

Notice to Readers

Update to Reporting of Pneumonia and Influenza Mortality

The current issue of MMWR (week 39) will be the last to include data from the 122 Cities Mortality Reporting System (122 CMRS) in Notifiable Disease and Mortality Tables, Table III (“Deaths in 122 cities” [http://www.cdc.gov/mmwr/volumes/65/wr/mm6539md.htm?s_cid=mm6539md_w#table-17]). Beginning in the publication for the week ending October 8, 2016 (week 40), data from the National Center for Health Statistics (NCHS) Mortality Surveillance System will replace the information reported in Table III, and the 122 Cities Mortality Reporting System (122 CMRS) will be retired. The NCHS Mortality Surveillance System provides improvements in the data, including reports by the week of death and a consistent pneumonia and influenza (P&I) case definition across all sites. These improvements, along with recent and continuing increases in the timeliness of death certificate data, have led CDC to update the P&I mortality surveillance platform from the 122 CMRS to the NCHS Mortality Surveillance System.

NCHS collects death certificate data from state vital statistics offices for virtually all deaths occurring in the United States. P&I deaths are identified based on *International Classification of Disease, Tenth Revision* multiple cause of death codes. The NCHS Mortality Surveillance System data will be presented by the week the death occurred. The percentage of deaths

attributed to P&I on a national level will be released 2 weeks after the week of death to allow for collection of enough data to produce a stable percentage. Table III will present NCHS Mortality Surveillance System data by state and region with the 2-week lag, and areas with less than 20% of the expected total deaths will be marked as insufficient data. However, collection of complete data is not expected at the time of initial report, and the level of completeness will not likely be sufficient to calculate a reliable percentage of deaths attributed to P&I at the U.S. Department of Health and Human Services region* or state level within this 2-week period. The data for earlier weeks are continually revised, and the proportion of deaths attributed to P&I might increase or decrease as new and updated death certificate data are received by NCHS. The most recent data can be found online (<https://data.cdc.gov>), and historical data from both NCHS and 122 CMRS also will be available at that site.

*The 10 U.S. Department of Health and Human Services regions consist of the following jurisdictions. *Region 1:* Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; *Region 2:* New Jersey, New York, and New York City; *Region 3:* Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; *Region 4:* Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; *Region 5:* Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; *Region 6:* Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; *Region 7:* Iowa, Kansas, Missouri, and Nebraska; *Region 8:* Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; *Region 9:* Arizona, California, Hawaii, and Nevada; *Region 10:* Alaska, Idaho, Oregon, and Washington.