortality case reporting, United States, April–August 2009*

Case no.	Age (yrs)	Sex	Race/Ethnicity	Time from illness onset to influenza testing† (days)	Duration of illness (days)	Cardiac/respiratory arrest occurred outside hospital	Location of death	Invasive bacterial coinfection (specimen)	Antiviral treatment (days from illness onset to treatment)	Chronic medical condition§
16	5	F	White, non-Hispanic	5	6	No	ICU	Unknown	Oseltamivir (6)	Moderate to severe developmental delay; CHARGE/DiGeorge syndrome; prior tracheostomy; history of choanal atresia and repair; ventricular septal defect; fistula and esophageal atresia; hypoparathyroidism; immunodeficiency; seizure disorder; gastrostomy tube dependence
17	15	M	White, non-Hispanic	Postmortem	2	Yes	Home	<i>Staphylococcus aureus</i> (lung tissue)	None	Down syndrome; status/post atrioventricular canal repair
18	16	F	White, non-Hispanic	7	8	No	Inpatient ward	Negative (blood)	None	Moderate to severe developmental delay; hydrocephalus; seizure disorder; gastrostomy tube
19	9	M	Hispanic	Postmortem	1	Yes	ED	No specimens collected	None	Speech problems; reactive airway disease; bronchiolitis; moderate to severe developmental delay
20	9	M	White, non-Hispanic	6	11	No	ICU	Negative (blood)	Oseltamivir (6)	Constant care since near drowning at age 21 mos; spastic quadriplegia; static encephalopathy; seizure disorder; restrictive lung disease; scoliosis; moderate to severe developmental delay
21	12	F	White, non-Hispanic	2	6	No	ICU	Negative (blood)	Oseltamivir (2)	Chronic thickening of respiratory secretions; difficulty swallowing; mild autism; history of encephalitis; history of aspiration pneumonia
22	8	M	Black, non-Hispanic	5	2	No	ICU	Unknown	Unknown	None reported
23	10	M	White, non-Hispanic	2	5	No	ICU	No specimens collected	Oseltamivir (2)	Cerebral palsy; seizure disorder; developmental delay; scoliosis; reflux
24	9	F	Black, non-Hispanic	<1	15	No	ICU	MRSA (blood, endotracheal tube)	Oseltamivir (4)	None reported
25	1	F	Hispanic	Postmortem	2	Yes	Outside hospital	Negative (blood, cerebrospinal fluid)	None	None reported
26	15	M	Black, non-Hispanic	9	7	No	ICU	MRSA (blood, endotracheal tube)	Oseltamivir (5)	None reported
27	16	M	White, non-Hispanic	9	10	No	ICU	Negative (blood)	Type unknown (Unknown)	Cerebral palsy; spina bifida; paraplegia; hydrocephalus
28	14	F	Hispanic	Unknown	10	Unknown	Unknown	Unknown	Oseltamivir (3)	Chronic lung disease; asthma; mental retardation; Krabbe disease; seizure disorder
29	7	F	Hispanic	5	11	No	ICU	Negative (blood)	Oseltamivir (5)	Moderate to severe developmental delay; hydrocephalus status/post ventriculoperitoneal shunt; cerebral palsy; seizure disorder
30	17	M	White, non-Hispanic	5	9	Yes	ICU	<i>Streptococcus pneumoniae</i> (blood)	Unknown	Fragile X syndrome; autism; moderate to severe developmental delay
31	6	M	White, non-Hispanic	1	3	No	ICU	No specimens collected	Unknown	Cognitive delay; seizure disorder
32	13	F	White, non-Hispanic	5	11	No	ICU	No specimens collected	Oseltamivir (7)	Spina bifida; reactive airway disease

Table 1 footnotes appear on page 945

TABLE 1. (Continued) Selected characteristics of children whose deaths were associated with 2009 pandemic influenza (H1N1) virus infection — influenza-associated pediatric mortality case reporting, United States, April–August 2009*

Case no.	Age (yrs)	Sex	Race/Ethnicity	Time from illness onset to influenza testing† (days)	Duration of illness (days)	Cardiac/respiratory arrest occurred outside hospital	Location of death	Invasive bacterial coinfection (specimen)	Antiviral treatment (days from illness onset to treatment)	Chronic medical condition§
33	2	F	Asian	Postmortem	4	No	ED	<i>Streptococcus pneumoniae</i> (blood, cerebrospinal fluid, pleural fluid, spleen)	None	None reported
34	4	M	White, non-Hispanic	9	12	No	ICU	No specimens collected	Unknown	Cerebral palsy
35	13	M	White, non-Hispanic	1	4	No	ICU	Negative (blood)	Oseltamivir (1)	Severe developmental delay; cerebral palsy; seizure disorder
36	10	F	White, non-Hispanic	7	8	Unknown	Unknown	Unknown	Unknown	Moderate-severe developmental delay; chronic lung disease; cerebral palsy; scoliosis

* As of August 8, 2009, listed in order of illness onset.

† All testing was by reverse transcription–polymerase chain reaction.

§ Collected from responses to a checklist of associated medical conditions and additional comments on CDC's influenza-associated pediatric mortality case report forms.

¶ Intensive care unit.

** Emergency department.

†† Methicillin-resistant *Staphylococcus aureus*.

§§ Height and weight not reported.

two children either had no specimens collected or information regarding bacterial coinfection was unavailable. Among the seven children aged <5 years who died, two had a laboratory-confirmed bacterial coinfection; neither child had a high-risk medical condition.

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Editorial Note: Twenty-eight (78%) of the 36 children whose deaths were associated with 2009 pandemic influenza A (H1N1) virus infection were in at least one of two groups previously found to be at increased risk for complications from seasonal influenza: children aged <5 years and those with a high-risk chronic medical condition (1–3). The percentage of children with high-risk medical conditions (67%) in this series is higher than the percentage reported in recent influenza seasons. During the 2003–04, 2004–05, 2005–06,

and 2006–07 seasons, a total of 153, 47, 46, and 73 pediatric deaths were reported through the influenza-associated pediatric mortality reporting system, respectively. During those seasons, the percentages of children with high-risk medical conditions were 47%, 55%, 48%, and 35%, respectively (1,7). During the same seasons, among children who died, the percentages of children aged <5 years and aged <2 years among pediatric deaths was generally higher (<5 years, 42%–63%, <2 years, 26%–46%) than the 19% and 14%, respectively, reported for 2009 pandemic influenza A (H1N1). Continued surveillance is needed to determine whether these and other differences between pediatric deaths from seasonal influenza and deaths from 2009 pandemic influenza A (H1N1) are important.

Notably, among children with high-risk medical conditions, 92% had neurodevelopmental conditions (e.g., developmental delay or cerebral palsy), a finding consistent with the results from a study of influenza-associated mortality during the 2003–04 influenza season (1). In 2005, that finding helped lead to the addition of neurodevelopmental conditions to ACIP's list of conditions that should prompt seasonal influenza prevention and treatment (8). The findings from this report indicate that most of the children with neurodevelopmental conditions who died had multiple neurodevelopmental diagnoses and/or comorbid pulmonary conditions. Health-care providers should be aware of the potential for severe influenza illness, including death, in these children.

This report also highlights the prominence of laboratory-confirmed bacterial coinfections, which were identified in 10 (43%) of the 23 children who had culture or pathology

TABLE 2. Selected demographic characteristics and high-risk medical condition, antiviral treatment, and invasive bacterial coinfection status of children whose deaths were associated with 2009 pandemic influenza (H1N1) virus infection — influenza-associated pediatric mortality case reporting, United States, April–August 2009*

Characteristic/Status	No. of patients (N = 36)	(%)
Age group		
0–6 mos	2	(6)
6–23 mos	3	(8)
24–59 mos	2	(6)
5–8 yrs	5	(14)
9–12 yrs	13	(36)
13–17 yrs	11	(30)
Sex		
Male	18	(50)
Female	18	(50)
Race/Ethnicity		
White, non-Hispanic	15	(42)
Black, non-Hispanic	6	(17)
Hispanic	12	(33)
Asian	3	(8)
High-risk medical conditions†		
Neurodevelopmental condition§	22	(61)
Chronic pulmonary condition	10	(28)
Congenital heart disease	3	(8)
Metabolic or endocrine condition	2	(6)
Immuno suppression	2	(6)
Any high-risk condition	24	(67)
Multiple neurodevelopmental conditions	13	(36)
Neurodevelopmental condition with chronic pulmonary condition	9	(25)
Antiviral treatment		
None	12	(39)
≤2 days after illness onset	4	(13)
>2 days after illness onset	12	(39)
Timing of treatment initiation unknown	3	(10)
Unknown	5	(14)
Invasive bacterial coinfection¶		
Yes	10	(28)
No	13	(36)
No specimens collected	8	(22)
Unknown	5	(14)

* As of August 8, 2009.

† As defined by the Advisory Committee on Immunization Practices. Conditions were not mutually exclusive; the majority of children had multiple conditions.

§ Neurodevelopmental conditions included cerebral palsy, developmental delay, autism, congenital neurologic disorders, and other chronic central nervous system disorders.

¶ Defined as laboratory detection of a bacterial pathogen in a specimen from a normally sterile site or a postmortem lung biopsy.

results reported. All six children who were aged ≥ 5 years, did not have a high-risk medical condition, and had culture or pathology results reported had an invasive bacterial coinfection, suggesting that bacterial infection, in combination with 2009 pandemic influenza A (H1N1) virus infection, can result in severe disease in children who might be otherwise healthy. Clinicians should be aware of the potential for severe bacterial coinfections among children diagnosed with influenza and treat accordingly. As always, diagnostic testing and susceptibility testing of bacterial isolates are important to guide antibiotic therapy. Empiric antibacterial therapy, when indicated, should be directed at likely pathogens associated with influenza, such as *S. aureus*, *S. pneumoniae*, and *S. pyogenes* (1,7). In addition, all children should be current on recommended vaccinations, including 7-valent pneumococcal conjugate vaccine. Children aged ≥ 2 years with certain high-risk medical conditions are recommended to receive the 23-valent pneumococcal polysaccharide vaccine in accordance with guidance.¶

Although the majority of children in this case series received antiviral treatment, few received treatment within 2 days of illness onset. Influenza antiviral treatment is recommended for persons with suspected or laboratory-confirmed influenza who are hospitalized or who are at greater risk for influenza-related complications.** If a child is not in a high-risk group or is not hospitalized, health-care providers should use clinical judgment to guide treatment decisions. When evaluating children, clinicians should be aware that the risk for severe complications from seasonal influenza among children aged < 5 years is highest among children aged < 2 years. Antiviral treatment should be started as soon as possible after illness onset; evidence for benefits from antiviral treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset (5). However, treatment of any person with influenza who requires hospitalization is recommended, even if treatment is started > 48 hours after illness onset. Health-care providers should be aware that although specificity is high, sensitivity of rapid influenza tests to detect 2009 pandemic influenza A (H1N1) virus infection is low (9); therefore, a negative test result does not exclude 2009 pandemic influenza A (H1N1) virus infection.

The findings in this report are subject to at least five limitations. First, influenza-associated pediatric deaths might be underascertained because of a low level of influenza testing among children or underreporting of diagnosed cases. Second, differences in case ascertainment limit the direct comparability of the findings in this report with findings from reports for

¶ Additional information at http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm.

** Additional information available at <http://www.cdc.gov/h1n1flu/recommendations.htm>.

seasonal influenza. All patients in this series were identified as having 2009 pandemic influenza A (H1N1) virus infection using RT-PCR, but surveillance for pediatric deaths associated with seasonal influenza includes cases ascertained by various diagnostic tests, some of which are less sensitive than RT-PCR. Third, some chronic medical conditions might be underreported in the case reporting system because they are not specifically listed on the case report form; however, the collection of supplementary data on chronic medical conditions from state and local health authorities might have helped to minimize this potential bias. Fourth, incomplete data on antiviral treatment and testing for invasive bacterial coinfections might have led to some children being misclassified. Finally, because medical records were not reviewed, the severity of neurodevelopmental conditions, including the degree of associated respiratory impairment, could not be characterized.

Vaccination is the primary strategy to prevent influenza and related complications. Persons aged 6 months–24 years and persons who live with or provide care for infants aged <6 months are recommended for vaccination against 2009 pandemic influenza A (H1N1) virus infection (6). Initial doses of influenza A (H1N1) 2009 monovalent vaccine are expected to become available in mid-October. Guidance from CDC regarding administration of vaccine, antiviral treatment, management of influenza-associated bacterial complications, and other prevention and control measures for 2009 pandemic influenza A (H1N1) will be updated as needed. Health-care providers can find current recommendations online at <http://www.cdc.gov/h1n1flu>.

Acknowledgments

The findings in this report are based, in part, on contributions by A Spacone, MPH, Pima County Health Dept; V Berisha, MD, Maricopa County Dept of Public Health; J Meyer, MPH, Arizona Dept of Health Svcs; V Conte, MD, F Leguen, MD, Miami-Dade County Health Dept; K McConnell, MPH, Florida Dept of Health; P Linchango, MPH and M Vernon, DrPH, Cook County Dept of Health, Illinois; M Crockett, MPH, N Cocoros, MPH, S Lett, MD, Massachusetts State Dept of Public Health; K Martin, C Lees, C Morin, Minnesota Dept of Health; New Jersey H1N1 Investigation Team; B Cople, Marion County Health Dept; M Vandermeer, R Leman, Oregon Public Health Div; C Browning, T Cooper, MPH, Rhode Island Dept of Health; T Koy, MPH, Texas Children's Hospital; L Bullion, Texas Dept of State Health Svcs; J Davis, Wisconsin Dept of Health Svcs; and R Olney, MD, and D Anderson-Carr, MPH, National Center on Birth Defects and Developmental Disabilities, CDC.

References

1. Bhat N, Wright JG, Broder KR, et al. Influenza-associated deaths among children in the United States, 2003-2004. *N Engl J Med* 2005;353:2559-67.

2. Keren R, Zaoutis TE, Bridges CB, et al. Neurological and neuromuscular disease as a risk factor for respiratory failure in children hospitalized with influenza infection. *JAMA* 2005;294:2188-94.
3. Coffin SE, Zaoutis TE, Rosenquist AB, et al. Incidence, complications, and risk factors for prolonged stay in children hospitalized with community-acquired influenza. *Pediatrics* 2007;119:740-8.
4. CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR* 2009;58(No. RR-8).
5. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR* 2008;57(No. RR-7).
6. CDC. Use of influenza A (H1N1) 2009 monovalent vaccine. *MMWR* 2009;58(No. RR-10).
7. Finelli L, Fiore A, Dhara R, et al. Influenza-associated pediatric mortality in the United States: increase of *Staphylococcus aureus* coinfection. *Pediatrics* 2009;122:805-11.
8. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2005. *MMWR* 2005;54(No. RR-8).
9. CDC. Evaluation of rapid influenza diagnostic tests for detection of novel influenza A (H1N1) virus—United States, 2009. *MMWR* 2009;58:826-9.

Inadvertent Ingestion of Marijuana – Los Angeles, California, 2009

On April 8, 2009, the Los Angeles Police Department (LAPD) notified officials from the Los Angeles County Department of Public Health (DPH) in California about a group of preschool teachers with nausea, dizziness, headache, and numbness and tingling of fingertips after consumption of brownies purchased 3 days before from a sidewalk vendor. To characterize the neurologic symptoms and determine whether these symptoms were associated with ingestion of the brownies, the police and health departments launched a collaborative investigation. This report summarizes the results of that investigation, which detected cannabinoids in a recovered sample of the brownies. Two patients sought medical attention, and one patient's urine and serum tested positive for 11-nor-9-carboxy-delta 9-tetrahydrocannabinol (THC-COOH), a marijuana metabolite. The findings in this report demonstrate the utility of a collaborative investigation by public health and law enforcement. The findings also underscore the need to consider marijuana as a potential contaminant during foodborne illness investigations and the importance of identifying drug metabolites by testing of clinical specimens soon after symptom onset.

On the morning of April 7, 2009, a preschool teacher put brownies, which she had purchased on April 5, on a table in a break room to share with staff. The day before, she also had given two brownies to her adult son at home. Five preschool

teachers (not including the teacher who had purchased the brownies) and the teacher's adult son were the only persons who ate the brownies. Each person ate only one brownie. At approximately 1:30 p.m., the preschool director and the administrator noticed that one of the teachers suddenly looked drowsy and was complaining of drowsiness, ataxia, dizziness, shortness of breath, and numbness and tingling of the face, forehead, arms, and hands. When the director and administrator learned that the teacher who had shared the brownies had purchased them from a sidewalk vendor for a church fundraiser, they suspected the affected teacher's drowsiness was associated with her ingestion of the brownie 30 minutes before onset of symptoms. The teacher did not seek medical care.

The brownies were sold as single, unlabeled units, individually wrapped in plastic wrap, costing \$1.50 each. The preschool director contacted the head pastor of the church, who reported that the church had not held a fundraiser, and the pastor subsequently notified LAPD to investigate. After interviewing persons at the church and the preschool, LAPD suspected foodborne illness and contacted DPH on April 8.

Public health officials conducted a site visit at the preschool on April 9 and used a standard questionnaire to interview the affected persons about food history, medical history (including any drugs, herbal supplements, or medications taken), symptoms experienced, and time to onset (Table 1). No one reported taking any medications or herbal supplements. DPH and LAPD later discovered that the son of the teacher who had purchased the brownies also was possibly exposed, and DPH interviewed him using the same questionnaire on April 21. All six affected persons reported never having used marijuana or any other illicit drugs. The brownies were the only common

food item reported among the affected persons. All six affected persons reported at least nine symptoms, and all had drowsiness, fatigue, and ataxia (Table 2). All the affected preschool teachers were able to continue conducting classes that day. The time to onset of symptoms after ingesting the brownie ranged from 30 minutes to 3 hours, with a mean of 93 minutes.

Investigators considered a broad spectrum of etiologies, and consulted the DPH Technical Advisory Group (TAG) to develop investigative strategies. The TAG is a cadre of subject matter experts who possess security clearances and routinely share and assess investigation information between public health and law enforcement. The TAG includes a medical toxicologist, psychiatrist, laboratorian, veterinarian, specialists in environmental health, infectious disease, and radiation management, and a local FBI official. The clinical history and timing of events did not support a psychogenic etiology; each of the affected persons consumed a brownie at a different time of the day and experienced and reported symptoms independently at various times throughout the day. Moreover, some of the affected persons reported their symptoms to preschool administrators the next day, without knowledge of the previous day's events. Based on the constellation of reported symptoms, affected persons were asked about specific exposures to similarly acting agents, such as Jimson weed or diphenhydramine. Several affected persons reported that the brownies had a medicine-like aftertaste or smell; however, all six affected persons ate an entire brownie. One teacher (who did not report symptoms and was not included in the analysis) reported biting a brownie but immediately spitting it out, complaining of an unusual taste.

TABLE 1. Demographic and clinical characteristics of six adults after inadvertent ingestion of marijuana — Los Angeles, California, 2009

Sex	Age (yrs)	Symptoms	Onset after eating brownie (min)	Symptom duration (hrs)
Female*	25	Drowsiness, fatigue, weakness, dizziness, ataxia, numbness, tingling, dry mouth/throat, mouth irritation	90	3.0
Female	32	Drowsiness, fatigue, weakness, dizziness, ataxia, altered mood, altered taste, nausea, palpitations	90	8.0
Female	21	Drowsiness, fatigue, weakness, dizziness, ataxia, headache, giddiness, numbness, altered taste, increased appetite, itching	80	10.0
Female*	22	Drowsiness, fatigue, weakness, dizziness, ataxia, headache, agitation, anxiety, numbness, tingling, muscle twitching, chills, dry mouth/throat, nausea, vomiting, shortness of breath, palpitations	90	4.0
Female	33	Drowsiness, fatigue, dizziness, ataxia, anxiety, giddiness, numbness, tingling, muscle twitching, altered taste, shortness of breath	30	6.5
Male	24	Drowsiness, fatigue, ataxia, agitation, anxiety, dry mouth/throat, loss of appetite, excessive sweating, burning eyes, itching eyes	180	6.0

* Sought medical attention at urgent-care facilities on day of symptoms. The woman aged 25 years underwent serum and urine toxicology screening. Serum parent-compound THC level was <1 ng/mL and THC-COOH was 27 ng/mL. Urine THC-COOH was 66 ng/mL. The woman aged 22 years was diagnosed with foodborne illness and prescribed antibiotics.

TABLE 2. Reported symptoms among six adults after inadvertent ingestion of marijuana, by type — Los Angeles, California, 2009

Symptoms*	No. of patients
Neurologic	
Drowsiness	6
Fatigue	6
Weakness	4
Dizziness	5
Unbalanced/Ataxia	6
Headache	2
Agitation	2
Anxiety	3
Giddiness	2
Altered mood	1
Numbness	4
Tingling	3
Muscle twitching	2
Chills	1
Gastrointestinal	
Altered taste	3
Increased appetite	1
Dry mouth/throat	3
Mouth irritation	1
Nausea	2
Vomiting	1
Loss of appetite	1
Cardiopulmonary	
Shortness of breath	2
Palpitations	2
Integumentary	
Excess sweating	1
Itching	1
Burning eyes	1
Itching eyes	1

* Average onset: 93 min (range: 30–180 minutes). Duration: 6.25 hours (range: 3.0–10.0 hours).

Two of the teachers sought medical attention at urgent-care facilities on the day of exposure: one was a breastfeeding mother, and the other had the most profound illness compared with the rest of the affected persons (illness that included cardiopulmonary symptoms). The latter was diagnosed with foodborne illness and was prescribed antibiotics. The breastfeeding mother nursed her infant at 9:00 a.m., approximately 90 minutes after eating the first half of her brownie. The infant did not show any signs of illness. The mother ate the second half of her brownie at 1:00 p.m. As part of the medical evaluation, she underwent serum and urine toxicology screening at approximately 7:00 p.m. that evening. The blood and urine samples were screened at a clinical laboratory for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, cannabinoids, methadone, methaqualone (urine only), opiates, phencyclidine, and propoxyphene metabolites by immunoassay and confirmed by gas chromatography-mass spectrometry (GC/MS). Serum parent-compound 9-delta-tetrahydrocannabinol (THC) level was <1 ng/mL, and THC-COOH was 27 ng/mL.

Urine THC-COOH level was 66 ng/mL. Subsequent urine drug screenings of all six of the exposed persons (collected >8 days postexposure) were negative for cannabinoids and all the other drugs screened in the panel described. On May 20, a recovered sample of brownies was tested at the LAPD Scientific Investigation Division Laboratory for these same substances and additional substances (e.g., anabolic steroids) by GC/MS and was found to be positive for cannabinoids.

All affected persons recovered completely within hours after the exposure. Symptom duration ranged from 3 to 10 hours, with a mean of 6.25 hours. DPH environmental health inspectors and LAPD conducted a search on April 19 but were unable to locate the sidewalk vendor. No charges were brought against the teacher who purchased the brownies. No further complaints from affected persons or reports of additional symptomatic persons have been received to date. The sidewalk vendor has not been located to date.

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Editorial Note: Marijuana is the most commonly used illicit drug in the United States. Among persons aged ≥ 12 years, an estimated 5.8% had used the drug during the preceding month, according to the 2007 National Survey of Drug Use and Health (1,2). Inadvertent marijuana ingestion has been reported previously (3–7). Similar episodes of inadvertent ingestion of marijuana occurred in Colorado in 1978 (3) and in California in 1981 (4), where persons unknowingly ingested marijuana in baked goods. The constellation of symptoms described in this report is similar to other instances in which persons reported drowsiness (4,5,7), fatigue (6), ataxia (6,7), and dizziness (3,4,6). Accidental marijuana ingestion has led to coma in children (5). Therefore, pediatricians should be alert for signs of accidental ingestion.

THC is the major psychoactive ingredient of marijuana and is lipophilic. After exposure, THC is rapidly incorporated and distributes to the adipose tissue, liver, lungs, and spleen. It is then released back into the blood slowly and eventually is metabolized and changed into THC-COOH, which is excreted in the urine. THC-COOH is the most important compound for clinical testing purposes, and GC/MS procedures are considered the gold standard for testing (8).

Multiple factors can influence the duration of detectability of THC metabolites in the urine, including frequency of marijuana use, timing of specimen collection, body fat content, and degree of urine dilution. The window of detection for THC-COOH ranges from a few days in infrequent marijuana users to weeks or months in frequent users (8). A previous study revealed an average detection duration of approximately 6 days

among subjects who ingested marijuana-laced brownies containing a total dose of 22.4 mg THC (equivalent to the amount in one standard marijuana cigarette) and approximately 6.5 days from the same subjects after ingesting 44.8 mg THC (9). Although the dose of marijuana ingested by the affected persons described in this report is unknown, negative test results for specimens obtained >8 days after exposure would be an expected result if the THC equivalence in the brownies was similar to the recreational dosing that was given in that study (9).

The collaborative investigation was notable for the coordination between public health officials and law enforcement during the outbreak. The benefits of law enforcement involvement included early notification of the event to public health officials, collaborative interviews of the brownie purchaser, and assistance in testing urine specimens and the brownie sample at the LAPD laboratory. The demonstrated cooperative investigation and response capabilities included collection of clinical specimens in the context of foodborne illness with suspected chemical contamination, maintenance of chain-of-custody of laboratory specimens, maintenance of confidentiality of health information, and exclusion of psychogenic illness in the presence of unusual neurologic symptoms.

References

1. Substance Abuse and Mental Health Services Administration. Results from the 2007 National Survey on Drug Use and Health: national findings. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2008. Available at <http://oas.samhsa.gov/nsduh/2k7nsduh/2k7results.pdf>.
2. Substance Abuse and Mental Health Services Administration. [Tables of illicit drug use among persons 12 years and older in 2006 and 2007]. National Survey on Drug Use and Health 2006 and 2007. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2007. Available at <http://oas.samhsa.gov/nsduh/2k7nsduh/tabs/lotsect1pe.htm>.
3. CDC. Foodborne marijuana outbreak—Colorado. *MMWR* 1978;27:404–5.
4. CDC. Food-borne illness due to inadvertent consumption of marijuana—California. *MMWR* 1980;30:527–8, 533.
5. MacNab A, Anderson E, Susak L. Ingestion of cannabis: a cause of coma in children. *Pediatr Emerg Care* 1989;5:238–9.
6. Meier H, Vonesch HJ. Cannabis intoxication after eating of a salad. *Schweiz Med Wochenschr* 1997;127:214–8.
7. Weinberg D, Lande A, Hilton N, Kerns DL. Intoxication from accidental marijuana ingestion. *Pediatrics* 1983;71:848–50.
8. Musshoff F, Madea B. Review of biologic matrices (urine, blood, hair) as indicators of recent or ongoing cannabis use. *Ther Drug Monit* 2006;28:155–63.
9. Cone EJ, Johnson RE, Paul BD, Mell LD, Mitchell J. Marijuana-laced brownies: behavioral effects, physiologic effects, and urinalysis in humans following ingestion. *J Anal Toxicol* 1988;12:169–75.

Laboratory Surveillance for Wild and Vaccine-Derived Polioviruses – Worldwide, January 2008–June 2009

The Global Polio Laboratory Network (GPLN) isolates and characterizes polioviruses from fecal specimens of persons with acute flaccid paralysis. The network is coordinated by the World Health Organization (WHO) and includes 144 laboratories in 97 countries. Data from the network are used to guide the Global Polio Eradication Initiative by confirming polio cases, detecting and determining the origin of importations, identifying vaccine-derived polioviruses (VDPVs), and documenting the circulation of wild polioviruses (WPVs). This report updates previous reports (1) and summarizes GPLN activities and detection of WPVs and VDPVs during January 2008–June 2009. During this period, GPLN tested 247,794 fecal samples from 127,566 acute flaccid paralysis cases, from which 14,279 (5.8%) poliovirus isolates (vaccine-related and WPV) were detected, including 4,280 (1.7%) WPVs from 22 countries. GPLN laboratory capacity and capabilities remain an integral part of surveillance for polioviruses and efforts to eliminate polio from the remaining areas of circulation.

Laboratory Network Performance

GPLN provides timely information on significant changes in the global epidemiology of WPV circulation, to ensure the program can respond quickly to importations and changing serotype or geographic distribution by adjusting vaccination tactics. This is accomplished through isolation of polioviruses from stool specimens and characterization by intratypic differentiation (ITD) of the isolates. ITD uses a combination of two laboratory procedures that first separates all poliovirus isolates into the categories of wild and vaccine related, and a second procedure that screens vaccine-related viruses for possible VDPVs (1).

WHO administers an annual laboratory accreditation program for all GPLN facilities to evaluate compliance with recommended technical and operating procedures, performance in proficiency tests, and achievement of targets for accurate and timely results. The quality assurance and accreditation program was modified* in 2008 to accommodate a revised test

* The revisions included use of a newly designed proficiency test and target time of 14 days for virus isolation for laboratories using the rapid test algorithm, reduction of the target time for ITD of polioviruses from 14 days to 7 days, and revision of the accreditation checklist to allow more detailed evaluation of management, supervision, and biosafety functions.

algorithm[†] for more rapid poliovirus detection. These changes were implemented initially in 52 (36%) GPLN laboratories in the WHO regions of Africa, Americas, Eastern Mediterranean, and South-East Asia. Overall, 136 (94%) GPLN laboratories were fully accredited by WHO. Six provisionally accredited laboratories met required standards for accurate results but had some performance deficiency (e.g., not meeting target times in $\geq 80\%$ of results for isolation or reporting). Two nonaccredited laboratories failed the proficiency test and, while resolving performance concerns, are testing samples in parallel with accredited reference laboratories. Targets for timely reporting of poliovirus isolation results were met in all six WHO regions (Table 1), and five of those regions provided $\geq 80\%$ of ITD results within 60 days of paralysis onset in acute flaccid paralysis cases. In the Western Pacific region, 77% of results were reported within 60 days in the first half of 2009, compared with 40% in 2008.

GPLN tested 247,794 fecal specimens sent to the laboratories from investigations of acute flaccid paralysis cases, from which 14,279 polioviruses and 46,462 nonpolio enterovirus isolates were detected during January 2008–June 2009. Acute flaccid paralysis surveillance consists of the notification and investigation of all persons aged <15 years with onset of acute flaccid paralysis or any person of any age with suspected poliomyelitis. As part of the case investigation, two stool specimens are collected at least 24 hours apart and within 14 days of the onset of paralysis. In addition to testing specimens from acute flaccid paralysis cases, the laboratories also tested 20,277 specimens from other sources, including contacts of acute flaccid paralysis cases, environmental specimens, and healthy children.

[†] Additional information about the algorithm is available at http://www.who.int/immunization_monitoring/Supplement_polio_lab_manual.pdf.

From these specimens, 149 WPVs were detected, all linked to known endemic regions.

During January 2008–2009, a 6% overall increase in GPLN workload occurred compared with the January 2007–June 2008 period (1). In polio-endemic regions, laboratory workload increased 21% for Africa and 5% for South-East Asia, and decreased 13% for the Eastern Mediterranean region. In polio-free regions, workload decreased 1% for the Western Pacific, and increased 2.5% for Americas and 7.7% for the European region. To improve timeliness in obtaining ITD results among the 44 GPLN laboratories in the polio-endemic regions, ITD testing capacity was increased, from 16 laboratories having this capacity in mid-2006 to 24 at the end of 2008. During 2009, five more laboratories are being upgraded.

Detection and Determination of WPVs and Transmission Links

GPLN detected 4,280 WPVs in acute flaccid paralysis specimens from 22 countries during January 2008–June 2009 (Tables 1 and 2). In 12 countries, only WPV type 1 (WPV1) was detected; in one country only WPV type 3 (WPV3) was detected, and in nine countries, both WPV1 and WPV3 were detected. Overall, 2,582 (60%) WPVs were found in 17 African countries, 476 (11%) WPVs in three Eastern Mediterranean countries, and 1,222 (29%) WPVs in two South-East Asia countries. No indigenous WPV type 2 (WPV2) has been found anywhere in the world since 1999 (2).

Comparative analysis of the nucleotide sequence of the VP1 region of the viral genome (VP1 nt sequence) allows genotype identification and determination of transmission links based on genetic relatedness. Only four WPV genotypes have been detected globally since 2005. One genotype each of WPV1 and WPV3, designated West Africa B (WEAF-B), is indigenous to Nigeria. One genotype each of WPV1 and WPV3, designated

TABLE 1. Number of specimens and poliovirus isolates from persons with acute flaccid paralysis, percentage of specimens with nonpolio enterovirus (NPEV) isolated, and timing of results, by World Health Organization (WHO) region and year — January 2008–June 2009

WHO region	January–December 2008						January–June 2009					
	No. of specimens	No. of poliovirus isolates		% specimens with NPEV isolated	% results on time*	% ITD results within 60 days [†]	No. of specimens	No. of poliovirus isolates		% specimens with NPEV isolated	% results on time*	% ITD results within 60 days [†]
		Wild	Sabin					Wild	Sabin			
Africa	29,398	1,652	1,139	15.1	92.7	91.5	17,791	930	1,093	14.8	86.7	88.6
Americas	1,885	0	46	8.6	86.0	100.0	1,317	0	25	9.5	88.0	100.0
Eastern Mediterranean	20,559	321	1,620	16.1	97.8	97.2	10,191	155	824	12.7	95.5	98.1
Europe	3,424	0	49	7.7	97.3	92.9	1,474	0	15	2.0	99.5	100
South-East Asia	98,332	986	3,217	22.2	86.0	97.0	46,402	236	1,356	23.3	96.8	98.7
Western Pacific	12,512	0	451	10.0	95.0	40.0	4,509	0	164	7.0	96.0	77.0
Worldwide total	166,110	2,959	6,522	18.8	89.5	92.7	81,684	1,321	3,477	18.6	94.3	93.2

* Reported within 14 days for laboratories in the regions of Africa, Americas, Eastern Mediterranean, and South-East Asia, and within 28 days for the regions of Europe and Western Pacific (1).

[†] Intratypic differentiation (5).

South Asia (SOAS), is indigenous to Afghanistan, India, and Pakistan. WPVs circulating in Afghanistan and Pakistan are distinct from those circulating in India. Transmission in these four remaining polio-endemic countries accounted for 3,635 (85%) of all reported WPVs during 2008–2009.

Transmission in the 18 nonendemic countries accounted for 641 (15%) of the reported WPVs during 2008–2009 (Table 2). In 14 of these countries, only WEAFF-B genotypes were detected; in three countries (Angola, Democratic Republic of the Congo, and Nepal), only SOAS WPV genotypes were detected, and in one country (Central African Republic), both genotypes were detected. WEAFF-B WPV1 and WEAFF-B WPV3 genotype viruses both were found in Benin, Chad, Niger, and Sudan; in all but Sudan, this was the result of importations of WPV1 and WPV3 in 2007–2009 originating from Nigeria (3). WPV1 in Sudan represented continuation of an outbreak from 2004. WPV3 in Sudan and Central African Republic represented importations from Chad. Only WEAFF-B WPV1 was

detected in 10 countries: Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mali, Togo, and Uganda. SOAS WPV1 was found in Central African Republic, SOAS WPV3 genotype was found in Nepal, and SOAS WPV1 and WPV3 genotypes both were found in Angola and Democratic Republic of the Congo. Since 2005, SOAS WPV has been imported into Angola three times. SOAS WPV1 from the first importation in 2005 was not detected in Angola during 2008–2009; however, it continued to circulate in Democratic Republic of the Congo in 2008 after being introduced there in 2006 and spread further to Central African Republic in 2008. WPV1 in Angola during 2008–2009 represented continuation of transmission that began with a second importation of virus from India in 2007. An importation in 2008 of a SOAS WPV3 was exported to Democratic Republic of the Congo in 2008 and subsequently Central African Republic, where it has resulted in continued circulation in all three countries in

TABLE 2. Number of detected wild poliovirus (WPV) isolates from persons with acute flaccid paralysis, by World Health Organization (WHO) region/country and year — January 2008–June 2009

WHO region /country	January–December 2008			January–June 2009				
	No. of WPV isolates	Serotype			No. of WPV isolates	Serotype		
		1	2	3		1	2	3
Africa	1,652	1,385	0	267	930	339	0	591
Angola*	56	10	0	46	19	19	0	0
Benin†	9	5	0	4	39	37	0	2
Burkina Faso†	14	10	0	4	25	25	0	0
Central African Republic*†	4	4	0	0	23	0	0	23
Chad†	65	4	0	61	17	0	0	17
Côte d'Ivoire†	2	2	0	0	31	31	0	0
Ethiopia†	6	6	0	0	0	0	0	0
Ghana†	16	16	0	0	0	0	0	0
Guinea†	0	0	0	0	26	26	0	0
Kenya†	0	0	0	0	30	30	0	0
Liberia†	0	0	0	0	11	11	0	0
Mali†	2	2	0	0	2	2	0	0
Nigeria	1,440	1,297	0	143	651	131	0	520
Niger†	23	15	0	8	28	2	0	26
Democratic Republic of the Congo*	9	8	0	1	3	0	0	3
Togo†	6	6	0	0	11	11	0	0
Uganda	0	0	0	0	14	14	0	0
Americas	0	0	0	0	0	0	0	0
Eastern Mediterranean	321	240	0	81	155	139	0	16
Afghanistan	56	47	0	09	22	20	0	2
Pakistan	213	145	0	68	42	26	0	16
North Sudan	4	0	0	4	9	9	0	0
South Sudan†	48	48	0	0	78	78	0	0
Europe	0	0	0	0	0	0	0	0
South-East Asia	986	126	0	860	236	50	0	186
India	975	126	0	849	236	50	0	186
Nepal*	11	0	0	11	0	0	0	0
Western Pacific	0	0	0	0	0	0	0	0
Worldwide total	2,959	1,751	0	1,208	1,321	528	0	793

* Poliovirus serotype 1 or 3 virus linked to wild viruses that originated in northern India.

† Poliovirus serotype 1 viruses linked to wild viruses that originated in Nigeria.

2009. SOAS genotypes from Pakistan and Afghanistan were not detected in any other countries.

Single importations of WEAFF-B WPV1 related to polioviruses circulating in Sudan and SOAS WPV1 related to poliovirus in Uttar Pradesh, India, were detected in 2008 in sewage samples in Egypt. During 2008–2009, 32 WPV3 and three WPV1 isolates were detected in 33 (14%) of 234 specimens collected in Mumbai, India. The WPV in Mumbai sewage was linked genetically to virus found in acute flaccid paralysis cases in Bihar in 2007, and at least two of these introductions led to apparent local transmission, as indicated by multiple WPV1 and WPV3 detections in sewage for approximately 8 months and 1 year, respectively.

Detection of Vaccine-derived Polioviruses

GPLN screens for vaccine-derived polioviruses (VDPVs) among detected Sabin-like polioviruses (4). During January 2008–June 2009, 9,999 Sabin-like viruses from acute flaccid paralysis cases were screened, and 457 (4.6%) were classified as VDPVs (Table 3). Field evaluation of a new real-time reverse transcription–polymerase chain reaction (rRT-PCR) assay developed at CDC (5) began in 10 network laboratories during 2008. This included retrospective testing of approximately 4,100 Sabin-like polioviruses reported since 2006 and prospective testing of Sabin-like polioviruses identified during 2008–2009 with VP1 nt sequences analyzed when required. This testing identified several VDPVs, including some viruses from Democratic Republic of the Congo (Table 3), provided more rapid test results for the current VDPV outbreaks, and offered reassurance that additional VDPVs were not missed in the laboratories.

TABLE 3. Number of vaccine virus isolates from persons with acute flaccid paralysis, by World Health Organization (WHO) region — January 2008–June 2009*

WHO region	VDPV [†] isolates				Total
	Sabin-like [§]	cVDPV [¶]	iVDPV ^{**}	aVDPV ^{††}	
Africa	1,784	438	0	10	2,232
Americas	70	0	1	0	71
Eastern Mediterranean	2,444	0	0	0	2,444
Europe	63	0	0	1	64
South-East Asia	4,567	0	0	6	4,573
Western Pacific	614	0	0	1	615
Worldwide total	9,542	438	1	18	9,999

* As of August 13, 2009.

[†] Vaccine-derived poliovirus: a vaccine-related poliovirus with >1% sequence difference compared with Sabin vaccine virus.

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

[¶] Circulating VDPV.

^{**} VDPV associated with an immunodeficient person.

^{††} Ambiguous VDPV isolates that cannot be categorized as iVDPV or cVDPV.

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Editorial Note: GPLN has improved the efficiency of poliovirus testing and reduced reporting times by 50% since 2007. Technology transfer of ITD assays has been accomplished even in resource-poor settings in polio-endemic regions. These virus testing improvements enable more rapid implementation of responsive supplementary immunization activities (SIAs)[§] targeted at areas of confirmed WPV circulation after importations (3). Ongoing activities to improve testing efficiency and diagnostic procedures benefit the Global Polio Eradication Initiative by providing more accurate and timely information of poliovirus circulation, while conserving limited resources.

GPLN continues to provide critical information to support situational assessments in key endemic countries, including documenting the extent and pathways of polio transmission. For example, a decline in the total number of WPVs detected during January 2008–June 2009 compared with January 2007–June 2008, and a reduction in the number of WPV3 isolates, have provided evidence of progress toward poliovirus eradication in India. This contrasts with a net increase in WPVs detected in the three other polio-endemic countries: Nigeria, Pakistan, and Afghanistan. The situation in Nigeria is a particular concern because of continued WPV1 transmission, expanded transmission of WPV3, and continued cVDPV2 transmission during 2006–2009. Progress to date in improving implementation of SIAs in Nigeria[§] and addressing weaknesses in routine oral poliovirus vaccine coverage in Nigeria has not sufficiently reduced population immunity gaps to all three poliovirus serotypes.

WPV was imported into polio-free areas during 2008–2009, predominantly from Nigeria and India. In addition, WPV has spread into polio-free countries via intermediate countries that failed to interrupt outbreaks resulting from imported WPV. GPLN has helped document the transmission of WPV for periods of more than 6 months in Angola, Burkina Faso, Chad, Côte d'Ivoire, Sudan, and Democratic Republic of the Congo that have spread WPV to other countries. Until WPV transmission is interrupted globally, all countries should maintain high levels of polio vaccination coverage and acute flaccid paralysis

[§] Mass campaigns conducted during a short period (days to weeks) during which a dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

[¶] Nigeria conducted nationwide SIAs with monovalent OPV type 3 in late January 2009, monovalent OPV type 1 in late March, and trivalent OPV in late May. Subnational SIAs in Nigeria in affected areas were conducted with mOPV1 in late February and early July, and with trivalent OPV in early August. Additional SIAs in Nigeria are planned for later in 2009.

surveillance, including timely reporting of laboratory results, to minimize the risk for and effects of WPV importations.

Acknowledgment

This report is based, in part, on contributions by staff members of GPLN laboratories.

References

1. CDC. Laboratory surveillance for wild and vaccine-derived polioviruses—worldwide, January 2007–June 2008. *MMWR* 2008;57:967–70.
2. CDC. Apparent global interruption of wild poliovirus type 2 transmission. *MMWR* 2001;50:222–4.
3. CDC. Wild poliovirus type 1 and type 3 importations—15 countries, Africa, 2008–2009. *MMWR* 2009;58:357–62.
4. CDC. Update on vaccine-derived polioviruses—worldwide, January 2006–June 2007. *MMWR* 2007;56:996–1001.
5. Kilpatrick DR, Yang C-F, Ching K, et al. Rapid group-, serotype-, and vaccine strain-specific identification of poliovirus isolates by real-time reverse transcription PCR using degenerate primers and probes containing deoxyinosine residues. *J Clin Microbiol* 2009;47:1939–41.

Notice to Readers

Sickle Cell Awareness Month – September 2009

Sickle cell disease is an inherited blood disorder that affects an estimated 70,000 to 100,000 persons in the United States (1). It affects persons from many different racial and ethnic populations. In the United States, one in 500 African Americans is born with the disease. Other populations affected include Hispanics, persons of Mediterranean and Middle Eastern descent, and Asian Americans. In addition, approximately 2 million persons in the United States have sickle cell trait. Sickle

cell disease is inherited in an autosomal recessive pattern. A person with one copy of the mutated gene for hemoglobin is commonly referred to as having sickle cell trait. The trait typically is asymptomatic, and persons with the trait commonly are unaware of their carrier status. However, these persons might pass the gene on to their children. Currently, no data system exists that can be used to determine the actual prevalence of sickle cell disease in the United States. CDC, in partnership with the National Institutes of Health, is working to develop a pilot surveillance system that will help determine more about how many persons have the disease and how it affects them.

September is Sickle Cell Awareness Month. In recognition, CDC is sponsoring activities to increase knowledge and awareness of the disease, including a symposium on September 21, 2009, in Atlanta, Georgia. Additional information about sickle cell disease and the symposium is available at <http://www.cdc.gov/ncbddd/sicklecell>.

Reference

1. National Heart, Lung, and Blood Institute. Disease and conditions index. Sickle cell anemia: who is at risk? Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute; 2009. Available at http://www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_WhoIsAtRisk.html.

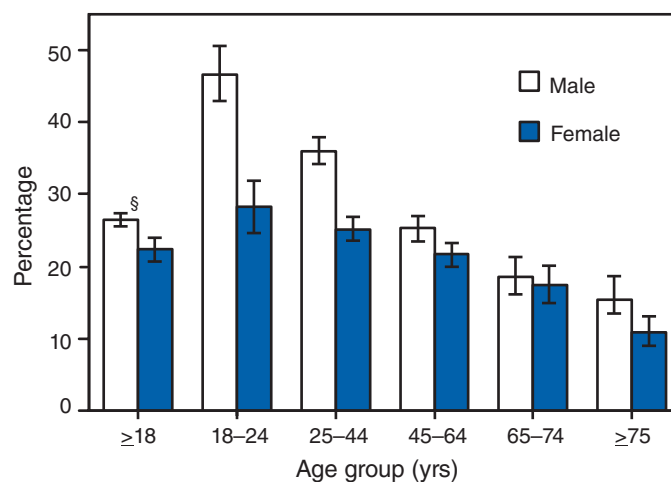
Erratum: Vol. 56, No. 53

In Vol. 56, No. 53 (July 9, 2009, for 2007), Summary of Notifiable Diseases — United States, 2007, an error occurred in Table 8, “Reported cases of notifiable diseases — United States, 2000–2007.” On page 80, under column “2006,” the total case count for AIDS should read: **38,423**.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥ 18 Years Who Engaged in Leisure-Time Strengthening Activities,* by Age Group and Sex — National Health Interview Survey, United States, 2008†



* Based on responses to the following question: "How often do you do leisure-time physical activities specifically designed to strengthen your muscles, such as lifting weights or doing calisthenics?"

† Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.

§ 95% confidence interval.

In 2008, approximately 27% of adults participated in leisure-time strengthening activities, an important component of overall physical fitness. Among all age groups except those aged 65–74 years, men were more likely than women to engage in leisure-time strengthening activities. The percentage of men who engaged in leisure-time strengthening activities decreased with age, from 47% at age 18–24 years to 16% at age ≥ 75 years. The percentage of women who engaged in leisure-time strengthening activities decreased with age, from 28% at age 18–24 years to 11% at age ≥ 75 years.

SOURCE: Unpublished estimates from the 2008 National Health Interview Survey. Available at <http://www.cdc.gov/nchs/nhis.htm>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 29, 2009 (34th week)*

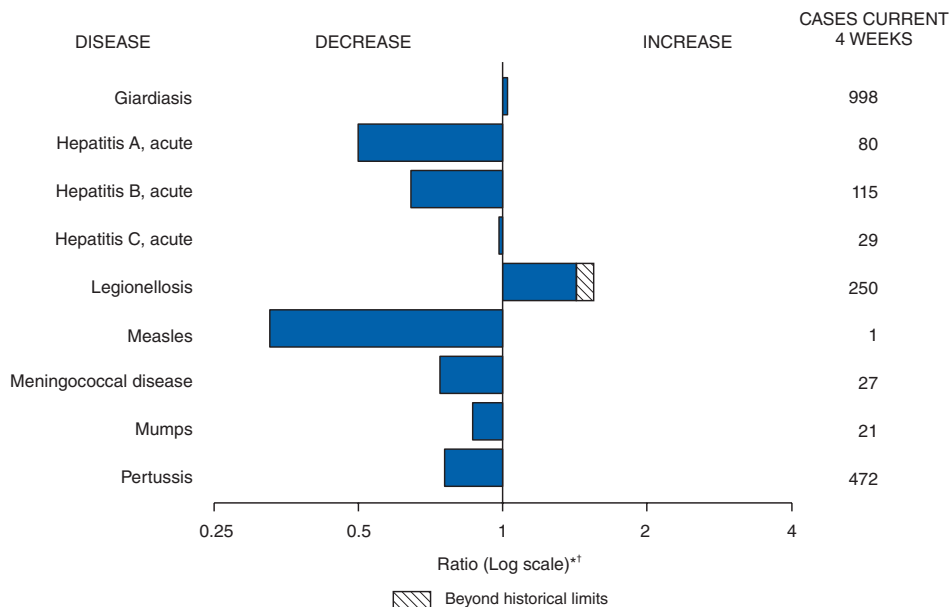
Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2008	2007	2006	2005	2004	
Anthrax	—	—	0	—	1	1	—	—	
Botulism:									
foodborne	—	12	1	17	32	20	19	16	
infant	—	31	2	109	85	97	85	87	
other (wound and unspecified)	—	16	1	19	27	48	31	30	
Brucellosis	—	59	2	80	131	121	120	114	
Chancroid	—	24	0	25	23	33	17	30	
Cholera	—	4	0	5	7	9	8	6	
Cyclosporiasis§	—	96	3	139	93	137	543	160	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	4	5	62	55	67	80	112	
eastern equine	—	1	1	4	4	8	21	6	
Powassan	—	1	0	2	7	1	1	1	
St. Louis	—	6	1	13	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
<i>Ehrlichia chaffeensis</i>	6	462	23	1,137	828	578	506	338	NY (1), OH (1), MN (1), VA (1), FL (1), OK (1)
<i>Ehrlichia ewingii</i>	—	3	0	9	—	—	—	—	
<i>Anaplasma phagocytophilum</i>	10	334	19	1,026	834	646	786	537	NY (9), WI (1)
undetermined	1	74	5	180	337	231	112	59	WI (1)
<i>Haemophilus influenzae</i> ††									
invasive disease (age <5 yrs):									
serotype b	—	16	0	30	22	29	9	19	
nonsertotype b	—	139	2	244	199	175	135	135	
unknown serotype	3	148	3	163	180	179	217	177	PA (1), WI (1), NV (1)
Hansen disease§	2	44	2	80	101	66	87	105	FL (1), CA (1)
Hantavirus pulmonary syndrome§	—	6	0	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	2	124	8	330	292	288	221	200	OK (2)
Hepatitis C viral, acute	7	1,014	15	878	845	766	652	720	PA (2), MI (1), MN (1), FL (1), OK (1), CA (1)
HIV infection, pediatric (age <13 years)§§	—	—	2	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	1	112	0	90	77	43	45	—	NY (1)
Listeriosis	11	423	22	759	808	884	896	753	NY (4), OH (2), MO (1), FL (1), LA (1), CO (1), CA (1)
Measles***	—	48	1	140	43	55	66	37	
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	—	180	4	330	325	318	297	—	
serogroup B	—	96	2	188	167	193	156	—	
other serogroup	—	18	0	38	35	32	27	—	
unknown serogroup	1	311	8	616	550	651	765	—	FL (1)
Mumps	8	229	12	454	800	6,584	314	258	NY (4), PA (1), FL (2), CO (1)
Novel influenza A virus infections	—	§§§	0	2	4	N	N	N	
Plague	—	6	0	3	7	17	8	3	
Poliomyelitis, paralytic	—	—	—	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	—	7	0	8	12	21	16	12	
Q fever total§,¶¶¶:									
acute	4	54	3	124	171	169	136	70	
chronic	—	46	1	110	—	—	—	—	OH (1), CO (1), CA (2)
Rabies, human	—	8	—	14	—	—	—	—	
Rubella****	—	1	—	2	1	3	2	7	
Rubella, congenital syndrome	—	4	0	16	12	11	11	10	
SARS-CoV§,††††	—	1	—	—	—	1	1	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	96	1	157	132	125	129	132	CT (1)
Syphilis, congenital (age <1 yr)	—	119	8	434	430	349	329	353	
Tetanus	—	6	1	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	2	52	2	71	92	101	90	95	NY (1), MO (1)
Trichinellosis	—	12	0	39	5	15	16	5	
Tularemia	—	42	4	123	137	95	154	134	
Typhoid fever	11	222	10	449	434	353	324	322	NY (2), FL (2), CA (7)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	1	47	0	63	37	6	2	—	NV (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	—	2	1	3	1	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	14	280	13	492	549	N	N	N	VT (1), OH (1), VA (1), GA (1), FL (3), AZ (2), WA (2), CA (3)
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 August 29, 2009 (34th week)*

—: No reported cases. N: Not reportable. 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. The total sum of incident cases is then divided by 25 weeks. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.
 § Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/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. One-hundred and eleven 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.
 §§§ CDC discontinued reporting of individual confirmed and probable cases of novel influenza A (H1N1) viruses infections on July 24, 2009. CDC will report the total number of novel influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (<http://www.cdc.gov/h1n1flu>).
 ¶¶¶ 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 August 29, 2009, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Chlamydia†					Coccidioidomycosis					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	12,719	22,443	25,707	722,568	767,485	210	152	476	7,162	4,241	118	124	452	3,910	4,357
New England	550	759	1,655	26,158	23,952	—	0	1	1	1	2	5	27	192	272
Connecticut	—	224	1,306	7,330	6,770	N	0	0	N	N	—	0	20	20	41
Maine§	—	48	75	1,560	1,642	N	0	0	N	N	—	0	5	20	29
Massachusetts	416	330	945	12,973	11,579	N	0	0	N	N	—	2	13	73	110
New Hampshire	3	39	63	1,159	1,333	—	0	1	1	1	2	1	4	38	45
Rhode Island§	94	61	244	2,392	1,850	—	0	0	—	—	—	0	3	4	5
Vermont§	37	21	53	744	778	N	0	0	N	N	—	1	7	37	42
Mid. Atlantic	2,885	2,917	6,734	100,585	95,589	—	0	0	—	—	16	13	34	465	447
New Jersey	—	418	838	13,473	14,609	N	0	0	N	N	—	0	4	8	25
New York (Upstate)	1,067	576	4,563	20,017	17,582	N	0	0	N	N	12	4	17	129	140
New York City	1,257	1,141	3,130	39,335	36,577	N	0	0	N	N	—	1	8	45	68
Pennsylvania	561	820	1,072	27,760	26,821	N	0	0	N	N	4	7	19	283	214
E.N. Central	1,212	3,513	4,382	108,943	125,494	—	0	4	22	34	20	29	126	888	1,120
Illinois	—	1,078	1,360	32,534	37,993	N	0	0	N	N	—	2	11	76	118
Indiana	399	416	713	14,727	13,999	N	0	0	N	N	1	3	17	122	115
Michigan	653	854	1,332	29,935	29,487	—	0	3	11	25	2	5	13	163	156
Ohio	47	800	1,300	20,333	30,030	—	0	2	11	9	10	9	59	269	277
Wisconsin	113	353	494	11,414	13,985	N	0	0	N	N	7	8	40	258	454
W.N. Central	202	1,320	1,661	41,888	43,414	1	0	1	6	1	18	17	53	615	593
Iowa	—	192	256	6,125	5,696	N	0	0	N	N	7	4	23	149	182
Kansas	11	159	549	5,281	5,945	N	0	0	N	N	—	1	8	50	47
Minnesota	—	260	339	7,755	9,390	—	0	0	—	—	5	4	33	182	119
Missouri	—	502	644	16,559	15,875	1	0	1	6	1	3	3	12	109	119
Nebraska§	96	101	219	3,423	3,507	N	0	0	N	N	3	2	5	59	72
North Dakota	14	25	60	772	1,182	N	0	0	N	N	—	0	10	7	2
South Dakota	81	57	85	1,973	1,819	N	0	0	N	N	—	1	6	59	52
S. Atlantic	2,094	4,169	5,453	126,324	156,220	—	0	1	5	3	20	21	49	640	541
Delaware	136	81	180	3,101	2,424	—	0	1	1	1	1	0	1	5	10
District of Columbia	—	124	227	4,107	4,550	—	0	0	—	—	—	0	2	2	9
Florida	689	1,419	1,597	47,631	46,433	N	0	0	N	N	16	8	35	230	231
Georgia	3	753	1,909	19,146	27,404	N	0	0	N	N	3	6	20	238	152
Maryland§	—	427	772	13,171	14,975	—	0	1	4	2	—	1	5	26	22
North Carolina	—	0	1,283	—	21,026	N	0	0	N	N	—	1	16	58	17
South Carolina§	592	542	1,424	16,142	17,171	N	0	0	N	N	—	1	6	32	31
Virginia§	630	616	926	20,653	20,161	N	0	0	N	N	—	1	5	40	52
West Virginia	44	69	101	2,373	2,076	N	0	0	N	N	—	0	2	9	17
E.S. Central	1,350	1,747	2,209	59,821	54,537	—	0	0	—	—	—	3	10	119	98
Alabama§	—	475	624	15,179	16,562	N	0	0	N	N	—	1	6	36	42
Kentucky	340	256	458	8,620	7,511	N	0	0	N	N	—	1	4	36	22
Mississippi	359	454	841	15,899	12,803	N	0	0	N	N	—	0	3	8	11
Tennessee§	651	574	809	20,123	17,661	N	0	0	N	N	—	1	5	39	23
W.S. Central	2,102	2,892	5,300	99,484	97,267	—	0	1	1	3	12	11	271	268	643
Arkansas§	319	273	418	9,471	9,330	N	0	0	N	N	1	1	10	28	36
Louisiana	231	422	1,134	14,167	14,095	—	0	1	1	3	1	1	6	24	40
Oklahoma	243	178	2,735	9,249	8,553	N	0	0	N	N	10	2	16	75	43
Texas§	1,309	1,967	2,520	66,597	65,289	N	0	0	N	N	—	7	258	141	524
Mountain	448	1,258	2,145	38,808	47,923	190	101	369	5,501	2,865	7	9	25	307	378
Arizona	29	362	627	7,482	15,964	189	100	365	5,433	2,790	—	1	4	25	55
Colorado	—	379	728	10,949	11,343	N	0	0	N	N	6	2	10	94	71
Idaho§	71	68	313	2,373	2,580	N	0	0	N	N	1	1	7	52	41
Montana§	19	54	88	1,903	2,016	N	0	0	N	N	—	0	4	27	37
Nevada§	142	173	455	6,478	6,272	1	1	3	40	41	—	0	4	13	10
New Mexico§	187	174	540	5,679	4,932	—	0	2	8	22	—	2	10	68	126
Utah	—	99	251	2,679	3,879	—	0	2	20	10	—	0	6	13	23
Wyoming§	—	34	97	1,265	937	—	0	1	—	2	—	0	2	15	15
Pacific	1,876	3,643	4,763	120,557	123,089	19	41	172	1,626	1,334	23	11	19	416	265
Alaska	—	111	233	4,953	3,066	N	0	0	N	N	—	0	2	5	3
California	1,531	2,803	3,599	94,441	95,604	19	41	172	1,626	1,334	20	6	15	247	155
Hawaii	—	118	247	3,745	3,797	N	0	0	N	N	—	0	1	1	1
Oregon§	—	201	631	6,193	6,594	N	0	0	N	N	3	2	8	117	50
Washington	345	367	557	11,225	14,028	N	0	0	N	N	—	1	6	46	56
American Samoa	—	0	0	—	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	3	8	—	103	—	0	0	—	—	—	0	0	—	—
Puerto Rico	121	130	332	5,016	4,780	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	9	17	290	459	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Giardiasis					Gonorrhea					<i>Haemophilus influenzae</i> , 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	210	324	641	10,448	10,994	3,125	5,429	7,164	171,901	217,126	23	58	124	1,982	1,941
New England	5	27	55	811	982	49	95	301	3,110	3,336	—	3	16	131	111
Connecticut	—	5	14	162	219	—	46	275	1,393	1,538	—	0	12	40	24
Maine§	—	4	12	120	97	—	2	9	86	62	—	0	2	14	9
Massachusetts	—	10	27	318	412	39	39	112	1,307	1,425	—	2	5	64	55
New Hampshire	—	3	10	94	101	2	2	6	69	70	—	0	2	7	9
Rhode Island§	—	1	8	35	57	7	6	19	225	216	—	0	7	3	6
Vermont§	5	3	15	82	96	1	1	4	30	25	—	0	1	3	8
Mid. Atlantic	48	60	116	1,883	2,026	641	590	1,138	20,043	21,338	13	11	25	419	361
New Jersey	—	6	17	108	336	—	88	127	2,834	3,514	—	2	7	80	62
New York (Upstate)	35	24	81	788	671	243	104	664	3,647	3,958	8	3	20	100	101
New York City	—	16	30	494	539	256	210	577	7,256	6,652	—	2	11	82	63
Pennsylvania	13	16	46	493	480	142	188	267	6,306	7,214	5	4	10	157	135
E.N. Central	24	44	90	1,390	1,669	433	1,088	1,627	33,783	44,852	2	9	28	362	313
Illinois	—	8	25	249	464	—	337	494	10,011	13,202	—	3	9	102	98
Indiana	N	0	11	N	N	111	146	252	4,876	5,673	—	1	22	45	53
Michigan	—	12	22	371	364	274	284	493	9,711	10,940	—	0	3	16	17
Ohio	20	16	31	513	531	18	256	455	6,274	10,873	—	2	6	73	98
Wisconsin	4	9	19	257	310	30	92	140	2,911	4,164	2	2	20	126	47
W.N. Central	30	25	143	984	1,187	49	286	393	8,939	11,014	—	3	15	107	139
Iowa	9	6	18	199	196	—	33	53	1,024	993	—	0	0	—	2
Kansas	—	2	8	70	99	15	36	83	1,307	1,438	—	0	2	11	17
Minnesota	—	0	106	250	342	—	42	65	1,273	2,090	—	0	10	35	40
Missouri	19	7	24	299	320	—	130	183	4,162	5,267	—	1	4	37	53
Nebraska§	2	3	9	113	134	29	22	53	887	947	—	0	4	19	19
North Dakota	—	0	16	9	10	—	2	7	43	73	—	0	4	5	8
South Dakota	—	1	7	44	86	5	7	20	243	206	—	0	0	—	—
S. Atlantic	38	70	109	2,405	1,809	660	1,186	2,042	36,260	54,995	4	13	30	501	501
Delaware	—	0	3	18	27	16	16	37	603	747	—	0	1	3	6
District of Columbia	—	0	5	16	42	—	50	88	1,663	1,689	—	0	2	—	5
Florida	37	36	59	1,255	759	250	416	507	13,868	15,575	3	4	10	172	129
Georgia	—	13	67	637	455	1	251	876	6,538	10,169	1	3	9	110	102
Maryland§	—	5	9	159	172	—	119	212	3,523	4,022	—	1	6	60	73
North Carolina	N	0	0	N	N	—	0	527	—	9,285	—	1	17	57	54
South Carolina§	—	2	8	53	80	196	169	413	5,070	6,283	—	1	5	33	46
Virginia§	1	8	31	238	227	188	147	308	4,660	6,731	—	1	6	42	68
West Virginia	—	1	3	29	47	9	10	26	335	494	—	0	3	24	18
E.S. Central	—	8	20	222	288	365	514	714	17,223	19,813	—	3	9	115	101
Alabama§	—	3	12	105	166	—	144	216	4,278	6,556	—	0	4	25	16
Kentucky	N	0	0	N	N	97	84	138	2,522	2,960	—	0	5	16	6
Mississippi	N	0	0	N	N	114	143	252	4,959	4,698	—	0	1	4	11
Tennessee§	—	4	13	117	122	154	162	273	5,464	5,599	—	2	6	70	68
W.S. Central	8	9	22	283	249	564	871	1,383	28,935	33,559	—	2	22	79	90
Arkansas§	5	2	8	87	83	98	83	134	2,907	3,049	—	0	2	13	11
Louisiana	—	3	8	91	94	72	151	420	4,566	6,140	—	0	1	12	8
Oklahoma	3	4	18	105	72	76	70	613	3,222	3,199	—	1	20	53	64
Texas§	N	0	0	N	N	318	554	725	18,240	21,171	—	0	1	1	7
Mountain	18	27	62	855	956	60	168	313	4,639	7,530	4	5	11	169	217
Arizona	3	3	10	125	82	4	42	82	880	2,269	1	1	7	58	87
Colorado	12	9	27	311	328	—	58	152	1,616	2,240	2	1	6	53	41
Idaho§	2	3	10	105	118	2	13	67	112	112	—	0	1	4	12
Montana§	—	2	10	71	58	—	1	6	48	76	—	0	1	1	2
Nevada§	1	2	8	64	71	24	31	91	1,134	1,503	1	0	2	14	12
New Mexico§	—	1	7	57	70	30	24	52	720	907	—	0	3	16	32
Utah	—	4	15	91	199	—	5	15	126	340	—	1	2	20	28
Wyoming§	—	1	4	31	30	—	1	7	48	83	—	0	1	3	3
Pacific	39	52	130	1,615	1,828	304	554	775	18,969	20,689	—	2	8	99	108
Alaska	—	2	10	85	55	—	17	40	803	350	—	0	4	20	15
California	23	34	59	1,078	1,226	261	469	658	15,902	16,971	—	0	3	22	38
Hawaii	—	0	2	9	30	—	11	21	392	413	—	1	3	22	13
Oregon§	5	7	17	217	293	—	20	48	649	802	—	1	3	32	40
Washington	11	7	74	226	224	43	42	80	1,223	2,153	—	0	2	3	2
American Samoa	—	0	0	—	—	—	0	0	—	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	—	45	—	0	0	—	—
Puerto Rico	2	2	15	62	129	1	4	24	165	190	—	0	1	2	1
U.S. Virgin Islands	—	0	0	—	—	—	2	7	80	85	N	0	0	N	N

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

U: Unavailable. —: No reported cases. N: Not reportable. 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A				B										
	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	22	36	89	1,181	1,739	20	65	197	2,001	2,463	51	50	113	1,720	1,850
New England	—	2	8	52	86	—	1	4	21	52	—	3	18	82	129
Connecticut	—	0	4	14	18	—	0	3	8	21	—	1	5	37	23
Maine§	—	0	5	1	4	—	0	2	7	9	—	0	2	4	6
Massachusetts	—	1	3	29	45	—	0	2	3	14	—	1	5	25	54
New Hampshire	—	0	2	3	7	—	0	2	3	3	—	0	2	8	24
Rhode Island§	—	0	2	3	10	—	0	0	—	4	—	0	14	4	17
Vermont§	—	0	1	2	2	—	0	1	—	1	—	0	1	4	5
Mid. Atlantic	4	5	13	148	201	4	7	17	207	301	25	15	60	664	582
New Jersey	—	1	5	22	51	—	1	5	45	87	—	2	14	95	73
New York (Upstate)	3	1	4	33	39	—	1	11	38	41	17	5	30	222	173
New York City	—	2	6	50	69	—	1	4	41	68	—	2	20	123	73
Pennsylvania	1	1	4	43	42	4	2	8	83	105	8	6	25	224	263
E.N. Central	4	5	17	162	240	—	8	21	254	331	13	9	29	304	414
Illinois	—	1	12	71	90	—	1	7	35	125	—	1	13	26	53
Indiana	—	0	3	11	13	—	1	18	43	23	—	1	5	22	37
Michigan	2	1	5	45	84	—	3	8	88	91	1	2	10	68	118
Ohio	2	1	4	28	28	—	1	13	65	78	12	4	17	183	186
Wisconsin	—	0	3	7	25	—	0	4	23	14	—	0	6	5	20
W.N. Central	2	2	16	84	197	3	3	16	108	51	1	2	7	62	88
Iowa	—	1	3	24	92	—	0	3	20	14	—	0	2	15	12
Kansas	—	0	1	7	12	—	0	2	5	6	—	0	1	3	1
Minnesota	1	0	12	14	26	3	0	11	20	5	—	0	3	8	9
Missouri	—	0	3	19	25	—	1	5	51	20	1	1	5	27	48
Nebraska§	1	0	3	18	39	—	0	2	11	5	—	0	2	8	16
North Dakota	—	0	2	—	—	—	0	1	—	1	—	0	3	1	—
South Dakota	—	0	1	2	3	—	0	1	1	—	—	0	1	—	2
S. Atlantic	7	7	15	265	247	5	18	32	596	603	9	9	22	299	301
Delaware	—	0	1	3	6	U	0	1	U	U	—	0	5	11	8
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	4	10
Florida	3	4	8	124	91	4	6	11	198	208	7	3	7	103	91
Georgia	1	1	4	43	35	1	3	9	96	117	1	1	5	33	25
Maryland§	—	0	4	27	31	—	1	5	46	55	—	2	10	68	90
North Carolina	—	1	4	25	46	—	2	19	130	51	—	0	7	39	14
South Carolina§	—	0	3	23	7	—	1	4	28	49	—	0	1	5	8
Virginia§	2	0	6	19	26	—	1	10	52	72	1	1	5	32	35
West Virginia	1	0	1	1	5	—	1	19	46	51	—	0	3	4	20
E.S. Central	—	1	5	26	52	—	7	11	195	253	—	2	10	73	84
Alabama§	—	0	2	7	8	—	2	7	58	68	—	0	1	6	12
Kentucky	—	0	2	5	20	—	2	7	49	63	—	1	3	31	41
Mississippi	—	0	1	7	4	—	1	2	18	30	—	0	1	2	1
Tennessee§	—	0	4	7	20	—	2	6	70	92	—	1	8	34	30
W.S. Central	—	3	43	103	163	3	10	99	314	485	—	1	21	43	51
Arkansas§	—	0	1	4	6	—	1	5	34	36	—	0	2	3	8
Louisiana	—	0	2	3	8	—	1	4	33	62	—	0	1	3	8
Oklahoma	—	0	6	3	7	3	2	17	66	69	—	0	6	3	3
Texas§	—	3	37	93	142	—	6	76	181	318	—	1	19	34	32
Mountain	1	3	8	107	154	1	3	7	87	137	2	2	8	69	54
Arizona	—	2	6	50	80	—	1	4	33	54	1	0	3	30	14
Colorado	1	0	5	34	28	—	0	2	15	24	1	0	2	7	4
Idaho§	—	0	1	3	15	—	0	2	6	5	—	0	1	1	3
Montana§	—	0	1	5	—	—	0	0	—	2	—	0	2	4	4
Nevada§	—	0	3	6	5	1	0	3	20	30	—	0	2	9	8
New Mexico§	—	0	1	5	15	—	0	2	5	8	—	0	2	2	5
Utah	—	0	2	4	8	—	0	3	5	9	—	0	4	15	16
Wyoming§	—	0	0	—	3	—	0	2	3	5	—	0	1	1	—
Pacific	4	7	18	234	399	4	6	36	219	250	1	4	12	124	147
Alaska	—	0	1	6	3	—	0	2	5	8	—	0	1	3	1
California	3	5	17	181	323	2	5	28	159	170	1	3	9	98	114
Hawaii	—	0	1	4	13	—	0	1	3	6	—	0	1	1	5
Oregon§	—	0	2	12	22	—	0	4	24	32	—	0	2	7	13
Washington	1	1	4	31	38	2	1	8	28	34	—	0	4	15	14
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	2	17	18	—	0	5	12	35	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All groups				
	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	308	514	1,637	16,969	22,308	11	23	46	721	737	1	17	48	605	850
New England	6	101	327	2,459	8,399	—	1	5	27	36	—	0	4	20	23
Connecticut	—	0	105	—	2,921	—	0	4	5	9	—	0	1	2	1
Maine§	—	8	73	432	261	—	0	1	1	1	—	0	1	3	4
Massachusetts	—	27	125	1,041	3,628	—	0	4	16	17	—	0	3	11	15
New Hampshire	—	14	70	739	1,217	—	0	1	2	3	—	0	1	1	2
Rhode Island§	—	0	78	54	119	—	0	1	1	2	—	0	1	2	1
Vermont§	6	5	35	193	253	—	0	1	2	4	—	0	1	1	—
Mid. Atlantic	254	246	1,401	10,455	8,913	1	5	17	164	194	—	2	5	67	92
New Jersey	—	35	247	2,477	2,715	—	0	4	—	48	—	0	2	8	13
New York (Upstate)	137	87	1,368	2,662	2,865	1	1	10	35	18	—	0	2	17	24
New York City	—	2	33	58	528	—	3	11	95	101	—	0	2	11	19
Pennsylvania	117	53	580	5,258	2,805	—	1	4	34	27	—	1	4	31	36
E.N. Central	9	21	173	1,425	1,768	1	3	8	96	109	—	3	8	99	147
Illinois	—	0	9	60	95	—	1	4	40	58	—	1	6	25	52
Indiana	—	1	4	33	26	—	0	1	7	5	—	0	3	24	21
Michigan	3	1	10	63	49	—	0	3	17	13	—	0	5	18	24
Ohio	—	1	5	29	27	1	1	6	28	21	—	0	3	26	32
Wisconsin	6	16	160	1,240	1,571	—	0	2	4	12	—	0	1	6	18
W.N. Central	4	6	336	162	432	—	1	7	35	43	—	1	9	48	76
Iowa	—	1	11	64	87	—	0	3	6	4	—	0	1	6	15
Kansas	—	0	4	15	6	—	0	2	3	4	—	0	2	7	4
Minnesota	1	1	326	67	327	—	0	7	13	19	—	0	4	9	21
Missouri	—	0	2	4	2	—	0	2	8	9	—	0	3	18	23
Nebraska§	3	0	3	11	7	—	0	1	4	7	—	0	1	5	10
North Dakota	—	0	10	—	—	—	0	0	—	—	—	0	3	1	1
South Dakota	—	0	1	1	3	—	0	1	1	—	—	0	1	2	2
S. Atlantic	31	63	203	2,265	2,588	5	6	17	228	188	1	3	9	112	119
Delaware	11	12	61	663	576	—	0	1	2	2	—	0	1	2	1
District of Columbia	—	0	5	18	49	—	0	2	5	2	—	0	0	—	—
Florida	5	1	10	44	37	4	1	7	67	33	1	1	4	42	41
Georgia	1	0	6	36	29	—	1	5	47	45	—	0	2	21	14
Maryland§	—	26	130	1,054	1,303	—	1	8	51	50	—	0	1	5	12
North Carolina	—	1	14	56	10	—	0	5	21	18	—	0	5	18	11
South Carolina§	—	0	3	18	18	—	0	1	2	7	—	0	1	10	19
Virginia§	14	12	61	312	464	1	1	4	31	29	—	0	2	9	16
West Virginia	—	0	17	64	102	—	0	1	2	2	—	0	2	5	5
E.S. Central	—	0	2	17	35	—	0	3	23	13	—	0	3	20	39
Alabama§	—	0	1	2	8	—	0	3	6	3	—	0	1	5	5
Kentucky	—	0	1	1	4	—	0	2	8	4	—	0	1	4	7
Mississippi	—	0	0	—	1	—	0	1	1	1	—	0	1	2	9
Tennessee§	—	0	2	14	22	—	0	3	8	5	—	0	1	9	18
W.S. Central	—	1	21	18	64	—	1	10	33	39	—	1	12	56	89
Arkansas§	—	0	0	—	—	—	0	1	3	—	—	0	2	5	13
Louisiana	—	0	1	—	2	—	0	1	2	2	—	0	3	10	19
Oklahoma	—	0	2	—	—	—	0	2	2	2	—	0	3	5	12
Texas§	—	1	21	18	62	—	1	10	26	35	—	1	9	36	45
Mountain	—	1	13	29	38	—	0	4	20	19	—	1	4	49	45
Arizona	—	0	2	3	5	—	0	2	4	8	—	0	2	13	6
Colorado	—	0	1	3	2	—	0	3	8	3	—	0	2	15	9
Idaho§	—	0	2	8	6	—	0	1	1	—	—	0	1	5	4
Montana§	—	0	13	2	4	—	0	3	4	—	—	0	2	4	4
Nevada§	—	0	2	11	9	—	0	1	—	4	—	0	2	4	7
New Mexico§	—	0	1	1	8	—	0	1	—	2	—	0	1	3	7
Utah	—	0	1	—	2	—	0	2	3	2	—	0	1	1	6
Wyoming§	—	0	1	1	2	—	0	0	—	—	—	0	2	4	2
Pacific	4	4	13	139	71	4	3	10	95	96	—	3	14	134	220
Alaska	—	0	1	3	5	—	0	1	3	3	—	0	2	2	6
California	4	3	12	120	38	3	2	8	69	69	—	2	8	90	162
Hawaii	N	0	0	N	N	—	0	1	1	2	—	0	1	3	4
Oregon§	—	0	3	11	23	—	0	2	9	4	—	1	6	26	25
Washington	—	0	12	5	5	1	0	3	13	18	—	0	6	13	23
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	2	2	—	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 reportable. 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 August 29, 2009, and August 23, 2008 (34th 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	108	267	1,697	8,479	5,727	43	68	138	2,339	2,790	4	34	179	950	1,494
New England	—	15	29	385	657	4	8	14	214	260	1	0	2	8	4
Connecticut	—	1	4	26	39	—	3	10	93	125	—	0	0	—	—
Maine†	—	1	10	64	23	—	1	5	34	34	—	0	2	4	1
Massachusetts	—	8	24	224	513	—	0	0	—	—	—	0	1	3	1
New Hampshire	—	1	7	52	21	1	0	7	24	26	—	0	0	—	1
Rhode Island†	—	0	5	11	53	—	0	3	27	24	—	0	2	—	1
Vermont†	—	0	2	8	8	3	1	4	36	51	1	0	0	1	—
Mid. Atlantic	18	24	64	731	671	18	14	27	408	605	—	1	29	48	98
New Jersey	—	4	12	120	139	—	0	0	—	—	—	0	3	—	67
New York (Upstate)	9	5	41	134	249	18	8	20	290	323	—	0	29	9	12
New York City	—	0	21	52	49	—	0	2	—	12	—	0	4	21	9
Pennsylvania	9	12	33	425	234	—	5	17	118	270	—	0	2	18	10
E.N. Central	21	52	238	1,731	947	6	2	19	163	166	—	1	8	55	110
Illinois	—	12	45	265	179	—	1	9	62	71	—	1	6	33	80
Indiana	—	5	158	168	31	1	0	6	17	4	—	0	3	4	5
Michigan	10	11	26	443	146	—	1	9	49	54	—	0	2	5	3
Ohio	11	20	57	761	506	5	0	7	35	37	—	0	3	13	22
Wisconsin	—	3	11	94	85	N	0	0	N	N	—	0	0	—	—
W.N. Central	12	34	872	1,207	473	5	5	17	179	195	2	4	21	191	332
Iowa	—	6	21	122	71	—	0	5	9	14	—	0	2	4	7
Kansas	—	4	12	132	38	—	1	6	56	48	—	0	1	2	—
Minnesota	—	0	808	165	144	—	0	11	39	34	—	0	1	2	—
Missouri	10	20	51	653	150	5	1	7	44	40	2	4	20	173	307
Nebraska†	2	4	32	104	50	—	0	2	—	27	—	0	2	10	15
North Dakota	—	0	24	17	1	—	0	9	4	17	—	0	1	—	—
South Dakota	—	0	10	14	19	—	0	4	27	15	—	0	0	—	3
S. Atlantic	20	27	71	1,037	539	3	25	111	1,034	1,181	—	14	50	361	476
Delaware	—	0	3	9	8	—	0	0	—	—	—	0	3	13	26
District of Columbia	—	0	2	2	2	—	0	0	—	—	—	0	0	—	6
Florida	16	8	32	373	153	—	0	95	120	138	—	0	2	5	8
Georgia	—	3	11	106	60	—	1	71	262	261	—	0	6	31	62
Maryland†	—	3	10	73	69	—	6	14	218	303	—	1	7	27	59
North Carolina	—	0	65	204	79	N	2	4	N	N	—	9	36	225	188
South Carolina†	—	3	17	149	77	—	0	0	—	—	—	0	9	15	26
Virginia†	—	3	24	100	85	—	10	23	353	416	—	2	9	42	94
West Virginia	4	0	5	21	6	3	2	6	81	63	—	0	1	3	7
E.S. Central	1	14	33	523	209	—	2	7	68	125	—	4	19	165	221
Alabama†	—	4	19	198	27	—	0	0	—	—	—	1	6	38	55
Kentucky	—	5	15	157	55	—	1	4	34	29	—	0	1	1	1
Mississippi	1	1	4	40	75	—	0	2	—	2	—	0	1	7	8
Tennessee†	—	3	14	128	52	—	1	4	34	94	—	3	15	119	157
W.S. Central	16	56	389	1,726	888	1	0	13	45	74	—	1	161	101	221
Arkansas†	—	4	38	155	56	—	0	5	23	41	—	0	61	44	44
Louisiana	1	2	8	89	59	—	0	0	—	—	—	0	1	2	5
Oklahoma	15	0	45	36	30	1	0	13	21	31	—	0	98	44	142
Texas†	—	44	304	1,446	743	—	0	1	1	2	—	0	6	11	30
Mountain	11	17	31	566	568	—	2	9	57	55	1	1	3	19	29
Arizona	2	4	10	144	156	N	0	0	N	N	—	0	2	4	8
Colorado	7	5	12	193	103	—	0	0	—	—	—	0	0	—	1
Idaho†	2	1	5	51	22	—	0	2	—	7	1	0	0	1	1
Montana†	—	0	4	12	70	—	0	4	16	7	—	0	2	8	3
Nevada†	—	0	3	9	23	—	0	5	4	4	—	0	1	1	2
New Mexico†	—	1	10	36	32	—	0	2	16	22	—	0	1	1	3
Utah	—	3	19	113	151	—	0	6	4	4	—	0	1	1	4
Wyoming†	—	0	5	8	11	—	0	4	17	11	—	0	2	3	7
Pacific	9	19	98	573	775	6	5	13	171	129	—	0	1	2	3
Alaska	—	3	21	56	103	—	0	4	19	12	N	0	0	N	N
California	—	6	19	143	351	6	4	12	142	110	—	0	1	2	—
Hawaii	—	0	3	19	8	—	0	0	—	—	N	0	0	N	N
Oregon†	3	3	16	168	117	—	0	2	10	7	—	0	0	—	3
Washington	6	6	76	187	196	—	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	1	1	—	1	1	3	27	42	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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

U: Unavailable. —: No reported cases. N: Not reportable. 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (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	645	904	2,323	26,097	28,824	125	82	255	2,449	3,087	106	320	1,268	9,635	12,502
New England	—	32	290	1,297	1,588	—	3	49	135	173	—	3	30	148	157
Connecticut	—	0	264	264	491	—	0	49	49	47	—	0	25	25	40
Maine§	—	2	7	80	101	—	0	3	14	11	—	0	1	2	17
Massachusetts	—	21	41	631	772	—	1	6	41	82	—	2	15	101	84
New Hampshire	—	3	42	195	99	—	1	3	23	14	—	0	3	7	4
Rhode Island§	—	2	11	87	65	—	0	1	—	7	—	0	1	8	9
Vermont§	—	1	5	40	60	—	0	6	8	12	—	0	2	5	3
Mid. Atlantic	57	92	182	2,848	3,650	55	6	15	256	329	8	55	77	1,813	1,602
New Jersey	—	11	41	223	878	—	1	5	21	101	—	14	35	365	537
New York (Upstate)	30	24	66	815	831	9	3	9	84	102	4	5	23	145	425
New York City	—	19	49	712	809	—	1	5	39	35	—	9	23	267	515
Pennsylvania	27	29	66	1,098	1,132	46	1	5	112	91	4	24	58	1,036	125
E.N. Central	60	90	139	2,978	3,365	8	13	74	408	491	12	66	132	1,821	2,398
Illinois	—	25	50	720	985	—	1	10	65	83	—	13	25	352	686
Indiana	—	8	50	224	395	—	1	7	36	57	—	1	21	37	483
Michigan	13	18	29	617	628	1	3	43	94	88	1	5	24	153	82
Ohio	45	28	52	1,000	850	6	3	15	95	117	11	37	80	927	900
Wisconsin	2	12	30	417	507	1	3	10	118	146	—	11	42	352	247
W.N. Central	50	51	109	1,768	1,834	26	12	37	463	547	9	15	49	579	612
Iowa	5	7	16	284	297	2	3	14	116	144	1	2	12	47	111
Kansas	—	7	19	225	294	—	1	7	30	31	—	3	11	147	23
Minnesota	24	12	51	424	486	19	2	14	140	109	1	3	14	54	204
Missouri	19	12	48	387	468	4	2	10	77	120	7	3	40	308	164
Nebraska§	2	5	41	258	159	1	2	7	64	111	—	0	3	17	5
North Dakota	—	0	30	40	27	—	0	28	3	1	—	0	9	3	30
South Dakota	—	3	22	150	103	—	0	9	33	31	—	0	1	3	75
S. Atlantic	245	262	440	7,107	6,971	7	12	30	397	559	15	47	85	1,508	2,143
Delaware	1	2	8	66	99	—	0	2	10	9	—	1	8	65	7
District of Columbia	—	0	5	20	45	—	0	1	1	5	—	0	2	6	15
Florida	183	110	197	3,336	2,854	4	3	7	109	98	5	8	24	295	603
Georgia	40	39	96	1,323	1,351	—	1	4	40	63	7	13	30	430	792
Maryland§	—	16	27	451	551	—	2	8	53	91	—	6	14	239	62
North Carolina	—	25	104	778	682	—	2	21	74	59	—	6	27	251	98
South Carolina§	—	15	54	406	627	—	0	3	19	31	—	4	14	79	425
Virginia§	20	20	88	577	621	2	2	16	73	173	3	5	59	137	115
West Virginia	1	4	23	150	141	1	0	3	18	30	—	0	3	6	26
E.S. Central	8	57	140	1,691	2,015	—	4	12	136	177	1	21	58	557	1,314
Alabama§	—	15	49	414	561	—	1	4	33	47	—	4	12	96	309
Kentucky	—	10	18	310	295	—	2	7	47	56	—	2	25	137	206
Mississippi	8	14	57	508	660	—	0	1	6	4	1	1	6	28	267
Tennessee§	—	14	62	459	499	—	2	6	50	70	—	12	48	296	532
W.S. Central	40	115	1,333	2,634	3,933	1	3	139	78	223	14	63	967	1,706	2,743
Arkansas§	14	12	38	375	442	—	0	5	24	34	7	8	21	233	347
Louisiana	7	17	41	515	697	—	0	1	—	6	—	5	17	105	473
Oklahoma	19	14	102	393	454	1	0	82	17	22	7	5	61	180	79
Texas§	—	55	1,204	1,351	2,340	—	2	55	37	161	—	42	889	1,188	1,844
Mountain	35	57	101	1,845	2,168	11	10	40	306	350	15	25	54	760	579
Arizona	11	20	42	637	658	—	1	4	49	45	8	17	38	565	284
Colorado	14	13	34	440	486	1	3	18	103	96	2	2	11	62	64
Idaho§	4	3	10	121	115	6	2	15	54	65	—	0	2	7	8
Montana§	—	2	7	73	77	—	0	3	15	27	—	0	5	13	4
Nevada§	6	4	13	174	154	4	0	3	20	13	5	1	13	46	137
New Mexico§	—	5	22	194	397	—	1	3	19	38	—	2	12	56	58
Utah	—	6	15	163	230	—	1	5	41	56	—	0	3	11	21
Wyoming§	—	1	6	43	51	—	0	2	5	10	—	0	1	—	3
Pacific	150	126	537	3,929	3,300	17	9	31	270	238	32	27	82	743	954
Alaska	—	1	9	69	38	—	0	1	—	5	—	0	1	3	—
California	92	94	516	2,973	2,379	9	5	15	149	109	27	20	75	591	827
Hawaii	—	5	13	154	177	—	0	1	2	11	—	1	4	23	28
Oregon§	5	8	15	266	294	1	1	7	37	37	2	1	10	27	47
Washington	53	11	85	467	412	7	3	16	82	76	3	3	11	99	52
American Samoa	—	0	1	—	2	—	0	0	—	—	—	0	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	8	—	0	0	—	—	—	0	1	—	14
Puerto Rico	4	9	40	242	431	—	0	0	—	—	—	0	2	7	20
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	Streptococcal diseases, invasive, group A				<i>Streptococcus pneumoniae</i> , 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	34	101	239	3,770	3,998	6	36	122	1,162	1,199
New England	—	5	28	220	290	1	1	12	41	59
Connecticut	—	0	21	63	81	—	0	11	—	—
Maine§	—	0	2	13	20	—	0	1	3	1
Massachusetts	—	3	10	91	137	—	1	4	28	43
New Hampshire	—	1	4	31	19	1	0	2	8	8
Rhode Island§	—	0	2	9	21	—	0	2	—	7
Vermont§	—	0	3	13	12	—	0	1	2	—
Mid. Atlantic	7	19	43	769	823	—	5	33	177	153
New Jersey	—	3	6	102	149	—	1	4	31	46
New York (Upstate)	5	7	25	254	255	—	2	17	83	68
New York City	—	4	12	145	149	—	0	31	63	39
Pennsylvania	2	6	18	268	270	N	0	2	N	N
E.N. Central	2	17	42	713	771	—	6	18	173	219
Illinois	—	5	12	192	209	—	1	5	23	62
Indiana	—	3	23	114	101	—	0	13	25	24
Michigan	—	3	11	118	132	—	1	5	46	56
Ohio	2	4	13	182	211	—	1	6	49	40
Wisconsin	—	2	10	107	118	—	1	4	30	37
W.N. Central	7	6	37	317	295	1	2	11	103	60
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	1	5	37	32	N	0	1	N	N
Minnesota	6	0	34	145	136	—	0	10	57	15
Missouri	—	1	8	69	71	—	0	4	29	27
Nebraska§	1	1	3	35	31	1	0	1	7	7
North Dakota	—	0	4	11	8	—	0	3	4	5
South Dakota	—	0	3	20	17	—	0	2	6	6
S. Atlantic	13	22	48	857	818	1	6	16	213	234
Delaware	—	0	1	9	6	—	0	0	—	—
District of Columbia	—	0	3	11	11	N	0	0	N	N
Florida	5	6	12	210	186	1	1	6	49	45
Georgia	6	5	13	201	180	—	2	6	53	61
Maryland§	—	3	12	134	144	—	1	4	49	45
North Carolina	—	2	12	81	104	N	0	0	N	N
South Carolina§	—	1	5	52	49	—	1	6	32	41
Virginia§	2	3	9	125	107	—	0	4	18	37
West Virginia	—	1	4	34	31	—	0	3	12	5
E.S. Central	—	4	10	144	138	—	2	7	59	62
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	5	26	29	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	14	8
Tennessee§	—	3	9	118	109	—	1	6	45	54
W.S. Central	3	9	79	314	346	1	6	46	194	184
Arkansas§	—	0	2	14	8	1	0	4	20	10
Louisiana	—	0	3	11	14	—	0	3	13	10
Oklahoma	3	3	20	108	79	—	1	7	39	49
Texas§	—	5	59	181	245	—	4	34	122	115
Mountain	2	10	22	325	415	2	4	16	167	192
Arizona	1	3	7	108	143	1	2	10	86	89
Colorado	1	3	9	107	103	1	1	4	32	42
Idaho§	—	0	2	5	12	—	0	2	7	3
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	5	8	—	0	1	—	3
New Mexico§	—	2	7	59	102	—	0	4	15	26
Utah	—	1	6	40	41	—	0	5	27	28
Wyoming§	—	0	1	1	6	—	0	1	—	1
Pacific	—	3	10	111	102	—	1	6	35	36
Alaska	—	1	3	28	25	—	0	5	29	23
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	3	8	83	77	—	0	2	6	13
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	0	—	30	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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† 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 (NNDS 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , 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	12	60	276	1,945	2,173	—	9	21	303	332	117	261	452	8,378	8,227
New England	—	1	48	33	45	—	0	5	2	6	7	5	15	220	212
Connecticut	—	0	48	—	—	—	0	5	—	—	—	1	5	39	20
Maine§	—	0	2	8	14	—	0	1	—	—	—	0	1	1	8
Massachusetts	—	0	1	2	—	—	0	1	2	—	4	4	11	156	151
New Hampshire	—	0	3	5	—	—	0	0	—	—	1	0	2	12	13
Rhode Island§	—	0	6	7	18	—	0	1	—	4	2	0	5	12	14
Vermont§	—	0	2	11	13	—	0	0	—	2	—	0	2	—	6
Mid. Atlantic	—	3	14	115	226	—	0	3	20	20	32	34	51	1,212	1,094
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	13	148	147
New York (Upstate)	—	1	10	50	47	—	0	2	10	6	2	2	8	82	91
New York City	—	0	4	3	92	—	0	2	—	1	24	22	40	757	673
Pennsylvania	—	1	8	62	87	—	0	2	10	13	6	6	12	225	183
E.N. Central	2	11	41	427	464	—	1	7	62	63	3	23	44	672	757
Illinois	N	0	0	N	N	N	0	0	N	N	—	7	19	185	301
Indiana	—	3	32	141	160	—	0	6	20	20	1	2	10	105	91
Michigan	—	0	2	19	15	—	0	1	2	2	2	3	18	157	129
Ohio	2	7	18	267	289	—	1	4	40	41	—	6	17	195	199
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	30	37
W.N. Central	1	2	161	92	152	—	0	3	20	30	—	6	12	193	272
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	13	13
Kansas	—	1	5	39	58	—	0	2	13	3	—	0	3	18	22
Minnesota	—	0	156	—	22	—	0	3	—	22	—	2	6	40	66
Missouri	1	1	5	41	66	—	0	1	5	2	—	3	6	104	161
Nebraska§	—	0	0	—	—	—	0	0	—	—	—	0	3	14	10
North Dakota	—	0	3	10	2	—	0	0	—	—	—	0	1	3	—
South Dakota	—	0	2	2	4	—	0	2	2	3	—	0	1	1	—
S. Atlantic	8	26	53	927	885	—	4	14	138	146	18	64	262	2,079	1,769
Delaware	1	0	2	15	3	—	0	0	—	—	—	0	3	22	10
District of Columbia	N	0	0	N	N	N	0	0	N	N	—	3	9	110	90
Florida	5	15	36	540	500	—	2	13	86	95	—	20	31	633	668
Georgia	2	8	25	283	296	—	1	5	45	43	—	14	227	466	378
Maryland§	—	0	1	4	4	—	0	0	—	1	—	6	16	189	222
North Carolina	N	0	0	N	N	N	0	0	N	N	—	9	21	361	170
South Carolina§	—	0	0	—	—	—	0	0	—	—	6	2	6	78	57
Virginia§	N	0	0	N	N	N	0	0	N	N	12	6	16	216	166
West Virginia	—	2	13	85	82	—	0	3	7	7	—	0	2	4	8
E.S. Central	—	5	25	194	233	—	1	3	29	42	20	22	36	752	698
Alabama§	N	0	0	N	N	N	0	0	N	N	—	8	16	274	291
Kentucky	—	1	5	54	56	—	0	2	7	9	4	1	10	43	56
Mississippi	—	0	3	3	28	—	0	1	2	8	9	4	18	149	97
Tennessee§	—	3	23	137	149	—	0	3	20	25	7	8	19	286	254
W.S. Central	1	2	6	71	74	—	0	3	14	12	30	49	80	1,630	1,413
Arkansas§	—	1	5	39	13	—	0	3	9	3	8	4	35	144	110
Louisiana	1	1	5	32	61	—	0	1	5	9	—	12	40	303	385
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	7	39	51
Texas§	—	0	0	—	—	—	0	0	—	—	22	32	48	1,144	867
Mountain	—	2	7	84	92	—	0	3	17	11	5	7	18	183	423
Arizona	—	0	0	—	—	—	0	0	—	—	1	1	8	23	220
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	4	58	103
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	3	2
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	—	1	4	33	44	—	0	2	7	5	1	1	7	64	52
New Mexico§	—	0	0	—	—	—	0	0	—	—	3	1	5	33	27
Utah	—	1	6	42	47	—	0	3	9	6	—	0	2	—	16
Wyoming§	—	0	2	9	1	—	0	1	1	—	—	0	1	2	3
Pacific	—	0	1	2	2	—	0	1	1	2	2	45	66	1,437	1,589
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
California	N	0	0	N	N	N	0	0	N	N	2	40	59	1,325	1,435
Hawaii	—	0	1	2	2	—	0	1	1	2	—	0	3	19	15
Oregon§	N	0	0	N	N	N	0	0	N	N	—	1	4	31	11
Washington	N	0	0	N	N	N	0	0	N	N	—	2	8	62	127
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	—	—	16	3	11	142	98
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. 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 August 29, 2009, and August 23, 2008 (34th week)*

Reporting area	West Nile virus disease†														
	Varicella (chickenpox)					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	52	451	1,035	12,115	20,320	—	1	70	78	357	1	0	55	77	428
New England	—	9	46	189	1,120	—	0	2	—	3	—	0	0	—	3
Connecticut	—	0	21	—	574	—	0	2	—	3	—	0	0	—	3
Maine¶	—	0	11	—	174	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
New Hampshire	—	4	11	141	177	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	4	—	—	0	1	—	—	—	0	0	—	—
Vermont¶	—	2	17	43	195	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	6	38	58	1,032	1,619	—	0	6	2	25	—	0	4	—	9
New Jersey	N	0	0	N	N	—	0	2	—	2	—	0	1	—	2
New York (Upstate)	N	0	0	N	N	—	0	3	1	11	—	0	2	—	2
New York City	—	0	0	—	—	—	0	2	—	5	—	0	1	—	4
Pennsylvania	6	38	58	1,032	1,619	—	0	1	1	7	—	0	1	—	1
E.N. Central	20	154	254	4,155	4,923	—	0	8	1	10	—	0	3	1	10
Illinois	—	33	73	835	699	—	0	4	—	1	—	0	1	—	5
Indiana	—	1	19	203	—	—	0	1	1	2	—	0	1	—	—
Michigan	5	48	90	1,312	2,082	—	0	4	—	3	—	0	2	—	2
Ohio	13	42	91	1,421	1,585	—	0	3	—	3	—	0	1	1	—
Wisconsin	2	14	55	384	557	—	0	2	—	1	—	0	1	—	3
W.N. Central	4	22	114	664	802	—	0	6	6	32	1	0	10	19	98
Iowa	N	0	0	N	N	—	0	1	—	2	—	0	1	1	2
Kansas	—	5	22	176	318	—	0	2	—	7	—	0	3	4	9
Minnesota	—	0	0	—	—	—	0	1	1	2	—	0	2	—	6
Missouri	4	10	51	431	453	—	0	3	1	5	—	0	1	—	1
Nebraska¶	N	0	0	N	N	—	0	1	1	3	1	0	4	6	22
North Dakota	—	0	108	57	—	—	0	0	—	2	—	0	1	—	34
South Dakota	—	0	4	—	31	—	0	2	3	11	—	0	2	8	24
S. Atlantic	15	57	146	1,418	3,312	—	0	3	—	10	—	0	3	—	12
Delaware	—	0	4	8	29	—	0	0	—	—	—	0	0	—	1
District of Columbia	—	0	3	8	18	—	0	2	—	1	—	0	1	—	1
Florida	5	28	67	918	1,167	—	0	0	—	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	1	—	0	1	—	3
Maryland¶	N	0	0	N	N	—	0	2	—	2	—	0	2	—	4
North Carolina	N	0	0	N	N	—	0	0	—	2	—	0	0	—	1
South Carolina¶	—	4	54	154	587	—	0	0	—	—	—	0	0	—	1
Virginia¶	—	0	119	28	1,015	—	0	0	—	—	—	0	0	—	1
West Virginia	10	9	32	302	496	—	0	0	—	1	—	0	0	—	—
E.S. Central	—	14	28	358	847	—	0	5	17	29	—	0	5	10	43
Alabama¶	—	14	28	356	837	—	0	2	—	7	—	0	2	—	5
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	1	2	10	—	0	5	16	14	—	0	5	9	31
Tennessee¶	N	0	0	N	N	—	0	2	1	8	—	0	1	1	7
W.S. Central	—	94	747	3,256	6,130	—	0	7	18	41	—	0	5	7	41
Arkansas¶	—	4	47	96	481	—	0	1	1	6	—	0	0	—	2
Louisiana	—	1	7	73	56	—	0	3	5	9	—	0	5	5	16
Oklahoma	N	0	0	N	N	—	0	1	1	2	—	0	0	—	5
Texas¶	—	86	721	3,087	5,593	—	0	6	11	24	—	0	2	2	18
Mountain	7	33	83	936	1,478	—	0	12	25	45	—	0	22	29	109
Arizona	—	0	0	—	—	—	0	10	9	20	—	0	8	3	15
Colorado	7	13	44	367	600	—	0	2	3	11	—	0	9	11	37
Idaho¶	N	0	0	N	N	—	0	1	2	3	—	0	6	6	26
Montana¶	—	2	20	105	223	—	0	1	1	—	—	0	1	1	5
Nevada¶	N	0	0	N	N	—	0	2	7	5	—	0	1	5	6
New Mexico¶	—	2	20	134	160	—	0	1	2	3	—	0	1	1	1
Utah	—	12	31	330	485	—	0	1	—	3	—	0	5	—	13
Wyoming¶	—	0	1	—	10	—	0	1	1	—	—	0	2	2	6
Pacific	—	3	12	107	89	—	0	34	9	162	—	0	15	11	103
Alaska	—	2	11	83	43	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	33	9	160	—	0	15	10	91
Hawaii	—	1	4	24	46	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	11
Washington	N	0	0	N	N	—	0	0	—	2	—	0	1	1	1
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	1	3	—	55	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	8	23	316	418	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. 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.

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

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/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 August 29, 2009 (34th week)

Reporting area	All causes, by age (years)							Reporting area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	529	353	119	26	15	15	57	S. Atlantic	1,228	748	309	113	31	27	61
Boston, MA	137	77	35	12	8	5	9	Atlanta, GA	190	112	57	16	3	2	10
Bridgeport, CT	28	16	6	4	2	—	3	Baltimore, MD	156	85	52	12	4	3	8
Cambridge, MA	19	15	2	1	—	—	3	Charlotte, NC	100	63	22	12	2	1	5
Fall River, MA	27	20	5	2	—	—	2	Jacksonville, FL	143	93	32	10	6	2	5
Hartford, CT	56	39	12	3	1	1	6	Miami, FL	93	53	22	13	5	—	8
Lowell, MA	22	18	4	—	—	—	4	Norfolk, VA	56	32	13	7	1	3	—
Lynn, MA	4	3	1	—	—	—	—	Richmond, VA	73	43	16	8	2	4	2
New Bedford, MA	29	22	4	2	—	1	4	Savannah, GA	58	41	8	5	2	2	3
New Haven, CT	26	18	6	1	1	—	7	St. Petersburg, FL	56	39	10	4	—	3	4
Providence, RI	51	39	11	—	—	1	6	Tampa, FL	174	102	49	16	4	3	12
Somerville, MA	2	1	1	—	—	—	—	Washington, D.C.	112	71	26	9	2	4	3
Springfield, MA	38	22	12	1	—	3	3	Wilmington, DE	17	14	2	1	—	—	1
Waterbury, CT	27	19	4	—	2	2	2	E.S. Central	790	517	189	54	11	18	56
Worcester, MA	63	44	16	—	1	2	8	Birmingham, AL	155	106	31	13	3	2	15
Mid. Atlantic	2,053	1,396	442	136	42	35	92	Chattanooga, TN	70	50	17	1	—	2	5
Albany, NY	40	26	9	4	—	1	1	Knoxville, TN	81	56	15	9	1	—	4
Allentown, PA	17	13	4	—	—	—	4	Lexington, KY	62	34	16	9	1	2	2
Buffalo, NY	71	42	19	7	1	2	4	Memphis, TN	161	107	37	11	1	5	8
Camden, NJ	37	23	11	2	1	—	—	Mobile, AL	95	65	23	5	1	1	5
Elizabeth, NJ	13	7	4	1	1	—	—	Montgomery, AL	39	24	10	1	2	2	3
Erie, PA	40	34	4	2	—	—	3	Nashville, TN	127	75	40	5	2	4	14
Jersey City, NJ	25	18	7	—	—	—	—	W.S. Central	1,225	752	330	75	34	34	68
New York City, NY	1,005	709	210	59	18	8	37	Austin, TX	73	50	13	7	1	2	3
Newark, NJ	32	17	9	2	2	2	4	Baton Rouge, LA	U	U	U	U	U	U	U
Paterson, NJ	9	7	2	—	—	—	—	Corpus Christi, TX	71	48	18	2	1	2	5
Philadelphia, PA	465	274	115	42	14	19	24	Dallas, TX	171	95	50	9	6	11	10
Pittsburgh, PA§	40	27	7	5	1	—	3	El Paso, TX	80	60	14	2	4	—	5
Reading, PA	34	27	5	2	—	—	3	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	121	92	22	3	2	2	6	Houston, TX	355	205	95	26	16	13	17
Schenectady, NY	23	18	3	2	—	1	—	Little Rock, AR	76	54	19	1	1	1	3
Scranton, PA	29	20	5	2	1	1	2	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	U	U	U	U	U	U	U	San Antonio, TX	241	144	72	19	3	3	15
Trenton, NJ	27	23	3	1	—	—	—	Shreveport, LA	66	37	20	5	2	2	6
Utica, NY	14	12	1	—	1	—	—	Tulsa, OK	92	59	29	4	—	—	4
Yonkers, NY	11	7	2	2	—	—	—	Mountain	1,073	687	256	70	27	30	41
E.N. Central	1,487	964	372	80	30	41	84	Albuquerque, NM	113	78	26	2	6	1	3
Akron, OH	35	22	9	2	—	2	1	Boise, ID	56	36	16	2	—	2	2
Canton, OH	26	17	7	—	—	2	1	Colorado Springs, CO	125	73	37	10	3	2	2
Chicago, IL	U	U	U	U	U	U	U	Denver, CO	76	57	12	5	—	2	3
Cincinnati, OH	73	47	18	2	—	6	6	Las Vegas, NV	193	125	50	12	1	5	18
Cleveland, OH	225	152	55	12	3	3	5	Ogden, UT	28	19	4	2	—	3	—
Columbus, OH	280	166	82	14	8	10	12	Phoenix, AZ	175	93	46	15	7	11	5
Dayton, OH	126	83	24	11	3	5	13	Pueblo, CO	27	19	6	1	1	—	2
Detroit, MI	U	U	U	U	U	U	U	Salt Lake City, UT	131	82	26	12	7	4	2
Evansville, IN	45	39	5	1	—	—	6	Tucson, AZ	149	105	33	9	2	—	4
Fort Wayne, IN	53	33	16	1	2	1	4	Pacific	1,528	1,033	353	88	33	21	123
Gary, IN	13	7	5	1	—	—	—	Berkeley, CA	9	6	1	—	—	2	1
Grand Rapids, MI	41	26	10	3	2	—	3	Fresno, CA	112	73	30	5	4	—	9
Indianapolis, IN	190	112	53	12	8	5	11	Glendale, CA	27	22	5	—	—	—	4
Lansing, MI	43	33	6	3	1	—	1	Honolulu, HI	52	36	13	1	2	—	3
Milwaukee, WI	73	40	24	8	—	1	4	Long Beach, CA	40	24	11	5	—	—	8
Peoria, IL	U	U	U	U	U	U	U	Los Angeles, CA	237	139	66	20	6	6	31
Rockford, IL	42	27	10	3	—	2	2	Pasadena, CA	26	22	2	1	1	—	—
South Bend, IN	67	44	20	1	—	2	2	Portland, OR	150	101	34	10	1	4	8
Toledo, OH	95	66	20	5	3	1	7	Sacramento, CA	187	133	35	14	2	3	15
Youngstown, OH	60	50	8	1	—	1	6	San Diego, CA	139	88	37	6	5	3	12
W.N. Central	576	330	162	42	22	17	25	San Francisco, CA	105	70	30	5	—	—	7
Des Moines, IA	U	U	U	U	U	U	U	San Jose, CA	176	132	32	9	3	—	12
Duluth, MN	30	23	5	2	—	—	2	Santa Cruz, CA	23	15	6	1	1	—	2
Kansas City, KS	29	21	4	4	—	—	—	Seattle, WA	98	64	25	5	3	1	7
Kansas City, MO	104	61	28	5	6	4	4	Spokane, WA	55	39	10	3	1	2	3
Lincoln, NE	33	20	11	—	1	1	3	Tacoma, WA	92	69	16	3	4	—	1
Minneapolis, MN	49	29	11	3	2	4	6	Total¶	10,489	6,780	2,532	684	245	238	607
Omaha, NE	78	46	24	4	2	2	4								
St. Louis, MO	136	63	45	16	7	4	4								
St. Paul, MN	36	26	6	1	2	1	2								
Wichita, KS	81	41	28	7	2	1	—								

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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