

Hepatitis Awareness Month — May 2011

This month marks the 16th anniversary of Hepatitis Awareness Month in the United States. Viral hepatitis, particularly infection with hepatitis B virus (HBV) or hepatitis C virus (HCV), is a major cause of morbidity and mortality. This issue of *MMWR* includes a report that focuses on a recent trend in HCV infection.

The report shows an increase in cases of HCV infection during 2002–2009 among adolescents and young adults aged 15–24 years in Massachusetts and highlights the fundamental role of surveillance in identifying emerging patterns of transmission and developing appropriate public health response. The Massachusetts cases were reported from all areas of the state, primarily among non-Hispanic whites. Injection drug use (IDU) was the most common risk factor for HCV transmission, and the increase in case reports suggests an epidemic of HCV infection related to IDU in this age group in Massachusetts.

In 2010, the Institute of Medicine (IOM) of the National Academies of Sciences issued a report on viral hepatitis outlining recommendations for the prevention and control of HBV and HCV infection, including improvement in public health surveillance for viral hepatitis and viral hepatitis screening linked with prevention and care (1). In response to the IOM report, the U.S. Department of Health and Human Services is developing a comprehensive viral hepatitis action plan that will set forth strategies to improve viral hepatitis prevention, care, and treatment in the United States. Additional information regarding viral hepatitis is available from CDC at <http://www.cdc.gov/hepatitis>.

Reference

1. Institute of Medicine. Hepatitis and liver cancer: a national strategy for prevention and control of hepatitis B and C. Washington, DC: National Academies Press; 2010. Available at http://www.nap.edu/openbook.php?record_id=12793&page=1. Accessed April 28, 2011.

Hepatitis C Virus Infection Among Adolescents and Young Adults — Massachusetts, 2002–2009

Hepatitis C virus (HCV) infection is a major cause of liver disease and hepatocellular carcinoma in the United States (1,2). Of the estimated 2.7–3.9 million persons with active HCV infection, most were born during 1945–1964 and likely were infected during the 1970s and 1980s, before the advent of prevention measures (3). Nationwide, rates of acute, symptomatic HCV infection declined during 1992–2005 and then began to level (4). Declines also were observed in rates of newly reported HCV infection in Massachusetts. Although these declines were evident among reported cases overall in Massachusetts during 2002–2006, an increase was observed among cases in the 15–24 year age group. In response to this increase, the Massachusetts Department of Public Health (MDPH) launched a surveillance initiative to collect more detailed information on cases reported during 2007–2009 among this younger age group and to examine the data for trends through 2009. This report describes results of both efforts, which revealed continued increases in rates of newly reported HCV infection among persons aged 15–24 years. These cases were reported from all areas of the state, occurred predominantly among non-Hispanic white persons, and were equally distributed among males and females. Of cases with available risk data, injection drug use (IDU) was the most common risk factor for HCV transmission. The increase in case reports appears to represent an epidemic of HCV infection related to IDU among new populations of

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adolescents and young adults in Massachusetts. The findings indicate the need for enhanced surveillance of HCV infection and intensified hepatitis C prevention efforts targeting adolescents and young adults.

MDPH currently uses an electronic data system for disease surveillance. All positive laboratory results indicating HCV infection are reportable to MDPH. A positive laboratory result on a previously unreported case prompts a case report form to be sent to the health-care provider (e.g., clinician) ordering the test. This one-page form collects information on demographics, symptoms, and risk history. In accordance with CDC case definitions, HCV infection cases are classified as either confirmed (i.e., positive by an anti-HCV antibody assay with a nucleic acid test [NAT] result confirming active infection) or probable (i.e., positive antibody test result with confirmatory NAT either not conducted or not reported to MDPH). For this analysis, all confirmed and probable cases of HCV infection were included.

In 2006, anecdotal information received from community-based partners about HCV infection cases among adolescents and young adults prompted a review of state surveillance data. Although an overall decline in rates of newly reported HCV infection (from 181 to 128 cases per 100,000 population) was observed during 2002–2006, an increase (from 65 to 102 cases per 100,000 population) was observed among persons aged 15–24 years. At the time, 75% of 2005 surveillance reports for cases among persons in this age group lacked risk history; therefore, the sources of infection were unknown. Beginning

in 2007, MDPH sent HCV infection case report forms (CRFs) to reporting clinicians to collect additional information when a report of newly identified HCV antibody (anti-HCV) positivity among persons aged 15–24 years was received. Clinicians also were sent reminders to fill out CRFs if more than 30 days had passed from the date the form was sent and a completed form had not yet been received by MDPH.

During 2002–2009, rates of newly reported HCV infection (confirmed and probable) among persons aged 15–24 years increased from 65 to 113 cases per 100,000 population (Figure 1). The number of confirmed cases of HCV infection reported in Massachusetts was further examined by age and compared for the years 2002 and 2009 (Figure 2). The data shifted from a unimodal age distribution in 2002 to a bimodal age distribution in 2009, with the latter showing substantially more reports of HCV infection among adolescents and young adults compared with the earlier period.

During 2007–2009, MDPH received 1,925 reports of new cases of HCV infection among persons aged 15–24 years. Of these, 1,026 (53%) were classified as confirmed cases of HCV infection; the remainder were classified as probable. Although some clustering of cases was observed in urban areas, cases were reported from all areas of the state, including large metropolitan areas, suburban areas of Boston, smaller cities, and rural areas. Cases occurred with nearly the same frequency among men and women.

Of the 1,925 CRFs sent to reporting sources for completion, 1,448 (75%) were returned to MDPH, providing details of 802 confirmed and 646 probable cases. Of those returned, 252

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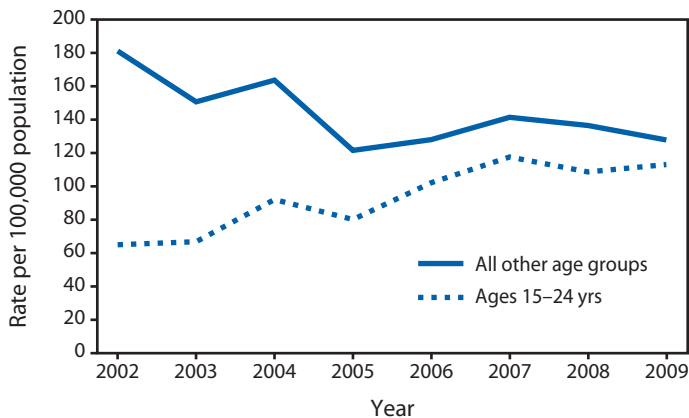
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FIGURE 1. Rates of newly reported cases of hepatitis C virus infection (confirmed and probable) among persons aged 15–24 years and among all other age groups — Massachusetts, 2002–2009



(17%) CRFs did not have sufficient information to assess risk, and of these, 148 (59%) contained no risk data.

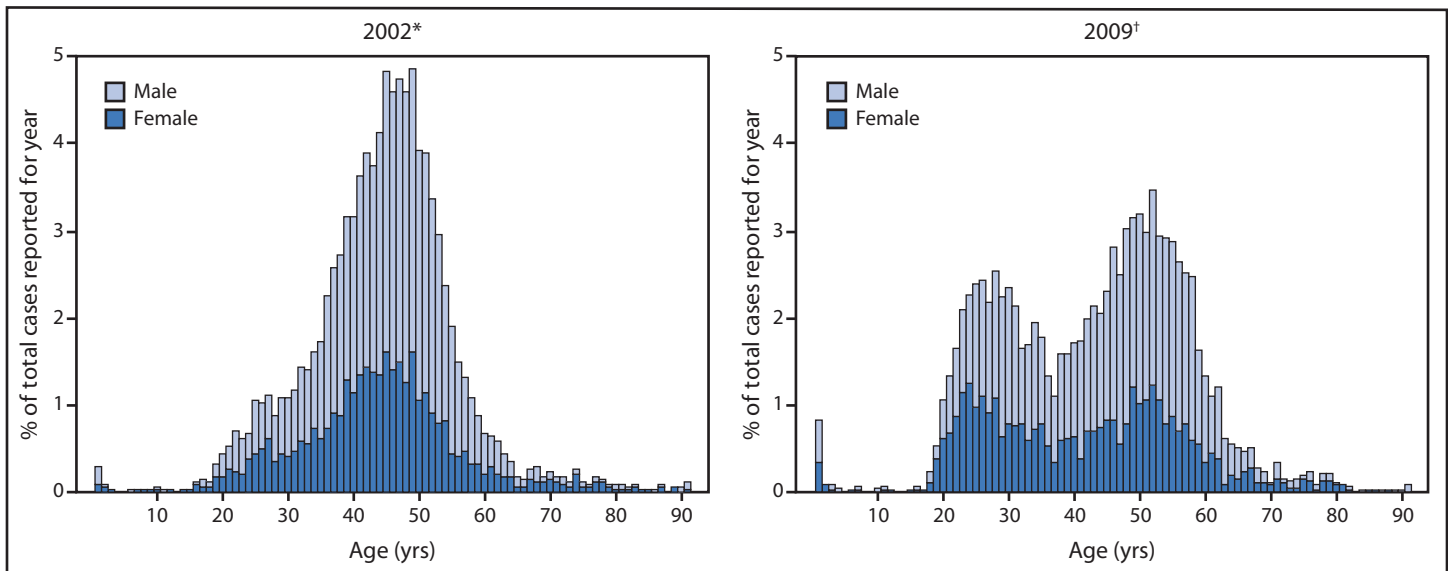
Of the total 1,448 CRFs returned, 1,357 (94%) included information on race. Of these, 1,052 (78%) indicated cases among persons who were white, 37 (3%) who were black, and 21 (2%) who were Asian; four indicated cases among persons who were American Indian/Alaska Native, and two indicated cases among persons who were Native Hawaiian or other Pacific Islanders. Ninety-four CRFs indicated cases in persons reported as being of unknown race, and 147 indicated “other” or multiple race categories. Of 1,154 (80%) cases with ethnicity information, 98 (8%) were among persons identified as Hispanic. Eight percent of the 1,448 cases with completed CRFs were among persons who were homeless or incarcerated.

By far, the most common risk identified was IDU. Of 1,196 cases with a reported risk history, 860 (72%) were in persons who reported current or past IDU; of these, 719 (84%) reported injecting drugs during the preceding 12 months. In addition, 445 (34%) reported some history of intranasal drug use. All but 34 of the cases for which intranasal drug use was listed also indicated IDU. Of the 719 cases for which IDU during the preceding 12 months was reported, 615 (85%) were among persons who reported heroin use, 220 (29%) cocaine use, seven (1%) methamphetamine use, and 31 (4%) use of other drugs, including opiates other than heroin (categories are not mutually exclusive because more than one drug could be reported). Additional commonly reported potential exposures included “other” blood exposures (24%) (further detail is missing for most cases for which this was reported; for those cases with this information included, a majority of “other” exposures listed were related to IDU), tattoos (23%), and a history of incarceration (20%); however, most cases involving these exposures were among persons who also were exposed through IDU.

Reported by

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FIGURE 2. Age distribution of newly reported confirmed cases of hepatitis C virus infection — Massachusetts, 2002 and 2009



*N = 6,281; excludes 35 cases with missing age or sex information.

†N = 3,904; excludes 346 cases with missing age or sex information.

What is already known on this topic?

In the United States, hepatitis C virus (HCV) infection is an important cause of morbidity and mortality, especially in its chronic form. Persons who inject drugs are at greatest risk for HCV infection.

What is added by this report?

The Massachusetts surveillance data indicate an increase in cases of HCV infection among adolescents and young adults (i.e., persons aged 15–24 years) during 2002–2009. The increase in case reports appears to represent an epidemic of HCV infection related to injection drug use in this age group.

What are the implications for public health practice?

This report highlights the essential role of surveillance for HCV infection and reporting of all laboratory tests positive for HCV, along with the collection of case data sufficient to assess disease burden and transmission patterns. This report also strongly indicates the need for expanded and intensified hepatitis C prevention efforts targeting adolescents and young adults.

Editorial Note

The Massachusetts surveillance data indicate an increase in HCV infection cases among adolescents and young adults during 2002–2009. These cases were primarily among non-Hispanic white residents in urban, suburban, and rural communities. Although calculating an incidence rate from the surveillance data or determining the duration of infection for persons who tested positive for anti-HCV antibody is not possible, the findings suggest that most persons aged 15–24 years with HCV infection likely acquired their infections within a few years of being tested and reported. Although similar increases in human immunodeficiency virus (HIV) infection were not identified for this age group, increases in reports of HCV infection among injection drug users might be a harbinger of increases in IDU-associated HIV.

Other states have indicated similar increases in HCV infection among adolescents and young adults. For example, in 2008, New York reported an increase in HCV infection among persons aged <30 years in suburban Buffalo (5). Since that time, surveillance data have indicated continued transmission and possibly new activity in other areas of New York (Elena Rizzo, New York State Department of Health, personal communication, 2011).

During the period when increases in HCV infection were being observed, Massachusetts experienced a concomitant increase in heroin use among adolescents and young adults. Data from MDPH-funded substance abuse programs showed a rise in the percentage of admissions (for all drug use) among persons aged 15–24 years, from 19% in 2002 to 23% in 2008.* Furthermore, the percentage of program clients who reported

needle use when admitted increased from 29% in 2002 to 38% in 2008 among persons aged 15–24 years, whereas the percentage among all other age groups during this same period remained relatively constant at approximately 30%. Although the occurrence of IDU-associated HCV infection has been documented for decades, the recent epidemic in reported cases among adolescents and young adults and its apparent association with increases in drug injection and sharing of injection equipment in this population is a disturbing trend. Law enforcement data suggest this trend might be occurring in other states. During 2002–2009, the estimated average annual number of heroin initiates in the United States increased from 100,000 to 180,000.[†] Law enforcement reporting from the Great Lakes, Mid-Atlantic, New England, New York/New Jersey, Southeast, and West Central regions also suggests that heroin use is increasing, particularly among younger users.[§]

Addressing the epidemic of HCV infection among adolescents and young adults presents unique challenges in terms of education, outreach, and other interventions. Studies have shown that the incidence of HCV infection among injection drug users aged <30 years ranges from 10 to 37 cases per 100 person-years (6,7). Moreover, among adolescents and young adults who inject drugs, HCV positivity has been associated with duration and frequency of injection (6). Adolescents and young adults might be more likely to share drug equipment because of the nature of their social networks, which are characterized by trust and sharing (6). The nature of these interactions must be taken into account when developing educational materials. Adolescents and young adults are likely to have participated in other risky behaviors before initiation of injecting and might have multiple physical, mental, and emotional health needs (8). The recent Institute of Medicine report on viral hepatitis and liver cancer noted that younger injection drug users might be at highest risk for seroconversion in the years immediately following initiation of injection practices (2).

The findings in this report are subject to at least four limitations. First, the surveillance data only include information for persons who have access to and obtain serologic testing and thus might underrepresent the number of persons with HCV infection. This also might explain, in part, the demographic patterns that were observed. Second, efforts by MDPH to raise awareness of the increase in case rates among this age group might have contributed to an increase in testing and reporting of cases after 2007. Although data were not available to ascertain whether this actually occurred, and if so, what the

[†] Additional information available at <http://oas.samhsa.gov/2k9/2k9nsduh/2k9nsduh/2k9resultsp.pdf>.

[§] Additional information available at <http://www.justice.gov/ndic/pubs38/38661/index.htm>.

* Additional information available at <http://www.mass.gov/dph/masschip>.

magnitude of such an effect might have been, increases in the case rate among adolescents and young adults in Massachusetts were evident in the years before 2007 and, in fact, were more pronounced. In addition, recent research on injection drug users showed that, although persons aged 18–24 years had the highest rate of being tested for HIV, they had the lowest rate of HCV testing despite national recommendations for counseling and screening of injection drug users (9,10). Third, differences by county of residence could not be determined because of infrequent recording of residence information on laboratory results not accompanied with a matching CRF. Finally, differences in testing and reporting by county might also exist. Further studies are needed to better characterize the population groups that are at increased risk and those persons who are infected with HCV. Health-care providers need to be encouraged to ask about risks for HCV infection, especially IDU, and to screen patients at risk.

One important outcome of this study is that CDC, in collaboration with state and local health departments, is examining HCV surveillance data to determine whether similar trends are occurring in other reporting areas. In addition, MDPH and CDC are conducting an in-depth investigation of the causes of HCV transmission among adolescents and young adults in Massachusetts to recommend and implement targeted prevention measures.

This report highlights the important role of surveillance for HCV infection and reporting of all laboratory tests positive for HCV, along with the capacity to collect data of sufficient quality for meaningful analysis of trends in transmission and disease. By 2010, 43 states (including Massachusetts) and the District of Columbia required reporting of all laboratory tests indicative of HCV infections.[‡] However, despite the laboratory reporting requirement, most states have limited resources dedicated to surveillance of viral hepatitis and lack capacity to investigate reported cases and forward reliable data to CDC for national reporting. The Institute of Medicine noted this deficiency in public health surveillance as a major weakness in the prevention of viral hepatitis and liver cancer and recommended federal assistance for states to effectively conduct surveillance for all forms of hepatitis C (2).

[‡]Additional information available at <http://www.cste.org/dnn/programsandactivities/publichealthinformatics/statereportableconditionsqueryresults/tabid/261/default.aspx>.

This report also strongly indicates the need for expanded and intensified hepatitis C prevention efforts targeting adolescents and young adults. The Institute of Medicine notes that multicomponent, comprehensive risk reduction programs are likely to be the most successful at addressing HCV infection prevention needs of persons who use illicit drugs. Some interventions that could be implemented include access to sterile syringes and drug preparation equipment through syringe exchange services, expanded school-based education that includes viral hepatitis prevention messages, expanded harm reduction programs directed toward young drug users, entry to drug treatment for young injection drug users, and access to comprehensive health services that include HCV testing and linkage to care.

Acknowledgments

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Fatal Injuries Among Grounds Maintenance Workers — United States, 2003–2008

A total of 1,142 grounds maintenance workers (GMWs) were fatally injured at work during 2003–2008, an average of 190 each year. GMWs accounted for 3.4% of all occupational fatalities, and 31% of those GMWs were Hispanic or Latino. Approximately 83% of the Hispanic or Latino GMWs who died were born outside the United States. In 2008, approximately 1.52 million persons were employed as GMWs, constituting 1.0% of the U.S. workforce (1). During 2003–2007, an average of 13.3 per 100,000 employed GMWs died each year, compared with an overall rate of 4.0 fatalities per 100,000 U.S. workers. The rate of on-the-job fatal injuries among GMWs has remained elevated relative to other workers for >20 years (2,3). This report characterizes events leading to GMW fatalities and differences in fatality characteristics across demographic groups among GMWs, based on an evaluation of 2003–2008 data from the U.S. Department of Labor's Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI) program. The report also identifies workplace interventions that might reduce the incidence of fatal injuries. Major events leading to GMW occupational fatalities included transportation incidents (31%), contact with objects and equipment (25%), falls (23%), and traumatic acute exposures to harmful substances or environments (e.g., electrocution and drowning) (16%). To reduce the incidence of such fatalities, employers, trade and worker associations, and policy makers should focus on effective, targeted workplace safety interventions such as frequent hazard identification and training for specific hazards. Diversity among the populations of workers requires use of culture- and language-appropriate training techniques as part of comprehensive injury and illness prevention programs.

Annual data for 2003–2008 on occupational fatalities resulting from traumatic injuries were obtained from CFOI, a national surveillance system for work-related traumatic injury deaths maintained by BLS. Occupations in CFOI were classified using the 2000 Standard Occupational Classification (SOC) system. Cases were defined as all fatalities among persons classified as either GMWs (SOC 37-301) or first-line supervisors/managers of landscaping, lawn service, and groundskeeping workers (SOC 37-1012).^{*} Case characteristics, such as events, were coded by CFOI using the Occupational Injury and Illness Classification System. Industries were classified by

CFOI using the 2002 North American Industry Classification System (NAICS). The CFOI program uses multiple source documents, an average of almost four unique documents per case, to identify and describe all fatal occupational injuries in the United States. Common source documents include death certificates, media reports, Occupational Safety and Health Administration (OSHA) reports, coroner/medical examiner reports, and workers' compensation reports. For a fatality to be included in CFOI, the decedent must have been employed at the time of the event, engaged in a legal work activity, and present at the site of the incident as a job requirement. Fatalities that occur during a person's normal commute to or from work are excluded from CFOI counts (4).

An average of 13.3 per 100,000 employed GMWs died each year as a result of injuries on the job, compared with an overall rate of 4.0 fatalities per 100,000 U.S. workers during 2003–2007[†]; a total of 1,142 GMWs died during 2003–2008 (Table 1). Among those, 901 (79%) were employed in the private-sector landscaping services industry (NAICS 56173). Another 43 fatalities were incurred by GMWs employed by private-sector golf courses and country clubs (NAICS 71391). Among the 70 GMWs fatally injured while working for a government entity, most (54) were working for a local government.

In 172 instances (15% of deaths) during this period, GMWs were struck by a falling tree or limb and died.[§] Another 145 GMWs (13%) were killed after falling from or falling because of a tree (e.g., knocked off a ladder by a falling branch), almost all of whom were involved in tree-care tasks. Highway transportation incidents while on the job accounted for 122 fatalities (11%). Nonhighway vehicle overturns were responsible for 102 (9%) deaths during the 6 years. The majority of these involved riding lawnmowers or tractors. Contact with overhead power lines caused 97 (8%) fatalities, of which 27 (2%) resulted from a cutting hand tool contacting a power line. In addition, 34 (3%) workers drowned. Distributions of these events varied across the GMW occupations (Table 2).

Approximately 99% of the fatally injured 1,142 GMWs were males. Approximately 27% of the fatally injured GMWs were self-employed, compared with 20% of all fatally injured U.S. workers during the same period. Fatally injured GMWs

^{*} GMWs are further defined as persons working in the following occupations, based on the 2000 SOC system: first-line supervisors/managers of landscaping, lawn service, and groundskeeping workers (SOC 37-1012); landscaping and groundskeeping workers (SOC 37-3011); pesticide handlers, sprayers, and applicators, vegetation (SOC 37-3012); tree trimmers and pruners (SOC 37-3013); and grounds maintenance workers, all other (SOC 37-3019).

[†] Fatal injury rates were calculated for 2003–2007, rather than 2003–2008, because CFOI changed its method for calculating fatal injury rates in 2008. These fatal injury rates are employment-based. Fatal injury rates currently published by CFOI are hours-based. Additional information is available at <http://www.bls.gov/iif/oshnotice10.htm>.

[§] Additional information on fatalities in tree-care operations is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a2.htm>.

TABLE 1. Fatal occupational injuries among grounds maintenance workers,* by selected characteristics — United States, 2003–2008†

Characteristic	All grounds maintenance workers	% of total	Hispanic or Latino grounds maintenance workers	% of total
Total fatal occupational injuries	1,142	(100)	356	(100)
Employee status				
Wage and salary [§]	836	(73)	296	(83)
Self-employed [¶]	306	(27)	60	(17)
Sex				
Male	1,130	(99)	354	(99)
Female	12	(1)	—	—
Age group (yrs)				
<16	4	(<1)	—	—
16–17	7	(1)	4	(1)
18–19	33	(3)	17	(5)
20–24	130	(11)	64	(18)
25–34	209	(18)	98	(28)
35–44	261	(23)	79	(22)
45–54	256	(22)	57	(16)
55–64	149	(13)	28	(8)
≥65	93	(8)	7	(2)
Race/Ethnicity**				
White, non-Hispanic	620	(54)	—	—
Black, non-Hispanic	129	(11)	—	—
Hispanic or Latino	356	(31)	356	(100)
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic	24	(2)	—	—
U.S. born				
Yes	802	(70)	61	(17)
No	340	(30)	295	(83)
Event††				
Transportation incidents	355	(31)	125	(35)
Highway	122	(11)	56	(16)
Nonhighway	155	(14)	36	(10)
Overtaken	102	(9)	20	(6)
Pedestrian struck by vehicle, mobile equipment	67	(6)	31	(9)
Contact with objects and equipment	290	(25)	76	(21)
Struck by object or equipment	223	(20)	49	(14)
Struck by falling object or equipment	186	(16)	46	(13)
Struck by falling tree/branch ^{§§}	172	(15)	41	(12)
Caught in or compressed by equipment or objects	52	(5)	17	(5)
Falls	259	(23)	60	(17)
Falls to a lower level	247	(22)	56	(16)
Fall from or because of tree ^{§§}	145	(13)	33	(9)
Exposure to harmful substances or environments	180	(16)	76	(21)
Contact with electric current	109	(10)	41	(12)
Contact with overhead power lines	97	(8)	33	(9)
Drowning, submersion	34	(3)	23	(6)
Assaults and violent acts	48	(4)	15	(4)
Homicides	19	(2)	8	(2)
Suicides	26	(2)	6	(2)
Occupation¶¶				
First-line supervisors/managers	186	(16)	35	(10)
Landscaping and groundskeeping workers	559	(49)	235	(66)
Pesticide handlers, sprayers, and applicators, vegetation	5	(<1)	—	—
Tree trimmers and pruners	377	(33)	85	(24)
Grounds maintenance workers, all other	15	(1)	—	—

See table footnotes on page 544.

tended to be younger than all fatally injured U.S. workers; 44 (4%) were aged <20 years, and 174 (15%) of GMWs were aged <25 years when they died. For the entire United States, workers aged <25 years accounted for fewer than 10% of fatal work-related traumatic injuries.

Hispanic or Latino workers constituted approximately 36% of GMWs (1) and approximately 31% of fatally injured

GMWs. The average age at death for all Hispanic and Latino GMW fatalities was 35.6 years, compared with age 45.0 years for GMW fatalities among persons of other races/ethnicities. In nearly five of every six fatalities involving a Hispanic or Latino worker, the worker was born in a country other than the United States, particularly Mexico (218), Guatemala (33), and El Salvador (19). Although foreign-born Hispanic or Latino

TABLE 1. (Continued) Fatal occupational injuries among grounds maintenance workers,* by selected characteristics — United States, 2003–2008†

Characteristic	All grounds maintenance workers	% of total	Hispanic or Latino grounds maintenance workers	% of total
Industry***				
Private industry	1,072	(94)	351	(99)
Landscaping services	901	(79)	297	(83)
Golf courses and country clubs	43	(4)	14	(4)
Government	70	(6)	5	(1)
Federal	3	(<1)	—	—
State	13	(1)	—	—
Local	54	(5)	4	(1)

Sources: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, and data from state, New York City, District of Columbia, and federal agencies.

* Includes, as coded in the 2000 Standard Occupational Classification (SOC) system, first-line supervisors/managers of landscaping, lawn service, and groundskeeping workers (SOC 37-1012) and grounds maintenance workers (SOC 37-3011, 37-3012, 37-3013, and 37-3019).

† Data for all years are revised and final. Totals for major categories might include subcategories not shown separately. Fatality counts exclude illness-related deaths unless precipitated by an injury event.

§ Might include volunteers and workers receiving other types of compensation.

¶ Includes self-employed workers, owners of unincorporated businesses or farms, paid and unpaid family workers, and might include some owners of incorporated businesses or members of partnerships.

** Persons identified as Hispanic or Latino might be of any race. The race categories shown exclude data for Hispanics and Latinos.

†† Coded per the Occupational Injury and Illness Classification System (OIICS).

§§ Data for this event were compiled using the Event and Source or Secondary Source categories in OIICS.

¶¶ Coded per the 2000 SOC system.

*** Coded per the 2002 North American Industry Classification System.

TABLE 2. Fatal occupational injuries (N = 1,142) among grounds maintenance workers, by specified occupation and event — United States, 2003–2008*

Occupation†/Event§	Total fatal occupational injuries	% of total
Landscaping and groundskeeping workers	559	(49)
Highway incident	81	(7)
Nonhighway overturned mower/tractor¶	63	(6)
Struck by falling tree or limb¶	47	(4)
Drowning	32	(3)
Fall from or because of tree¶	23	(2)
Contact with overhead powerlines	20	(2)
Fall from ladder	19	(2)
Tree trimmers and pruners	377	(33)
Struck by falling tree or limb¶	96	(8)
Fall from or because of tree¶	91	(8)
Contact with overhead powerlines	64	(6)
Fall from nonmoving vehicle	31	(3)
First-line supervisors/managers**	186	(16)
Highway incident	27	(2)
Struck by falling tree or limb¶	26	(2)
Fall from or because of tree¶	17	(1)
Fall from nonmoving vehicle	12	(1)
Contact with overhead powerlines	12	(1)
Caught in or compressed by equipment or objects	12	(1)
All other grounds maintenance workers	20	(2)

Sources: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, and data from state, New York City, District of Columbia, and federal agencies.

* Data for all years are revised and final. Totals for major categories might include subcategories not shown separately.

† Coded per the 2000 Standard Occupational Classification (SOC) system.

§ Coded per the Occupational Injury and Illness Classification System (OIICS).

¶ Data for this event were compiled using the Event and Source or Secondary Source categories in OIICS.

** Includes SOC 37-1012 first-line supervisors/managers of landscaping, lawn service, and groundskeeping workers as coded per the 2000 SOC system.

workers accounted for 26% of fatalities among GMWs, they accounted for 22 of the 34 (65%) work-related drownings in this occupational group.

Approximately half (568 deaths) of the GMW fatalities occurred in seven states: California (137), Florida (136), Texas (91), Virginia (56), North Carolina (52), Georgia (49), and Ohio (47) (Figure). A total of 463 (41%) of the GMW fatalities occurred at private residences.

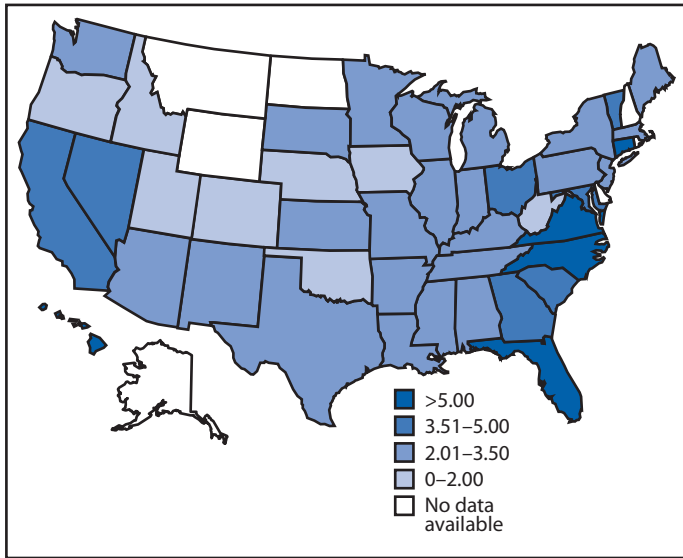
Reported by

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Editorial Note

GMWs typically are employed as intermittent labor at private residences, recreational facilities, public buildings, parks and cemeteries, and other locations. Most GMWs work year-round and many change work locations throughout the day. GMWs complete tasks such as lawn care, landscape installation and maintenance, and tree care and removal. In the course of this work, GMWs frequently operate on- and off-road vehicles, and often use heavy equipment and various types of machinery and power tools. GMWs frequently work at heights and along busy streets and highways (5). Weather-related hazards can change throughout the day and across the seasons. As a result, GMWs are likely to encounter wet ground surfaces, especially

FIGURE. Fatal occupational injuries (N = 1,142) among grounds maintenance workers,* as a percentage of all occupational fatalities† — United States, 2003–2008



Source: U.S. Department of Labor, Bureau of Labor Statistics.

*Includes 2000 Standard Occupational Classification codes 37-1012, 37-3011, 37-3012, 37-3013, and 37-3019.

†For the entire United States, fatal occupational injuries to grounds maintenance workers accounted for 3.4% of all fatal occupational injuries during 2003–2008.

early in the day, which can reduce traction, and heat stress is a common hazard during summer in many regions.[‡]

Wide-ranging injury prevention strategies that emphasize intervention for specific hazards and tasks (Table 2), focus on key worker groups, and are language and literacy-level appropriate are needed to reduce fatalities among GMWs. CDC's National Institute for Occupational Safety and Health (NIOSH) and its partners previously have recommended specific types of training and comprehensive safety and health programs for grounds maintenance operations (6,7). These programs should provide formal training to workers to ensure proper use of personal protective equipment (e.g., fall protection gear and seat belts). Some GMWs specialize in specific tasks (e.g., tree care), so they encounter a more limited, although severe, set of hazards. However, nearly all GMWs are on crews that might engage in a large variety of tasks over the course of a day and week. Worksite hazard identification should be completed by knowledgeable persons at the beginning of each day and before work begins at other sites throughout the day.

The frequently changing and mobile nature of groundskeeping work makes it difficult to train crews effectively. GMW employers and supervisors should use tailgate or toolbox safety

What is already known on this topic?

Grounds maintenance workers (GMWs) experience elevated rates of fatal occupational injuries; however, previous reports examined the landscaping industry rather than the GMW occupation group.

What is added by this report?

Nearly one third (31%) of fatally injured GMWs were Hispanic or Latino, and five out of six of these workers were born outside the United States. Nearly one third (31%) of fatal occupational injuries were transportation-related, and almost all (99%) of fatally injured GMWs were male. Fatally injured Hispanic or Latino GMWs were 9.4 years younger at death than the remaining GMWs fatalities.

What are the implications for public health practice?

GMW employers should tailor injury and illness prevention programs to specific hazards and worker demographics, to include worksite hazard identification and language and literacy-level appropriate training. Oversight agencies should increase outreach and enforcement activities in states where GMW workplace fatalities are more prevalent.

training techniques** and repeat and reinforce safety topics regularly. Topics should be specific to the work tasks, location, and season. Training might include tree care, trimming, and removal, and safe operation and maintenance of all vehicles in use, such as riding lawnmowers, tractors, trucks, and other highway vehicles. All hazards (e.g., overhead power lines, tree work, bodies of water, unstable and slippery ground surfaces, steep grades, trenches, and roadway traffic) must be identified at all worksites and appropriate safety training provided.

The findings in this report are subject to at least three limitations. First, workers with other occupational titles might have died while performing similar operations and tasks, such as roadside maintenance. Second, inclusion of cases is dependent on identification of work-relatedness. Such determinations can be difficult for certain types of incidents, such as those on private property. Finally, the Current Population Survey (1) is a monthly household survey that might underreport employment for some workers, such as those without telephone access or permanent addresses or those who are undocumented. Underestimates of the workforce would result in overestimation of the fatality rates in this report.

Small businesses, which are common employers of GMWs (2), often do not have the resources to employ occupational safety professionals, and their owners and supervisors might lack the knowledge, skills, and resources to identify safety hazards and to develop safe work practices. NIOSH and OSHA have developed guides for small businesses that identify government and other sources of information (8,9). Trade associations also are useful sources of health and safety information that is specific to the landscape services industry (6).

** Brief, on-site training modules that remind workers about specific hazards and proper use of equipment.

[‡] During 2003–2008, job-related exposure to environmental heat caused the deaths of 12 GMWs, including eight who were Hispanic or Latino.

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Vital Signs: Asthma Prevalence, Disease Characteristics, and Self-Management Education — United States, 2001–2009

On May 3, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

Abstract

Background: Most persons with asthma can be symptom-free if they receive appropriate medical care, use inhaled corticosteroids when prescribed, and modify their environment to reduce or eliminate exposure to allergens and irritants. This report reviews recent progress in managing asthma and reducing its prevalence in the United States.

Methods: CDC analyzed asthma data from the 2001–2009 National Health Interview Survey concerning children and adults, and from the 2001, 2005, and 2009 state-based Behavioral Risk Factor Surveillance System concerning adults.

Results: Among persons of all ages, the prevalence of asthma increased from 7.3% (20.3 million persons) in 2001 to 8.2% (24.6 million persons) in 2009, a 12.3% increase. Prevalence among children (persons aged <18 years) was 9.6%, and was highest among poor children (13.5%) and among non-Hispanic black children (17.0%). Prevalence among adults was 7.7%, and was greatest in women (9.7%) and in adults who were poor (10.6%). More uninsured persons with asthma than insured could not afford to buy prescription medications (40.3% versus 11.5%), and fewer uninsured persons reported seeing or talking with a primary-care physician (58.8% versus 85.6%) or specialist (19.5% versus 36.9%). Among persons with asthma, 34.2% reported being given a written asthma action plan, and 68.1% had been taught the appropriate response to symptoms of an asthma attack. Only about one third of children or adults were using long-term control medicine such as inhaled corticosteroids at the time of the survey.

Conclusions and Comment: Persons with asthma need to have access to health care and appropriate medications and use them. They also need to learn self-management skills and practice evidence-based interventions that reduce environmental risk factors.

Introduction

Asthma is a chronic respiratory disease that affects persons of all ages and is characterized by episodic and reversible attacks of wheezing, chest tightness, shortness of breath, and coughing (1). Although asthma cannot be cured at present, symptoms can be controlled with appropriate medical treatment, self-management education, and by avoiding exposure to environmental allergens and irritants that can trigger an attack (1,2). The most current evidence-based guidelines for the diagnosis and management of asthma were developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH) (2). The NAEPP guidelines focus on four key components of asthma care to improve the quality of care and health outcomes of persons with asthma: 1) assessment and monitoring, 2) patient education, 3) control of factors contributing to asthma severity, and 4) medical treatment. These guidelines indicated that, among other long-term control medications for asthma, inhaled corticosteroids were the most potent and consistently effective long-term control medication (2).

In the United States, national survey data indicate persistent demographic differences in asthma prevalence, with rates disproportionately greater among children, women, blacks, and those reporting income below the federal poverty level (FPL) (3–6). Although most persons with asthma can be free of symptoms with appropriate management, poor asthma control continues to be associated with increased emergency department visits, hospitalizations, and medical costs (2,7). The estimated total cost of asthma to society, including medical expenses (\$50.1 billion per year), loss of productivity resulting from missed school or work days (\$3.8 billion per year), and premature death (\$2.1 billion per year) was \$56 billion (2009 dollars) in 2007; a \$3 billion (5.7%) increase from 2002. Medical expenses associated with asthma were \$3,259 per person per year during 2002–2007 (7). This report updates U.S. asthma prevalence estimates and describes trends, disease characteristics, and self-management education status among persons who have asthma.

Methods

Data from the 2001–2009 National Health Interview Surveys (NHIS) were used to assess trends in asthma prevalence; details of the survey methodology are described elsewhere (8). Respondents were considered to have current asthma if they answered “yes” to both of the following questions: “Have you ever been told by a doctor or other health professional that [you/your child] had asthma?” and “Do [you/your child] still have asthma?” (4,5).

Data from the 2009 NHIS were used to estimate asthma prevalence by age, sex, race/ethnicity, income status, and U.S. Bureau of the Census geographic region. Data from the NHIS 2008 core survey were used to estimate asthma attack prevalence (the percentage of persons with at least one asthma attack in the preceding 12 months). Data from the NHIS 2008 asthma supplement were used to estimate the status of health, health insurance, and asthma self-management education among children (aged <18 years) and adults (aged ≥18 years). Data concerning children were obtained from an adult in the home who served as a proxy.

Data from the 2001, 2005, and 2009 Behavioral Risk Factor Surveillance System (BRFSS) surveys were used to estimate the state-specific asthma prevalence for adults; dissimilar question wording and weighting methodology precluded estimating prevalence from BRFSS for children (9). For the 2009 landline BRFSS sample, the median response rate was 52.5% (10).

Statistical software was used to account for the complex sample design, fit trends over time, and evaluate when changes in trends occurred. Data were weighted to either the state (BRFSS) or U.S. population (NHIS). Estimates for trend analysis were age-adjusted to the standard year 2000 population. Statistical significance was assumed if $p < 0.05$ (by a nondirectional, two-tailed z-test).

Results

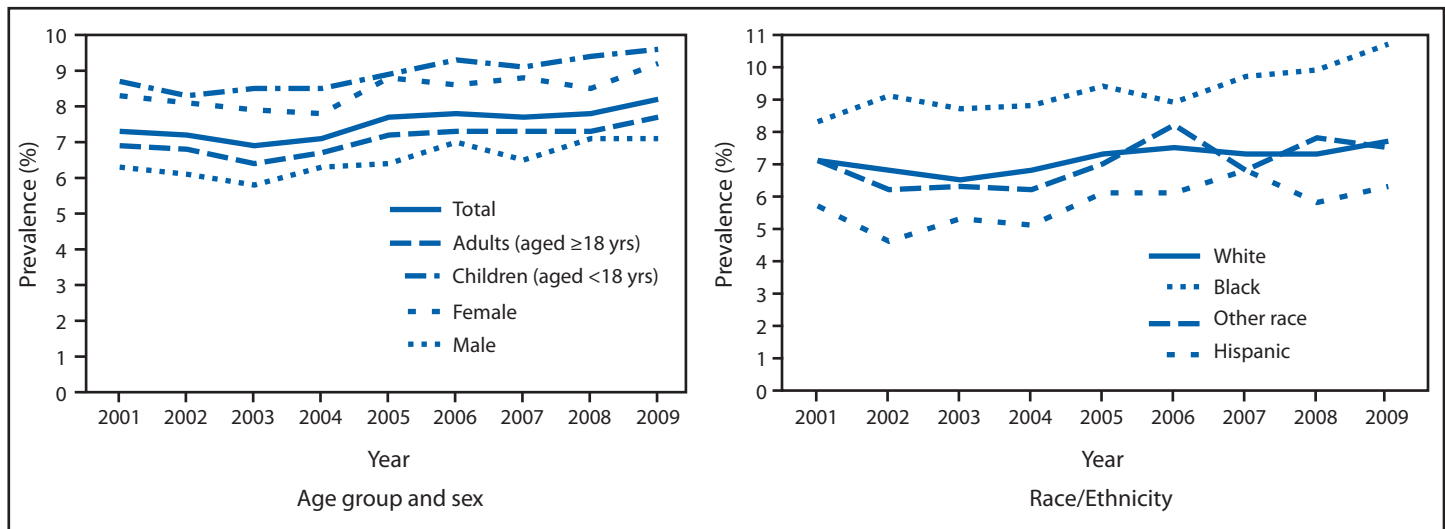
During 2001–2009, the proportion of persons of all ages with asthma in the United States increased significantly (12.3%), from 7.3% (20.3 million persons) to 8.2% (24.6 million persons). A rising trend in asthma prevalence was observed across all demographic groups studied (Figure 1). Prevalence increased significantly during 2001–2009 for children (8.7% to 9.6%), adults (6.9% to 7.7%), males (6.3% to 7.1%), females (8.3% to 9.2%), whites (7.2% to 7.8%), blacks (8.4% to 10.8%), and Hispanics (5.8% to 6.4%). Significant differences in prevalence by age, sex, and race/ethnicity persisted over the observed period (Figure 1). In examining subgroups, a rising trend in asthma prevalence was observed for non-Hispanic black children (11.4% to 17.0%), non-Hispanic white women (8.9% to 10.1%), and non-Hispanic black men (4.7% to 6.4%). In 2009, asthma prevalence was greater among children than adults (9.6% versus

7.7%), and was especially high among boys (11.3%) and non-Hispanic black children (17.0%). Prevalence among adults was greatest for women (9.7%) and adults who were poor (10.6%) (Table 1). In 2008, at least one half (52.6%) of persons who had asthma reported having had an asthma attack in the preceding 12 months. A greater proportion of children were reported to have had an asthma attack than adults (57.2% versus 50.7%) in the preceding 12 months. A greater proportion of persons who had asthma reported being in fair or poor health (21.8%) than those who did not have asthma (9.3%). A greater proportion of persons who had an asthma attack reported being in fair or poor health (24.8%) than those who did not have an attack (17.9%) (Table 2).

In 2008, 41.8% (4.6 million) of persons who reported having an asthma attack missed ≥1 days of school or work because of asthma in the preceding 12 months. Persons with an asthma attack missed an average of 4.5 days of school or work per year, with 26.0% (3.2 million persons) reporting emergency department or urgent care center visits and 7.0% (850,183 persons) reporting having been admitted to a hospital. Thus, 13.6% (or nearly one in seven) of persons with asthma had an asthma attack that required urgent outpatient care.

Most persons with asthma had health insurance (89.0%) and had taken quick-relief inhaler prescription medicine (64.4%; 15 million persons) during the past 3 months. Long-term control (oral or inhaler) prescription medicine use, including use of corticosteroids at the time of the survey, was 33.5% (7.8 million persons). However, compared with those who had health insurance in the preceding 12 months, nearly four times the number of the uninsured persons with asthma were unable to buy prescription medication (40.3% versus 11.5%) and fewer reported seeing or talking with a primary care physician (58.8% versus 85.6%) or specialist (19.5% versus 36.9%) in the preceding 12 months.

Nearly 60% of persons who had asthma had been taught to recognize early signs and symptoms of an asthma attack, and 68.1% had been taught the appropriate response to it. However, fewer persons with asthma reported having a written action plan (34.2%), taking a class to learn how to manage their asthma (12.2%), or being taught how to use a peak flow meter (a portable device used to measure a person's ability to exhale) (42.2%). Approximately half (49.3%) of respondents with asthma had been advised to change conditions in their home, school, or work environments to reduce exposure to asthma triggers. More children with asthma and/or their caregivers had been taught how to recognize the early signs and symptoms of an asthma attack (72.1%), how to respond to an attack (78.3%), and how to use a peak flow meter (49.4%), compared with adults with asthma (54.8%, 63.8%, and 39.2%, respectively). Likewise, more children with asthma and/or their

FIGURE 1. Current asthma prevalence,* by age group,† sex, and race/ethnicity — National Health Interview Survey, United States, 2001–2009

* Includes persons who answered “yes” to the questions: “Have you ever been told by a doctor or other health professional that [you/your child] had asthma?” and “Do [you/your child] still have asthma?”

† Age-adjusted to the 2000 U.S. population, except age-group-specific estimates.

TABLE 1. Prevalence of current asthma* among children and adults,† by selected characteristics — National Health Interview Survey, United States, 2009

Characteristic	Total (N = 38,815)			Children (n = 11,129)			Adults (n = 27,686)		
	No. in sample	(% [§])	(95% CI) [§]	No. in sample	(% [§])	(95% CI) [§]	No. in sample	(% [§])	(95% CI) [§]
Total	38,815	(8.2)	(7.8–8.6)	11,129	(9.6)	(8.9–10.4)	27,686	(7.7)	(7.3–8.1)
Sex									
Male	17,881	(7.0)	(6.5–7.6)	5,640	(11.3)	(10.2–12.5)	12,241	(5.5)	(5.0–6.1)
Female	20,934	(9.3)	(8.8–9.9)	5,489	(7.9)	(7.0–8.9)	15,445	(9.7)	(9.1–10.3)
Race/Ethnicity									
White, non-Hispanic	20,915	(8.1)	(7.7–8.6)	4,816	(8.5)	(7.6–9.5)	16,099	(8.1)	(7.6–8.6)
Black, non-Hispanic	6,138	(11.1)	(9.9–12.4)	1,791	(17.0)	(14.5–19.9)	4,347	(8.7)	(7.5–10.1)
Hispanic	8,579	(6.3)	(5.6–7.1)	3,420	(7.7)	(6.5–9.2)	5,159	(5.5)	(4.7–6.4)
Other race [¶]	3,183	(7.5)	(6.2–9.0)	1,102	(9.6)	(7.5–12.2)	2,081	(6.6)	(5.3–8.4)
Poverty threshold**									
Poor	6,898	(11.6)	(10.6–12.7)	2,307	(13.5)	(11.6–15.5)	4,591	(10.6)	(9.5–11.7)
Near poor	8,293	(8.5)	(7.8–9.4)	2,595	(9.5)	(7.9–11.3)	5,698	(8.1)	(7.3–9.1)
Not poor	23,624	(7.3)	(6.9–7.8)	6,227	(8.3)	(7.5–9.1)	17,397	(7.0)	(6.6–7.6)
Region^{††}									
Northeast	6,426	(9.3)	(8.4–10.3)	1,828	(11.1)	(9.5–13.0)	4,598	(8.7)	(7.8–9.9)
Midwest	8,528	(8.8)	(8.0–9.6)	2,289	(10.9)	(9.2–12.8)	6,239	(8.1)	(7.3–9.0)
South	14,163	(7.5)	(6.9–8.1)	4,024	(9.8)	(8.7–11.0)	10,139	(6.8)	(6.2–7.4)
West	9,698	(7.7)	(7.0–8.5)	2,988	(7.1)	(6.0–8.5)	6,710	(7.9)	(7.0–8.8)

Abbreviation: CI = confidence interval.

* Includes persons who answered “yes” to the questions: “Have you ever been told by a doctor or other health professional that [you/your child] had asthma?” and “Do [you/your child] still have asthma?”

† Children aged <18 years; adults aged ≥18 years.

§ Weighted estimates.

¶ Includes American Indian/Alaska Native, Asian, Native Hawaiian/other Pacific Islander, and persons of multiple races.

** Poor = household income below the federal poverty level (FPL), near poor = 100% to <200% of the FPL, and nonpoor = ≥200% of the FPL.

†† U.S. Census Bureau regions. Additional information available at http://www.census.gov/geo/www/us_regdiv.pdf.

TABLE 2. Disease characteristics and self-management education status among children and adults* with current asthma[†] — National Health Interview Survey, United States, 2008

Characteristic	Total (N = 2,421)			Children (n = 806)			Adults (n = 1,615)		
	No.	(% [§])	(95% CI) [§]	No.	(% [§])	(95% CI) [§]	No.	(% [§])	(95% CI) [§]
Asthma attack	2,409	(52.6)	(50.2–55.1)	804	(57.2)	(52.9–61.4)	1,605	(50.7)	(47.8–53.6)
Missed ≥1 school or work days ^{¶**}	1,143	(41.8)	(38.4–45.2)	427	(59.1)	(52.5–65.4)	716	(32.7)	(28.6–37.1)
Missed days ^{¶**} (mean)	1,143	(4.5)	(3.1–6.0)	427	(3.8)	(2.9–4.6)	716	(5.0)	(2.9–7.0)
ED/UC visit [¶]	1,264	(26.0)	(23.3–28.9)	448	(32.5)	(27.4–38.1)	816	(22.8)	(19.5–26.5)
Hospitalized [¶]	1,267	(7.0)	(5.4–8.9)	448	(8.0)	(5.2–12.3)	819	(6.5)	(4.7–8.7)
Fair/Poor health (%)	2,420	(21.8)	(20.0–23.6)	806	(6.4)	(4.8–8.4)	1,614	(28.3)	(25.9–30.9)
No asthma attack	1,142	(17.9)	(15.6–20.5)	356	(3.9)	(2.4–6.3)	786	(23.1)	(20.0–26.6)
Asthma attack	1,266	(24.8)	(22.2–27.6)	448	(8.2)	(5.8–11.6)	818	(32.8)	(29.1–36.8)
Health insurance — insured	2,166	(89.0)	(87.1–90.7)	752	(93.9)	(91.4–95.7)	1,414	(87.0)	(84.6–89.0)
Cannot afford prescription medicine	261	(11.5)	(9.9–13.3)	47	(5.4)	(3.8–7.7)	214	(14.3)	(12.1–16.8)
Seen/Talked to a specialist physician	780	(36.9)	(34.4–39.4)	176	(22.6)	(19.1–26.5)	604	(43.5)	(40.5–46.7)
Seen/Talked to a primary-care physician	1,821	(85.6)	(83.8–87.2)	669	(90.9)	(88.2–93.1)	1,152	(83.1)	(80.7–85.3)
Health insurance — uninsured	250	(11.0)	(9.3–12.9)	52	(6.1)	(4.3–8.6)	198	(13.0)	(11.0–15.4)
Cannot afford prescription medicine	106	(40.3)	(33.2–47.7)	9	(14.0) ^{††}	(6.7–27.0) ^{††}	97	(45.4)	(37.2–53.8)
Seen/Talked to a specialist physician	43	(19.5)	(14.1–26.3)	7	(17.1) ^{††}	(6.1–39.7) ^{††}	36	(20.0)	(14.1–27.5)
Seen/Talked to a primary-care physician	142	(58.8)	(50.5–66.6)	37	(78.7)	(63.5–88.7)	105	(54.8)	(45.3–63.9)
Prescription asthma medicine use									
Quick-relief inhaler during preceding 3 mos	2,421	(64.4)	(62.1–66.7)	806	(59.4)	(54.9–63.7)	1,615	(66.6)	(63.8–69.2)
Long-term control medicine (oral or inhaler) at the time of survey	2,421	(33.5)	(31.1–35.9)	806	(31.3)	(27.5–35.3)	1,615	(34.4)	(31.6–37.4)
Self-management education^{§§}									
Given an action plan	2,383	(34.2)	(31.8–36.8)	789	(44.3)	(40.0–48.8)	1,594	(29.9)	(27.2–32.8)
Taken a class to learn how to manage their asthma	2,411	(12.2)	(10.7–13.8)	801	(12.5)	(10.0–15.7)	1,610	(12.0)	(10.3–13.9)
Taught to recognize early signs and symptoms of an asthma attack	2,402	(59.9)	(57.3–62.5)	800	(72.1)	(68.1–75.8)	1,602	(54.8)	(51.5–58.0)
Taught to respond to an asthma attack	2,404	(68.1)	(65.6–70.6)	800	(78.3)	(74.2–82.0)	1,604	(63.8)	(60.8–66.8)
Taught how to use a peak flow meter	2,388	(42.2)	(39.7–44.7)	791	(49.4)	(45.1–53.6)	1,597	(39.2)	(36.2–42.2)
Given advice on environment control	2,407	(49.3)	(46.6–52.0)	800	(50.6)	(45.9–55.2)	1,607	(48.8)	(45.6–51.9)
Followed “most or all” advice about environment	1,164	(60.7)	(57.1–64.2)	397	(81.2)	(76.2–85.3)	767	(51.6)	(47.0–56.2)

Abbreviation: CI = confidence interval; ED/UC = emergency department/urgent care.

* Children aged <18 years; adults aged ≥18 years.

† Includes persons who answered “yes” to the questions, “Have you ever been told by a doctor or other health professional that [you/your child] had asthma?” and “Do [you/your child] still have asthma?”

§ Weighted estimates.

¶ Related questions were asked among persons who had an asthma attack during the previous 12 months.

** Calculated for those who go to child care, preschool, school, or work at home or outside.

†† Estimates are not reliable because of small sample size.

§§ Ever been educated.

caregivers had received an asthma action plan (44.3%), and followed “most or all” advice about changing things in their home, school, or work environments (81.2%), compared with adults (29.9% and 51.6%, respectively) (Table 2).

Asthma prevalence among adults varied across states, ranging from 5.3% to 9.5% (median: 7.3%) in 2001, 5.9% to 10.7% (median: 8.0%) in 2005, and 6.3% to 11.1% (median: 8.8%) in 2009. Prevalence increased significantly from 2001 to 2009 in 22 states* and the District of Columbia (Figure 2). By U.S. Census Bureau region,[†] asthma prevalence was higher in the Northeast (9.3%) and Midwest (8.8%) than in the West (7.7%) and South (7.5%) (Table 1).

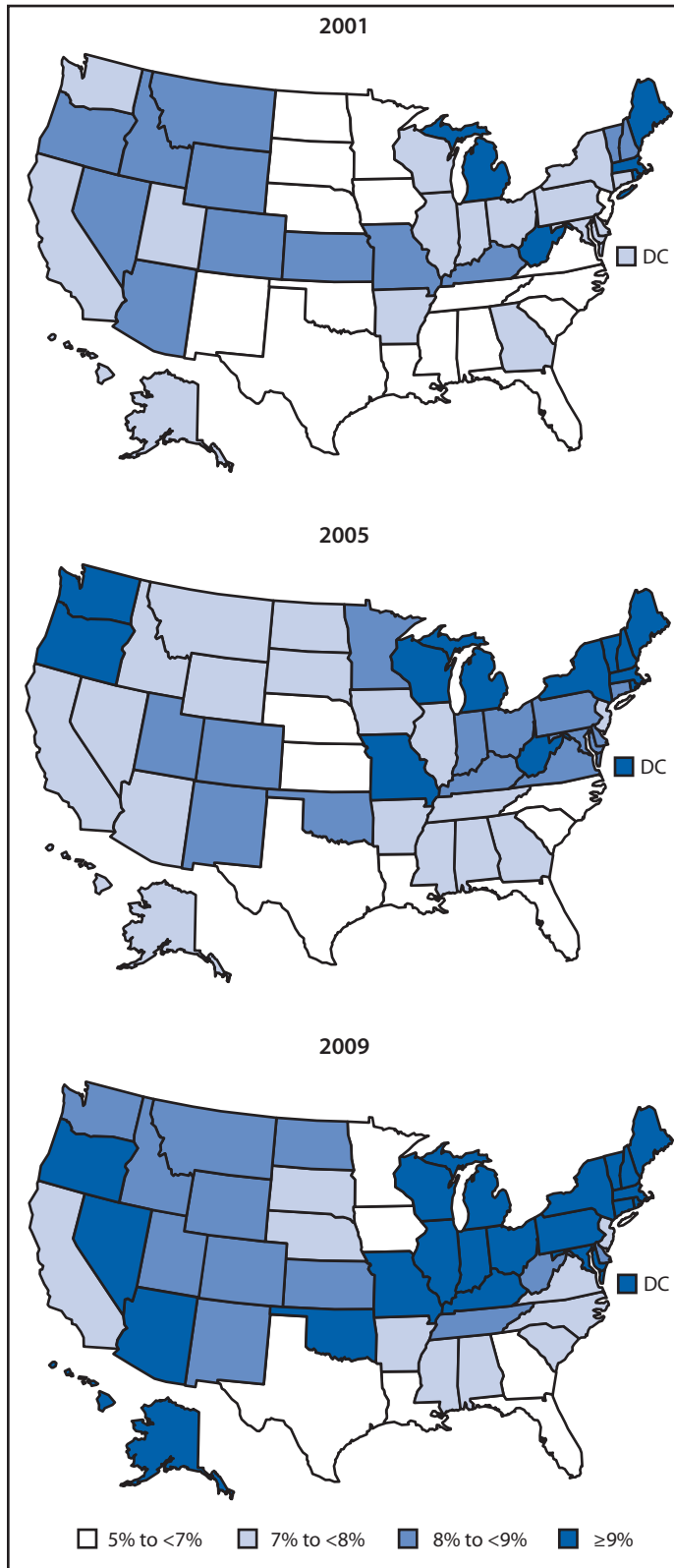
* Arizona, Connecticut, Hawaii, Indiana, Kentucky, Maryland, Massachusetts, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Washington, and Wisconsin.

† Additional information available at http://www.census.gov/geo/www/us_regdiv.pdf.

Conclusions and Comment

The prevalence and number of persons with asthma have increased since 2001, and demographic differences among population subgroups persist despite improvements in outdoor air quality and decreases in cigarette smoking and secondhand smoke exposure (11–13). Although probable causes for the increase in asthma are unclear, CDC’s top priority is getting people to manage their asthma better. Asthma has been more prevalent among children than adults, women than men, and blacks than whites since 2001. Similar to findings in previous studies (3–6), in 2009, asthma was more prevalent among children, women, non-Hispanic blacks, the poor, and in the Northeast and Midwest. The cause of this variation remains unclear and might be the result of characteristics associated with asthma development and disease duration that were not examined in this study, including genetic predisposition, history

FIGURE 2. Current asthma prevalence among adults — Behavioral Risk Factor Surveillance System, United States, 2001, 2005, and 2009*



*Cut-off points are the approximate quartiles of the state-specific prevalence of asthma among adults during 2001, 2005, and 2009.

Key Points

- In 2009, the prevalence of asthma increased to 7.7% among adults, 9.6% among all children, and 17.0% among black, non-Hispanic children.
- In 2008, approximately half of persons with asthma reported having had at least one asthma attack during the preceding 12 months.
- Medical expenses associated with asthma amounted to \$3,259 per person per year during 2002–2007.
- Good control of asthma includes self-management training, appropriate use of inhaled corticosteroids to prevent symptoms and attacks, and avoidance of environmental allergens and irritants. However, only approximately one third of persons with asthma had been given an asthma action plan as recommended and approximately half had been advised to change their environment.
- More uninsured than insured persons with asthma reported not being able to buy prescription medications (40.3% versus 11.5%).

of atopy (a genetic tendency to develop an allergic reaction), health risk factors (e.g., smoking, obesity), earlier diagnosis, socioeconomic status (e.g., education or occupation), and exposure to environmental allergens or irritants (e.g., mold, tobacco smoke, secondhand smoke exposure, pet dander, outdoor air pollution, and any upper respiratory infection, such as influenza or common cold) (1–3,5,6). In particular, obesity and exposure to tobacco smoke each have been associated with increased asthma severity (14,15). More detailed analytic investigation of these risk factors might help characterize subpopulations and identify those in greatest need of targeted prevention efforts.

Approximately half of persons with asthma in the United States reported having an asthma attack in the preceding 12 months. Those who had attacks had a higher proportion of missed school or work days, emergency department and urgent care visits, and reported fair or poor health. A greater percentage of persons with asthma reported having health-care insurance than persons without asthma. However, among persons with asthma, more of the uninsured were unable to buy prescription medication and fewer reported seeing or talking to a specialist or primary care physician about their asthma. This is a particular concern, given the value of inhaled corticosteroids in the management of adults and children with persistent asthma.

Asthma health outcomes can be improved by addressing gaps in health-care coverage and access, and by supporting preventive measures. In particular, patient education concerning self-management of the disease and its attacks is key. It is one of the four key components of effective asthma management listed in the NIH guidelines that were developed by NAEPP (2). Even so, such recommended educational activities were not reported widely and did not meet the *Healthy People 2010* targets for objectives 24-6 and 24-7 (6,16). For example, the NAEPP expert panel recommends that every person with asthma have an asthma action plan, yet only one third of adults and children reported having such a plan. An asthma action plan is a written form developed by health-care providers to address the specific needs and circumstances of an individual patient. The plan describes 1) how to monitor symptoms, 2) when to change the amount or type of medication, 3) how to identify and avoid exposure to allergens and irritants, 4) how to recognize worsening asthma symptoms, and 5) when to take action, such as calling the physician for advice or going to the emergency department (2). Although multitriggers/multicomponent home-based environmental interventions are known to improve asthma symptoms (median decrease of 21 days with symptoms per year) and to reduce missed days of school among children (median decrease of 12 days per year), only half of children/caregivers were advised to change conditions at school, home, or work to reduce environmental triggers (17).

The findings in this report are subject to at least one limitation. NHIS and BRFSS data are based on adult self-report or adult proxy response for children; therefore, the findings might be biased as a result of inaccurate recall or the social desirability of providing positive responses.

The findings suggest the need for coordinated efforts at the local, state, and national levels to develop programs that empower persons with asthma to better control and manage their asthma. Health-care providers and public health officials should continue to address gaps in access to care and to support preventive measures that can improve asthma health outcomes by promoting appropriate medical care, asthma self-management education, and evidence-based interventions to reduce modifiable risk factors (e.g., environmental irritants and allergens) for asthma. Actions to expand reimbursement for asthma education and environmental control services might further improve the application of asthma self-management strategies.

Reported by

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Acknowledgments

This report is based, in part, on contributions by M King, PhD, E Herman, MD, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and survey coordinators for the Behavioral Risk Factor Surveillance System and the National Health Interview Survey, National Center Health Statistics, CDC.

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Announcements

Hepatitis Single Topic Conference — June 4–5, 2011

Registration is still open for the Hepatitis Single Topic Conference, Chronic Viral Hepatitis: Strategies to Improve Effectiveness of Screening and Treatment, to be held June 4–5, 2011, at the Emory Conference Center in Atlanta, Georgia. Deadline for registration is May 6, 2011. However, late registration will be accepted, and participants also will be permitted to register at the conference.

Cosponsored by CDC and the American Association for the Study of Liver Disease, the Hepatitis Single Topic Conference will cover current and novel approaches to viral hepatitis testing, referral to care, and clinical management. Participants also will learn about the epidemiology of chronic hepatitis B and hepatitis C, the role of community engagement and education in viral hepatitis prevention and care, models of care that optimize patient acceptance and adherence to care and treatment, and options for clinical monitoring and therapy. The conference will be of interest to hepatologists, gastroenterologists, primary-care physicians, health-care managers, insurers, public health professionals, policy makers, industry representatives, patient advocate organizations, and any other health professional seeking to expand awareness regarding viral hepatitis prevention and treatment.

No continuing education credits will be provided for this conference. Additional information regarding the conference and registration is available at <http://www.aasld.org/conferences/meetings/pages/hepatitissingletopicconference.aspx>.

National Women's Health Week — May 8–14, 2011

In 2007, the life expectancy for women in the United States reached 80.4 years, a 0.2-year increase from 2006 (1). The top five leading causes of death for U.S. females in 2006 were diseases of the heart, malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases, and Alzheimer's disease (2).

Beginning May 8, 2011 (Mother's Day), the 12th annual National Women's Health Week encourages women to make health a top priority and to take simple steps to achieve a longer, healthier, happier life. With a theme of "It's Your Time," the week-long celebration brings together communities, businesses, government, health organizations, and other groups across the United States to promote women's health. Regular physical activity, healthful eating, healthy weight maintenance, quitting tobacco use, managing stress, protecting themselves from injury, and periodic check-ups are a few of the many actions that can lead to safer and healthier lives (3).

CDC promotes and advances the health and safety of women through development, implementation, and support of research, disease surveillance, and national, state, and local disease prevention and health promotion programs. Through numerous partnerships and programs, CDC works to improve women's health in areas such as reproductive health, sexually transmitted infections, breast and cervical cancer screening, gynecologic cancers, occupational safety and health, immunizations, birth defects prevention, heart disease, and violence against women.

Additional information about women's health is available at <http://www.cdc.gov/women>. Additional information about National Women's Health Week is available at <http://www.womenshealth.gov/whw>.

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Healthy Vision Month — May 2011

May is Healthy Vision Month. Because vision impairment affects all communities across the nation, CDC's Vision Health Initiative, in collaboration with the National Eye Institute, encourages all persons in the United States to make vision a health priority.

In the United States, approximately 25.2 million adults have self-reported vision impairment; of these, approximately 6.5 million are aged ≥ 65 years, 15.0 million are women, and 5.8 million are black or Hispanic (1). Many adults at high risk for serious vision loss do not receive needed eye care. Data from the 2002 National Health Interview Survey indicate that approximately 5 million high-risk adults could not afford glasses when needed, and only 42% had dilated eye examinations in the preceding year (2).

Early detection and timely treatment of conditions that cause visual impairment can delay eye disease progression and prevent vision loss. Recommended eye care differs by age and risk factors; however, most persons should have periodic, comprehensive, dilated eye examinations as recommended by their eye-care providers (3). Additional information on Healthy Vision Month, the Vision Health Initiative, and strategies for prevention and control of common eye diseases is available at <http://www.cdc.gov/visionhealth> and <http://www.nei.nih.gov/healthyeyes>.

Announcements

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Launch of Decade of Action for Global Road Safety — May 11, 2011

Road traffic injuries are the leading cause of death among persons aged 15–29 years and the ninth leading cause of death overall in the world, resulting in 1.3 million deaths and 50 million nonfatal injuries each year (1). Without new and sustained commitment to preventing traffic injuries, the number of deaths is expected to increase by 65% over the next 20 years (2). A recent World Health Organization report summarized the magnitude of the problem and the impact these injuries will have on global public health and development (3).

On March 2, 2010, the United Nations adopted a resolution calling for a Decade of Action for Global Road Safety, with a goal of reducing by 50% the projected increase in road traffic deaths by 2020. The official launch of the Decade of Action begins May 11, 2011. Governments, international agencies, organizations, and private companies are encouraged to hold events in conjunction with the launch and to register their events at http://www.who.int/roadsafety/decade_of_action/launch/planned_events/en/index.html. Additional information is available at <http://www.decadeofaction.org>.

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Amyotrophic Lateral Sclerosis (ALS) Awareness Month — May 2011

May is Amyotrophic Lateral Sclerosis (ALS) Awareness Month. ALS, also known as Lou Gehrig's disease, is a progressive, fatal, neurodegenerative disorder of the upper and lower motor neurons. Persons with ALS (PALS) usually die within 2–5 years of diagnosis.

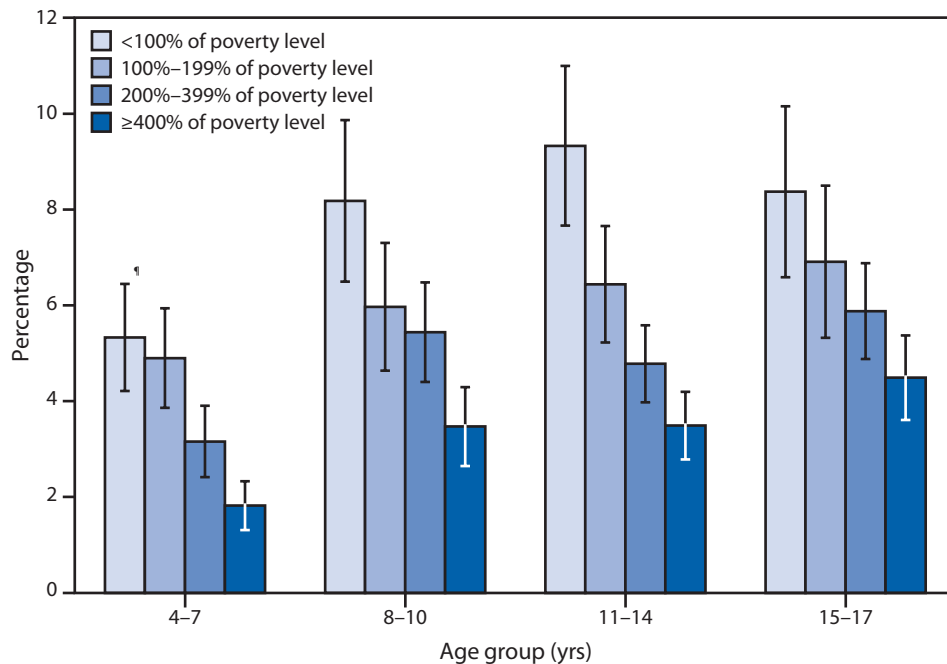
In 2008, the National ALS Registry Act was signed into law, allowing for creation of a national ALS registry to better understand the incidence, prevalence, and potential risk factors for ALS. In October 2010, the Agency for Toxic Substances and Disease Registry (ATSDR) launched the National ALS Registry to collect, manage, and analyze data about PALS. This registry uses data from national databases, including those maintained by the Centers for Medicare and Medicaid Services and the Department of Veterans Affairs, and information provided by participating PALS through a secure web portal. The web portal also contains brief risk-factor surveys that allow PALS to provide additional information about their illness to help researchers gain a better understanding of who gets ALS.

Approximately 16,000 PALS were identified in the national databases for persons receiving care at any time during 2001–2005. Since October 2010, PALS from all 50 states, Puerto Rico, and the U.S. Virgin Islands have registered in the National ALS Registry. When sufficient data have been gathered from the secure web portal and merged with the national databases to provide a representative picture of PALS in the United States, ATSDR will make summary data and de-identified datasets available to interested scientists and researchers. ATSDR also is collaborating with the ALS Association (ALSA), Muscular Dystrophy Association ALS Division, and other organizations to make all PALS aware of the self-registration portion of the National ALS Registry. Health-care professionals who interact with PALS also are encouraged to visit the web portal at <http://www.cdc.gov/als> to learn more and educate their patients about the National ALS Registry.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children with Serious Emotional or Behavioral Difficulties,* by Age Group and Family Income Group† — National Health Interview Survey,§ United States, 2004–2009



* Emotional or behavioral difficulties of children were based on parents' responses to the following question: "Overall, do you think that [child] has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response options were 1) "no"; 2) "yes, minor difficulties"; 3) "yes, definite difficulties"; and 4) "yes, severe difficulties." Children whose parents responded "yes, definite difficulties" or "yes, severe difficulties" were defined as having serious emotional or behavioral difficulties.

† Family income group is based on family income and family size using the U.S. Census Bureau poverty thresholds. Family income was imputed when information was missing, using multiple imputation methodology.

§ Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Denominators for each category exclude persons for whom data were missing.

¶ 95% confidence interval.

During 2004–2009, approximately 5.1% of all U.S. children aged 4–17 years were reported by parents as having serious emotional or behavioral difficulties. Across all age groups, poor children (i.e., those living in families with incomes <100% of the poverty level) more often were reported to have serious emotional or behavioral difficulties compared with the most affluent children (i.e., those living in families with incomes ≥400% of the poverty level). For example, among children aged 11–14 years, approximately 9.3% of poor children were reported by parents to have serious difficulties, compared with 3.5% of the most affluent children.

Source: National Health Interview Survey, 2004–2009. Available at <http://www.cdc.gov/nhis.htm>.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 30, 2011 (17th week)*

Disease	Current week	Cum 2011	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	—	—	—	1	—	1	1	
Arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	—	—	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	—	—	10	4	4	4	8	
Powassan virus disease	—	—	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	—	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	—	9	1	NN	NN	NN	NN	NN	
Botulism, total	—	20	2	112	118	145	144	165	
foodborne	—	2	0	7	10	17	32	20	
infant	—	14	1	80	83	109	85	97	
other (wound and unspecified)	—	4	1	25	25	19	27	48	
Brucellosis	—	13	3	117	115	80	131	121	
Chancroid	—	7	1	29	28	25	23	33	
Cholera	—	16	0	12	10	5	7	9	
Cyclosporiasis [§]	1	30	1	174	141	139	93	137	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	1	0	23	35	30	22	29	
nonserotype b	—	35	5	192	236	244	199	175	
unknown serotype	3	88	3	231	178	163	180	179	NY (1), OH (1), FL (1)
Hansen disease [§]	—	15	2	69	103	80	101	66	
Hantavirus pulmonary syndrome [§]	—	5	0	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal [§]	3	21	4	253	242	330	292	288	MO (1), TN (1), CA (1)
Influenza-associated pediatric mortality ^{§, ††}	3	96	2	61	358	90	77	43	MI (1), NC (1), WI (1)
Listeriosis	4	121	12	785	851	759	808	884	CA (4)
Measles ^{§§}	2	53	3	61	71	140	43	55	TX (1), CA (1)
Meningococcal disease, invasive ^{¶¶} :									
A, C, Y, and W-135	—	60	6	271	301	330	325	318	
serogroup B	1	40	3	124	174	188	167	193	MD (1)
other serogroup	—	4	1	10	23	38	35	32	
unknown serogroup	16	170	11	400	482	616	550	651	PA (1), OH (1), NC (1), FL (2), OR (1), CA (10)
Novel influenza A virus infections***	—	1	0	4	43,774	2	4	NN	
Plague	—	1	0	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	—	NN	
Psittacosis [§]	—	1	0	4	9	8	12	21	
Q fever, total [§]	2	17	3	119	113	120	171	169	
acute	1	8	1	97	93	106	—	—	FL (1)
chronic	1	9	0	22	20	14	—	—	TX (1)
Rabies, human	—	—	—	2	4	2	1	3	
Rubella ^{†††}	—	1	0	6	3	16	12	11	
Rubella, congenital syndrome	—	—	0	—	2	—	—	1	
SARS-CoV [§]	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	2	45	4	165	161	157	132	125	NY (2)
Syphilis, congenital (age <1 yr) ^{§§§}	—	45	7	309	423	431	430	349	
Tetanus	—	1	0	10	18	19	28	41	
Toxic-shock syndrome (staphylococcal) [§]	—	28	1	77	74	71	92	101	
Trichinellosis	1	6	0	6	13	39	5	15	FL (1)
Tularemia	1	6	1	114	93	123	137	95	OK (1)
Typhoid fever	3	98	7	443	397	449	434	353	FL (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	1	19	1	81	78	63	37	6	NY (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	—	—	2	1	—	2	1	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	15	76	5	820	789	588	549	NN	FL (12), AZ (1), CA (2)
Viral hemorrhagic fever ^{¶¶¶}	—	—	—	1	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 30, 2011 (17th week)*

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

* Case counts for reporting years 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.

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

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

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

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

†† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, 100 influenza-associated pediatric deaths occurring during the 2010-11 influenza season have been reported.

§§ Of the two measles cases reported for the current week, one was imported, and one was indigenous.

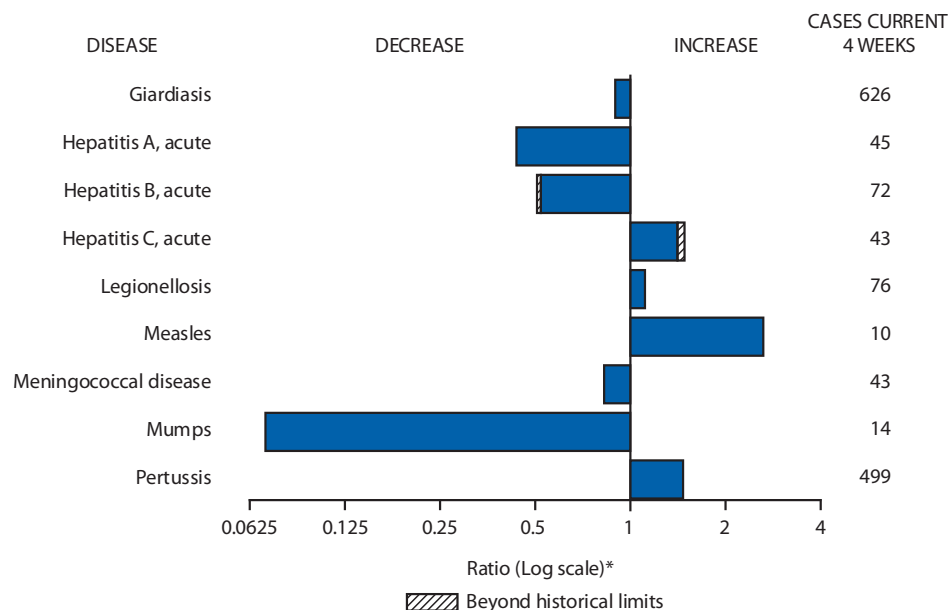
¶¶ Data for meningococcal disease (all serogroups) are available in Table II.

*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the one case reported during 2011, were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).

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

§§§ Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

¶¶¶ There was one case of viral hemorrhagic fever reported during week 12 of 2010. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 30, 2011, with historical data

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Willie J. Anderson

Deborah A. Adams

Rosaline Dhara

Willie J. Anderson

Pearl C. Sharp

Michael S. Wodajo

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Morbidity and Mortality Weekly Report

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	<i>Chlamydia trachomatis</i> infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	13,968	24,872	29,896	404,394	409,075	144	0	506	4,384	NN	29	123	376	1,160	1,861
New England	866	806	2,044	13,802	12,222	—	0	1	1	NN	—	6	19	67	176
Connecticut	274	171	1,558	2,386	2,727	N	0	0	N	NN	—	0	13	13	77
Maine†	—	56	100	951	809	N	0	0	N	NN	—	1	7	2	16
Massachusetts	439	405	872	7,486	6,530	N	0	0	N	NN	—	3	9	32	38
New Hampshire	37	53	112	974	612	—	0	1	1	NN	—	1	3	9	22
Rhode Island†	92	70	154	1,503	1,136	—	0	0	—	NN	—	0	2	1	7
Vermont†	24	26	84	502	408	N	0	0	N	NN	—	1	5	10	16
Mid. Atlantic	1,737	3,353	5,178	52,839	54,918	—	0	0	—	NN	8	15	38	180	187
New Jersey	228	498	697	7,005	8,559	N	0	0	N	NN	—	0	4	9	6
New York (Upstate)	706	708	2,028	11,453	10,284	N	0	0	N	NN	2	4	13	37	37
New York City	169	1,173	2,773	17,893	20,666	N	0	0	N	NN	—	2	6	18	18
Pennsylvania	634	954	1,181	16,488	15,409	N	0	0	N	NN	6	8	26	116	126
E.N. Central	848	3,778	6,416	57,448	64,134	—	0	3	15	NN	4	28	130	255	465
Illinois	15	959	1,093	12,201	17,749	N	0	0	N	NN	—	3	21	3	68
Indiana	—	428	2,965	8,332	4,942	N	0	0	N	NN	—	3	10	24	73
Michigan	550	934	1,400	15,577	17,219	—	0	3	8	NN	1	5	18	60	99
Ohio	150	991	1,134	14,725	16,876	—	0	3	7	NN	3	7	24	95	108
Wisconsin	133	428	518	6,613	7,348	N	0	0	N	NN	—	9	65	73	117
W.N. Central	373	1,406	1,592	22,107	24,026	—	0	0	—	NN	2	18	104	88	292
Iowa	21	202	240	3,221	3,657	N	0	0	N	NN	—	4	25	13	63
Kansas	13	188	287	3,000	3,253	N	0	0	N	NN	—	2	9	14	29
Minnesota	—	290	354	3,855	5,163	—	0	0	—	NN	—	4	22	—	98
Missouri	319	512	769	8,861	8,538	—	0	0	—	NN	2	3	29	31	42
Nebraska†	—	97	218	1,769	1,695	N	0	0	N	NN	—	3	26	25	30
North Dakota	—	41	91	332	693	N	0	0	N	NN	—	0	9	—	2
South Dakota	20	62	93	1,069	1,027	N	0	0	N	NN	—	1	6	5	28
S. Atlantic	3,344	4,825	6,195	81,675	81,047	—	0	0	—	NN	2	19	39	233	288
Delaware	69	84	220	1,490	1,411	—	0	0	—	NN	—	0	1	2	1
District of Columbia	92	99	158	1,628	1,669	—	0	0	—	NN	—	0	1	3	2
Florida	648	1,462	1,706	23,712	24,190	N	0	0	N	NN	1	7	19	68	115
Georgia	553	678	2,303	12,776	12,800	N	0	0	N	NN	—	5	11	72	92
Maryland†	458	499	1,106	6,926	7,191	—	0	0	—	NN	—	1	3	13	9
North Carolina	—	720	1,436	12,342	14,246	N	0	0	N	NN	—	0	12	23	26
South Carolina†	947	530	847	9,358	8,546	N	0	0	N	NN	—	2	8	29	14
Virginia†	515	658	970	12,006	9,806	N	0	0	N	NN	1	2	9	17	24
West Virginia	62	76	124	1,437	1,188	N	0	0	N	NN	—	0	5	6	5
E.S. Central	1,106	1,790	3,314	29,321	27,079	—	0	0	—	NN	3	4	19	41	62
Alabama†	395	548	1,549	8,978	7,578	N	0	0	N	NN	—	2	13	7	22
Kentucky	441	267	2,352	4,676	5,028	N	0	0	N	NN	2	1	6	15	22
Mississippi	—	388	780	6,356	5,912	N	0	0	N	NN	—	0	2	6	4
Tennessee†	270	591	797	9,311	8,561	N	0	0	N	NN	1	1	5	13	14
W.S. Central	2,980	3,235	4,623	56,849	57,017	—	0	1	1	NN	1	8	31	47	89
Arkansas†	346	305	440	5,399	5,068	N	0	0	N	NN	—	0	3	5	13
Louisiana	538	396	790	7,181	8,154	—	0	1	1	NN	—	1	6	8	12
Oklahoma	205	237	1,372	3,845	4,178	N	0	0	N	NN	—	1	8	—	12
Texas†	1,891	2,340	3,109	40,424	39,617	N	0	0	N	NN	1	4	24	34	52
Mountain	629	1,526	2,222	23,008	27,007	66	0	423	3,221	NN	2	10	30	112	154
Arizona	114	498	657	3,092	8,770	65	0	418	3,169	NN	—	1	3	7	10
Colorado	—	339	876	8,124	6,228	N	0	0	N	NN	—	2	6	30	41
Idaho†	1	70	199	1,019	1,184	N	0	0	N	NN	2	2	7	23	27
Montana†	76	64	83	1,145	1,010	N	0	0	N	NN	—	1	4	11	16
Nevada†	199	193	380	3,514	3,210	1	0	4	28	NN	—	0	7	2	5
New Mexico†	166	196	1,253	3,382	3,684	—	0	4	18	NN	—	2	12	25	29
Utah	49	129	175	2,110	2,245	—	0	2	3	NN	—	1	5	9	19
Wyoming†	24	42	90	622	676	—	0	2	3	NN	—	0	2	5	7
Pacific	2,085	3,791	5,526	67,345	61,625	78	0	105	1,146	NN	7	12	29	137	148
Alaska	—	118	156	1,795	2,034	N	0	0	N	NN	—	0	3	4	2
California	1,625	2,863	4,717	49,440	46,351	78	0	105	1,146	NN	6	7	18	77	87
Hawaii	—	108	158	1,315	2,042	N	0	0	N	NN	—	0	0	—	1
Oregon	179	218	496	4,421	4,129	N	0	0	N	NN	1	4	13	54	41
Washington	281	424	891	10,374	7,069	N	0	0	N	NN	—	1	7	2	17
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	NN	N	0	0	N	NN
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	9	44	189	64	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	—	104	251	1,731	2,114	N	0	0	N	NN	N	0	0	N	NN
U.S. Virgin Islands	—	14	29	220	147	—	0	0	—	NN	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max		
United States	—	6	52	20	89	—	0	2	—	2
New England	—	0	3	—	3	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine¶	—	0	2	—	3	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	—	—	0	0	—	—
Vermont¶	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	2	25	7	34	—	0	1	—	2
New Jersey	—	0	5	—	3	—	0	0	—	—
New York (Upstate)	—	0	5	—	5	—	0	1	—	1
New York City	—	1	17	—	20	—	0	1	—	1
Pennsylvania	—	0	3	7	6	—	0	0	—	—
E.N. Central	—	1	7	2	12	—	0	1	—	—
Illinois	—	0	3	—	4	—	0	0	—	—
Indiana	—	0	2	1	2	—	0	0	—	—
Michigan	—	0	2	—	1	—	0	0	—	—
Ohio	—	0	2	—	5	—	0	0	—	—
Wisconsin	—	0	2	1	—	—	0	1	—	—
W.N. Central	—	0	6	—	8	—	0	1	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	2	—	7	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska¶	—	0	6	—	—	—	0	0	—	—
North Dakota	—	0	0	—	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—
S. Atlantic	—	2	19	6	20	—	0	1	—	—
Delaware	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	2	14	5	17	—	0	1	—	—
Georgia	—	0	2	—	1	—	0	0	—	—
Maryland¶	—	0	0	—	—	—	0	0	—	—
North Carolina	—	0	2	1	—	—	0	0	—	—
South Carolina¶	—	0	3	—	—	—	0	0	—	—
Virginia¶	—	0	3	—	2	—	0	0	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	0	2	—	—	—	0	0	—	—
Alabama¶	—	0	2	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee¶	—	0	1	—	—	—	0	0	—	—
W.S. Central	—	0	1	—	—	—	0	1	—	—
Arkansas¶	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	1	—	—	—	0	0	—	—
Texas¶	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	2	1	3	—	0	0	—	—
Arizona	—	0	2	1	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho¶	—	0	1	—	—	—	0	0	—	—
Montana¶	—	0	1	—	—	—	0	0	—	—
Nevada¶	—	0	1	—	1	—	0	0	—	—
New Mexico¶	—	0	0	—	1	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—
Wyoming¶	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	7	4	9	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	5	1	5	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	2	3	3	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	104	550	191	1,726	—	2	20	1	46
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

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† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical and unknown case classifications.

§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.

¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					Anaplasma phagocytophilum					Undetermined				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	3	8	79	23	65	1	18	132	10	78	—	1	13	5	8
New England	—	0	2	—	1	—	1	7	1	9	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	6	—	—	—	0	0	—	—
Maine§	—	0	1	—	1	—	0	2	1	4	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	2	—	2	—	0	1	—	—
Rhode Island§	—	0	1	—	—	—	0	6	—	3	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	0	10	3	8	—	4	15	3	2	—	0	1	1	1
New Jersey	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
New York (Upstate)	2	0	10	2	4	—	4	15	3	1	—	0	1	1	1
New York City	—	0	3	1	3	—	0	2	—	—	—	0	0	—	—
Pennsylvania	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	0	4	2	7	—	4	41	—	28	—	0	7	2	5
Illinois	—	0	2	1	3	—	0	2	—	—	—	0	2	1	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	1	5
Michigan	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Ohio	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	4	—	3	41	—	28	—	0	4	—	—
W.N. Central	—	1	13	2	6	—	5	74	—	32	—	0	11	—	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	5	73	—	32	—	0	11	—	—
Missouri	—	1	13	2	6	—	0	2	—	—	—	0	3	—	—
Nebraska§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	3	18	15	36	1	1	7	5	6	—	0	1	—	—
Delaware	—	0	3	2	3	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	2	2	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	4	1	3	—	0	1	—	—	—	0	1	—	—
Maryland§	—	0	3	2	4	—	0	2	—	3	—	0	1	—	—
North Carolina	1	1	13	6	23	1	0	4	5	2	—	0	0	—	—
South Carolina§	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Virginia§	—	1	8	2	1	—	0	2	—	1	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	11	1	4	—	0	2	1	1	—	0	2	1	2
Alabama§	—	0	3	—	1	—	0	2	1	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Tennessee§	—	0	7	1	3	—	0	2	—	1	—	0	1	1	2
W.S. Central	—	0	66	—	2	—	0	7	—	—	—	0	1	—	—
Arkansas§	—	0	5	—	—	—	0	2	—	—	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	61	—	—	—	0	5	—	—	—	0	0	—	—
Texas§	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	114	332	533	3,941	5,575	3,033	5,798	6,574	88,935	92,516	22	59	132	998	1,125
New England	1	25	54	280	390	95	102	206	1,590	1,544	—	3	9	55	51
Connecticut	—	3	12	—	1	50	39	169	606	664	—	0	6	—	—
Maine [§]	1	3	11	33	60	—	2	7	51	74	—	0	2	8	2
Massachusetts	—	14	25	176	202	30	51	82	764	652	—	2	6	37	36
New Hampshire	—	2	10	20	53	5	3	7	40	51	—	0	1	5	6
Rhode Island [§]	—	1	7	7	22	8	5	15	119	92	—	0	2	3	6
Vermont [§]	—	4	10	44	52	2	0	17	10	11	—	0	3	2	1
Mid. Atlantic	21	60	106	786	950	332	718	1,165	11,258	10,818	6	11	26	198	227
New Jersey	—	3	18	35	134	42	117	173	1,788	1,785	—	2	5	34	34
New York (Upstate)	10	23	58	280	323	93	110	260	1,599	1,738	2	3	15	48	58
New York City	6	17	33	251	258	46	237	535	3,753	3,833	—	2	5	38	46
Pennsylvania	5	15	27	220	235	151	264	366	3,979	3,601	4	4	11	78	89
E.N. Central	17	51	91	621	970	256	1,041	1,985	15,121	16,926	1	10	20	168	186
Illinois	—	10	32	98	234	7	245	328	3,046	4,137	—	3	9	45	52
Indiana	—	5	11	55	121	—	113	1,000	2,272	1,390	—	1	7	19	35
Michigan	5	11	25	136	209	159	250	489	3,959	4,715	—	1	4	25	13
Ohio	11	17	29	243	268	53	317	383	4,511	5,234	1	2	6	56	40
Wisconsin	1	8	34	89	138	37	95	156	1,333	1,450	—	1	5	23	46
W.N. Central	8	34	73	293	586	108	289	364	4,448	4,565	1	4	9	33	71
Iowa	1	5	12	68	81	2	35	57	580	565	—	0	0	—	1
Kansas	—	3	10	38	65	3	40	62	533	631	—	0	2	2	7
Minnesota	—	13	33	—	224	—	37	62	489	731	—	1	5	—	25
Missouri	4	8	26	109	107	103	142	181	2,285	2,119	—	1	5	17	30
Nebraska [§]	2	4	9	57	69	—	23	49	357	356	1	0	3	13	3
North Dakota	—	0	5	—	6	—	3	11	32	57	—	0	2	1	5
South Dakota	1	2	5	21	34	—	10	20	172	106	—	0	0	—	—
S. Atlantic	27	72	121	818	1,100	865	1,376	1,808	21,348	23,347	12	14	26	262	276
Delaware	—	0	5	7	9	18	17	48	320	321	—	0	1	1	3
District of Columbia	—	0	5	7	13	26	35	66	596	637	—	0	1	—	—
Florida	15	39	75	370	561	208	378	486	5,950	6,383	4	4	12	100	76
Georgia	8	13	48	267	230	172	230	704	3,727	4,000	—	3	7	50	63
Maryland [§]	1	4	11	62	107	106	133	243	1,806	2,005	1	1	5	21	19
North Carolina	N	0	0	N	N	—	248	596	4,222	4,537	7	2	9	31	39
South Carolina [§]	—	2	9	29	36	231	154	261	2,615	2,508	—	1	5	23	38
Virginia [§]	2	8	32	63	131	90	122	189	1,817	2,790	—	1	7	36	32
West Virginia	1	0	8	13	13	14	14	26	295	166	—	0	9	—	6
E.S. Central	1	4	11	43	92	293	484	1,007	7,658	7,250	—	3	10	58	66
Alabama [§]	1	4	11	41	50	131	162	403	2,650	2,217	—	1	4	20	7
Kentucky	N	0	0	N	N	107	71	712	1,214	1,277	—	1	4	12	12
Mississippi	N	0	0	N	N	—	113	216	1,618	1,632	—	0	2	4	6
Tennessee [§]	—	0	3	2	42	55	144	194	2,176	2,124	—	1	4	22	41
W.S. Central	3	6	14	53	115	713	873	1,624	14,394	15,216	1	2	26	54	54
Arkansas [§]	2	2	7	29	31	103	98	138	1,613	1,453	1	0	3	13	10
Louisiana	1	2	8	24	51	131	111	469	1,940	2,216	—	0	4	21	12
Oklahoma	—	0	5	—	33	59	80	332	1,132	1,206	—	1	19	19	28
Texas [§]	N	0	0	N	N	420	600	866	9,709	10,341	—	0	4	1	4
Mountain	4	30	57	322	531	64	184	230	2,592	2,983	—	5	12	104	144
Arizona	1	3	8	38	47	19	57	83	550	1,041	—	2	6	47	59
Colorado	—	12	27	138	222	—	50	93	725	844	—	1	5	21	34
Idaho [§]	2	4	9	42	72	—	2	14	42	34	—	0	2	4	7
Montana [§]	—	1	6	10	45	—	1	5	25	42	—	0	1	2	1
Nevada [§]	—	2	11	26	17	31	34	103	692	574	—	0	2	8	5
New Mexico [§]	—	2	6	17	24	10	27	100	477	327	—	1	4	16	18
Utah	1	5	13	40	85	4	5	15	66	109	—	0	3	6	15
Wyoming [§]	—	0	5	11	19	—	1	4	15	12	—	0	1	—	5
Pacific	32	51	132	725	841	307	641	809	10,526	9,867	1	3	20	66	50
Alaska	—	2	6	19	32	—	21	36	301	490	—	0	2	8	10
California	28	32	57	493	525	263	521	684	8,308	7,972	—	0	16	9	—
Hawaii	—	1	4	10	20	—	13	26	178	220	—	0	2	10	10
Oregon	4	8	20	123	170	13	21	40	400	353	1	1	6	38	27
Washington	—	8	71	80	94	31	61	115	1,339	832	—	0	2	1	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	1	—	0	5	6	4	—	0	0	—	—
Puerto Rico	—	0	8	8	27	—	6	14	114	80	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	3	7	44	27	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

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† Data for H. influenzae (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	6	27	66	336	499	16	60	158	678	1,028	10	16	35	260	258
New England	—	1	6	12	34	—	0	4	13	24	—	0	4	7	22
Connecticut	—	0	4	5	—	—	0	2	2	6	—	0	4	3	11
Maine†	—	0	1	1	2	—	0	1	2	8	—	0	2	2	—
Massachusetts	—	0	5	3	27	—	0	3	8	5	—	0	1	1	11
New Hampshire	—	0	1	—	—	—	0	1	1	4	N	0	0	N	N
Rhode Island†	—	0	1	1	5	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	1	2	—	—	0	1	—	1	—	0	1	1	—
Mid. Atlantic	—	4	10	52	67	2	5	10	71	100	1	1	5	22	31
New Jersey	—	0	1	2	9	—	1	5	11	27	—	0	2	—	7
New York (Upstate)	—	1	4	12	16	1	1	8	14	13	1	1	4	14	13
New York City	—	1	7	21	24	—	1	4	20	33	—	0	1	—	—
Pennsylvania	—	1	3	17	18	1	2	5	26	27	—	0	3	8	11
E.N. Central	—	4	9	55	83	—	8	23	93	187	2	2	6	57	25
Illinois	—	1	3	10	20	—	2	7	21	39	—	0	1	1	—
Indiana	—	0	3	7	9	—	1	6	8	27	—	0	4	20	9
Michigan	—	1	5	19	23	—	2	5	31	45	2	1	5	34	11
Ohio	—	1	5	18	11	—	1	16	24	39	—	0	1	2	3
Wisconsin	—	0	1	1	20	—	1	5	9	37	—	0	2	—	2
W.N. Central	—	1	23	14	21	—	2	16	39	42	—	0	6	2	5
Iowa	—	0	3	1	4	—	0	1	4	8	—	0	0	—	—
Kansas	—	0	2	2	7	—	0	1	3	2	—	0	1	—	—
Minnesota	—	0	22	2	1	—	0	15	1	2	—	0	6	—	3
Missouri	—	0	2	4	7	—	1	3	25	22	—	0	1	—	2
Nebraska†	—	0	4	3	2	—	0	3	5	8	—	0	1	2	—
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	—	—	0	1	1	—	—	0	0	—	—
S. Atlantic	5	5	14	70	108	7	16	33	200	278	2	4	8	57	61
Delaware	—	0	1	1	4	—	0	2	—	12	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	1	—	2	—	0	0	—	2
Florida	2	2	7	27	36	3	5	11	68	95	1	1	5	17	15
Georgia	—	1	4	17	10	1	2	8	31	57	—	0	3	9	6
Maryland†	—	0	3	9	7	—	1	4	18	27	—	1	3	11	10
North Carolina	3	0	4	7	21	2	2	16	47	28	1	1	4	16	17
South Carolina†	—	0	1	2	16	—	1	4	10	13	—	0	1	—	—
Virginia†	—	1	6	7	12	1	2	7	26	25	—	0	2	4	5
West Virginia	—	0	5	—	1	—	0	18	—	19	—	0	5	—	6
E.S. Central	—	0	6	7	15	4	8	14	131	99	3	3	8	47	47
Alabama†	—	0	2	—	4	—	1	4	29	22	—	0	1	3	1
Kentucky	—	0	6	2	7	1	3	8	43	32	—	2	6	22	34
Mississippi	—	0	1	2	1	—	1	3	9	9	U	0	0	U	U
Tennessee†	—	0	2	3	3	3	3	8	50	36	3	1	5	22	12
W.S. Central	1	2	15	22	44	2	9	63	72	148	2	2	12	29	19
Arkansas†	—	0	1	—	—	—	1	4	12	17	—	0	0	—	—
Louisiana	—	0	2	1	3	—	1	4	14	20	—	0	2	4	2
Oklahoma	—	0	4	1	—	1	2	14	16	19	1	1	11	16	7
Texas†	1	2	11	20	41	1	4	45	30	92	1	0	3	9	10
Mountain	—	2	8	20	52	—	2	7	23	49	—	1	4	14	23
Arizona	—	0	4	5	23	—	0	2	6	15	U	0	0	U	U
Colorado	—	0	2	6	12	—	0	5	1	11	—	0	3	1	7
Idaho†	—	0	2	3	2	—	0	1	2	3	—	0	2	6	5
Montana†	—	0	1	2	3	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	1	6	—	1	3	12	12	—	0	2	4	1
New Mexico†	—	0	1	2	3	—	0	1	1	2	—	0	1	2	7
Utah	—	0	2	—	3	—	0	1	1	6	—	0	2	—	3
Wyoming†	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Pacific	—	5	16	84	75	1	4	23	36	101	—	1	8	25	25
Alaska	—	0	1	1	—	—	0	1	2	1	U	0	0	U	U
California	—	4	16	72	58	1	3	18	15	74	—	0	4	12	10
Hawaii	—	0	1	2	4	—	0	1	2	2	U	0	0	U	U
Oregon	—	0	1	2	8	—	1	3	11	15	—	0	3	7	8
Washington	—	0	2	7	5	—	1	5	6	9	—	0	5	6	7
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	7	—	1	8	28	16	—	0	7	10	12
Puerto Rico	—	0	2	2	5	—	0	2	1	8	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	15	58	122	512	667	52	411	1,677	2,091	4,786	10	27	101	283	363
New England	—	4	16	25	30	—	111	503	243	1,590	—	1	11	13	22
Connecticut	—	0	6	—	—	—	39	213	—	647	—	0	11	—	—
Maine†	—	0	3	3	1	—	11	62	55	78	—	0	1	1	1
Massachusetts	—	2	10	17	21	—	33	223	94	536	—	1	4	9	17
New Hampshire	—	0	5	2	2	—	18	69	71	284	—	0	2	1	1
Rhode Island†	—	0	4	1	5	—	1	40	4	18	—	0	4	—	2
Vermont†	—	0	2	2	1	—	4	28	19	27	—	0	1	2	1
Mid. Atlantic	3	13	48	115	143	36	180	737	1,263	2,148	1	7	18	73	89
New Jersey	—	0	11	1	23	—	38	220	304	675	—	0	2	8	1
New York (Upstate)	—	5	19	51	37	20	36	159	204	293	1	1	6	11	20
New York City	—	2	17	22	33	—	1	10	2	47	—	4	14	43	50
Pennsylvania	3	5	19	41	50	16	92	386	753	1,133	—	1	3	11	18
E.N. Central	2	11	44	96	159	—	25	330	37	243	1	3	9	31	39
Illinois	—	2	15	10	20	—	1	18	4	10	—	1	6	8	19
Indiana	—	1	6	10	31	—	0	7	1	14	—	0	2	2	4
Michigan	—	3	20	21	26	—	1	14	4	3	—	0	4	6	4
Ohio	2	4	15	55	53	—	0	9	6	6	1	1	5	14	11
Wisconsin	—	0	5	—	29	—	21	302	22	210	—	0	2	1	1
W.N. Central	—	2	9	10	23	—	1	11	3	9	—	1	45	2	21
Iowa	—	0	2	2	2	—	1	10	1	5	—	0	2	—	6
Kansas	—	0	2	1	3	—	0	1	1	3	—	0	2	1	3
Minnesota	—	0	8	—	6	—	0	0	—	—	—	0	45	—	3
Missouri	—	0	4	6	5	—	0	1	—	—	—	0	3	—	3
Nebraska†	—	0	2	—	2	—	0	2	1	1	—	0	1	1	6
North Dakota	—	0	1	—	2	—	0	5	—	—	—	0	1	—	—
South Dakota	—	0	2	1	3	—	0	1	—	—	—	0	2	—	—
S. Atlantic	7	10	27	96	125	13	58	179	475	706	7	7	44	91	117
Delaware	—	0	3	2	4	1	10	33	127	177	—	0	1	1	1
District of Columbia	—	0	4	—	2	—	0	4	4	4	—	0	2	3	5
Florida	1	3	9	45	50	1	1	8	20	16	1	2	7	27	38
Georgia	—	1	4	3	18	—	0	2	1	2	4	1	7	17	18
Maryland†	2	2	6	16	25	4	20	106	180	322	1	1	24	17	18
North Carolina	3	1	7	15	11	3	0	9	13	42	1	0	13	9	20
South Carolina†	—	0	2	3	2	—	0	3	1	13	—	0	1	—	1
Virginia†	1	1	9	12	11	4	18	82	129	120	—	1	5	17	16
West Virginia	—	0	3	—	2	—	0	29	—	10	—	0	1	—	—
E.S. Central	1	2	10	21	25	—	0	4	7	11	—	0	3	5	5
Alabama†	—	0	2	4	3	—	0	2	3	—	—	0	1	1	1
Kentucky	—	0	4	5	8	—	0	1	—	1	—	0	1	2	2
Mississippi	—	0	3	2	2	—	0	0	—	—	—	0	2	1	—
Tennessee†	1	1	6	10	12	—	0	4	4	10	—	0	2	1	2
W.S. Central	—	3	11	19	24	1	1	29	8	22	—	1	18	14	20
Arkansas†	—	0	2	—	2	—	0	0	—	—	—	0	1	—	1
Louisiana	—	0	3	6	1	—	0	1	—	—	—	0	1	—	1
Oklahoma	—	0	3	1	—	—	0	0	—	—	—	0	1	2	2
Texas†	—	2	11	12	21	1	1	29	8	22	—	1	17	12	16
Mountain	—	2	10	25	48	—	0	3	3	3	—	1	4	13	17
Arizona	—	1	7	9	12	—	0	1	2	—	—	0	3	4	6
Colorado	—	0	2	2	12	—	0	1	—	—	—	0	3	4	6
Idaho†	—	0	1	1	—	—	0	2	—	1	—	0	1	—	—
Montana†	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Nevada†	—	0	2	6	10	—	0	1	—	—	—	0	2	3	2
New Mexico†	—	0	2	2	2	—	0	2	1	1	—	0	1	2	—
Utah	—	0	2	4	9	—	0	1	—	1	—	0	0	—	3
Wyoming†	—	0	2	1	2	—	0	0	—	—	—	0	0	—	—
Pacific	2	5	15	105	90	2	3	11	52	54	1	4	10	41	33
Alaska	—	0	2	—	—	—	0	1	—	1	—	0	2	2	2
California	1	4	14	93	81	2	2	8	35	31	1	2	9	31	22
Hawaii	—	0	1	1	—	N	0	0	N	N	—	0	1	—	1
Oregon	1	0	3	3	2	—	0	3	17	22	—	0	3	3	3
Washington	—	0	5	8	7	—	0	3	—	—	—	0	5	5	5
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	N	0	0	N	N	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	17	14	39	274	315	9	13	219	106	1,189	203	549	2,220	4,150	4,017
New England	—	0	3	14	4	—	0	2	1	15	2	10	24	111	92
Connecticut	—	0	1	1	—	—	0	1	—	10	—	1	8	—	16
Maine [§]	—	0	1	3	—	—	0	1	—	1	2	1	8	44	5
Massachusetts	—	0	2	9	2	—	0	2	1	4	—	5	13	48	63
New Hampshire	—	0	0	—	—	—	0	2	—	—	—	0	3	15	2
Rhode Island [§]	—	0	1	—	—	—	0	0	—	—	—	0	7	3	3
Vermont [§]	—	0	1	1	2	—	0	0	—	—	—	0	4	1	3
Mid. Atlantic	1	1	5	27	29	1	4	209	11	1,033	12	38	122	406	207
New Jersey	—	0	1	—	9	—	1	11	5	254	—	2	9	11	38
New York (Upstate)	—	0	4	7	4	1	0	11	2	610	1	13	85	130	71
New York City	—	0	3	11	8	—	0	201	4	156	—	0	12	7	3
Pennsylvania	1	0	2	9	8	—	0	16	—	13	11	20	70	258	95
E.N. Central	1	2	6	33	59	—	1	7	23	35	27	114	194	1,044	988
Illinois	—	0	3	10	8	—	1	2	11	8	—	22	52	169	152
Indiana	—	0	2	4	15	—	0	1	—	2	—	12	26	68	127
Michigan	—	0	4	3	7	—	0	1	4	11	7	32	57	358	272
Ohio	1	1	2	12	14	—	0	5	8	5	20	34	80	343	330
Wisconsin	—	0	2	4	15	—	0	2	—	9	—	12	24	106	107
W.N. Central	—	1	4	19	18	—	0	14	12	41	4	37	430	219	320
Iowa	—	0	1	5	5	—	0	7	1	13	—	12	36	48	105
Kansas	—	0	2	1	1	—	0	1	3	2	—	2	9	23	51
Minnesota	—	0	2	—	2	—	0	4	—	3	—	0	408	—	—
Missouri	—	0	2	8	8	—	0	3	6	6	1	7	43	99	125
Nebraska [§]	—	0	2	3	2	—	0	5	1	17	3	4	13	34	23
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	30	13	—
South Dakota	—	0	1	1	—	—	0	1	—	—	—	0	2	2	16
S. Atlantic	4	2	6	47	65	2	0	4	6	29	13	38	103	433	420
Delaware	—	0	1	1	—	—	0	0	—	—	—	0	4	6	—
District of Columbia	—	0	0	—	—	—	0	0	—	2	—	0	2	1	3
Florida	2	1	3	18	32	—	0	2	2	5	5	6	28	98	64
Georgia	—	0	2	3	4	—	0	2	1	1	—	5	13	64	64
Maryland [§]	1	0	1	4	2	—	0	1	—	6	3	2	6	34	46
North Carolina	1	0	3	9	10	2	0	2	2	5	3	3	35	89	127
South Carolina [§]	—	0	1	4	5	—	0	1	—	3	—	6	25	44	70
Virginia [§]	—	0	2	8	11	—	0	2	1	5	2	7	39	97	39
West Virginia	—	0	1	—	1	—	0	0	—	2	—	0	41	—	7
E.S. Central	—	1	3	11	17	—	0	2	3	4	—	13	35	116	274
Alabama [§]	—	0	1	6	4	—	0	2	1	2	—	4	8	33	72
Kentucky	—	0	2	—	6	—	0	1	—	—	—	4	16	39	103
Mississippi	—	0	1	2	2	—	0	1	2	—	—	1	10	5	19
Tennessee [§]	—	0	2	3	5	—	0	1	—	2	—	3	11	39	80
W.S. Central	—	1	12	24	37	2	2	15	38	21	17	54	293	312	942
Arkansas [§]	—	0	1	6	4	—	0	1	—	1	—	2	17	17	50
Louisiana	—	0	1	5	9	—	0	2	—	2	—	1	3	10	11
Oklahoma	—	0	2	4	12	—	0	1	1	—	—	1	92	17	3
Texas [§]	—	1	10	9	12	2	2	14	37	18	17	45	187	268	878
Mountain	—	1	6	23	23	—	0	4	1	5	1	42	99	672	356
Arizona	—	0	2	8	7	—	0	1	—	1	1	12	29	243	144
Colorado	—	0	4	1	5	—	0	1	—	4	—	13	63	253	38
Idaho [§]	—	0	1	3	3	—	0	1	—	—	—	3	15	30	44
Montana [§]	—	0	2	2	1	—	0	0	—	—	—	2	16	46	5
Nevada [§]	—	0	1	3	4	—	0	1	—	—	—	0	7	8	2
New Mexico [§]	—	0	1	1	2	—	0	2	1	—	—	2	11	42	32
Utah	—	0	1	5	1	—	0	1	—	—	—	6	16	48	88
Wyoming [§]	—	0	1	—	—	—	0	1	—	—	—	0	2	2	3
Pacific	11	3	15	76	63	4	0	18	11	6	127	150	1,101	837	418
Alaska	—	0	1	—	—	—	0	1	1	1	—	0	6	14	11
California	10	2	10	54	46	4	0	18	5	1	127	130	959	656	269
Hawaii	—	0	1	2	1	—	0	1	2	1	—	1	6	9	18
Oregon	1	1	3	15	12	—	0	1	3	1	—	5	12	65	82
Washington	—	0	4	5	4	—	0	2	—	2	—	10	132	93	38
Territories	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	14	13	—	0	14	31	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† 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 April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	22	53	146	521	1,026	295	956	1,805	7,635	9,853	44	99	246	866	898
New England	—	4	18	26	72	—	32	110	378	910	1	2	13	23	89
Connecticut	—	2	11	—	28	—	0	88	88	490	—	0	9	9	60
Maine [§]	—	1	3	12	20	—	3	8	36	23	1	0	3	3	1
Massachusetts	—	0	0	—	—	—	21	52	204	299	—	1	9	5	18
New Hampshire	—	0	6	4	4	—	3	12	28	49	—	0	2	6	8
Rhode Island [§]	—	0	4	2	3	—	2	17	10	37	—	0	1	—	—
Vermont [§]	—	1	3	8	17	—	1	5	12	12	—	0	2	—	2
Mid. Atlantic	9	16	33	81	341	40	95	218	828	1,156	4	9	32	95	104
New Jersey	—	0	0	—	—	—	12	57	73	208	—	1	9	11	22
New York (Upstate)	9	8	19	81	141	26	26	63	236	246	2	4	12	33	33
New York City	—	0	4	—	91	1	23	56	213	296	—	1	7	14	11
Pennsylvania	—	6	17	—	109	13	29	81	306	406	2	3	13	37	38
E.N. Central	2	2	27	15	15	19	91	253	805	1,199	11	12	44	116	169
Illinois	—	1	11	4	7	—	35	124	240	397	—	2	9	10	28
Indiana	—	0	0	—	—	—	13	62	58	153	—	2	10	17	15
Michigan	—	1	5	5	5	3	14	49	146	208	5	3	9	34	54
Ohio	2	0	12	6	3	16	23	47	264	302	6	2	11	35	25
Wisconsin	—	0	0	—	—	—	10	48	97	139	—	3	17	20	47
W.N. Central	2	3	36	22	70	14	49	123	436	606	3	16	50	77	113
Iowa	—	0	3	—	6	1	9	34	105	82	—	2	16	19	20
Kansas	—	1	4	10	22	—	7	18	61	88	—	1	5	14	10
Minnesota	—	0	34	—	12	—	12	33	—	183	—	5	21	—	37
Missouri	—	0	6	—	11	11	15	43	192	160	3	4	28	29	28
Nebraska [§]	2	1	4	8	16	2	4	13	39	46	—	1	6	13	12
North Dakota	—	0	3	4	3	—	0	13	—	8	—	0	10	—	—
South Dakota	—	0	0	—	—	—	3	17	39	39	—	0	4	2	6
S. Atlantic	9	20	38	279	408	114	262	619	2,167	2,483	8	16	31	235	135
Delaware	—	0	0	—	—	—	3	11	26	27	—	0	2	3	1
District of Columbia	—	0	0	—	—	—	1	6	7	25	—	0	1	1	2
Florida	—	0	27	38	121	78	108	226	944	1,082	6	6	15	113	51
Georgia	—	0	0	—	—	8	43	142	375	316	—	1	7	22	18
Maryland [§]	—	6	15	78	121	13	18	57	169	207	1	2	9	28	18
North Carolina	—	0	0	—	—	—	23	240	289	459	—	2	10	29	11
South Carolina [§]	—	0	0	—	—	2	25	99	140	159	—	0	4	7	4
Virginia [§]	9	12	25	163	141	12	21	68	198	152	1	3	9	31	28
West Virginia	—	0	7	—	25	1	1	14	19	56	—	0	4	1	2
E.S. Central	—	3	7	43	47	14	57	176	490	474	4	5	22	52	42
Alabama [§]	—	1	7	27	11	2	20	52	141	150	—	1	4	11	11
Kentucky	—	0	4	3	2	5	11	32	95	90	—	1	6	7	4
Mississippi	—	0	0	—	—	—	18	66	97	88	—	0	12	3	4
Tennessee [§]	—	1	4	13	34	7	17	53	157	146	4	2	7	31	23
W.S. Central	—	0	30	37	11	30	140	505	815	953	4	8	135	61	39
Arkansas [§]	—	0	10	27	7	5	13	43	109	64	—	1	5	7	6
Louisiana	—	0	0	—	—	1	19	49	116	227	—	0	2	3	4
Oklahoma	—	0	30	10	4	11	12	95	95	79	2	1	40	9	1
Texas [§]	—	0	0	—	—	13	95	381	495	583	2	5	95	42	28
Mountain	—	1	7	5	17	6	52	113	548	679	3	11	33	94	112
Arizona	—	0	0	—	—	2	16	43	183	223	—	1	14	24	21
Colorado	—	0	0	—	—	—	10	24	123	161	—	3	21	9	36
Idaho [§]	—	0	2	—	1	2	3	9	48	39	1	2	7	17	11
Montana [§]	—	0	3	2	—	—	1	6	19	25	—	0	3	2	12
Nevada [§]	—	0	2	—	—	2	5	22	47	43	1	0	6	13	5
New Mexico [§]	—	0	2	3	4	—	5	19	45	77	—	1	6	10	11
Utah	—	0	2	—	—	—	5	17	65	94	1	2	8	17	13
Wyoming [§]	—	0	4	—	12	—	1	8	18	17	—	0	3	2	3
Pacific	—	1	13	13	45	58	116	291	1,168	1,393	6	12	52	113	95
Alaska	—	0	2	9	10	—	1	4	21	22	—	0	1	—	1
California	—	0	12	—	31	48	79	217	876	976	6	6	32	80	54
Hawaii	—	0	0	—	—	8	6	14	85	88	—	0	3	1	14
Oregon	—	0	2	4	4	2	8	20	86	202	—	2	11	16	10
Washington	—	0	0	—	—	—	15	71	100	105	—	3	18	16	16
Territories															
American Samoa	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	6	—	—	0	0	—	—
Puerto Rico	—	0	2	7	19	—	6	21	15	170	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.[†] Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]														
	Shigellosis					Confirmed									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Probable				
		Med	Max				Med	Max			Current week	Previous 52 weeks		Cum 2011	Cum 2010
United States	113	279	629	2,470	4,134	—	2	10	16	15	4	28	196	92	139
New England	—	4	17	56	143	—	0	0	—	—	—	0	1	1	1
Connecticut	—	0	8	8	69	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	3	5	3	—	0	0	—	—	—	0	1	—	1
Massachusetts	—	3	16	42	60	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	2	—	4	—	0	0	—	—	—	0	1	—	—
Rhode Island [§]	—	0	4	—	6	—	0	0	—	—	—	0	1	1	—
Vermont [§]	—	0	1	1	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	2	22	70	159	569	—	0	1	1	—	—	1	4	4	8
New Jersey	—	4	16	24	102	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	1	3	15	34	49	—	0	1	—	—	—	0	3	1	1
New York City	1	5	14	71	101	—	0	1	—	—	—	0	4	2	7
Pennsylvania	—	7	55	30	317	—	0	1	1	—	—	0	3	1	—
E.N. Central	5	20	45	162	804	—	0	1	—	—	—	1	10	4	9
Illinois	—	7	20	51	532	—	0	1	—	—	—	0	5	1	4
Indiana [§]	—	1	3	15	18	—	0	1	—	—	—	0	5	—	4
Michigan	1	4	10	39	71	—	0	0	—	—	—	0	1	1	—
Ohio	4	5	18	57	76	—	0	0	—	—	—	0	2	2	—
Wisconsin	—	1	21	—	107	—	0	0	—	—	—	0	1	—	1
W.N. Central	2	18	81	103	869	—	0	2	2	—	—	4	17	17	18
Iowa	—	1	4	5	16	—	0	0	—	—	—	0	1	1	1
Kansas [§]	—	4	13	21	65	—	0	1	—	—	—	0	0	—	—
Minnesota	—	1	4	—	12	—	0	0	—	—	—	0	2	—	—
Missouri	2	10	65	73	767	—	0	2	2	—	—	4	17	16	17
Nebraska [§]	—	1	10	3	6	—	0	1	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	1	3	—	0	0	—	—	—	0	0	—	—
S. Atlantic	48	59	122	878	535	—	1	7	7	10	1	6	60	24	71
Delaware [§]	—	0	2	—	29	—	0	0	—	1	—	0	3	2	5
District of Columbia	—	0	3	6	10	—	0	1	1	—	—	0	0	—	—
Florida [§]	41	30	63	619	189	—	0	1	1	—	—	0	2	1	2
Georgia	4	16	27	124	184	—	0	6	2	5	—	0	0	—	—
Maryland [§]	2	2	8	28	31	—	0	1	1	1	1	0	5	2	7
North Carolina	—	3	36	63	42	—	0	3	1	3	—	2	48	12	51
South Carolina [§]	—	1	5	11	25	—	0	1	1	—	—	0	2	1	2
Virginia [§]	1	2	8	25	24	—	0	2	—	—	—	2	12	6	4
West Virginia	—	0	66	2	1	—	0	0	—	—	—	0	0	—	—
E.S. Central	3	15	40	133	169	—	0	3	—	3	3	5	29	23	21
Alabama [§]	1	5	14	53	24	—	0	1	—	—	—	1	8	7	4
Kentucky	—	2	28	16	55	—	0	2	—	2	—	0	0	—	—
Mississippi	1	1	7	26	10	—	0	0	—	—	—	0	4	—	1
Tennessee [§]	1	4	14	38	80	—	0	2	—	1	3	4	20	16	16
W.S. Central	40	54	387	461	603	—	0	7	—	1	—	2	186	3	10
Arkansas [§]	1	1	6	12	14	—	0	2	—	—	—	1	29	1	4
Louisiana	—	5	13	41	64	—	0	0	—	—	—	0	1	—	—
Oklahoma	2	3	46	31	95	—	0	4	—	—	—	0	152	1	2
Texas [§]	37	44	337	377	430	—	0	1	—	1	—	0	5	1	4
Mountain	3	17	32	220	171	—	0	5	6	—	—	0	7	16	1
Arizona	2	7	19	51	94	—	0	4	6	—	—	0	7	16	—
Colorado [§]	—	2	8	29	20	—	0	1	—	—	—	0	1	—	—
Idaho [§]	—	0	3	7	4	—	0	0	—	—	—	0	1	—	—
Montana [§]	—	0	15	74	4	—	0	1	—	—	—	0	1	—	—
Nevada [§]	—	0	6	6	9	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	3	10	37	30	—	0	0	—	—	—	0	0	—	1
Utah	1	1	4	16	10	—	0	0	—	—	—	0	1	—	—
Wyoming [§]	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	10	22	73	298	271	—	0	2	—	1	—	0	1	—	—
Alaska	—	0	1	1	—	N	0	0	N	N	N	0	0	N	N
California	10	19	58	232	216	—	0	2	—	1	—	0	0	—	—
Hawaii	—	1	4	23	20	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	23	22	—	0	0	—	—	—	0	1	—	—
Washington	—	2	17	19	13	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	1	1	1	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	1	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	159	298	915	5,645	7,005	11	32	109	492	1,041	92	252	352	3,353	4,170
New England	—	7	68	92	192	—	1	4	11	35	3	9	20	125	141
Connecticut	—	0	46	—	—	—	0	3	—	—	—	1	8	17	25
Maine [§]	—	2	13	46	54	—	0	1	2	4	—	0	3	7	13
Massachusetts	—	1	5	14	40	—	0	3	6	27	3	5	15	77	89
New Hampshire	—	0	3	—	54	—	0	0	—	3	—	0	3	10	5
Rhode Island [§]	—	1	36	8	7	—	0	3	—	—	—	1	4	10	7
Vermont [§]	—	1	5	24	37	—	0	1	3	1	—	0	2	4	2
Mid. Atlantic	23	31	60	616	498	2	5	19	70	131	10	30	46	371	570
New Jersey	—	1	8	30	48	—	1	5	17	23	1	4	10	51	81
New York (Upstate)	3	2	11	33	68	1	1	9	19	51	5	2	18	61	26
New York City	9	14	33	288	173	—	1	14	9	32	1	13	29	154	332
Pennsylvania	11	12	24	265	209	1	1	5	25	25	3	7	16	105	131
E.N. Central	49	60	105	1,250	1,386	7	5	12	94	176	1	28	53	274	634
Illinois	—	1	6	25	49	—	1	4	25	43	—	11	25	52	320
Indiana	—	9	28	199	316	—	0	4	7	28	—	3	14	38	53
Michigan	8	13	29	278	316	—	1	4	16	44	—	4	9	59	96
Ohio	35	25	45	570	557	7	2	4	38	43	1	9	22	114	146
Wisconsin	6	8	22	178	148	—	0	4	8	18	—	1	3	11	19
W.N. Central	2	15	36	162	477	—	2	7	26	85	—	7	18	99	94
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	3	5
Kansas	—	2	6	32	50	—	0	2	2	8	—	0	3	6	7
Minnesota	—	6	24	—	291	—	1	5	—	44	—	3	10	40	21
Missouri	—	2	10	77	52	—	1	4	21	19	—	2	9	48	58
Nebraska [§]	2	2	9	53	58	—	0	1	3	8	—	0	2	2	3
North Dakota	—	0	11	—	14	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	12	—	0	2	—	6	—	0	1	—	—
S. Atlantic	41	71	171	1,399	1,999	1	8	25	120	268	34	62	172	915	955
Delaware	—	1	6	27	13	—	0	1	—	—	—	0	4	4	3
District of Columbia	—	0	2	5	15	—	0	2	1	3	6	3	15	58	48
Florida	20	26	68	696	748	1	3	13	61	97	4	23	44	330	346
Georgia	3	16	53	167	663	—	2	7	15	77	—	12	127	122	164
Maryland [§]	14	10	32	262	222	—	1	4	12	29	5	8	16	145	76
North Carolina	—	0	0	—	—	—	0	0	—	—	10	6	19	116	167
South Carolina [§]	4	7	25	223	262	—	1	4	12	29	—	3	10	63	45
Virginia [§]	—	1	4	19	28	—	1	4	19	26	9	4	16	77	103
West Virginia	—	0	14	—	48	—	0	6	—	7	—	0	2	—	3
E.S. Central	9	24	45	489	605	—	2	6	32	58	6	15	39	167	279
Alabama [§]	—	0	0	—	—	—	0	0	—	—	1	4	11	33	89
Kentucky	1	4	11	73	76	—	0	3	10	5	4	2	16	34	29
Mississippi	—	1	8	4	32	—	0	2	—	6	—	3	16	31	63
Tennessee [§]	8	19	36	412	497	—	1	4	22	47	1	5	11	69	98
W.S. Central	25	31	366	683	812	1	4	38	72	138	26	37	71	504	617
Arkansas [§]	7	4	23	111	74	—	0	3	10	10	10	3	10	58	83
Louisiana	—	2	10	91	50	—	0	2	8	16	6	8	36	88	123
Oklahoma	1	0	8	15	29	1	0	8	15	29	—	1	6	14	27
Texas [§]	17	25	333	466	659	—	3	27	39	83	10	23	33	344	384
Mountain	8	33	75	813	912	—	3	8	58	132	4	12	24	114	163
Arizona	6	11	43	383	443	—	1	5	26	59	—	4	9	7	65
Colorado	—	10	23	188	233	—	1	3	9	34	—	2	8	35	43
Idaho [§]	—	0	2	4	6	—	0	2	3	2	—	0	2	3	2
Montana [§]	—	0	2	4	7	—	0	1	—	—	—	0	2	1	—
Nevada [§]	—	2	8	49	34	—	0	1	3	4	4	2	9	45	26
New Mexico [§]	—	3	13	109	79	—	0	2	7	12	—	1	4	18	8
Utah	—	4	8	63	101	—	0	3	10	19	—	1	5	5	19
Wyoming [§]	2	0	15	13	9	—	0	1	—	2	—	0	0	—	—
Pacific	2	6	24	141	124	—	0	5	9	18	8	50	65	784	717
Alaska	—	2	11	51	55	—	0	2	3	14	—	0	1	—	2
California	2	3	23	89	69	—	0	5	6	4	2	41	57	622	609
Hawaii	—	0	3	1	—	—	0	0	—	—	—	0	5	4	13
Oregon	—	0	0	—	—	—	0	0	—	—	1	1	7	31	20
Washington	—	0	0	—	—	—	0	0	—	—	5	6	14	127	73
Territories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	4	15	65	65
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 30, 2011, and May 1, 2010 (17th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010	Current week	Med	Max	Cum 2011	Cum 2010
United States	157	240	575	3,686	5,975	—	1	71	—	1	—	0	53	—	3
New England	—	18	46	227	353	—	0	3	—	—	—	0	2	—	—
Connecticut	—	3	20	—	90	—	0	2	—	—	—	0	2	—	—
Maine¶	—	5	16	75	81	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	5	17	103	94	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	9	9	47	—	0	1	—	—	—	0	0	—	—
Rhode Island¶	—	0	4	6	9	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	2	13	34	32	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	16	26	62	417	629	—	0	19	—	—	—	0	13	—	—
New Jersey	—	6	23	104	226	—	0	3	—	—	—	0	6	—	—
New York (Upstate)	N	0	0	N	N	—	0	9	—	—	—	0	7	—	—
New York City	—	0	0	—	1	—	0	7	—	—	—	0	4	—	—
Pennsylvania	16	19	41	313	402	—	0	3	—	—	—	0	3	—	—
E.N. Central	48	71	154	1,191	2,139	—	0	15	—	—	—	0	7	—	—
Illinois	8	18	43	291	563	—	0	10	—	—	—	0	4	—	—
Indiana¶	1	5	19	97	207	—	0	2	—	—	—	0	2	—	—
Michigan	10	24	43	377	689	—	0	6	—	—	—	0	1	—	—
Ohio	29	21	58	425	539	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	5	20	1	141	—	0	0	—	—	—	0	1	—	—
W.N. Central	2	10	35	77	329	—	0	7	—	—	—	0	11	—	1
Iowa	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
Kansas¶	1	2	18	47	156	—	0	1	—	—	—	0	3	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	3	—	—
Missouri	—	7	24	10	144	—	0	1	—	—	—	0	0	—	—
Nebraska¶	N	0	0	N	N	—	0	3	—	—	—	0	7	—	—
North Dakota	—	0	10	11	20	—	0	2	—	—	—	0	2	—	—
South Dakota	1	1	7	9	9	—	0	2	—	—	—	0	3	—	—
S. Atlantic	21	33	100	520	780	—	0	6	—	—	—	0	4	—	2
Delaware¶	—	0	4	3	11	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	2	5	6	—	0	1	—	—	—	0	1	—	—
Florida¶	18	15	57	368	397	—	0	3	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	3	—	2
Maryland¶	N	0	0	N	N	—	0	3	—	—	—	0	2	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	0	7	—	58	—	0	1	—	—	—	0	0	—	—
Virginia¶	3	10	29	144	154	—	0	1	—	—	—	0	1	—	—
West Virginia	—	5	26	—	154	—	0	0	—	—	—	0	0	—	—
E.S. Central	1	6	22	103	93	—	0	1	—	1	—	0	3	—	—
Alabama¶	1	5	22	98	92	—	0	1	—	—	—	0	1	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Mississippi	—	0	3	5	1	—	0	1	—	1	—	0	2	—	—
Tennessee¶	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
W.S. Central	68	39	258	759	1,133	—	0	16	—	—	—	0	3	—	—
Arkansas¶	—	2	17	67	89	—	0	3	—	—	—	0	1	—	—
Louisiana	—	1	4	13	27	—	0	3	—	—	—	0	1	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas¶	68	37	247	679	1,017	—	0	15	—	—	—	0	2	—	—
Mountain	—	16	50	318	488	—	0	18	—	—	—	0	15	—	—
Arizona	—	0	0	—	—	—	0	13	—	—	—	0	9	—	—
Colorado¶	—	6	31	111	174	—	0	5	—	—	—	0	11	—	—
Idaho¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Montana¶	—	3	28	82	84	—	0	0	—	—	—	0	0	—	—
Nevada¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
New Mexico¶	—	1	8	13	41	—	0	6	—	—	—	0	2	—	—
Utah	—	5	26	107	183	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	3	5	6	—	0	1	—	—	—	0	1	—	—
Pacific	1	2	20	74	31	—	0	8	—	—	—	0	6	—	—
Alaska	—	1	5	22	15	—	0	0	—	—	—	0	0	—	—
California	—	0	17	35	2	—	0	8	—	—	—	0	6	—	—
Hawaii	1	1	4	17	14	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	4	16	6	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	7	30	49	157	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2010 and 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

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

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

¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending April 30, 2011 (17th week)

Reporting area	All causes, by age (years)						P&I†	Total	Reporting area (Continued)	All causes, by age (years)						P&I†	Total
	All Ages	≥65	45–64	25–44	1–24	<1				All Ages	≥65	45–64	25–44	1–24	<1		
New England	555	388	119	22	13	13		50	S. Atlantic	1,198	782	287	61	37	31		80
Boston, MA	129	84	29	7	6	3		12	Atlanta, GA	154	102	28	13	6	5		11
Bridgeport, CT	27	23	4	—	—	—		2	Baltimore, MD	121	73	32	9	2	5		11
Cambridge, MA	8	6	1	1	—	—		3	Charlotte, NC	127	96	24	2	3	2		10
Fall River, MA	29	24	3	1	1	—		4	Jacksonville, FL	158	102	41	9	4	2		12
Hartford, CT	60	40	14	4	1	1		6	Miami, FL	145	95	38	7	3	2		9
Lowell, MA	34	23	7	4	—	—		—	Norfolk, VA	44	24	13	—	5	2		—
Lynn, MA	8	4	3	1	—	—		—	Richmond, VA	62	35	20	3	2	2		3
New Bedford, MA	19	14	4	1	—	—		—	Savannah, GA	50	31	16	2	—	1		3
New Haven, CT	26	15	8	—	2	1		6	St. Petersburg, FL	57	39	8	2	5	3		4
Providence, RI	73	52	20	—	1	—		2	Tampa, FL	184	132	38	7	3	4		12
Somerville, MA	4	1	1	1	1	—		—	Washington, D.C.	82	44	26	5	4	3		4
Springfield, MA	51	36	7	2	1	5		2	Wilmington, DE	14	9	3	2	—	—		1
Waterbury, CT	38	29	9	—	—	—		5	E.S. Central	828	525	217	57	15	14		60
Worcester, MA	49	37	9	—	—	3		8	Birmingham, AL	152	94	37	13	3	5		2
Mid. Atlantic	1,936	1,331	438	108	27	32		111	Chattanooga, TN	77	44	26	7	—	—		9
Albany, NY	46	31	10	3	—	2		5	Knoxville, TN	109	77	21	6	4	1		10
Allentown, PA	28	22	4	2	—	—		2	Lexington, KY	58	36	13	7	—	2		—
Buffalo, NY	85	59	21	2	1	2		8	Memphis, TN	204	127	60	12	4	1		22
Camden, NJ	30	14	10	3	—	3		4	Mobile, AL	61	40	12	4	3	2		2
Elizabeth, NJ	17	14	3	—	—	—		2	Montgomery, AL	25	16	8	1	—	—		4
Erie, PA	32	27	4	1	—	—		2	Nashville, TN	142	91	40	7	1	3		11
Jersey City, NJ	8	5	2	1	—	—		—	W.S. Central	1,103	719	257	72	29	26		76
New York City, NY	984	686	215	60	12	11		38	Austin, TX	81	50	22	4	2	3		13
Newark, NJ	30	14	11	3	1	1		3	Baton Rouge, LA	71	40	15	10	5	1		—
Paterson, NJ	27	14	6	5	1	1		6	Corpus Christi, TX	56	38	15	3	—	—		7
Philadelphia, PA	302	191	84	12	8	7		12	Dallas, TX	169	88	58	14	2	7		9
Pittsburgh, PA§	42	27	13	1	—	1		2	El Paso, TX	99	76	16	2	3	2		4
Reading, PA	45	34	9	1	—	1		3	Fort Worth, TX	U	U	U	U	U	U		U
Rochester, NY	58	43	11	3	—	1		5	Houston, TX	157	102	29	11	5	10		11
Schenectady, NY	22	16	3	3	—	—		2	Little Rock, AR	81	53	20	5	2	1		—
Scranton, PA	29	24	3	2	—	—		2	New Orleans, LA	U	U	U	U	U	U		U
Syracuse, NY	105	79	19	4	3	—		13	San Antonio, TX	232	163	47	15	7	—		16
Trenton, NJ	11	6	4	—	—	1		—	Shreveport, LA	37	28	8	1	—	—		3
Utica, NY	18	15	2	—	1	—		2	Tulsa, OK	120	81	27	7	3	2		13
Yonkers, NY	17	10	4	2	—	1		—	Mountain	956	654	212	63	20	7		69
E.N. Central	1,833	1,203	453	109	38	30		110	Albuquerque, NM	144	105	25	10	3	1		18
Akron, OH	48	31	11	3	1	2		5	Boise, ID	60	46	11	3	—	—		5
Canton, OH	47	37	10	—	—	—		3	Colorado Springs, CO	81	55	14	8	4	—		4
Chicago, IL	212	139	48	21	4	—		19	Denver, CO	80	49	22	7	1	1		4
Cincinnati, OH	84	45	26	6	3	4		5	Las Vegas, NV	283	191	70	16	4	2		25
Cleveland, OH	261	176	63	15	3	4		12	Ogden, UT	29	20	7	1	1	—		3
Columbus, OH	51	31	15	2	1	2		4	Phoenix, AZ	U	U	U	U	U	U		U
Dayton, OH	129	85	31	8	3	2		4	Pueblo, CO	30	22	6	2	—	—		3
Detroit, MI	192	101	68	13	7	3		9	Salt Lake City, UT	111	75	23	7	5	1		4
Evansville, IN	47	37	8	1	1	—		1	Tucson, AZ	138	91	34	9	2	2		3
Fort Wayne, IN	73	52	15	4	1	1		1	Pacific	1,789	1,243	383	99	36	28		162
Gary, IN	10	8	2	—	—	—		—	Berkeley, CA	23	14	9	—	—	—		—
Grand Rapids, MI	48	29	9	6	—	4		6	Fresno, CA	120	83	27	7	3	—		13
Indianapolis, IN	217	144	52	15	4	2		15	Glendale, CA	46	38	6	1	1	—		9
Lansing, MI	50	29	15	2	1	3		4	Honolulu, HI	71	49	17	2	—	3		6
Milwaukee, WI	93	60	25	4	3	1		1	Long Beach, CA	67	42	17	6	1	1		9
Peoria, IL	40	34	5	—	1	—		4	Los Angeles, CA	285	179	64	27	11	4		21
Rockford, IL	51	27	19	4	1	—		1	Pasadena, CA	27	23	4	—	—	—		2
South Bend, IN	45	36	5	3	1	—		4	Portland, OR	119	87	22	4	3	3		15
Toledo, OH	73	46	20	2	3	2		9	Sacramento, CA	213	149	47	9	4	4		18
Youngstown, OH	62	56	6	—	—	—		3	San Diego, CA	165	110	37	14	3	1		22
W.N. Central	628	425	138	35	9	19		60	San Francisco, CA	108	80	24	3	—	1		15
Des Moines, IA	73	51	15	6	—	1		9	San Jose, CA	201	153	32	7	4	5		15
Duluth, MN	40	27	9	3	1	—		6	Santa Cruz, CA	35	24	7	3	1	—		1
Kansas City, KS	25	16	8	—	—	1		1	Seattle, WA	129	86	29	6	3	5		7
Kansas City, MO	81	44	22	8	2	5		7	Spokane, WA	69	49	14	5	—	1		4
Lincoln, NE	42	29	9	3	1	—		4	Tacoma, WA	111	77	27	5	2	—		5
Minneapolis, MN	79	57	11	5	3	2		9	Total¶	10,826	7,270	2,504	626	224	200		778
Omaha, NE	119	87	23	4	1	4		11									
St. Louis, MO	39	22	11	1	—	4		1									
St. Paul, MN	49	36	11	2	—	—		4									
Wichita, KS	81	56	19	3	1	2		8									

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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